I. Purpose:

To establish guidelines for recordkeeping protocols required for the Case Management services.

II. Procedure:

PA WITS

The SCA and its contracted providers are required to complete the following components **in their entirety** in PA WITS ***AND MUST consent*** the information in WITS to LCDAC for every individual receiving case management services:

1. Client Profile
2. Intake
3. Screening Tool
4. LoC assessment using the Treatment Assessment Protocol (TAP) in WITS
5. Recovery Plan: the mechanism to assess the treatment related needs; also known as the Case Management Service Plan
    - Individuals have the option to ***decline participation*** in this case management service activity. If/when an individual declines assessment of treatment related needs and coordination /linking of these non-treatment related services, documentation of such is to be:
        1. recorded on the Recovery Plan ***and*** captured in the Encounter Note;
        2. Include in the Encounter Note:
            a. what efforts were attempted to engage the individual and/or
            b. the individuals reasoning/rationale for declining
    - For those individuals who voluntarily ***elect to participate*** in the development of a Case Management Service Plan/Recovery Plan, the Case Management Service Plan/Recovery Plan MUST be completed:
        1. At the time of the LOCA; and
        2. Updated thereafter no less then every 60 days throughout the treatment episode of the individual AND/OR no less than every 60 days for those individuals who may not be actively involved within a treatment episode
6. Program Enrollment *(for individuals receiving ongoing case management, other than screening & assessment, and also for State Opioid Response (SOR)-funded case management)*

7. An encounter note to explain the reason an individual is discharged from case management services; *(The case in WITS must be closed via the "Save & Close the Case" portion of the Intake page.)*
8. Documentation of interim services using miscellaneous notes, if applicable
9. SOR GPRA for individuals with an OUD, receiving SOR funded treatment or treatment-related services
    a. Copies of the completed GPRA MUST be sent to DrugAlcohol@co.lancaster.pa.us
    b. The LCDAC CM Unit will execute the required data entry of the GPRA
    c. Timeframes for entry of the SOR GPRA are outlined in the SOR GPRA FAQ found on DDAP's website at: https://www.ddap.pa.gov/Documents/GPRA/GPRA%20FAQ.pdf.

10. Case Management Notes, including admission and discharge notes, to be completed utilizing the encounter notes. Notes must adequately describe the nature and extent of each contact to include the following:

    i. Data (D): Information gathered about the individual;
    ii. Assessment (A): Analysis of the information to identify the individual's treatment and treatment-related needs;
    iii. Plan (P): Action to be taken to meet the individual's treatment and treatment-related needs; and
    iv. Case manager's signature WITH date

PA WITS DATA ENTRY

- Items 1-7 as listed above must be entered into PA WITS within seven (7) days of the date the service was delivered.
- LCDAC will monitor the contracted service providers adherence to the required time frames
    - The mandated seven (7) day timeframe is from **the date of occurrence** (that is: admission, transfer to another level of care, discharge)
- LCDAC will also monitor the completeness of the required data placed into PA WITS
- Contracted service providers who fail to enter the required data into PA WITS may receive a written warning with a required plan of correction. Contracted service providers receiving notification that a correction action plan is warranted shall be reported to the County Program Oversight.

Contents of the LCDAC Record/File

A complete client record shall be maintained on each individual whose case is managed which shall include, but not be limited to, the following:

(i) Significant medical, social, occupational, and family history.
(ii) The recovery plan/case management service plan.
(iii) Records of any significant contacts.
(iv) Records of any referral contacts.
(v) Consent forms for the release of information.
(vi) Records of any related consultation, conversations, etcetera with service providers.

(vii) Records of the release of any information and copies of any related correspondence.
(viii) Records or referral follow-up.
(ix) Documentation of monitoring of the service plan.

Therefore, in addition to the documentation required in PA WITS, the SCA and its contracted providers must include the following information as part of an individual's file:

a) Fully executed valid signed consents for all appropriate entities;
b) (As appropriate) Charitable Choice Disclosure;
c) LCDAC Grievance & Appeal Acknowledgment Form;
d) LCDAC Client Liability Determination (as appropriate)
e) Client rights form
f) Request for Authorization (only for Inpatient placement)
g) LCDAC Admission Form
h) LCDAC Discharge Form

CLIENT RECORDS MUST BE PRODUCED AT TIME OF REQUEST

Files that are maintained electronically in a system other than PA WITS must contain all required components, and a hard copy must be available upon request. All information maintained in paper file format, including signed consent to release information forms, and liability forms, must also be made available upon request.

Approved By: Rick Kastner 5/4/2022

Rick Kastner LCDAC Executive Director Date