

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	QM
	Policy Number	QM-10-30
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Title: Progress Notes (Mental Health)	Functional Area: Chart Review – Non-Hospital Services	
Approved By: (Signature on File) Signed version available upon request		
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BACKGROUND/CONTEXT:

The Sacramento County Division of Behavioral Health Services (BHS) 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 are evidence of providers services to or on behalf of a client and relate to the client’s progress in treatment. 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 a mechanism for service billing.

DEFINITIONS:

Mental Health Provider(s): Individual or organizational provider contracted with Sacramento County Division of Behavioral Health, Mental Health Plan to provide mental health services. Mental health services are defined as, “assessment, diagnosis, treatment or counseling in a professional relationship to assist an individual, family or group in alleviating mental or emotional illness, symptoms, conditions or disorders that interfere with day-to-day functioning.” This also includes County operated mental health program staff.

Provider Site: A site with a provider number. This includes affiliated satellite sites and school sites.

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, and how interpretation was conducted. If a provider is using a client's family member for interpretation, then 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. Progress notes should document relevant clinical decisions, when decisions are made, alternative approaches for future interventions.
6. A description of the interventions used, client's response to the interventions, progress made toward treatment goals/ objectives by the client and family (when applicable) and a plan must be reflected in billable notes. Each progress note claimed must demonstrate 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, the identified functional impairments and should be medically necessary.
7. The Discharge Summary should include information summarizing the course of treatment, the reason for discharge, and recommendations for follow-up care and referral.
8. Progress notes shall be documented at the frequency by types of service indicated below:
 - a. Every service contact for:
 - i) Mental health services
 - ii) Medication support services
 - iii) Crisis intervention
 - iv) Targeted Case Management
 - v) Intensive Care Coordination
 - vi) Intensive Home Based Services
 - vii) Therapeutic Behavioral Services
 - b. Daily for:
 - i) Crisis residential
 - ii) Crisis stabilization (one per 23/hour period)
 - iii) Day treatment intensive
 - iv) Therapeutic Foster Care
 - b. Weekly for:
 - i) Day treatment intensive (clinical summary)
 - ii) Day rehabilitation
 - iii) Adult residential

9. 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.
10. When services are being provided to, or on behalf of, a client by two or more persons at one point in time then one of the following must occur:
 - a. Each provider documents his/her own individual progress note including service code, service time, documentation and travel time. There must be documentation of each persons’ involvement in the context of the client’s mental health needs and describe how each role was separate, distinct and medically necessary.
11. Progress Notes are considered final once submitted into Avatar CWS and electronic health record systems. If critical content or information is left out, notes may be “appended” (Append Note function in Avatar CWS). The use of the “Append” feature to clarify or add information to support a claim will be **limited to 45 days after the date of service and applies only to the following:**
 - a. The addition of clarifying information (e.g., providing additional details that further support the service provided)
 - b. To make a correction to inaccurate information (e.g., wrong date for follow up appointment,)
 - c. The addition of information inadvertently omitted from the progress note (e.g., documenting providing client plan copy, language, cultural accommodation, adding a staff name or classification etc.)

Once a claim has closed there will be no append option. If Progress Notes require an amendment passed the 45 days from the date of service, a separate progress note can be created with a non-billable service code (11111). See Information Letter: Update to Use of Progress Note Append Feature (7/13/2018) for more information.
12. Corrections for a service that has not been claimed yet may be edited using the Edit Service Information function in Avatar. Corrections for open or closed charge services that have not claimed 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. Refer to the *Instructions on How to Edit or Delete a Service Document*. In some cases services may need to be re-entered as a non-billable activity so that documentation exists for completed service activities.
13. Any Progress Notes that are hand written and not entered through an Electronic Health Record must be legible, including legible printed name, signature and professional classification, as well as include the date of service, amount of time taken to provide services and location that the service took place in order to be considered a complete progress note. The hand written progress

note would be scanned in the Scanned Document Folder labeled, “Non Medication Progress Notes” or “Medication Progress Notes” depending on the type of service.

14. Progress Notes claimed under the service code, “Family/Caregiver Services and Supports” will be documented separately from the client’s mental health record.

PROCEDURE:

There are two types of progress notes available in Avatar CWS: Progress Note Entry and Progress Note Entry (Crisis Services)

Progress Notes Entry contains 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 upon finalization. Entry date is used to confirm timely submission of progress notes.

2. Service Charge Code

Enter 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 the various service activities occurring during one client contact or session).

3. Location

Select the applicable Location that matches where the service took place. Location options are predefined through Department of Health Care Services (DHCS) Client Services Information (CSI) data requirements.

4. Practitioner Name and Signature

Practitioner name and professional classification (i.e. MHA-I, MHRS, LPHA) are required. The practitioner’s professional classification is connected to their name and is automatically generated in Avatar CWS and electronic health record systems based upon the practitioner’s staff registration application submitted to Quality Management. The practitioner’s signature or electronic signature is required on all notes and are automatically displayed upon finalizing the progress note.

5. Practitioner Total Service Time

Enter total duration of service time in minutes. Direct service time, Documentation time, and Travel time, if applicable, must be entered separately. Documentation time includes the time it took to complete 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 and may not be claimed between provider sites or from a staff member’s residence to a provider site.

