

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 an MCM to complete one Progress Log that explains all activities and services provided to a Client 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.

MAIN TAB

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 Progress Logs marked with a status of "Complete" will count on reports and towards Productivity.

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 the exact time is not required, this field usually depicts the time that the Progress Log record was created/started.

Contact Time (Minutes)

This is the time spent with a Client, either by phone, mail, email, or for a face-to-face encounter. Contact time should also be used for contact attempts. It is required that minutes in the contact time are documented in 15-minute increments.

Travel Time (Minutes)

This is the time spent traveling to and from meeting with your Client. This also must be documented in 15-minute increments.

Documentation Time (Minutes)

This field will automatically provide you with 15 minutes for documentation. There is no way to adjust this field.

Total Time (Minutes)

This field auto-populates, giving you the total time accrued from the "Contact Time" field, the "Travel Time" field (if applicable), and the "Documentation Time" field. Typically, no Progress Log is less than 30 minutes.

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 Case Manager 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 dietitians 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 regarding 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.
- **Medical Case Management**
Typically, MCMs will use the category of Medical Case Management to document all 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.

Contact Type

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 Manager's typical office setting, so if the Case Manager 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.

Note: Collateral contact is any contact not made directly with the Client despite the Client's age, mental capacity, etc.

Contact Flag

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:

- Made: Face to Face with Client
- Made: Not Face to Face with Client
- Made: Face to Face Collateral Contact
- Made: Not Face to face Collateral Contact
- Attempted: Client Contact
- Attempted: Collateral Contact
- None: Case Manager Documentation/No direct contact with the Client or on the Client's behalf

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 must 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 Client and the services provided. Points-in-Care should be typed in ALL CAPS, followed by the month and year (i.e., INTAKE, January 2020).

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 FIRRP:

- 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 a follow-up?

GOALS ADDRESSED

Action Plan Goals Addressed

Your Progress Log should always be linked to at least one of the Client's goals. This can be accomplished by selecting the button with "..." located at the bottom of the space provided.

SERVICES PROVIDED

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 15 minutes, 30 minutes, 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.

APPLICATIONS

This section is to indicate any applications completed on behalf of the Client. Please mark all completed applications.

CARE ACTIONS

Care Actions are required of any given service category. This will capture every service completed by the MCM. What Care Action to select:

The following should only be selected during Points-in-Care:

- Only select "Assessment – Initial – Service Needs" if you have completed all the pages of the Intake.
- Only select "Assessment – Reassess – Service Needs" if you have completed all the pages of the Reassessment.
- Only select "Mid-Year Review" if you have completed the Mid-Year Review.

If parts of the Intake and/or Reassessment are divided among different staff members, each staff member will need to select only the Care Action associated with the section they completed.

If the Action Plan is created another day, select Action Plan Established one the Action Plan is completed.

REFERRALS

Referrals must be made for all core services, including initial and on-going referrals. Referrals should be entered during the Post-visit process, and the status for each referral should be updated during Pre-visit Planning, or at minimum, during each Point-in-Care.

SCAN DOCUMENTS

Scan Document allows you to link documentation that has been scanned into PE.