



Mental Health and SUD Progress Notes

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BEHAVIORAL HEALTH & RECOVERY SERVICES

September 2024

Meet Your QM TEAM



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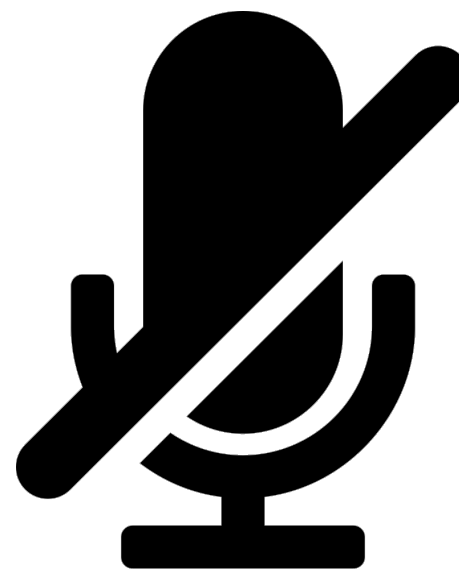


Mercedes Medal



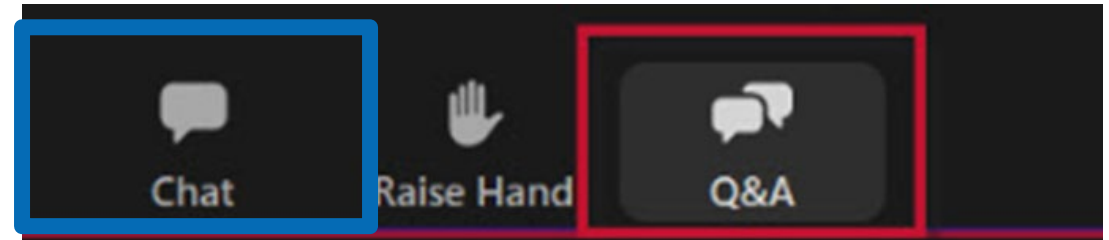
Housekeeping

- Reminder- Please keep your mic muted
- Type your questions into the Q&A –Q&A will be addressed at the end of the webinar
- Today's session will be recorded.





Use the **Q&A for Questions**



Use the chat for **Contractors** participating in the Contractor Incentive Program to type **name and agency into the Chat.**

Chat can also be used for **general comments**



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Agenda

At the conclusion of this training, participants will have a better understanding of the following:

- Importance of clinical documentation
- When progress notes should be completed
- Changes to progress notes under CalAIM
- Tools for writing progress notes
- Confidentiality of sensitive information in progress notes



Progress Notes

The Basics



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What Are Progress Notes?



Legal Record



**Bill / Claim for
Reimbursement**

Why are Progress Notes Important?



If it isn't documented, it didn't happen!





Progress Notes Timelines



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When are Progress Notes Due?



Day 0 = The day you provided the actual service

Daily

- Crisis Residential
- Adult Residential
- DMC-ODS Residential Treatment
- Day Treatment services

1
Calendar
Day

- Crisis Services

3
Business
Days

- All other Progress Notes

After 3
Business
Days

- Document reason for late note





Poll

Aside from Daily Progress Notes and Crisis Progress Notes, all other types of Progress Notes are due....

- Within 3 business days
- B. Within 3 days, including weekends
- C. After I get back from the beach



