STATE OF MARYLAND

DHMH

Office of Health Services
Medical Care Programs

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

Maryland Medical Assistance Program
Model Waiver Program Transmittal No. __19__

DATE: July 31, 2000

Model Waiver Nursing Providers

FROM: Joseph M. Millstone, Executive Director
Office of Health Services

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

Timely Submission of Model Waiver Participants' Nursing Notes to Coordinating Center for Home and Community Care, Inc. (CCHCC)

Medical Assistance Model Waiver regulations, COMAR 10.09.27.03B(1)(c)(i) require the Coordinating Center for Home and Community Care, Inc. (CCHCC), the case management provider agency for the Model Waiver, to review and document the nursing observations made by the nursing providers at least every 30 days. In order for CCHCC to satisfactorily complete this requirement, timely submission of nursing notes is key.

As a Medicaid Model Waiver nursing provider, you are required to comply with the following regulations and procedures: COMAR 10.09.27 Home Care for Disabled Children Under Model Waiver; COMAR 10.09.36 General Medical Assistance Provider Participation Criteria; and CCHCC's established procedures.

Enclosed is CCHCC's document entitled "Review of Nursing Notes and Physician Orders" which includes their established procedures regarding nursing notes. Copies of clients' nursing notes should be sent on time for the time period identified by CCHCC. Please note, as specified in COMAR 10.09.36.08, failure to comply with these requirements may result in disciplinary action by the Department.

Thank you for your usual cooperation. If you have any questions regarding this transmittal please contact the Model Waiver Case Management Administrator at (410) 767-1448.

Enclosure

REVIEW OF NURSING NOTES
AND PHYSICIAN ORDERS

Purpose:
- To monitor implementation of and participation in the Plan of Care by various multidisciplinary team members
- To assess client health care status via review of documentation written by nurses.
- To monitor changes in medical care via review of physician orders
- To assess nursing notes for implementation of physician orders.
- To determine need for level of nursing care by reviewing care interventions documented by nurses.

Policy:
- All participants will have nursing notes reviewed according to contractual specifications and intensity of care management services. A minimum of 5-7 days of nursing notes will be reviewed in each calendar month. All nursing notes are to be maintained by the respective nursing agencies and available to The Coordinating Center for review upon request.

  For individuals receiving CM home visits:
  - Nursing notes shall be reviewed at every home visit
  - Documentation shall reflect on site review of nursing notes within the calendar month of the visit

- For individuals receiving telephonic care management services:
  - Nursing notes written within a given calendar month shall be reviewed within the following calendar month.. As example, all notes written between September 1-30 shall be reviewed by October 30.

Guidelines for Review:
The Coordinator will review nursing notes to ensure that they:
- summarize facts about the care given and the client's response during a given period of time
- address the established goals of treatment
- are written during the course of care to identify treatments, interventions, and assessments relevant and significant to the client and plan of care
- illustrate consistency with the plan of care
- are dated and signed and indicate title of signer

Procedure:

Reviewing on Site
L The Clinical Care Coordinators shall:
   A. Review nursing notes and physicians orders and note dates on "Site Visit Record".

B. Note any issues or problems identified upon review of notes on "Site Visit Record".
C. Follow up on any client related issues identified upon review of nursing notes with appropriate multidisciplinary team member
D. Follow up on any documentation issues with the nursing agency
E. On the next business day following a home visit month Clinical Care Coordinators shall inform CCAs which nurses notes and MD orders were not available during site visit.
F. Document all follow up in activity logs.

II. Site visit record will be filed in client's chart.
III. Review is to be documented in activity logs

In Office Review
A. By the fifth business day of each month Clinical Care Coordinators shall inform CCAs which nurses notes and MD orders are required to be reviewed.
B. The CCAs will notify the agencies via written request as to which clients must have copies of nursing notes sent to the Coordinating Center for review. The request will be recorded in the activity log of each client. For the purpose of confidentiality, the documentation of the requests to nursing agencies will be maintained in a separate binder/file. Nursing agencies will be requested to respond to the request for nursing notes within 30 days. (See attached request form)
C. On the next business day following a home visit month Clinical Care Coordinators shall inform CCAs which nurses notes and MD orders were not available during site visit. Within one business day, the procedure indicated above (B) will be followed.
D. The Clinical Care Coordinators review notes and orders and complete the "Review of Nursing Notes and Physicians Orders" form for all clients
E. After review and completion of required follow up, **copies** of nursing notes and physician orders may be discarded.
F. The Clinical Care Coordinators complete Review of Nursing Notes and Physician Order form and file in client's chart.
G. Review is documented in Activity Logs.
H. The Clinical Care Coordinators follow up on any client related issues identified upon review of nursing notes with appropriate multidisciplinary team member
I. The Clinical Care Coordinators follow up on any documentation issues with the nursing agency.
J. Documentation of all follow up is written in the activity logs.
K. In the event that requested nursing notes are not received at The Coordinating Center within thirty (30) days, a second request will be made for the records and noted in the Activity Logs. (See attached Request Form)

REQUEST FOR NURSING PROGRESS NOTES

DATE:

TO: (Nursing Agency)

FAX #:

FROM: Sharyn Boyle, Program Coordinator, Model Waiver

In accordance with Maryland Medical Assistance Model Waiver Regulations (insert citation), providers of nursing care services are required to maintain nursing notes for each program participant and make those notes available for review by the designated case management agency. The Coordinating Center requests that copies of those notes be forwarded to our office for review within 30 days of the date of this request. Notes on the following clients are requested for all hours of care provided during the period beginning on _____ and extending through _____.

If you have any questions or for any reason you are unable to comply with this request, please call The Center and ask to speak with the participant's care manager as soon as possible.

Thank you for your kind assistance with this matter.

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SECOND
REQUEST FOR NURSING PROGRESS NOTES

DATE:

TO: (Nursing Agency)

FAX #:

FROM: Sharyn Boyle, Program Coordinator, Model Waiver

In accordance with Maryland Medical Assistance Model Waiver Regulations (insert citation), providers of nursing care services are required to maintain nursing notes for each program participant and make those notes available for review by the designated case management agency. On (insert date of previous request) The Coordinating Center requested that copies of those notes be forwarded to our office for review within 30 days. **Notes on the following clients for all hours of care provided during the period beginning on _____ and extending through _____ were not received.**

Please forward copies of these notes within 3 business days. If you have any questions or for any reason you are unable to comply with this request, please call The Center and ask to speak with the participant's care manager as soon as possible.

Thank you for your kind assistance with this matter.

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CC: DHMH