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# CHARTING COMPLIANCE



# The Importance of Charting

- Charting is a regulatory requirement and must be completed for all visits.
- It is important to complete accurate charting for many reasons:
  1. Supports billing services – Inaccurate charting can lead to billing errors
  2. Is a legal way to document what you did and justify the care provided
  3. Failure to chart accurately is fraud and is punishable by fines, loss of license/certification to practice, and jail time



# Charting Timeliness

- All documentation is required to be submitted within 24 hours of the start of the visit.

Why do we have this rule?

- Ask yourself if you can truly remember everything that happened during a visit that occurred 48 hours ago? How about 5 days ago?
  - Most clinicians document several visits/shifts per day. As an example, let's say you complete 4 visits/shifts per day, and you have not charted for 5 days. This means that you have not charted on 20 visits/shifts. Can you reliably remember what you did for all 20 visits? **The answer is NO.**
  - Documentation that is not completed in a timely manner may be considered **fraudulent** since it is not an accurate account of the visit.
  - If you were in a court of law, you would be asked how you could prove you remember what you did several days ago. The only way to prove this is by documenting at the time of or immediately after the visit.
  - Government agencies have stated if they request documents to review for accuracy, they will not accept any documentation that is signed more than 24 hours after the visit. Instead, they will consider these documents as "invalid".

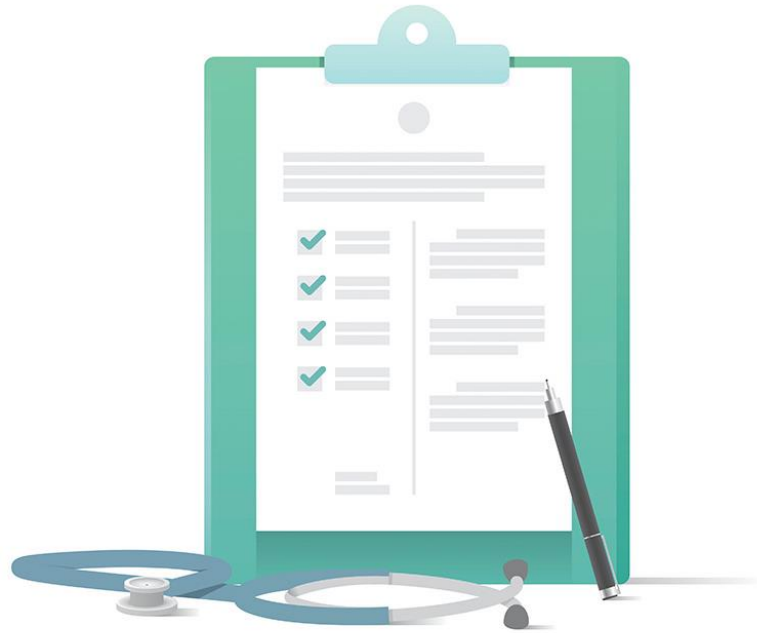


# Late Charting

- Timely charting is a standard of care.
- Regulations require charting to be completed at the time of the visit, but no later than 24 hours.
- AFK understands that charting at the time of the visit can be challenging, and therefore, we have attempted to grant some flexibility in charting.
- AFK requires at least 90% of your charting to be complete within 24 hours of the visit in order to be considered compliant with AFK policy.
- **Any scheduled visits not charted within 48 hours may be cancelled from your schedule.** This means that we would not be able to bill for the visit and you would not be paid for the visit.
  - Think of charting as a way for you to clock in and out for your shift. If you don't clock in/out, you cannot be paid for the work.
  - When charting is not present, there is no record that work was completed.
  - Charting more than 48 hours after a visit is not considered as accurate charting and may be considered as fraudulent.
- Consistent late charting may result in disciplinary action.



# Charting Guidelines



- You may only chart for services that **you** actually perform. You may not chart for services completed by another family member.
- In general, if nursing, PDN, medical assistants, respite, physicians, emergency personnel, urgent care, doctor offices, or hospitals can bill for services during the same time, you **MAY NOT** complete charting for that visit.
- If you have questions about charting at a specific time or overlapping with another provider, you should talk to your clinical case manager or the administrative team at AFK prior to providing services. In special cases, authorizations might be able to be obtained from the State.