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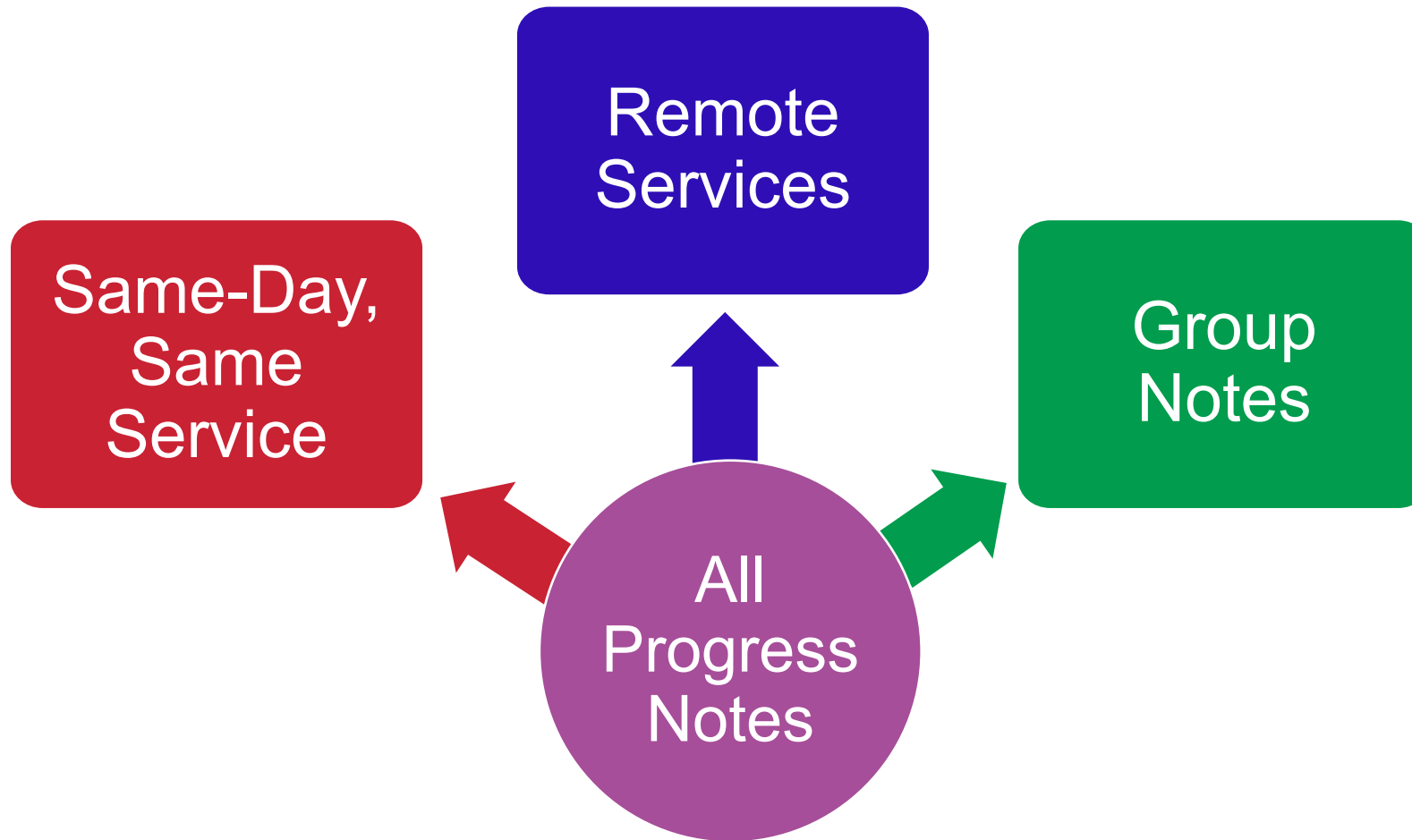
Progress Note Requirements



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Types of Progress Notes



All Progress Notes

All Progress Notes will contain at least the following information:

Service

Date

Duration of Service

Location

Provider name, signature, date

How service addressed behavioral health needs

Summary of next steps

Next Appointment



*Certain types of Notes
will also contain
additional information*

Intervention

Plan

Timely Access



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Progress Note: Intervention

- Work towards or successful completion of treatment goals and/or barriers to progress.
- Discussion of strengthening coping skills or strategies to improve use of strategies (e.g., increase medication compliance, etc.)
- Any EBPs that were used as part of treatment during the session.
- **Remember to stay within your scope of your practice.**

This is about the service / intervention provided, not the client's response or reaction to the service / intervention provided.



Progress Note: Plan



List people involved in the services and their role:

Service Description

Plan

Next steps may...

- be for the client or for the clinician/counselor
- concern what the counselor and client will engage in collaboratively
- concern a collaboration with other providers
- may concern a referral
- may concern discharge planning

Next Appointment



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Progress Note: Next Appointment

Providers should:

- ✓ Include the date of the **first available appointment offered** to the client
- ✓ If the beneficiary declines the first available appointment and accepts an appointment on a later date, also document **the date of the agreed upon appointment**

NEXT APPOINTMENT: (Include earliest offered appointment date for next appointment).

