**Appendix I: Medical Case Management Progress Log Documentation for *Provide Enterprise***

Medical Case Managers (MCM) will complete a minimum of one progress log per day for each client served. This allows a MCM to complete one progress log that explains all activities and services provided to a client (CL) during the course of a day. Multiple services can be linked to the progress log to account for the different services that may be provided to a client throughout the day.

Listed immediately below are the data fields for progress logs in *Provide Enterprise (PE)* along with an explanation of what information belongs in the field.

**Progress Log Data Fields in PE**

**Status:** This refers to the status of the progress log record. If the record is "In Progress" then it can be edited. When the data entry is fully complete for the record, then the status needs to be changed to "Complete" by either changing this field or clicking the "✓Complete" button on the top of the record.

(Note: Only documents marked with a status of "Complete" will count on reports.)

**Provider:** This is the person who provided the service to the client. Usually this is the MCM who is entering in the progress log and this field automatically defaults to the PE user's name for the computer that is being used.

**Date:**  The date that the contact was made with the client, or on behalf of the client.

**Start Time:** This field can capture the exact time the MCM/provider began working with or on behalf of the client to provide services. Since exact time is not required, this field usually just depicts the time that the progress log record was created/started.

**Minutes:** The total time of the activity/activities with a client, or on the client's behalf, including documentation time.
- It is required that minutes in the progress log are documented in 15 minute increments.
- It is required that only one unit (15 minutes) of documentation time is included in the total minutes captured in the progress log. Typically no progress log is less than 30 minutes.
- * Minutes calculated in the service grid should not exceed the total minutes calculated in the "Main" tab of a progress log.
-  *The one unit (15 minutes) of documentation time entered in the progress log will not be included in the minutes documented in the service grid.   Service grid time should be tracked in 15 minute increments where the "Unit of Measure" (UOM) in the service grid reads "Minutes." For example Coordination of Core Services would be followed by: 15mins, 30mins, 45 minutes, etc.

- Services where the "Unit of Measure" (UOM) in the service grid is not measured in "Minutes" should be followed by: 1, 2, 3, 4, etc. For example the "UOM" for Transportation is "One-Way Trip" and should be followed by: "1" for one-way transportation and "2" for round-trip transportation.

  * Guidance provided may not apply to service providers receiving Ryan White Part A funds.

**Contact Category:** This field provides information on where the progress log should be mapped to (counted) on the Ryan White Data Report (RDR).
- *Case Management Services (used for Nonmedical CM documentation per the Ryan White Program's Service Definitions.)
- Health Promoter (used by providers who are classified as "Health Promoters" and who are providing Health Promotion services.)
- HIV Posttest Counseling (used by providers (typically prevention staff) who are doing HIV Posttest counseling with clients)
- HIV Pretest counseling (used by providers (typically prevention staff) who are doing HIV Pretest counseling with clients.)
- Linguistic Services (used by providers who are providing clients with translation services directly.)
- **Medical Case Management (used by Ryan White MCMs who are providing medical case management services.)
- Medical Nutrition Therapy (used by registered dieticians who are providing clients with nutritional services/counseling.)
- Monitoring Services (used by care providers when preparing for a client visit and/or reviewing documentation without the client present for a visit. Examples may include reviewing and/or updating the client's medical encounter as preparation for the client's clinic and/or medical case management appointment.) **Monitoring services are eligible to be counted on productivity reports but *not* eligible to be reported to funders as visits with client. The system electronically determines where to report events based on fields indicated in the progress log.**
- Mental Health Services (used by a licensed mental health provider who is providing counseling/therapy services to a client.)
- Outreach Services (used by providers to document their services related to getting HIV+ individuals into care.) **Should be used in accordance with the RW program service definitions.**
- Prevention Case Management (used by providers who are working with clients in regards to risk reduction/secondary prevention.)
- Psychosocial Support Services (used by providers who only provide clients with psychosocial support- not MCMs.)
- Substance Abuse Treatment (used by providers who are professionally qualified/licensed to counsel/address substance abuse problems with a client.)

**\*Typically MCMs will use the category of Medical Case Management to document all of their activities. The category of Case Management Services may be used by MCMs to document services but non-**

medical case management does not involve coordination and follow-up of medical treatments. Therefore MCMs must ensure they are documenting in accordance with the RW program service definitions. **

