

Nursing Case Management Documentation Standards Procedure

Purpose

Michigan Department of Health and Human Services (MDHHS) Childhood Lead Poisoning Prevention Program (CLPPP) procedure to define minimum documentation required for local public health nursing case managers to ensure case activities are documented to facilitate accurate data collection and analysis.

Background

Documentation provides clear communication between local public health and MDHHS Programs (CLPPP and Lead Safe Home Program (LSHP)). Additionally, documentation in the case management database system provides the definitive record of public health actions, data for quality improvement and programmatic decisions as well as justification for reimbursement for case management activities. This MDHHS CLPPP procedure documents the required documentation for public health in Michigan. It is recommended personnel refer to local policy and procedures regarding additional required documentation. Refer to MICLEAR Case Management manual for instructions on how to document.

Procedure

Required documentation for nursing case management:

- Required documentation in MICLEAR Case Management:
 - Consent and Release of Protected Health Information (PHI) for Nursing Case Management (use local agency consent documents, follow local agency policies as required).
 - Scanned and uploaded as a patient attachment.
 - Initial Home Visit Form
 - Create an Initial Home Visit Form within the Forms section in MICLEAR within 3 business days of visit.
 - If the form takes more than one home visit to complete, save the form after your first visit and enter an Initial Home Visit Event with a narrative note.
 - All required fields must be completed before submitting the form in MICLEAR.
 - Once the completed form has been submitted, MICLEAR will automatically create an Initial Home Visit Event.
 - Cases opened prior to October 1st, 2025
 - Initial Home Visit was completed using pdf version of form.
 - Scan and upload Initial Home Visit form as patient attachment within 3 business days.
 - Documentation as an “Event”.
 - If the form takes more than one home visit to complete,

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*Effective Oct 1, 2025, for all new cases.

upload the form after completion and make note in the “Event”.

- Individualized Plan of Care
 - Developed at Initial Home Visit.
 - Initial Home Visit Form in MICLEAR must be initiated before the Plan of Care can be accessed.
 - Create an Individualized Plan of Care within the Forms section of MICLEAR. If applicable, also create an Individualized Plan of Care Chelation Addendum. Updated electronically, ongoing with case management activities.
 - Plan of Care will close when the patient’s case is closed.
 - Ongoing interventions will be changed to not completed at time of case closure.
 - Cases opened prior to October 1st, 2025
 - Individualized Plan of Care documented using pdf version of form.
 - Scanned and uploaded as patient attachment.
 - Updated locally on paper ongoing with case management activities.
 - Scan updated, completed Plan of Care as patient attachment at case closure.
- Follow-Up Visit
 - Document interventions provided during home visit on the Plan of Care within the Forms section in MICLEAR within 3 business days of visit.
 - Create Follow Up Home Visit event in MICLEAR.
 - Cases opened prior to October 1st, 2025
 - Follow-Up Home Visit form documented using pdf version.
 - Scanned and uploaded as patient attachment.
 - Be sure to indicate on form if revisions or updates were made to the Plan of Care.
 - Documentation in “Events” and uploaded attachment within 3 business days of visit.
- All communications: Phone calls, texts, letters, faxes, emails
 - Each communication with providers, parent/guardian, poison control and community resources will be documented as an Event. Other communication relevant to the Plan of Care should be documented.
 - Critical information to capture, but is not limited to, for each communication is date, time, method, and purpose.
 - Documentation in “Events” within 3 business days of the communication.
- Referrals
 - All referrals will be documented in MICLEAR Case Management as an Event.

- Documentation “in events” within 3 business days of referral.
- Required quarterly documentation for home visit reimbursement (refer to [EBL NCM Reimbursement Process](#) for instructions):
 - Reimbursement spreadsheets
 - Upload via DCH File Transfer:
 - Public health nurse visits ([EBL NCM Home Visits – Reimbursement Spreadsheet for PHN Visits](#)).
 - FSRs
 - Upload via EGrAMS
 - FSR Supplemental Form, PHN visits – Medicaid ([PHN: FSR Supplemental Form – Medicaid](#)).
 - FSR Supplemental Form, PHN visits – non-Medicaid ([PHN: FSR Supplemental Form – Non-Medicaid](#)).

Contact

For additional information on this procedure, contact MDHHS CLPPP at MDHHS-CLPPP@michigan.gov or (517)335-8885.