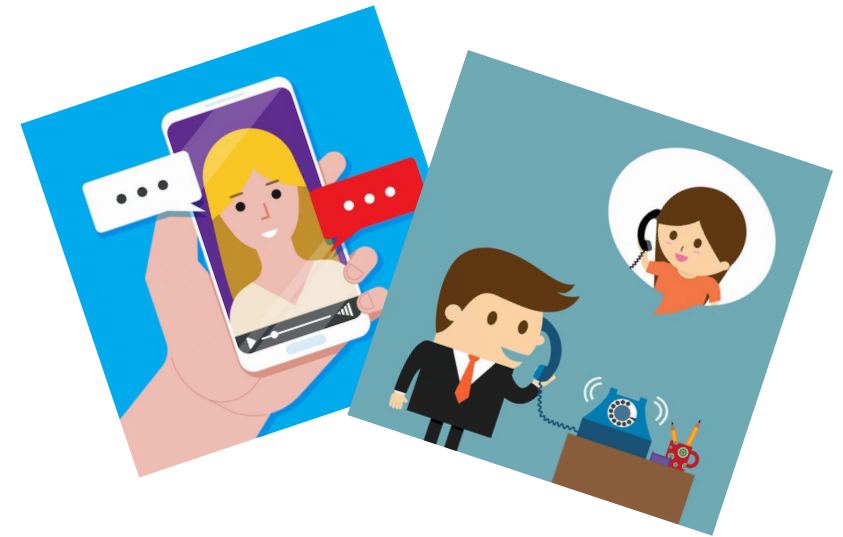
Clinician offered next available appointment of 9/8/24, however client is not available. Next appointment is scheduled on 9/10/24.



Requirement for Remote Services

- Legal requirement that provider **must include the physical location of client at time of the service in progress note.**
- Best practice is to obtain the physical location of the client at the start of each remote session.
- Ensures that a provider can inform first responders/crisis supports of the beneficiary's location in case of an emergency.
- If a beneficiary refuses to provide address, document refusal in the progress note.

Division 18 of Title 16 of the California Code of Regulations, which was adopted by the Board of Behavioral Sciences (BBS)



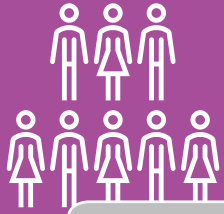


Group Progress Notes



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Group Services



List people involved in the services and their role:

Facilitator Involvement Description

ONLY COMPLETE THE FOLLOWING PROMPT FOR GROUPS WITH MORE THAN 1 FACILITATOR:
Describe YOUR (1) specific involvement in the group and (2) The specific amount of time of YOUR involvement in the group activity.

Service Description

Response for Group Services

Plan

Next Appointment

***BHRS Avatar Nx Users - Each Facilitator
MUST write their own Progress Note for
each group member!***



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Group Services

List people involved in the services and their role:

Facilitator Involvement Description

Service Description

Response for Group Services

Additional information required FOR ALL GROUPS:

Describe the **client's response** to the service (e.g., effectiveness of the intervention, progress or barriers, other info relevant to member's participation).

Plan

Next Appointment



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Group Participant List



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Group Participant List



When a group service is provided, a list of participants in attendance for that particular session must be documented and maintained by the provider.

This is also known as an attendance list.

Do not keep a list of group participant names in any individual client's chart.



Group Membership and Attendance



These might sometimes be the same document.

Group Participant List

A list of all members who attended a particular session.

Sign-In Sheet

Signatures of all members who attended a particular session.



Group Sign In Sheet



Signatures are not required to be included as part of participant lists for MH or SUD groups.

However, Sign-In Sheets should be maintained for group services.

DHCS still requires proof of validation of services rendered, and sign-in sheets are one way to validate that the individual actually received the service that was billed.





Poll

True or False: All groups require more than 1 facilitator.

