

Documentation Regulations Checklist for Article 28 Clinics Compiled from DOH Title 10, Part 751 Guidelines & 14NYCRR Part 679

Regulation	Yes	No	N/A	Comments
I. Clinic Service Documentation MUST include:				
A. Date of service/month/year (i.e., a 3 part date)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Location of service delivery (e.g., Willow Rd IRA). Can also be listed on letter head if only 1 location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Appropriate Procedure Coding (e.g. ICD 9 Codes, CPT codes, modifiers & HCPCS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Treatment/Progress Notes/S.O.A.P. note detailing: what happened-tasks/activities/procedures 7 progress/results/person's response plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Full signature & title of clinician (full countersignature & title if req'd by the NYS Educ Dept.) with a 3 Part Date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. Date the note itself was written-must be contemporaneous to the service provision date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
II. Clinic Plans of Care must be:				
A. Individualized & based on a current written eval/assessment;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. The treatment diagnosis MUST be related to the primary reason the service is being provided and must identify the therapy/modality of intervention (e.g. PT-gait training). This must correspond to the person's needs or goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. List symptoms/problems/complaints or other needs for the service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. List frequency (e.g, 2xs per wk) & location of service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Physician must review & approve all plans of care every 90 days (OR when there are significant changes to the ongoing plan of care). Please note this exception: new or revised plans of care require 1 initial 30 Day Recertification and inception or revision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

III. The review of the treatment outcomes must be specific, quantifiable, if appropriate (e.g., the % of goal attained) & directly related to the clinic plan of care.

A. Documentation must indicate that the clinic treatment outcomes and/or the course of treatment have been reviewed quarterly;

B. & indicate whether the clinic treatment is to: continue, be changed, or be discontinued.

IV. Coordination of Clinic Plans of Care

A. The Medical Records Consultant (MRC) has primary coordination responsibility for all services, therapies, and/or treatment provided to each person served.

B. The Clinician forwards written plan of care recommendations to the ICF Program Dir., MSC and/or other appropriate persons at:

1. the onset of the plan of care,

2. quarterly (at the time of the review of the clinic treatment outcomes) or whenever the clinic plan of care is significantly changed.

C. To avoid duplication of services, plans of care must reflect & attempt to incorporate the person's other individualized written plans of care for any other services the person receives.

1. all service/plans of care should generally be consistent (i.e., not in conflict) & have no duplication of clinical services or modalities between disciplines (e.g., gait training in OT & PT).

D. ISP – For a person enrolled in the OMRDD HCBS waiver, the MRC should request that the MSC provide a CURRENT COPY OF THE ISP (in order to provide info for the development of the clinic plan of care).

E. For an ICF resident, the CTC should request that the ICF administrator provide a copy of the person's IPP, or CFA; and is to be included in the person's clinical record (in order to provide info for the development of the clinic plan of care).

F. If a DOH/OMRDD provider operates BOTH an Article 16 & an Article 28 Clinic, the clinic treatment plan or plan of care for any person must be coordinated.

Regulation

Yes

No

N/A

Comments

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G. Plans of care should be coordinated w/clinical services delivered by other providers, including other clinics.

1. if different clinic services are being provided to a person by two Article 28 clinics, the clinic record AND the clinic treatment plan for EACH clinic must include clear documentation.

2. no duplication of services for a person, between Article 28 Clinics without compelling justification.