

# **SSR's, Cost and Cost Accounting: Protecting the Integrity of ADPH Case Management**

**Satellite Conference and Live Webcast  
Wednesday, February 4, 2015  
1:00 – 2:00 pm Central Time**

**Produced by the Alabama Department of Public Health  
Video Communications and Distance Learning Division**

## **Faculty**

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**Alabama Department of Public Health**

## Objectives

- Participants will understand how their coding affects the cost of a program
- Participants will understand the time lines required for completing SSR's
- Participants will be educated about the various programs available to ensure that SSR's are completed in a timely manner

## Excerpt from Cost Accounting Manual

### 1.1 Purpose

The purpose of the *Alabama Department of Public Health Cost Accounting Manual* is to provide employees with the basic policies and procedures for cost accounting and the way employees' time at work is reported.

The cost accounting system of the ADPH is a very critical operation. It is the process by which we track the amount of money spent for the services we provide to the public. From that information, reports are generated and made available to our funding sources, such as the federal government. These reports, in turn, are used to help us maintain funding to provide services to the public and to help us obtain additional dollars to improve or begin new services.

Personnel costs account for most of the expenses in public health programs. Therefore, we have to determine the amount of time our staff spends on each major program. We depend upon you to accurately and timely submit information about your activities in order to obtain this important information. Without a cost accounting system, the ADPH may not be able to readily provide several services.

## Excerpts from SSR Manual

### Instructions

It is the function and purpose of the Social Service Report Instructions to provide specific coding guidelines for employee time and work activity. Following these guidelines will increase the accuracy rate in reporting activity and billing functions for all workers utilizing this form.

The Social Service Report (SSR) is the key to supplying information to the Alabama Department of Public Health's Social Services Report System. The system is used to capture all services rendered by care coordinators/case managers/medical social service workers who provide case management and medical social services to the people of Alabama. This system is a critical component of the total service delivery system and must always reflect all of the worker's daily activities. The SSR is an official document. It is used to produce reports which are made available to federal, state, and local funding sources. (page 4)

## Time Line For Completing SSR's

### 2.2 Accounting for Your Time

You must report the amount of time involved in any activity on the job. Also report the time you spend away from work on annual and sick leave, and compensatory time off. Time spent in training sessions, break-time and overtime also must be reported. However, time absent from work in which you receive no salary (i.e., leave without pay) is not to be reported.

The best way to keep up with your activities is to record them daily. We realize that it is not always practical to record each activity as you perform it. However, it is required that the daily record be updated at the end of each day. Therefore, it is strongly suggested that you set aside a time each day to record your activities. Some form of daily record is required by all employees, which can be a Social Service Report/Medicaid Billing Form (SSR), an Environmental Daily Activity Reporting System (EDARS), a Community Based Services Day Sheet, and/or a CATS as shown on page 7.

## **Time Line For Completing SSR's Excerpts from Social Service Report Manual**

### **The Step By Step SSR System's Process**

**1<sup>st</sup> step:  
Case Managers/Care Coordinators  
are required to key SSR entries in  
ACORN daily.**

(Page 5)

## **Situations When SSR's Can Not Be Entered Daily**

- **Unexpected illness**
- **Finishing the day out of the office**
- **Seeing patients until the end of the work day**
- **Emergency situations**

## **What Happens When SSR's Can Not Be Entered Daily?**

- It is expected that the SSR's and/or ECATS be completed as soon as possible upon return to the office, but no later than the documentation time line for the corresponding program
  - **\*\*\*Documentation is not complete until the SSR has been entered**

## **How to Determine if SSR's Haven't Been Completed**


- 1. If less than 8 hours are accounted for on a particular day then an automatic email is generated

## How to Determine if SSR's Haven't Been Completed

- SSR by Name
- SSR by SSN
- Forms by Employee
- Completed
- Daily SSR** ←
- E/D Waiver NH Transition
- By Area
- By Employee

2. Click on Daily SSR for notification of time to appear

Not Enough Hours

 Renae Carpenter your total time for 01/29/2015 is 0 hour(s) and 25 minutes. You need an additional 7 hour(s) and 35 minutes.

OK

## How to Determine if SSR's Haven't Been Completed

- Reports
- SSR Report
- De-identified SSR Report
- Cost Center Report
- SSR Weekly Totals** ←

3. Click on SSR Weekly Totals to determine time entered for the week

2015	0.42
January	0.42
PHA09	0.42
Clarke	0.42
Carpenter, Renae	0.42
01/26/2015 ←	→ 0.42


## How to Determine if SSR's Haven't Been Completed

- 4. Check the SSR report

Employee	Month/Year	CHR CO./Site Code	Social Security Number
Carpenter, Renae	01/2015	131	545-54-5454

Sort order:  By CHR  By Date  By Name

Date of Service	Contact	Patient	Recipient ID
01-29-2015		DIXIE MCCALL	

Total Time: 0 Hours 25 Minutes 

## How Will This Be Measured?

- This is already an R/R on the evaluation and Form 40

***“Completes records of social work and care coordination activities and program reports, such as those required for billing, cost accounting, time and attendance, and medical record documentation, following established protocols / guidelines so that all records and time reports are completed timely and accurately”***

## How is This R/R Scored?

- **2 = meets standards:**
  - Completes documentation and cost accounting following the maximum allowable time frames, with 90% accuracy

## How is This R/R Scored?

- **3 = exceeds standards:**
  - Completes documentation and cost accounting within the mid - range of the allowable time frames, with 90% accuracy



## How is This R/R Scored?

- 4 = consistently exceeds standards:
  - Completes documentation and cost accounting earlier than the mid - range of the allowable time frames, with 90% accuracy

## Avoiding Over - Billing and Under - Billing

- 1. Clearly document all activities.