6. Service was Face to Face

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

7. 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 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 DHCS. See Policy and Procedure QM-14-01 *Review Process*

for Implementation of New Clinical Practices for more information regarding service strategies for more information.

8. Note Type (Avatar CWS users)

Select the applicable Note Type (e.g., Standard, Intake, Discharge, Group Note, Injection FU, Medication). Note Type should be “Standard” unless a specialized service that fits another category is provided. Note Type is independent of Service Code claimed and does not affect billing.

9. Notes Field

Enter the progress note content to capture the service. Progress note content must justify the service code selected and the time indicated.

10. 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.

11. Was Interpreter Used

Select “yes” or “no” as appropriate. If the staff providing the direct service is providing interpretation “yes” should be selected.

12. Referrals Completed – Linkages

This section is available for each progress note and would only be completed in accordance with their Provider’s contract. Providers select all of the resources that they assisted the client with accessing during that session.

13. Add On

The Additional Service Information options, “Interactive Complexity” and “Psychotherapy Add-On” becomes available should the practitioner select a service code that may include an add on code. Interactive Complexity may be linked to Assessment, Individual Therapy, Group Therapy and Add-On for Psychotherapy. Justification for the use of the Interactive Complexity code must be documented in the Notes Field text box at the end of the progress note content. Psychotherapy Add-On may only be used with an Evaluation and Management (E/M) Code. Justification for the use of the Psychotherapy Add-On code must be documented in the “Add-On Notes” section of the progress note.

14. 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. The number must include all group participants regardless of insurance provider.

If a group is co-facilitated, the second facilitator can only bill if his or her role is non-duplicative. Each group facilitator must write their own progress note. There must be separate documentation of each persons’ involvement in the context of the client’s mental health needs and describe how each role was separate, distinct and medically necessary.

Note: “Preparation time” is not accepted as billable time for group services.

Progress Note Entry (Crisis Services) contains 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 upon finalization. Entry date is used to confirm timely submission of progress notes.

2. Service Charge Code

Enter 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 the various service activities occurring during one client contact or session).

3. Where was the service provided?

Select where the practitioner was when providing the service. If selecting "Other," then describe the location of service in the "Other" text box.

4. Referral Type

Select the referral type. For crisis services programs that are open more than one day, the initial note would indicate how the individual was referred to you and you may select "Follow Up" for subsequent notes.

5. Location

Select the applicable Location that matches where the service took place. Location options are predefined through Department of Health Care Services (DHCS) Client Services Information (CSI) data requirements.

6. Practitioner Name and Signature

Practitioner name and professional classification (i.e. MHA-I, MHRS, LPHA) are required. The practitioner's professional classification is connected to their name and is automatically generated in Avatar CWS and electronic health record systems based upon the practitioner's staff registration application submitted to Quality Management. The practitioner's signature or electronic signature is required on all notes and are automatically displayed upon finalizing the progress note.

7. Practitioner Total Service Time

Enter total duration of service time in minutes. Direct service time, Documentation time, and Travel time, if applicable, must be entered separately. Documentation time includes the time it took to complete 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 and may not be claimed between provider sites or from a staff member's residence to a provider site.

8. Service was Face to Face

Select "yes" or "no" as appropriate. Select "yes" if a service was provided to the client face to face.

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 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 DHCS. See Policy and Procedure QM-14-01 *Review Process for Implementation of New Clinical Practices for more information regarding service strategies* for more information.

10. Note Type (Avatar CWS users)

Select the applicable Note Type (e.g., Standard, Intake, Discharge, Group Note, Injection FU, Medication). Note Type should be "Standard" unless a specialized service that fits another category is provided. Note Type is independent of Service Code claimed and does not affect billing.

11. Notes Field

Enter the progress note content to capture the service. Progress note content must justify the service code selected and the time indicated.

12. 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.

13. Was Interpreter Used

Select "yes" or "no" as appropriate. If the staff providing the direct service is providing interpretation "yes" should be selected.

14. 5150 Application

Selecting "Not Applicable" means either:

- a. Practitioner is not 5150 certified and/or program is not authorizing the completion of the 5150 application.
- b. Practitioner is providing services and the individual's situation did not require an assessment for 5150 application.

Selecting "No" means that the practitioner completed a 5150 assessment but a 5150 application was not necessary and the individual was supported in the community with other resources or a safety plan.

Selecting "Yes" means that the practitioner assessed an individual and determined that a 5150 application was necessary, practitioner completed the 5150 application and the individual was supported to the appropriate facility.

15. Hospital Type

Select the hospital location that the client was supported to.

16. Referrals Completed

This section is becomes available when you select the "Discharge" or "Discharge Co-Sig Required" progress note type. It is otherwise greyed out with all other progress note types. Providers select all of the resources that they assisted the client with accessing throughout the length of stay within that Provider episode.

Discharge Notes

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 Individual 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 **QM-10-28 Discharge Process** for more information.

REFERENCE(S)/ATTACHMENTS:

- Mental Health Plan Contract
- Information Letter: Update to Use of Progress Note Append Feature (7/13/2018)
- Instructions on How to Edit or Delete a Service
- Sacramento County Service Code Definitions/Training Guide
- [MHSUDS IN# 17-040](#)

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
- QM 14-01 Review Process for Implementation of New Clinical Practices

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