BACKGROUND/CONTEXT:

The Sacramento County Division of Behavioral Health Services and Mental Health Plan (MHP) requires that Progress Notes accurately record all service contacts. Progress Notes are a description of direct and indirect service activities including billable and non-billable contacts. Progress Notes also convey information from collateral resources, consultation contacts, and coordination with other system providers and agencies.

PURPOSE:

The purpose of this policy is to establish guidelines, requirements, and timelines for the completion and submission of Mental Health progress notes.

In the Avatar Clinician Workstation (CWS) system and other electronic health record systems, the submission of a progress note is also the mechanism for service billing.

DETAILS:

It is the policy of Sacramento County MHP that Progress Notes are completed for all service contacts.

1. Progress Notes must support the applicable service but should be brief and succinct. Long narratives and lengthy descriptors should be avoided.

2. County approved abbreviations may be used in Progress Notes (see BHS Abbreviations and Acronyms).

3. The clinical introductory progress note is written at the first face to face contact, or very soon thereafter, providing an overview of the client and his/her mental health condition. A complete note includes, but is not limited to: the identity of the client, including age, ethnicity, and other significant demographic information, the referral source, presenting condition, including symptoms, behaviors, and level of functioning, need for services/medical necessity justification, client strengths, supports, and a plan for subsequent services. If a client indicates a primary language other than English, or a physical disability, the provider will offer an accommodation to provide culturally and linguistically competent services and note this in the clinical introductory progress note. If a client refuses such accommodation, this refusal will be documented in the clinical introductory progress note.

4. Cultural and linguistic accommodations must be offered to the client and on behalf of the family/caregiver. This must be documented in every note when a language other than English is indicated. If the provider is trained and proficient in English and the target language then the progress note must specify the language spoken during the session. When an interpreter is
necessary the progress note shall include the following: the language the session was conducted in, language services offered, the name of the interpreter, how interpretation was conducted. If a provider is using a client’s family member for interpretation document the emergency situation and circumstances where no other means of interpretation or communication was available. Should the client elect a family member as the interpreter there must be documentation of the clinical decision making informing that decision and documentation demonstrating efforts to offer an independent interpreter. Sacramento County prohibits the use of children as interpreters under all circumstances. See Cultural Competence & Ethnic Services Policy and Procedure “Procedure for Access to Interpreter Services for more information.

5. A description of the interventions used and progress made toward treatment goals by the client and family (when applicable) must be reflected in the notes. Each progress note claimed must describe how services provided reduced impairment, restored functioning or prevented significant deterioration in an important area of life functioning, allowed a child to progress developmentally as individually appropriate or for client’s under the age of 21, corrected or ameliorated the condition. Each progress note claim must relate to the qualifying diagnosis and identified functional impairments and should be medically necessary.

6. Progress Notes must be completed in a timely manner according to the following guidelines:

a. Progress notes should be completed on the same day a service was provided but will be considered “on time” if completed within 3 business days of the service. (Example: If a service was provided on Tuesday, the note could be completed no later than Friday and still be considered “on time”).

b. Progress notes will be considered late but accepted if completed within 4 and not more than 5 business days from the date of service. (Example: If a service was provided on Tuesday, the note would be considered late if it was completed the following Monday or Tuesday). Supervisors may be notified of this late entry.

c. A progress note later than 2 weeks from the date of service may be subject to non-reimbursement for the service provided.

7. Progress Notes are considered final once submitted into Avatar CWS and electronic health record systems. If critical content or information is left out, notes must be “appended” (Append Note function in Avatar CWS).

8. Corrections for open charge services must be submitted to QM on the Open Charge Deletion Request (OCDR) form. Corrections for services already claimed must be submitted to DBHS Fiscal on the Claims Correction Spreadsheet. In some cases services may need to be re-entered as a non-billable activity so that documentation exists for completed service activities.

9. Any Progress Notes that are hand written and not entered through an Electronic Health Record must be legible, including legible signature and professional classification or printed name along with signature and professional classification, as well as include the date of service in order to be considered a complete progress note.

Procedure:
Progress Notes shall contain the following elements:

1. **Date of Service**
   Enter the date the service occurred. Note that “entry date” is recorded in Avatar and electronic health record systems. Entry date is used to confirm timely submission of progress notes.

