



Health Care Agency Behavioral Health Services Policies and Procedures	Section Name:	Information Management
	Sub Section:	Clinical Records Documentation
	Section Number:	05.01.03
	Policy Status:	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised

	SIGNATURE	DATE APPROVED
Chief of Operations Behavioral Health Services	_____	_____

SUBJECT: Documentation of Services

PURPOSE:

To ensure that the documentation of services meets documentation requirements and is sufficient to support the billing of the services provided.

POLICY:

Documentation in each consumer clinical chart shall be sufficient in detail, in wording, diagnosis and procedure coding, to support the billing of services provided.

SCOPE:

All Behavioral Health Services (BHS) staff providing direct services.

REFERENCES:

Title IX Rehabilitative and Developmental Services

Agreement between Department of Health Care Services and Orange County Behavioral Health Services

FORMS:

Children, Youth and Prevention Behavioral Health (CYPBH) programs:

Encounter Document and Progress Note:

<http://www1.ochca.com/ochealthinfo.com/training/bhs/apt/cys/attachments/>

Financial Form: <\\CYS\CYSCounty\IRISInformation\FinancialInformation>

Adult and Older Adult Behavioral Health (AOABH) programs:

For Encounter Documents and Progress Notes please contact your Service Chief, Program Manager or Authority and Quality Improvement Services (AQIS)

Financial Form: <\\ochca.com\hcashares\amhsiris\contractprovidersFinancialForms>

PROCEDURE:

- I. This Policy and Procedure (P&P) outlines minimum requirements for documentation of services provided to consumers within BHS. Many specialized programs may have additional or more stringent requirements due to regulations or requirements of funding sources. These additional requirements shall be specified in program P&Ps.

Services provided shall be documented either during service, within 24 hours (1 business day) or as soon as possible thereafter. Documentation shall be fully completed, including IRIS entry, no later than three business days after service is provided.

All documentation shall be legible to someone not familiar with the author's handwriting.

- II. At a minimum, Progress Notes shall include:
- A. Date of service
 - B. Date of documentation if different than date of service
 - C. Type of service provided
 - D. Amount of service (minutes) provided
 - E. Medical and/or Service Necessity of service provided (not an Alcohol and Drug Abuse requirement)
 - F. Relationship of service provided to treatment goals
 - G. Signature (legible) including job classification and license (if applicable) as it relates to job classification
 - H. Client's response to intervention
- III. At a minimum, Care Plans shall include:
- A. Date of plan
 - B. Type, frequency, amount, and duration of planned services
 - C. Short and long term goals/objectives
 - D. Diagnosis or problem statement to support included diagnosis

- E. Signatures - Required signatures may vary depending on requirements of 3rd party payors or regulations, for example Medi-Cal requires a Licensed Mental Health Professional (LMHP), Medicare requires a Medical Doctor's (MD) signature. Providers shall consult with their supervisor if unsure of requirements.
- IV. The Financial Evaluation Form documents the date of the most current financial data for services provided and should contain:
 - A. Date of most recent complete evaluation (at least annually)
 - B. Date of most recent update of financial information. Note that, although clients shall routinely be asked at every visit if there has been a change to their financial information, this date shall reflect only the most recent changes that were made.
 - C. Initials of person who completed the financial information
- V. If a provider has questions or concerns, or needs education regarding this policy, they should discuss it with their supervisor.