<input checked="" type="radio"/> Progress	<input type="radio"/> Case Conference	<input type="radio"/> Authorization for Temporary Change
<input type="radio"/> Continuation	<input type="radio"/> Telephone Record	<input type="radio"/> Other

**Add Entry**

01/29/2015 ----- Service Type: Unsuccessful telephone contact;  
 Notes: Medicaid verified and patient has active Plan First Medicaid. CC attempted to reach patient by telephone, but received message that her telephone had been disconnected. CC telephoned PMP's office for updated contact information. CC left message for RN to return call. CC searched Phalcon for additional contact information. All household members listed the disconnected number as only contact number. PMP's nurse returned telephone call stating that the number in the PMP chart was the same as in CHR. She informed CC that patient was seen in the ER of Smallville General Hospital over the weekend. CC called SGH, Medical Records Dept. Faxed clerk copy of the CHR-6, per her request. Current telephone number received. No answer to attempted telephone call, but answering machine's outgoing message confirmed that the number dialed was correct for the patient. All Health Department records updated with current telephone number. CC will continue attempts to contact for fup on referrals to community resources as per case plan. --- Renae Carpenter, 01/30/2015 07:10:17 AM


## Avoiding Over - Billing and Under - Billing

- 2. Accurately assess time spent
  - Use the clock on your office telephone
  - Use the clock on your computer screen
  - Assessing time spent is much easier and far more accurate when the SSR is completed daily

## Avoiding Over - Billing and Under - Billing

- 3. Utilize the notes section of the SSR

Patient Name:	<input type="text" value="MCCALL, DIXIE"/>
Patient SSN:	<input type="text"/>
CHR #/Site Code:	<input type="text" value="131005151"/>
Notes:	<input type="text" value="ck med., attempted t/c x 2, searched Phalcon, t/c to PMP and SGH, updated all records, doc, file"/>



## How is Cost Determined?

- 1. Cost takes into account salary, fringe, utilities, rent, supplies, equipment, etc.
- 2. The total cost (above) is divided by the number of unduplicated patients seen during a set period of time (ie, month, year, etc.)

## How is Cost Determined?

- 3. That gives us the cost per patient
  - The lower the cost per patient, the more attractive our services will be to the RCO's

## What Impacts our Cost?

- As of November 2014, the statewide average cost per hour for case management services in EPSDT, CC, Patient First, and Plan First was \$87.87 - \$125.00
- During November 2014, the statewide average cost for an hour of EPSDT, CC, was \$115.23
  - The range was \$63.25 - \$320.99

## What Impacts our Cost?

- *“The time which is not coded to a specific patient is also billed to Medicaid to cover the average cost of services rendered”*
  - (SSR Manual, page 4)
- However, there are ways to lessen the negative impact of DPH time

## What Impacts our Cost?

- The only way to truly assess our cost per program per county is to accurately code our DPH time
- If time is spent doing general office activities (printing SSR reports, shredding old documents, completing mileage forms, staff meetings) then that time should be coded to DPH 90 - 4

## What Impacts our Cost?

- The benefit of coding it to the general office code instead of coding it to a specific program is that it spreads the DPH cost across ALL programs that the worker bills to
- For example, a family planning worker has a case load made up of 50% Plan First and 50% Patient First
  - The Patient First time is further divided between adults and children

## What Impacts our Cost?

- If this worker has DPH time and she codes it to a specific program, then it will run the cost of that program up - even if the DPH time benefited all the programs
- If this worker has DPH time that is coded to 90 - 4, then it will add some cost into EACH program rather than dumping it all into one

## What Impacts our Cost?

- There are times when it is appropriate to code DPH time into a specific program
  - For example, working on the flip list for Plan First
  - This is strictly a Plan First function and should be coded specifically to Plan First

## **What Impacts our Cost?**

- However, meetings such as general staff meetings are NOT specific to a particular program and should be coded to DPH 90 - 4

## **Key Points to Remember**

- **SSR's and ECATS MUST** be entered daily or upon return to the office the following work day
  - The absolute last day to enter SSR's is the date the documentation is completed

## **Key Points to Remember**

- We **MUST** clearly and concisely document our activities in order to justify our billing
  - Over - billing and under - billing are both detrimental to our success

## **Key Points to Remember**

- The lower our cost per patient and per program, the better our chances of playing a key role in the RCO's
- Accurate and timely coding and documentation are **CRITICAL** if we are to remain a case management provider



## Never Forget . . .

*“If it isn’t documented,  
it didn’t happen.  
And the way it got documented  
IS the way it happened  
regardless of the way it happened.”*

John Wible, JD  
Retired ADPH Attorney

## Contact Information

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## References

- *Social Service Report Manual (2012)*
- *Cost Accounting Manual (2004)*
- *Employee Weekly Leave Document*