# My child is in the hospital. Can I chart if I am completing tasks?

## NO

- When your child is in the hospital, the hospital is billing for services.
- Charting home health services while your child is in the hospital is considered a duplication of services and is FRAUD.

### What needs to be done?

- If your child is admitted to the hospital, contact your Clinical Case Manager immediately to determine what needs to be done. (It may vary depending on length of admission)
  - If the hospital stay is less than 24 hours, you will likely complete a missed visit note and will select the Client Related reason: "Patient/caregiver canceled due to patient having a hospital procedure."
  - If the stay is longer than 24 hours, home health services will be placed on hold, and you will not need to do anything further.



# My child is in the Emergency Room. Can I chart if I am completing tasks?



## NO

- Once you are assigned a room in the ER department, the hospital assumes your care and they begin charting and billing for services. The time of admission and discharge or transfer from the ER is recorded.
  - **NOTE:** If you are waiting in the main waiting area to be assigned a room in the ER, you may continue to provide and bill for services. However, once you are called back and assigned a room or treatment area, you are no longer able to chart for care.
- Charting home health services while your child is in receiving care from another provider is considered a duplication of services and is FRAUD.

### What needs to be done?

- You will complete a missed visits for any shifts not completed while the child is admitted to the ER. Choose the Client Related reason: “Patient/Caregiver canceled due to patient being in the emergency department.”

I am in the hospital having another baby. My child that I provide CNA/IHSS services for is with me.  
Can I chart if I am completing tasks?

**NO**



- You may not provide services while you are a patient in a hospital.
- What needs to be done?**
- If you will be hospitalized and/or will be taking time off for hospitalization, recuperation, or maternity leave, notify your Clinical Case Manager. Together you will determine if services will be placed on hold, or if you will write missed visits.
    - When services are on hold, you do not need to complete any documentation.
  - If you need to write a missed visit, you will document the Clinician Related reason: “Aide unavailable. Family declined alternate caregiver for the patient. Patient is stable and cared for by a family member.”



Both of my children receive CNA/IHSS services at home.  
One child has been admitted to the hospital.  
Can I chart on the child that is at home?

MAYBE

- You can only chart for care that **you** actually provide.
- You **may not** chart for care that is completed by another family member.
- Hospital nurses often chart that “mother of child was at bedside for entire day”, or “mother of child accompanied patient to Emergency Department via ambulance”, etc. A review of home health and hospital records by AFK, Medicaid, or insurance companies can easily reveal charting errors. Be careful to chart only when you are providing care.
- Charting home health services that you did not actually provide is FRAUD.

#### What needs to be done?

- If you are not able to complete a shift, you will chart a missed visit with the Clinician Related reason: “Aide unavailable. Family declined alternate caregiver for the patient. Patient is stable and cared for by a family member.”



# My child has a routine doctor appointment. Can I chart for care that I provide while at the visit?

## MAYBE

- If you are in the main waiting room and providing care, you are allowed to chart for the tasks you complete.
- You **may not** chart for care once the actual medical appointment begins. This means that once you are called back to a room or triage area, the visit has begun. You may not chart while waiting in the room for RN, MA, PA or doctor to arrive. Visit times for medical appointments are well documented, and it is easy to verify who was providing care at what time.
- Remember, if you are out and about, waiting in waiting rooms and transporting children from place to place, it is highly unlikely that all tasks in a care plan would or could be completed. Only chart on those tasks that you actually complete.
- Charting home health services that you did not actually provide and/or charting during a time that another provider is billing is FRAUD.

### What needs to be done?

- If you cannot chart for a scheduled shift, you will chart a missed visit choosing the Client Related reason, “Patient/Caregiver canceled due to patient having a doctor’s appointment”.
- If you complete part of a visit, but not all the tasks, you will check “declined” for the task you did not perform and will then choose the appropriate reason, such as, “Task completed by alternate caregiver”.



# My child is at school.

## Can I chart for care during the time he/she is at school?

# NO

- You may not chart for care while your child is at school. Home Health CNA, IHSS and therapy services are not permitted to be provided on public school grounds.
- Charting for CNA, IHSS or therapy services during the time your child is attending school is FRAUD.

### What needs to be done?

- If visits will be consistently missed because the child is in school, contact your clinical case manager to see if visit times can be rescheduled to accommodate the school schedule.
- If this is a unique situation and does not reoccur frequently, you may write a missed visit with the Client Related reason: “Patient/caregiver canceled visit. Patient is cared for by another caregiver. Patient is stable.”