2. **Service Start Time/Service End Time**
   Start and End times are not currently required for most MHP services. This may be a requirement at a later date or currently for specific programs.
3. **Service Charge Code**
Enter or select the applicable Service Charge Code. See *Sacramento County Service Code Definitions/Training Guide* for updated list of Service codes, code definitions, and training information. A separate progress note must be written for each service billing (i.e. multiple notes may be needed for different service activities occurring during one client contact or session).

4. **Service Location**
Enter or select the applicable Service Location. Location options are predefined through Department of Health Care Services (DHCS) Client Services Information (CSI) data requirements.

5. **Practitioner Name and Signature**
Practitioner name and professional classification (i.e. MHA-I, MHRS, LPHA) are automatically entered in Avatar CWS and most electronic health record systems. The practitioner’s signature or electronic signature is required on all notes.

6. **Duration**
Enter total duration of service time in minutes. Direct service time, Travel time, and Documentation time must be entered separately, if applicable. Avatar CWS users enter Documentation and Travel time under “Non Service Related Time”. Documentation time includes the time of completion of the progress note for the service. Travel time is the round-trip travel time from agency office to service location. Travel time can only be counted for services where a billable activity occurs.

7. **Service was Face to Face**
Select “yes” or “no” as appropriate. Select “yes” if a service was provided to the client face to face.

8. **Co-Practitioner Fields**
The use of co-practitioners is limited to services where it is necessary and appropriate for two staff to provide the same service at the same time (i.e. Group Services where the non-duplicative role of the second staff is documented and Case Management/Brokerage for Consultation purposes). Enter Co-Practitioner Name, ID, and Durations (Direct, Documentation, and Travel). Note that for Consultations the Co-Practitioner does not complete a progress note and Documentation time should not be entered. Please see Quality Management handout, “Co-billing Case Consultations for Avatar” for more information.

9. **Evidence-Based Practices/Service Strategies (CSI) and Additional SS/EBP**
Evidence-Based practices (EBP) are effective clinical practices supported by extensive literature and data. Coding of EBPs must be pre-approved by the Sacramento County MHP. See Policy and Procedure Review Process for Implementation of New Clinical Practices for more information. The listing of EBPs is defined by the MHP and the State DHCS.

   Service Strategies (SS) are general service descriptions for specific interventions. Service Strategies do not require pre-approval and should be coded for all applicable services. The listing of Service Strategies is defined by the State DHCS.

10. **Note Type (Avatar CWS users)**
Select the applicable Note Type (i.e. Standard, Discharge, Injection). Note Type should be “Standard” unless a specialized service that fits another category is provided. Note Type is independent of Service Charge and does not affect billing.

11. **Language in Which Service Was Provided**
Select the language the service was provided in. If multiple languages are spoken during a service please clarify in the progress note narrative.
12. Was Interpreter Used
Select “yes” or “no” as appropriate. If the staff providing the direct service is providing interpretation “yes” should be selected.

13. Group Services
Group services must indicate the number of clients participating in the group. In Avatar CWS, “Number of Clients in Group” must be used to identify the number of participants so that duration can be accurately apportioned to each client.

If a group is co-facilitated, the second facilitator can only bill and be identified as “Co-Practitioner” if his or her non-duplicative role is defined in the narrative of the note.

Note: “Preparation time” is no longer accepted as billable time for group services.

14. Discharge Notes
Discharge progress notes should include information summarizing the course of treatment, the reason for discharge, and recommendations for follow-up care and referral. The Discharge Note Type should be selected and the applicable Service Charge Code used for the service is selected. Discharge notes are billable only if a billable service is provided in that final contact (i.e. case closed with final Therapy service). If no contact has been made with the client for an extended period then the Discharge note is considered “administrative” and the Non-billable Service code (11111) should be selected. See Policy and Procedure “Discharge Process” for more information.

REFERENCE(S)/ATTACHMENTS:

• Mental Health Plan Contract

RELATED POLICIES:

• QM 00-08 Deletion of Open and Closed Charges
• QM 10-28 Discharge Process
• CC 01-02 Procedure for Access to Interpreter Services

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