

Lancaster Drug & Alcohol Commission Case Management & Clinical Services Policy & Procedure Manual	CMCS # 17 Policy: Case Management Recordkeeping Requirements
Most Current Revision: 05/19/2023 Effective Date: 05/04/2022	Page: 1 of 3

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. Program Enrollment (*for individuals receiving ongoing case management, other than screening & assessment, and also for State Opioid Response (SOR)-funded case management*)
6. 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.*)
7. Documentation of interim services using miscellaneous notes, if applicable
8. 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>.
9. **Admit Case Management Note AND Discharge Case Management Note*** 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
(*All other Encounter notes written during the course of the provided service do not need to be entered into PA WITS if those notes are being maintained in another type of file; of which can be provided upon request)

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.
- (x) **Encounter notes documenting services provided**
- (xi) **Recovery Plan/ Case Management Service Plan**
- (xii) **(As appropriate) Recovery Plan/Case Management Service Plan Updates**

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