**<u>Contact Type:</u>** Provides information on how the MCM provided services to a client.
- Care Conference (used to document case staffing completed on the client.)
- Client Contact Clinic/Hospital (used to document a meeting with the client in a clinic or hospital setting- this is meant to be outside of the case managers typical office setting, so if the CM works in a clinical setting, he/she would not use this type.)
- Client Contact Electronic (used to document contact with the client via email.)
- Client Contact Home (used to document contact made with the client at his/her home.)
- Client Contact Jail/Prison/Detention Center (used to document contact made with the client in a jail, prison, or detention center setting.)
- Client Contact Letter (used to document contact made with the client via letters.)
- Client Contact Office (used to document contact made with the client at the MCM's office.)
- Client Contact Other (used to document contact made with the client when no other option is appropriate.)
- Client Contact Telephone (used to document contact made with the client via telephone.)
- Client Contact Treatment Facility (used to document contact made with the client at a treatment facility.)
- **\***Collateral Contact Electronic (used to document contact made on the client's behalf via email/fax.)
- **\***Collateral Contact Letter (used to document contact made on the client's behalf via letter.)
- **\***Collateral Contact Other (used to document contact made on the client's behalf when no other option is appropriate.)
- **\***Collateral Contact Telephone (used to document contact made on the client's behalf via telephone.)
- Documentation (used to capture the time spent documenting for a client's record; no contact is actually made with the client or on behalf of the client with another individual.)
- Incoming Referral Services Contact (used to document contact made with the client and/or on the client's behalf as it relates to getting the client enrolled in medical case management services.) This contact type should be used prior to an intake being completed and only services categorized to "Monitoring" should be documented in PE when choosing this contact type. If no appropriate services exist relating to "Monitoring" – refrain from choosing services.
- Supervision (used to document the time a supervisor spends on the client's case/chart; this may be as documentation, client contact, or collateral contact so the contact flag and description fields should be used to help explain the exact contact made with the client or on the client's behalf.)
- Admin. - Letter (used by administrative staff to document that they sent the client, or someone on the client's behalf, a letter.)
- Admin. - Medical Records (used by administrative staff to document that they released or requested medical records for the client.)

- Admin. – Other (used by administrative staff to document contact made with the client, or on the client's behalf, when no other option is appropriate.)
- Admin. – Telephone (used by administrative staff to document that they speak with the client, or someone on the client's behalf, via telephone.)

When documenting all activities with a client AND on behalf of a client in one progress log per day, Medical Case Managers will need to prioritize their contacts in the following order:
1. Made: Face to Face with CL
2. Made: Not Face to Face with CL
3. Made: Face to Face Collateral Contact
4. Made: Not Face to face Collateral Contact
5. Attempted: CL Contact
6. Attempted: Collateral Contact
7. None: CM Documentation/No direct contact with the client or on the client's behalf

**\*Collateral contact is any contact not made directly with the client despite the client's age, mental capacity, etc.

<u>**Contact Flag:**</u>  This notes whether the contact type was **made, attempted,** or **none.**
- **Made** contact is when the MCM actually speaks with or meets with the CL, CL's family, other service providers/agencies about the CL's care. **Made** contact also includes any contact <u>from</u> the CL, collateral contacts (e.g. CL's family), or service providers to the MCM. Examples include voice mails left for the MCM by the CL; letters to the MCM from the CL; emails from the CL to the MCM.

- **Attempted** contact is any attempt from the MCM to contact the CL, collateral contacts, and other service providers about the CL's care. **Attempted** contact includes messages left for clients or their collateral contacts.  There should be no services documented when the contact is attempted.

- **Attempted** contact also includes letters.  Be sure to note the distinction in outbound versus inbound letters.  A progress log documenting a letter was mailed or received should be created in PE.  Inbound letters (letters received from the client or collateral contact) should be documented as "Made" and a service should be documented in the service grid. Outbound letters (letters mailed to the client or collateral contact from the MCM) should be documented as "Attempted" and no services should be documented in the service grid.

**Note: Attempted contacts will count on Productivity reports but not on Programmatic Reports, such as RDR or HOPWA APR.**

- **None** should be used when the MCM has no direct involvement with a CL or CL's collateral contacts and no service is being delivered. Examples may include a MCM documenting that a CL was a "no show" for an appointment or when a MCM is working on a client's file or service plan just for organizing or filing.

**Note: Contacts with "None" will count on Productivity reports but not on Programmatic Reports, such as RDR or HOPWA APR.**

- **Face to Face Flag:** Indicates if the client contact or collateral contact activity was done in person or not.

- **Funding Source:** This field provides information on which funder is paying for the contact that was made with the client or on the client's behalf. Usually for MCM services or case management services, the funder will be Ryan White. However, each agency has to determine which contacts are provided by which funders. Multiple funders are listed as possible selections for this field.

**Brief Description:** A 2-3 word description of the activity with the CL/services provided.

**Full Description:** Detailed professional/legal documentation of activities and services delivered by the MCM. The progress log should be free of slang, professional opinions, and minimal abbreviations. The full description should include detail related to FIRP:
Focus (F): what was the focus/purpose of the encounter?
Intervention (I): what was your response to the focus of the encounter?
Response (R): what was the client/collateral person's response to your intervention?
Responsibility (R): who is responsible for what activities related to follow-up?
Plan (P): what is the plan for follow-up?

**Services Provided – Tab of Progress Log**

The guidance for documenting services provided in the service grid is contained in the "Minutes" section above.