	Shasta County Mental Health, Alcohol and Drug Department	
	Timeline Requirements for Clinical Documentation	No. 6000
		Date: July 1, 2010
		Rev.
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1.0 Purpose

This policy and procedure establishes Department expectations regarding the timeliness of clinical documentation and the actual time spent with the client.

2.0 Revision History

Date	No.	Action:
07-01-2010	6000	Implementation

3.0 Persons/Programs Affected *(Check all that apply)*

All Shasta County Mental Health Alcohol and Drug Department employees that provide direct treatment services and those who monitor, review, and/or manage the content, quality, or system by which all clinical documentation is created, finalized, and claimed (*see 7.0 Definitions: Clinical Documentation.*)

Adult	Bus Admin	Crisis	Med Staff
☑ Access	☑ Avatar	☑ CRRC	☑ MD's
☑ MH-ADP	☑ Bus Office	☑ CSS	☑ NP's
	☑ Med Records		☑ RN's
MHSA	**Quality Management**	**Youth**	**Other HHSA Programs**
☐ Admin	☑ Compliance	☑ MH-ADP	
☑ PEI	☑ Managed Care	☑ LINCS	
☑ STAR	☑ QM		
All Employees			

**All employees include all individuals employed by the SCMH/ADP Department full-time, part-time and extra-help.*

4.0 Policy

This document guides the development of two fundamental actions: actual billable time spent serving the client and the completion of documentation for that encounter. If one of these two components is missing, a complete clinical service has not been delivered. All staff who claim/bill for treatment services has an ethical responsibility to accurately document their service encounters with clients. As with any provider of care, the client is entitled to have their service adequately documented in order to provide coordination and continuity of care, and to access a comprehensive medical history.

All clinical documentation will be completed and finalized within three (3) business days from the date of service. Some exceptions to this time period are available for new staff, co-signatures, and off-site services. These exceptions are explained further in the procedure section of this document.

Clinical documentation includes but is not limited to Progress Notes, Medical Progress Notes, Assessments, Initial Medical Evaluations, Annual Medical Evaluations, Treatment Plans, and Daily Claim Forms. This P-P assumes that all employees will complete clinical documentation in Avatar but the timelines apply to either electronic or hard copy documentation.

5.0 Procedure

In an effort to provide quality and continuity of care, all direct service providers are required to complete their clinical documentation *within three (3) business days from the date of service* for Progress Notes, Medical Progress Notes, Assessments, Initial Medical Evaluations, Annual Medical Evaluations, and Treatment Plans. ***Daily Claim Forms** must be completed every nine days.*

At times, unusual or extenuating circumstances may prevent a clinician from completing the documentation within three (3) business days (e.g., illness or emergencies). The Clinical Division Chief may approve an additional three (3) business days for a total of six (6) business days to complete the documentation for the date of service in question. In those circumstances, the employee must notify their Program Coordinator as soon as possible for approval.

➔ There are four exceptions to the timeframe identified above:

1. **New Staff:** Documentation in Avatar for new clinical staff members will be allowed an additional seven (7) business days for a total of ten (10) business days for the completion of documentation. The extended time period is for a limited basis and will allow supervisor(s) to review the documentation and provide feedback and direction before finalization; or

2. **Co-Signatures and/or Co-Facilitated Groups:** For those staff whose documentation requires a co-signature, an additional seven (7) business days for a total of ten (10) business days will be allowed for the completion of documentation, if needed; or

3. **Off-site Services:** If a service is provided in a location that is away from the employee's usual work site (i.e., hospital, out-of-county/state, community-based organization, and/or other setting that is not part of the employee's usual and customary course of business and access to a computer may not be an option) an additional seven (7) business days for a total of ten (10) business days will be allowed for the completion of documentation, if needed. The

extended time period will allow employees to obtain co-signatures and/or access to the Avatar system.

4. **CRRC/CSS Chart Closure:** Final documentation, internal audit review, and episode closures must be completed within seven (7) business days of discharge and submitted to Medical Records for Managed Care review.

Assessments & Treatment Plans: Pursuant to DMH regulation, employees have up to sixty (60) days to complete a client's **initial** Assessment and Treatment Plan. However, each contact prior to the completion of the Assessment/Treatment Plan will be documented appropriately and within three (3) business days in the client's progress notes.

Annual Assessment/Treatment Plans may be completed up to sixty (60) days prior to the expiration date. If completed in advance, the new Assessment/Treatment Plan will be in effect immediately after the expiration date of the current plan.

The average total claimable time for completing an Assessment and Treatment Plan is as follows:

Adult System:	**Youth System:**
2-3 hours (per client)	2-4 hours (per client)

The above averages include preparation (information gathering and chart review) and communication with stakeholders required prior to the completion of an Assessment/Treatment Plan. However, these averages do not represent all situations and it is expected that staff exceeding the average will document appropriately in the client progress note why additional time was required.

