

# **DOCUMENTING ELIGIBILITY FOR MEDICAID SERVICES**

The purpose of narration is to document factual observations, eligibility decisions, and actions taken on a case. The major content of the assessment is captured in Oregon ACCESS, CAPS. A summary covering the basic circumstances of the assessment and the outcome should be entered in case narration.

## **CAPS COMMENTS**

Specific details are narrated in the CAPS Comments Sections. Comments in each ADL (Activities of Daily Living) and IADL (Instrumental Activities of Daily Living) document what was observed, heard or read. This documentation substantiates what information was provided to the person completing the CAPS assessment which led to the Need Level determination.

## **SYNOPSIS**

The Synopsis section contains a general overview. Comments found in the Synopsis will generally apply to more than one area such as the Assessment, Client Details or Service Planning.

## **CLIENT DETAILS**

Client Details in CAPS includes the tabs containing Strengths/Preferences, Risks and Goals. These areas will also meet the CMS (Center for Medicare/Medicaid Services) requirement to gather and document this information.

## **NARRATING SERVICE ASSESSMENT IN OACCESS**

Be sure the following information is included when documenting a service assessment:

- Date and location of the assessment,
- Who was present and/or interviewed,
- Service Priority Level (SPL). Document whether SPL has changed, and if so, document the new SPL, with a general statement regarding the change of condition.

Narration should be done at the time of contact or activity, or within at least 3 days.

*It is not necessary to duplicate in case narration any information already documented in CAPS. Rather, refer the reader to the CAPS assessment for details. Ensure all information narrated is objective and client focused.*

## **FOLLOW-UP CASE NARRATION**

Following are examples for documenting information in case narration:

- Narrate actions and effective dates that affect Mainframe screens. Examples include:

- CAPS moved to complete
- 512 touched
- SFMU updated
- MMIS updates, etc.

*Be sure to integrate OACCESS case changes with the Mainframe/UCMS.*

- How many hours are authorized? Is this an increase or decrease?
- Has the In-Home Service Plan been given to the appropriate person or agency to authorize payment?
- Document what forms have been sent for signature and document when signed forms have been received.
- Document completed or pending referrals or other case actions.
- Document when there is a change of plan or provider status.

## **NARRATION GUIDELINES FOR OFFICE VISITS AND PHONE CALLS**

- Document who initiated contact, what type of contact was made, and the reason contact was initiated.
- Document discussion significant to the case and any new information obtained.
- Document actions taken on the case. What did the worker agree to follow through on and what is the individual or representative going to do?

## **MONITORING**

- Remember to document all monitoring activities. Examples of monitoring activities include client visits, phone calls, review on Community Health Nurse reports, and attendance at Care Conferences.

Additionally, medical information is more protected in CAPS Comments/Synopsis than in case narrative, which is a HIPAA consideration