



A Guiding Light to Documentation for Paraprofessionals

October 4, 2018



The Georgia
Collaborative ASO



Introductions

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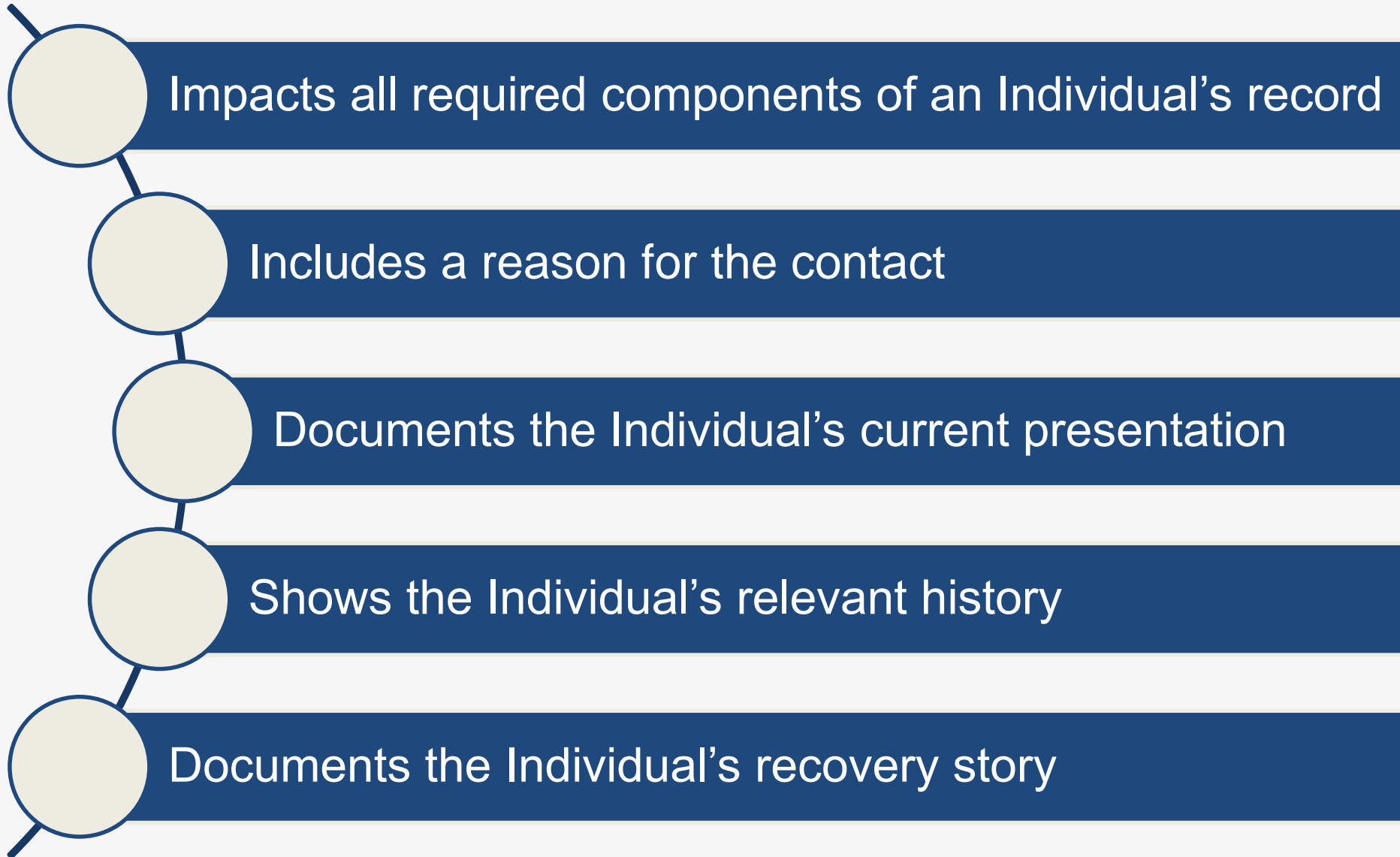
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CAC I, WHAM***


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**Documentation is a way to shine a light
on an Individual's recovery!**

Why Documentation is Vital



Why Documentation Is Vital

- 
- Displays the specific behavioral health interventions provided
 - Documents the Individual's response to the interventions
 - Pinpoints unresolved issues from previous contacts and plans for next session
 - Shows the next steps, decisions, and progress statement
 - A resource for the Individual when they may not remember parts of their recovery history and story

Documentation Defined

DBHDD Provider Manual (Rev. 7/2018) Page 307

“The Individual’s record is a legal document that is current, comprehensive, and includes those persons who are assessed, served, supported, or treated.”

What's YOUR Barrier?

What's getting in your way of quality, timely documentation?



REVIEW

Medical / Health record documentation:

Official evidence
of the supportive
services you've
provided

Legal proof

Record of
service delivery

Primary
communication
between
providers

Fosters quality
service delivery

Supports
continuity of care

Reduces risks
and errors

Records benefits
vs risks of
treatment/care

Tool for
engagement

Review

Documentation must be:

- Written in a professional and timely manner
 - Best practice standards - within 24 hours of the activity
- Written as if the document will be published on the front page of a newspaper
- Written and signed by the person providing the services

Behavioral Health Documentation

- **Identifying Info**
- **Assessments**
- **Diagnoses**
- **Medical history**
- **Plans**
- **Progress Notes**
- **Referrals**
- **Releases of Info**
- **Rights Notification**
- **HIPAA Notices**
- **Medication forms**
- **Lab results**
- **Correspondence**
- **Consent to Care**
- **Transition Plan**

Individualized Recovery Planning

Individual Recovery/Resiliency Plan

What is an IR/RP?

