Targeted Case ManagementTransition Coordination (TCM-TC) Documentation

Presented by: Nora Brahe

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Our Mission

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.





- ✓ Increase understanding of the purpose of documentation
- ✓ Discuss documentation content
- ✓ Increase awareness of the importance of language used in documentation
- ✓ Clarify documentation requirements
- ✓ Review documentation examples



Why is documentation important?

- Provide sequential tracking and reporting of member contact and progress
- Document challenges/issues and provider response
- Create accountability "if it ain't in writing, it never happened"
- Comply with professional and ethical responsibility
- Ensure information sharing



Documentation is:

- ✓ Person-centered
- ✓ Clear, brief
- ✓ Concise, precise
- ✓ Accurate, complete
- ✓ Timely
- ✓ Readable-acceptable grammar



Language is Important "Language is how we activate our values"

- Supports our values
- Builds a culture of mutual respect
- Reinforces what we are trying to convey or undermines the message
- How we think about each other is reflected in how we talk about each other
- How we act is rooted in how we think



Language Promotes Culture of Mutual Respect

Based on Power With not Power Over

- "Power With" requires language that:
- ✓ Refers to people as participants in a process rather than objects of a process
- ✓ Encourages positive control
- ✓ Empowers people
- ✓ Reflects the expectation of asking, listening, and acting on what we hear
- ✓ Recognizes and values contributions





Avoid using two languages

1. For people who receive support

- 2. For people who don't receive support
- Language that makes people different from us
- Language that makes people the object of a process rather than a participant
- Language that diminishes the person or their contribution

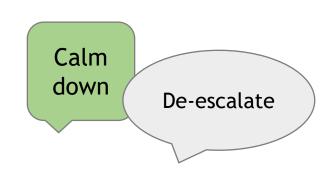
Eat dinner

One on one Socialize with peers









Types of TC Documentation

- 1. Administrative log note description of an activity taken on behalf of a member
- 2. Member contact log note description of an interaction with a member
- 3. BUS transition process service log note communication to other professionals
- 4. BUS transition screens information gathered on transition forms
- 5. Transition Forms information sharing for member, family members, other transition team members
 - Community Needs Assessment
 - Risk Mitigation Plan
 - Transition Recommendation Form
 - Transition Plan



What's in a log note?

- Reason for contact or for note
- Type of contact and person contacted
- Description of activity, situation, interactions
- Identification of participants in the activity
- Summary of member's strengths, appearance, actions, statements, concerns
- Assessment of situation
- Follow up actions (for member and transition coordinator)
- Date of next contact (as needed)



There are numerous formats used for log notes

SOAP - one example

- S = Strengths of member observed
- O = Objective account of the interaction
- A = Assessment of situation/member
- P = Plan (progress towards specific goals/concerns or response by provider to situation)

Administrative Log Note

- Acceptance of TCM-TC referral
- Contacts with team members
- Contacts with other professionals
- Unsuccessful contact attempts
- Completion and submission of housing voucher application
- Contact with landlords or property managers
- Discontinuation of services



Member Contact Log Note

- Individual meetings with member
- Meetings where a member is present
- Post-discharge home visits



Required TCM-TC BUS Documentation

Transition Screens

- Transition Process Information Page
- Assessed need
- Nursing facility therapies
- Community-based services plan screens
- Risk Mitigation Plan
- Transition Process Information Summary

Service Log Notes

- Individual meetings with member
- Activities related to completion of transition process
- Team transition recommendation
- Housing assistance and placement activities
- Discharge planning
- Post-discharge home visits
- Risk mitigation monitoring/response contacts
- Discontinuation of TCM-TC services

Situations that would require a service log note <u>and</u> an email to HCBS and RAE care coordinator (if applicable):

- Services are not being provided or received as scheduled
- Needs of member have changed to the point that a service modification may be needed
- Risk factor occurrence
- Risk factor has occurred or surfaced that requires a new service or a higher level of service
- Member has communicated concerns about service provider

Transition Coordinators do not write Critical Incident Reports.

The HCBS Case Manager will write the Critical Incident Report if the situation meets criteria.



Community Needs Assessment/ Risk Mitigation Planning Process

Team meeting approach

- Participants and relationship to member
- Purpose of meeting
- Relevant information gathered
- Outcome of meeting
- Next meeting scheduled

Team members consultation via meeting, phone or email

- Name of person being contacted and relationship to member
- Purpose of contact
- Information gathered or
- Confirmation of information gathered previously
- Outcome of contact



Risk Mitigation Plan Review

- Discussion/meeting participants
- Confirmation of identified risk factors
- Confirmation of identified mitigation strategies
- Confirmation of team's support of the plan
- Confirmation of member's signature on plan



Member Contact

- Reason for contact
- Member presentation
- Issues/situation discussed
- Plan related to issues/situation
- Outcome of contact

Facility Discharge Planning

- Discussion/meeting participants
- Review of Transition Plan
- Completion of discharge plan
- Confirmation of team agreement on transition and discharge plans
- Post-discharge monitor plan



Facility Discharge Planning

- Participants in discharge activities
- Member presentation and concerns
- Confirmation that critical services are in place
- Confirmation of medication, prescription or home delivery services
- Confirmation of receipt of member belongings
- Confirmation of transportation to member's home

Home Visit - Day of Discharge

- Member presentation, concerns
- Plan to address member concerns
- Confirmation that household set-up is complete
- Confirmation that critical services are in place as needed
- Confirmation that member has food
- Review of emergency contact information
- Provision of transition coordinator contact information
- Date of next home visit

Post-discharge Home Visit

- Observation of member and home
- Risk mitigation plan review
- Confirmation that prevention strategies are being implemented and are effective
- Problem-solve/identification of new prevention strategies as needed
- Identification of new risk factors/challenges/problems
- Plan to address challenges/problems
- Identification of goals for upcoming week
- Schedule next home visit.

Risk Incident Response

- Description of risk incident
- Confirmation that prevention strategy had been implemented
- Response actions
- Outcome of response actions
- Revision of prevention strategies on risk mitigation plan or
- Addition of new risk factor with prevention strategies

TCM-TC Service Discontinuation

- Reason for discontinuation of services
- Date and method of notification to member, HCBS CM and RAE



Tips for writing good service log notes

Repeat what is written.
Does it convey person-centered values?



- Think about what you are going to write and formulate before you begin
- Be thorough and concise
- Write notes as soon as possible after visit with member
- Think about how the member comes through on paper
- Use proper spelling, grammar and sentence structure
- Describe what you directly observed and if you offer an opinion rather than a direct observation clearly define it as your opinion.
- Proofread





Contact Information

Nora Brahe
Transitions Administrator
Nora.Brahe@state.co.us

Thank you!

