# Case Management Note Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · August 2026

**A case management note** documents one case management contact: the work of helping a client gain access to medical, social, educational, and other services. Case managers, social workers, and agency staff write one for every contact, including phone calls and collateral contacts, because the note is the evidence behind billed time. Most run 100 to 300 words.

**1 · Header: client, date, program** what ties the note to a claim line
**Do:** client name or initials, Medicaid ID, date of service, program or benefit, and the case manager writing the note.
**Pitfall:** a note that cannot be matched to the claim's client, date, and program fails an audit the same way as a missing note.

**2 · Contact type and participants** how, and who was reached
**Do:** face-to-face, phone, telehealth, collateral, or attempted; for collateral record name, title, and agency.
**Pitfall:** an attempted contact written up like a completed one; states differ on whether attempts are billable at all.

**3 · Activity category** the four federal activities
**Do:** name the category served: assessment, care-plan development, referral and linkage, or monitoring and follow-up.
**Pitfall:** direct service delivery logged as case management; Medicaid pays for gaining access, not the service itself.

**4 · Narrative: action, outcome, barrier** the billable substance
**Do:** what you did, what came back, and the barrier found, in concrete nouns: the agency, the application, the document.
**Pitfall:** "checked in with client, will continue to monitor" supports no billable activity and gives the next reader nothing.

**5 · Care-plan goal linkage** the longitudinal thread
**Do:** name the assessed need or numbered care-plan goal; the goal line connects this contact to the plan an auditor reads.
**Pitfall:** missing linkage recurs across state manuals and OIG findings; a contact serving no assessed need is unbillable.

**6 · Time** what the T1016 / T1017 units rest on
**Do:** total minutes or start and stop times per your state's rule; many manuals require at least 8 minutes per unit.
**Pitfall:** units the narrative cannot plausibly fill; unsupported time is the leading recoupment trigger in OIG TCM audits.

**7 · Non-duplication check** the integral-service trap
**Do:** when another service was billed the same day, state plainly that this activity was separate from it.
**Pitfall:** a case management note that mirrors the same-day therapy note; matching narratives start duplication findings.

**8 · Next steps and signature** owned tasks, then authenticate
**Do:** each follow-up task with an owner and a due date; sign with title and credentials, dated.
**Pitfall:** an open-ended "will follow up"; only an owner and a date can show the linkage was monitored.

### Before you sign

- [ ] Client, program, date, and contact type match the claim line
- [ ] Collateral contacts named with title and agency
- [ ] Activity is access work in one of the four federal categories
- [ ] Barrier named, with the fix and a date attached
- [ ] Contact tied to a numbered goal on a dated care plan
- [ ] Start and stop times support the units claimed
- [ ] Non-duplication stated; next steps owned and dated

### Drafting with AI

Give it a dictated recap, a call log, or a few bullets; ask for the note and a pre-sign gap check.

> *"Draft a case management note from this recap: collateral call to the housing authority then the client, application pending, proof of income missing, 29 minutes, follow-up dates: …"*

**Never paste client-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.**

| 100 to 300 words | 5 to 15 min by hand | After every contact | Care team · Medicaid · auditors |
|---|---|---|---|
| typical length | clinical team estimate | when it's written | who reads it |

Full guide, sample note, and compliance notes:
**bastiongpt.com/template/case-management-note**

**BastionGPT** drafts case management notes from a call log or a few bullets. Free 7-day trial.

# Case Management Note Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

One note per contact, including calls and collateral work. The narrative carries the claim: keep the units supported, name the barrier, and keep other clients' identities out of collateral entries.

Client (initials): _____ Medicaid ID: _____ Date of service: _____

Program / benefit: _____ Case manager: _____

## Contact type and participants

☐ Face-to-face ☐ Phone ☐ Telehealth ☐ Collateral ☐ Attempted (outcome in narrative)

Present or contacted (name, title, agency for collateral): _____

## Activity category

The four federal categories; check the one this contact served

☐ Assessment ☐ Care-plan development ☐ Referral and linkage ☐ Monitoring and follow-up

## Narrative

Action taken, outcome, barrier identified; concrete nouns: the agency, the application, the missing document

## Care-plan goal served

Assessed need or numbered goal, with the care plan's date

## Time

Total minutes or start and stop times, per your state's rule; many manuals require at least 8 minutes per unit

Start: _____ Stop: _____ Total minutes: _____ Units: _____

## Non-duplication check

Required whenever the client received another billed service the same day or period

☐ Not part of any other billed service this day

Same-day services considered: _____

## Next steps

Each task with an owner and a due date

Signature / initials, title / credentials: _____ Date signed: _____