Record of agreed upon preferences, outcomes, goals, and objectives

Record of planned approaches and interventions (how we'll do it)

Contract of who will do what and when (responsibilities)

Planned changes along the way to the goal (changing levels of care)

Individual Recovery Plan (IRP)

- A “living and breathing” document
 - Changes as situations and desires change / **updated regularly**
- Guides our actions and direction
- Modified with changing desires
- Signed by Individual served / provider
- Done **with** not **to** or **for**



Delineating the Challenges

Functional challenge (*Valued Roles in Community*)

- **Living, learning, working, social environment?**
- **Identifying needed supports?**
- **Identifying needed skills?**

Basic support challenge?

- **Food, clothing, shelter?**

Individual Recovery/Resiliency Plan

Goals should:

- Identify specific outcomes
- Be personal for the Individual
- Be simple and clear
 - Short and to the point
 - Easily understood
- Change as needed / desired



Spotlight on the IR/RP!

Parent: “I want him to stop all this aggression!”

What’s the goal? Identify the outcome!

What’s causing the aggression?

- **Symptom?**
- **Skill deficit?**
- **Support deficit?**

- **Focus on positive!**



IRP Objectives

Objectives are:

- Necessary steps toward the Goal
- Prioritized / categorized / associated
- Written in “everyday” language (keep it real)

- **SMART:**

- Specific,
- Measurable,
- Achievable,
- Realistic and
- Time limited



IRP Interventions

Actions necessary to achieve the objectives

Consistent with achieving objectives

Can be done by anyone involved

Consistent with skill/competence/credential

Examples may include:

Teaching skills

Linking to supports

Negotiating for or with Individual

“Brainstorming” options



Progress Notes: Documenting your Work and their Progress

Shining a Light on Progress Notes

DBHDD Provider Manual (Rev. 7/2018)

- Progress notes are one of *“three fundamental components of consumer-related documentation”*, along with *“assessment and reassessment and treatment/supports planning.”* (page 307)
- *“Review of sequential progress notes should provide a snapshot of the Individual over a specified time frame.”* (page 315)

Additionally:

- Progress notes provide the primary method of communication between staff for coordination of quality care.

Required Components of Progress Notes

Linkage

- Connects the assessment, IRP, and progress note intervention

Individual Profile

- Description of Individual's current status

Justification

- Support for need of service

Specific Service Provided

- Detail of all provided activities or modalities

Service Purpose

- Reason Individual is participating in services

Required Components of Progress Notes

Individual Response to Interventions

- How the Individual was affected by the intervention

Monitoring

- Evidence that interventions are occurring and monitored for outcomes

Individual Progress

- Identifying progress (or lack of) toward specific goals/objectives

Next Steps

- Plan to support stability

Reassessment/Adjustment to Plan

- Acknowledging need to modify the IRP

Common Progress Note Formats

- **SOAP**
 - Subjective data
 - Objective data
 - Assessment
 - Plan
- **DAP**
 - Data
 - Assessment
 - Plan
- **BIRP**
 - Behavior
 - Intervention
 - Response
 - Plan
- **BIRPP**
 - Behavior
 - Intervention
 - Response
 - Progress
 - Plan
- **GIRP**
 - Goal
 - Intervention
 - Response
 - Plan

ABC's of Writing Progress Notes

Quantitative Items (the basics):

1. Date of contact / service

2. Correct code

3. Time in/out and Units

4. Location of service

5. Content of note (What happened; BIRP, GIRP, etc.)

6. Your name and credential

7. Date you wrote and signed the note

8. Your signature

ABC's of Writing Progress Notes

Qualitative (Content of the Note)

Goal or objective
being addressed
(Why you are there;
purpose of
intervention?)

Interventions you
provided
(what you did
relevant to plan)

Any additional
issues / needs /
changes?
(what's new?)

Response to
intervention
(How did it go?)

Progress made
(Toward the goals /
objectives)?

What's your plan for
the next time?

Documenting: Progress Notes

Recovery interventions may include:

- ✓ **Linkage:** *identifying and connecting to resources*
- ✓ **Engaging:** *building trust, commitment, rapport*
- ✓ **Referring:** *introducing to resources and services*
- ✓ **Skill teaching/modeling:** *introducing new knowledge and behaviors*
- ✓ **Perfecting skill use:** *ensuring new skills are used as desired/required for success and satisfaction*

Recovery Interventions May Include

Development of community engagement and natural supports:

- Returning to school
- Job training or employment
- Becoming a mentor
- Choosing, getting, and keeping places to live, learn, work or socialize.



Non-Billable Activities

Accompanying

Transportation

Generally:

- Playing games
- Playing sports
- Watching movies
- Surfing the web

If Individual is not present . . .

If Individual is asleep . . .

Anything that's not directly related to goal attainment

Job training

Where intervention isn't **focused** on Individual served

Common Errors or “Dark Holes”

- **“Wordy” notes that document a conversation but miss the interventions, response, and progress**
- **Documenting diversionary activities**
- **Activities outside our scope of practice / credential**
- **Doing for instead of doing with**

Questions and Feedback

- Any questions?
- Any clarifications?
- What was your “Light Bulb!” moment today?



Questions and Feedback



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Evaluate the Training

Thank you

For Georgia Collaborative ASO general inquiry or questions please email:

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