

Tips for Documentation Changes

Billing time will be reduced due to decreased documentation time

Referral Form

1. On the referral form, when Medicaid is the referring provider, a fax number does not have to be entered because the data is being housed in a spreadsheet and not faxed to Medicaid.

Worksheet

2. The teen worksheet was combined with the adult worksheet. All questions do not need to be answered. The form is considerably longer, but it includes questions that will not be applicable to all patients. The combined worksheet should help to reduce confusion on which worksheet to complete.
3. On the Psychosocial Assessment Worksheet, the left hand column is still set up to be the “issues” column. Meaning if the answer to the question is in the left hand column, that means there is an issue with that particular question and further exploration or a referral may be necessary.
4. On the Psychosocial Assessment Worksheet, under the Mental Health tab, all of the questions have “Y” (yes) in the left hand column. Anytime “Y” is marked another selection box for Self or Family will populate. This will happen on each question in this tab except for the last question of “other”. Be sure to select if the issue is related to the patient (self) or to the patient’s family.

Case Plan

5. The “Problem Identified Date” needs to be the date the assessment was completed with the patient.
6. Each time an update is made to the case plan go into the current case plan and change the date in the top section of the form and click the “Case Plan Review” button. This will create previous copies. If the previous copy is not showing up, close completely out of ACORN and go back in. This should allow the previous copies to show up.
7. The worker will see the same problem and goal repeated but the intervention will change on several of the case plans.
8. The case plan can be updated at any time. If a new problem is identified and it isn’t time for a 3 month, 6 month, or 9 month review, the additional goals can be added at any time and dates for interventions met can be entered at any time. Each time there is a change to the case plan, the worker will need to print, sign, and file the newly updated plan.
9. There is no 12 month review. Complete a new case plan each year (12 months from the original case plan date).
10. If more than one referral is received on a patient, a separate case plan will need to be created for each referral type.