**2023 Universal Monthly Summary Guidance Document**

Beginning February 2023 this format will be best practice by both EBA and AMIkids. These continue to be due by the 5th of each month.

***Why Universal?***

A universal format protects the provider by ensuring RSC, DJJ, & families are receiving the information they need

A universal format creates consistency for providers whom are in network with both EBA and AMIkids

A universal format allows multiple levels of DJJ staff to be trained to look for items in consistent documented areas

***Purpose & Uses of Monthly Summary***

*Verification of Billing*= these in combination with invoices received by the 5th ensure providers receive payment

*Court Documentation*= these maybe reviewed by judges or other DJJ staff to determine recommendations and next steps

*Service Extensions*= without a monthly summary with a rationale services may not be further authorized

*DJJ Documentation*= POs and CAP counselors are responsible to oversee youth’s terms of commitment and assess how services are meeting YASI risk and needs. These documents maybe uploaded and saved in DJJ systems

*QAQI oversite*= these are reviewed and scored by both RSC’s to determine the nature and quality of service delivery through use of a Monthly Scoring Rubric. Monthly Scoring Rubric aligns with contract

***Page One: Demographics, Provider Information, Service Information, Rationale/ YASI***

Assigned DJJ Office= CSU

Assigned DJJ Staff= PO or CAP counselor. Please note sometimes these change

Best Practice for Provider to include staff phone and email for DJJ follow up

Service=make sure this aligns with services authorized on authorization form/ purchase order

If multiple approved services= notate here. If different staff providing services please notate

Pre-engagement section= area for Providers to highlight any/all work and resources utilized in attempt to get services initiated. Barriers to services starting can be identified here.

Pre-Service Engagement date= first date attempted to contact family or DJJ to get services going

Service start date = first date of billing. Intake. \*\*\*Goal to start service is 3-5 days from receipt of authorization\*\*

YASI domains = found in referral packet. Additional training for YASI available

Rationale= found in referral packet

Summary checklist= this serves as a “snap shot of the month”. These areas may change month to month. It is ok if all boxes are not checked.

Verification that copy of this report sent to DJJ and family/youth= Best practices

Overall progress section= this should be a narrative that is added to monthly to capture the bigger picture of treatment/service delivery. This area is a highly scored area on Monthly Rubric

***Page Two: Collateral Contacts & Summary “Session” (Service Delivery) Details***

Dedicated area to document collateral contacts= while these are not billable, these are reviewed in Monthly Rubric scoring and viewed as best practice for continuum of care. Collateral contacts include any correspondence/connection outside of direct service delivery aka billable hours. Ex. calls or emails to DJJ staff. Collaboration with additional resources for youth.

Modality= phone, in person, video, email, voicemail

Contact= WHO was contacted. Can include their role as well.

Summary= content of what happened during that contact

Cumulative “Session” Section aka Service Delivery= includes all dates of service delivery for that month. If authorized for multiple services include here but specific type in description section

Session= time/date spent delivering authorized/billable services

Dosage= means to highlight TOTAL units used for that specific service in that reporting month. If authorized for multiple services need to break apart dosage per authorized service for billing purposes. For Daily rate services= HFW-ICC/MST/FFT/BSFT/ICC/IL/RTC/Group home= dosage would be total days of that reporting month- be specific for number of days in that month (Ex.28 vs 31).

Time/ Duration= time of day & length of that “session” Ex. 5:00pm for 60 minutes

Modality= mode in which service was delivered. Ex in person, virtual, phone

Location= where session occurred Ex. family home, office, youth work

Participants for that specific session= youth only? Any family members?

Session description= highlights from that specific “session” service delivery date. Remember this section is just for billable dates of service. Collateral contacts are captured in separate above section. Details of ISP and interventions/ responses by client(s) are captured in separate below Goals & Objective section

*Contract Language… Reports shall include the following information regarding all Service provision:  (1)the date, time and duration of each Service unit,  (2) the purpose of Service,  (3) the names of the individuals involved in the session/ Service, and  (4) the location at which the Service was provided or the Service delivery modality (e.g., Tele‐health,  telephone, etc.)*

Documentation for services with a daily rate\*\*\*= while dosage is daily (total number of days in that month. Be specific) it is still necessary to document direct dates of clinical service or additional authorized services per line.

Monthly Rubric is scoring documentation of clinical session dates, individual therapy, group therapy, family therapy, Casey life skills, mentoring ect. Check your authorized services and ensure those specific dates/specific services are captured in summary.

For RTC, RTC edu, IL, TL and Group home Daily rates without a clinical component = Your “Date” can capture a week range vs daily note for RTC and RTC edu that includes overall “session” (service) description for that week. Please remember that all authorized clinical services/ separate authorized services do need their own line per “session”.

For IL/ TL= must additionally highlight any days that youth’s bed was *not* occupied.

***Page Three: Service Plan***

This area to serves to capture client’s case plan (ISP): includes Goals AND Objectives AND responses

Goal=this should be connected to Rationale for services/ YASI

Objectives= should highlight steps to get to that specific goal. What will the authorized service provide to meet the identified goal?

Contract language:

*Goals to include overarching, measurable, achievable goals related to the reason for the referrals and as applicable YASI domains identified at time of referral*

*Objectives to be time specific, measurable action steps the client will complete aka related tasked indicated for the achievement of identified goals*

Target completion= Goal date for that objective to be comprehended and incorporated

Status= current progress of that specific objective

Actual completion= date that objective is comprehended and incorporated.

Interventions= Specific for reporting month. Interventions maybe the specific service authorized, specific strategies, and should highlight methods the professional utilizes to enhance & individualize service delivery to meet objectives to achieve success for overarching goals

Response= how youth or family is responding to treatment. This may include barriers and may serve as a rationale to adding or adjusting goals/interventions

***Page Four: Significant events, recommendations, signature verification & discharge***

Significant Incident section= highlights if one occurred this month and would be bundled with submitted DJJ SIR form if applicable

Recommendations= best practices would be for recommendations to be specific and updated monthly. This section also serves as reminder to DJJ if provider is requesting extension of services.

Completed report signed by Staff= best practices would include additional review and signature of supervisor if applicable

Copy provided to DJJ= a check box of verification. Best practices would be to have additional collateral contacts documented during the monthly reporting period notating ongoing contact with DJJ for treatment

Discharge Section: This only needs to be completed during final month of services. This area serves to cumulatively capture progress during duration of treatment and include individualized recommendations. Best practices to tie rationale for services/YASI into discharge summary.

Best practices to attach program’s formal discharge summary

Contract language: Discharge Reports. The PROVIDER shall submit a fully and accurately completed cumulative written Discharge Report to EBA and the designated DJJ Staff within 20 calendar days of termination of Services. The discharge plan must be completed prior to submission of the final invoice for payment. The discharge report shall include: i. Status of discharge (e.g., complete or non–complete). ii. Overall progress made toward the identified measurable goals with emphasis on needs identified by the referring worker at time of referral. iii. Overall progress made on items within the domains of the YASI. iv. Overall protective factors at time of program/Service completion. v. Youth‐specific recommendations