

OASIS · AT A GLANCE

Building a paper trail that actually matters

Not every piece of paper protects you. A notebook full of feelings does not win an appeal. Four specific documents do: the incident log, the service request, the medical necessity statement, and the follow-up email. Here is how to build them so they hold weight the day you need them.

BY JIM PALASTY · 12 MIN READ · DOCUMENTATION STRATEGY

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DOCUMENTS THAT CARRY WEIGHT

Incident log. Service request. Medical necessity statement. Follow-up email. Master these four and every fight after this one gets easier.

How it works

THREE STEPS

STEP 1

Capture it



STEP 2

Confirm it in writing



STEP 3

File it where you can find it

The paper trail starter kit

Incident log	One page per event. Observable facts, dated, named.
Service request	Specific ask, cited need, response deadline stated.
Medical necessity statement	Clinician-written, diagnosis, function, LOC language.
Follow-up email	Sent within 24 hours, to everyone in the room.
Denial file	Every no, in writing, with the citation behind it.
Appeal file	Grounds, evidence, requested remedy, filing date.
FOIA / records log	Requests filed, dates, responses received.
Chronology document	One running timeline. Rebuilt from the other six files.

A STORY WE KNOW

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Teresa's case manager told her over the phone that the additional respite hours would "probably go through, don't worry about it." She did not send a follow-up email. Six weeks later the request was denied for lack of documented need. She had nothing but a memory of a phone call. A year later, facing the same request, she sent a three-paragraph email after every conversation and kept a dated log of every missed respite shift that had put her son at risk. The second request was approved in eleven days. Same case manager. Same county. Different paper.

THE PAPER DOES THE REMEMBERING SO YOU DON'T HAVE TO

What matters, at a glance

Incident log

Date, time, what happened, who was present, what was said, what you did. One page. No interpretation, just observation.

Service request letter

Names the specific service, cites the assessment behind it, requests a written response by a date certain. Not a wish. A request with a deadline.

The verbal promise trap

A case manager's spoken "we'll figure it out" is worth nothing in an appeal. It is worth everything in a follow-up email restating it back to them.

Medical necessity statement

Written by the treating clinician. Names the diagnosis, the functional impact, the requested service, and ties it to level-of-care criteria, not preference.

Follow-up email

Sent within 24 hours of every meeting. What was discussed, what was agreed, what happens next and by whom. The record defaults to whoever wrote it down first.

The four-folder system

Incidents. Requests. Medical documentation. Correspondence. Physical or digital, it does not matter. Findable in thirty seconds matters.

BRING THESE · CHECK AS YOU GO

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| ☐ Incident log template | ☐ Service request letter template |
| ☐ Medical necessity statement template for your clinician | ☐ Follow-up email template |
| ☐ Four-folder system, physical or digital | ☐ Running chronology document |
| ☐ FOIA request template for your state | ☐ A weekly ten-minute filing habit |

YOUR MOVE

When you realize you have nothing in writing, here is how you build the trail starting today

- 1 Write today's incident, if there was one, before you do anything else.
- 2 Draft the four-folder system, even if the folders start empty.
- 3 Ask your clinician for a medical necessity statement tied to safety and LOC, not preference.
- 4 Send a follow-up email after your next meeting, no matter how small the meeting was.
- 5 Request in writing anything you were promised verbally in the last month.
- 6 Set a recurring weekly reminder to update the chronology document.

The system does not need to be beautiful. It needs to be findable at 11pm the night before a hearing.

RESOURCES NAMED IN THIS POST

healthlaw.org · <https://healthlaw.org/>
 muckrock.com · <https://www.muckrock.com/>
 nfoic.org · <https://www.nfoic.org/>

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ABOUT THE AUTHOR



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