Assessments/Treatment Plans Returned for Corrections: If an assessment/treatment plan is returned for corrections by the Utilization Review Committee (SCAMP), **the employee must make the corrections and return the Assessment/Treatment Plan to Managed Care within three (3) business days.**

Transportation/Travel Note: At times, it is necessary for staff to travel to another location to complete an Assessment and Treatment Plan. If this is the case, additional time to complete the documentation is acceptable and staff is required to document their total travel time and destination in the Progress Note supporting the additional time needed.

6.0 Implementation Strategy

The Clinical Division Chiefs, Program Coordinators, and the Quality Management Division will ensure that all staff has been informed of this P-P and timeline expectations by communicating the information at team meetings, utilization review, and employee supervision meetings. This P-P will be distributed via e-mail, hardcopy, posted on employee bulletin boards and on the Department website. Adherence to this P-P will be monitored via Daily Claim Forms, Avatar Reports, Appointments Pro, and payroll documentation. This P-P is considered mission critical and all affected employees will be required to sign as acknowledgement of receipt at the discretion of their associated Clinical Division Chief/Program Manager. In addition, this P-P is part of the Core Competency requirements that will be reviewed at the employees' performance evaluation.

Note: Employees with clinical documentation pending finalization will have seven (7) business days from the implementation of this P-P to finalize their documentation. This includes progress note pending in Avatar and Assessment/Treatment Plans that have been returned from SCAMP for corrections. Employees will be notified upon implementation of this P-P if there is pending documentation to be finalized.

7.0 Definitions

Avatar: The electronic health record system utilized by SCMH for the completion of Progress Notes, Medical Progress Notes, Assessments, and Treatment Plans and the management of all financial transactions claimed to Medi-Cal and other payer sources.

Business Day: Refers to the SCMH/ADP hours of operation Monday-Friday, 8:00 a.m. – 5:00 p.m. and does not include weekends.

Clinical Documentation: For the purposes of this P-P, clinical documentation includes but is not limited to Progress Notes, Medical Progress, Notes, Assessments, Initial Medical Evaluations, Annual Medical Evaluations, Treatment Plans, and Daily Claim Forms.

Clinical Documentation Pending Finalization: For the purposes of this P-P, clinical documentation pending finalization is defined as documentation that must be completed after a service has been rendered with a client and must be entered in Avatar, finalized in Avatar, and/or documented hardcopy (includes billable AND non-billable services.)

Core Competencies: The fundamental requirements of any position that an employee is expected to know and understand to successfully do their job. Core competencies are performance evaluation criteria that may vary based on employee roles, responsibilities, and/or job functions.

Division/Program: Often used interchangeably to communicate the separation of services and teams at SCMH/ADP. Refer to the *Programs and Persons* affected section of this document for a listing of all Department Divisions and Programs.

Mission Critical P-Ps: Those policies identified critical to the ongoing operations and fiscal viability of the department. Mission critical P-P's are considered core competencies that will be included as part of the employee's performance evaluation criteria. Not all mission critical P-P's have the same level of importance to all staff. As an example, it is critically important for the Business Office to submit reimbursement claims in a timely manner but it is not necessary to evaluate staff in other divisions by the same criteria. If this is the case, it should be noted in the *Programs and Persons* affected section. Directors' will determine which P-P's are mission critical.

Filebound: Document management software utilized by Shasta County to organize and archive files and scanned documents in various department functions including medical records.

Off-Site Services: For the purpose of this P-P, *Off-Site Services* are those services provided in a location that is away from the employee's usual work site, including, but not limited to, hospitals, out-of-county/state, community-based organizations. Board and Care facilities, Wellness Centers, and/or other setting) that is not part of the employee's usual and customary course of business and access to a computer may not be an option.

8.0 Attachments

None

9.0 References and Citations

DMH, Mental Health Plan, 2009/10

10. Authorization

The above policy and procedure has been reviewed and is authorized for immediate implementation:

[Signed Hardcopy on File with Managed Care Division]

Mark Montgomery, Psy.D., Director	Date
Thomas Swanson, M.D., Deputy Director	Date
David Reiten, Deputy Director	Date
Celeste Buckley, M.B.A., Deputy Director	Date
Maxine Wayda, L.C.S.W., Deputy Director	Date
Connie Harrah, R.N., Division Chief	Date
Marie Osborne, A.S.W., Division Chief	Date
Doug Shelton, M.F.T., Division Chief	Date
Lynne Jones, L.C.S.W., Division Chief	Date

I acknowledge that I have reviewed and understand the Policy and Procedure described herein. I also understand that the above required procedures will be reviewed as a Core Competency in my annual performance evaluation.

Employee Name/Title	Date