I am divorced and my child goes to the alternate parent's home every other weekend. Care is provided by the alternate parent. Can I chart for care that is provided while my child is with the

**NO** other parent?

- You may not chart for care that you did not actually provide.
- Charting for care that is provided by someone else is FRAUD.

### What needs to be done?

- Contact your clinical case manager to determine the best course of action. You may need to change the schedule to coordinate with parenting schedules.
- If the situation is unique and does not occur regularly, you can write a missed visit note with the Client Related reason:  
“Patient/caregiver canceled visit. Patient is cared for by another caregiver. Patient is stable.”



I'm not feeling well so my husband is completing my CNA tasks.  
I am watching and directing the care from the couch.  
Can I chart for care that my husband provides?

**NO**

- You may not chart for care that you did not actually provide even if you are present observing and directing the care. You must physically be the one providing the care in order to legally chart for the visit.
- Charting for care that is provided by someone else is FRAUD.

### What needs to be done?

- You will chart a missed visit with the Clinician Related reason: “Aid unavailable. Family declined alternate caregiver for patient. Patient is stable and cared for by family member”.





# Can I move my shift to a different time?

## MAYBE

- There can be some flexibility in the times that shifts are completed. Example: You have a shift that is typically completed from 3:00pm – 4:00pm. Today, your child has an after-school activity and will not be home until 4:00. You **might** be able to move your shift time to be completed from 4:00pm – 5:00pm as long as the following things are taken into consideration:
  - Be sure that there is at least 30 minutes between the end of one shift and the start of another. If you have questions about moving times, contact your case manager.
  - Be sure that you do not overlap with a PDN nursing visit.
  - You may not switch the order of the shifts completed.
  - Any permanent time changes should be discussed with the clinical case manager.

	Shift #1	Shift #2	Shift #3	Shift #4
6:00 AM				
6:30 AM				
7:00 AM				
7:30 AM				
8:00 AM				
8:30 AM				
9:00 AM				
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# Can I chart when I am out of town?

## Within the USA

- Call All for Kids Home Health prior to travel to discuss. In some cases, charting may be permitted depending on location.

## International Travel

- You **MAY NOT** chart for services (even if your child is with you) if you leave the United States.

### What needs to be done?

- **Notify your clinical case manager of any planned vacations as soon as you know that they will occur.**
- If the trip is planned in advance, we will get orders to place a hold on services so that you do not need to complete any charting.
- If you do need to write a missed visit, the Clinician Related reason will be “Aid unavailable. Family declined alternate caregiver for patient. Patient is stable and cared for by family member”.



# Missed Visits

- There are times that you may be unable to complete a scheduled visit. When this happens, you can complete a missed visit note.
- When you complete the missed visit note, you will need to enter the reason for the missed visit. You will choose from Client Related or Clinician Related reasons.
- You will choose **client related** reasons when there is a doctor's appointment, hospital procedure, illness, or other reason that the patient cannot be available for the visit.
- You will choose **clinician related** reason when you (the CNA/IHSS Attendant) must cancel the visit because you are unable to provide the care due to illness, schedule conflict, vacation, etc.
- **All for Kids Home Health must be able to show that the patient's needs were met.** Therefore, you will always want to indicate that the patient was cared for by other family members.
- In the "Notes" section, you should make a note to explain the reason the visit was not completed.
- If you need assistance from the AFK to complete a shift for your patient during your absence, please let your clinical case manager know with as much notice as possible so that arrangements can be made.



# Communicate

- Communicating with your clinical case manager is the key to success!

- Below is a list of things that are important for you to discuss with your case manager:

1. Tell your case manager immediately whenever there is a hospital admission.
2. Tell your case manager immediately whenever there are changes in medications.
3. Tell your case manager about any incidents (falls, injuries, medication errors,, etc.).
4. Inform your case manager about upcoming hospital procedures.
5. Inform your case manager or main office about any changes in insurance.
6. Inform your case manager about any plans to travel.
7. Ask your case manager for help if there is anything you don't understand, or if you feel you need more training with a task.
8. Inform the AFK case managers if there are any unusual circumstance that prevent you from charting timely.

