

Don't	Do
TCM Specific	
Assume the reader knows the parent or routine caregiver was present and involved in the case management activity.	Document the parent's or routine caregiver's participation in the case management activity.
Assume the reader knows all that is entailed in an activity.	Refer to documents that pertain to the case management activity. Examples: <ul style="list-style-type: none"> <li>• Facilitated IFSP meeting - see IFSP documents this date.</li> </ul>
Neglect to document case management activities that are not billable.	Document interactions with collateral contacts (such as other ECI team members, doctors, CPS workers, or private therapists) that are necessary to show the competent provision of case management services and the need for subsequent case management contacts.
Dismiss the importance of case management provided in addition to direct service provision.	Accurately estimate the total time spent providing case management during a single contact.
Confuse service provision with case management.	Document the provision of case management as separate from the provision of a direct service.
Relegate case management as a monthly, or weekly, "check-in."	Ensure that a case management activity, as defined in TAC, has been performed, such as: <ul style="list-style-type: none"> <li>• Coordinating evaluations and assessments;</li> <li>• Facilitating the IFSP;</li> <li>• Assisting families in gaining access to providers of medical, social, and educational services;</li> <li>• Following up on referrals to determine if the services have met the child's needs;</li> <li>• Monitoring the effectiveness of services through contacts with the child, family members, service providers, or other entities to determine if services are adequate;</li> <li>• Assisting the family in advocating for their child;</li> <li>• Coordinating with medical and other health providers; or</li> <li>• Facilitating the transition to preschool or other appropriate services.</li> </ul>

Limit case management to coordinating ECI services.	Address all aspects of the child's life and coordinate with all providers of services and supports.
Limit case management to handing out urls, phone numbers, and flyers.	Inform, role model, assist, problem solve, develop a plan of action, and join with the family in addressing their child's multiple needs.
Identify the contact as the monthly case management contact.	Justify initiating contact on the basis of information obtained and documented in the child's record or preparation of a required event. Examples: <ul style="list-style-type: none"> <li>• Scheduling annual review or</li> <li>• Preparation for a transition meeting.</li> </ul>
Make rote case management contacts (e.g., all families get one contact per month, all families are asked the same questions).	State the need for the case management contact in the documentation of the case management event. Example: <ul style="list-style-type: none"> <li>• Following up on Pat statements made to OT regarding change in finances - see OT note 3/14/17.</li> </ul>
Initiate a case management contact without need.	Identify the need for the case management contact in: <ul style="list-style-type: none"> <li>• IFSP,</li> <li>• Progress note, or</li> <li>• Other documentation within the child's record.</li> </ul>
Document "no new needs at this time" and then make a subsequent case management contact without identifying a change in the child's or family's lives.	Communicate with other team members and stay abreast of changes in the child's and family's lives to facilitate the identification of potential needs.
Identify needs and fail to take action.	Document the plan to address the need and offer to assist. Document if the caregiver declines the offer.
Waste resources on families that do not need assistance in accessing resources.	Tailor frequency, intensity, and modality (phone or face-to-face) to meet the capabilities of the caregiver and the circumstance.
Limit documentation to what caregiver has done or what they said.	Document what the service coordinator will do and has done with this information including offering to assist the caregiver.
Summarize detailed discussions with vague language or single sentences. Examples: <ul style="list-style-type: none"> <li>• Robert is concerned about OT.</li> <li>• Bena is having difficulty getting the referral for the specialist.</li> </ul>	Document the key points of discussions including a description of the concern and the plan to address the concern.
In General - Audits	

Assume all of the necessary documentation will be identified in the request for records.
Assume the provider of services has no rights.
Assume there is no opportunity to correct errors before implementation of the recoupment.
Submit an appeal by sending only the same information that was originally submitted.

<p>Send all necessary documentation to justify service provision.</p> <ul style="list-style-type: none"> <li>• Eligibility statement,</li> <li>• Applicable IFSP (including needs assessment and outcomes), and</li> <li>• Other documentation identifying need for the service.</li> </ul>
Appeal audits findings that you do not agree with or there is no citation of TAC or policy supporting the proposed recoupment.
If you forgot to send a piece of documentation that supports the provision of services, send that additional information as a part of the appeal.
Provide additional information including citations from policy, contract, MOU, regulation, TAC, or statute that supports the action.