A. True

False

C. Both A and B

D. Turn the light off...I'm going back to sleep!





Same Day Same Service



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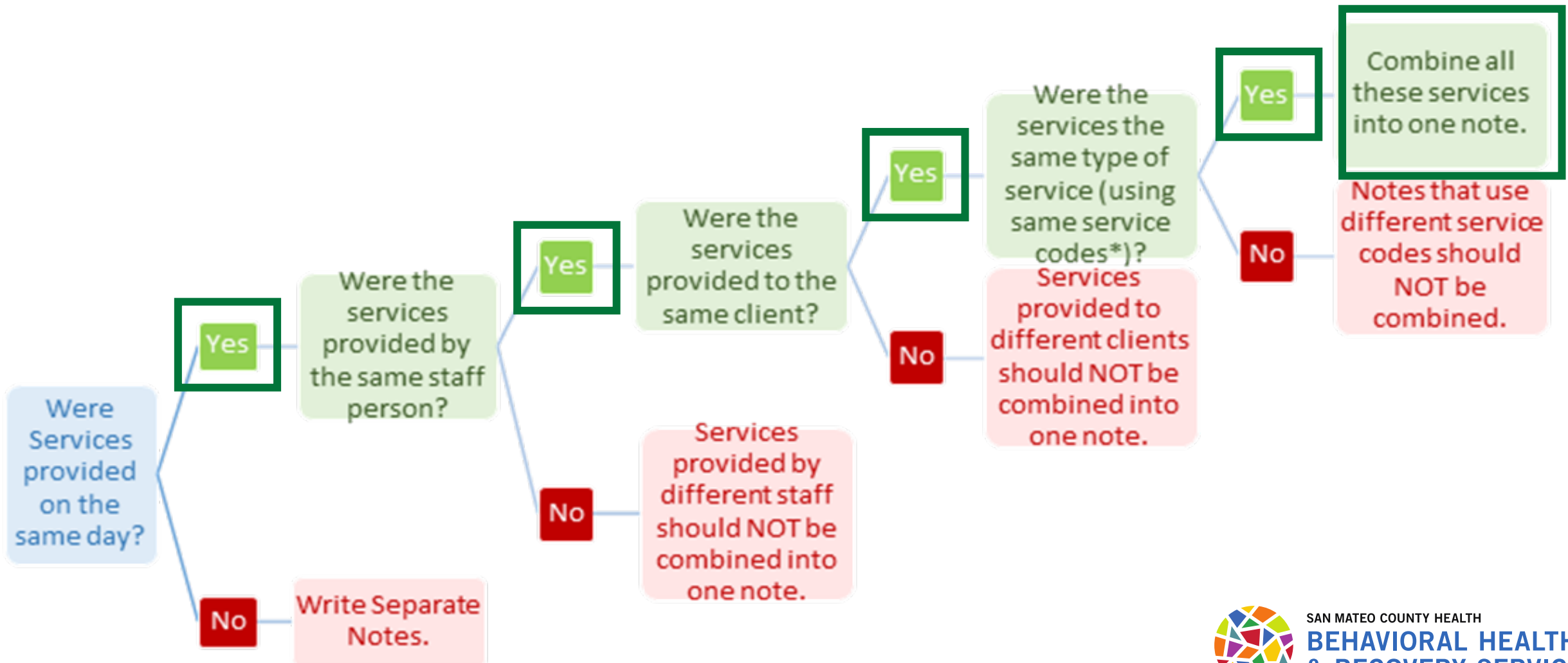
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Same Day, Same Service Notes

All claims to the same beneficiary, under the same service code, provided on the same day, provided by the same provider **MUST be combined into 1 Progress Note.**



Same Day, Same Service Notes... Decision Tree



Same Day, Same Service Notes

A note about Daily Progress Notes

Same Date, Same Service Notes **do not apply to services that are documented via a Daily Progress Note**. This is because daily progress notes bundle all the services that are included in the daily rate for the program into one Daily Note.

For information regarding what services are included in the bundled daily rate for your program, contact your Program Supervisor or Program Manager (or AOD Analyst for SUD Contract Providers).

Additional services that are provided **outside of the bundled services** should be documented using the Same Day, Same Note process. For example, if Case Management (MH) / Care Coordination (SUD) is not part of the residential bundled rate for your program, you would document the CM/CC service in a separate note (not in the Daily Note), and use the Same Date Same Note rules for all CM/CC notes provided that day.

Daily Notes

- Crisis Residential
- Adult Residential
- DMC-ODS Residential Treatment
- Day Treatment services



Same Day, Same Service Notes...

Consider your workflow

When should I write my
Progress Notes?

Throughout the Day BUT
Finalize at End of Day

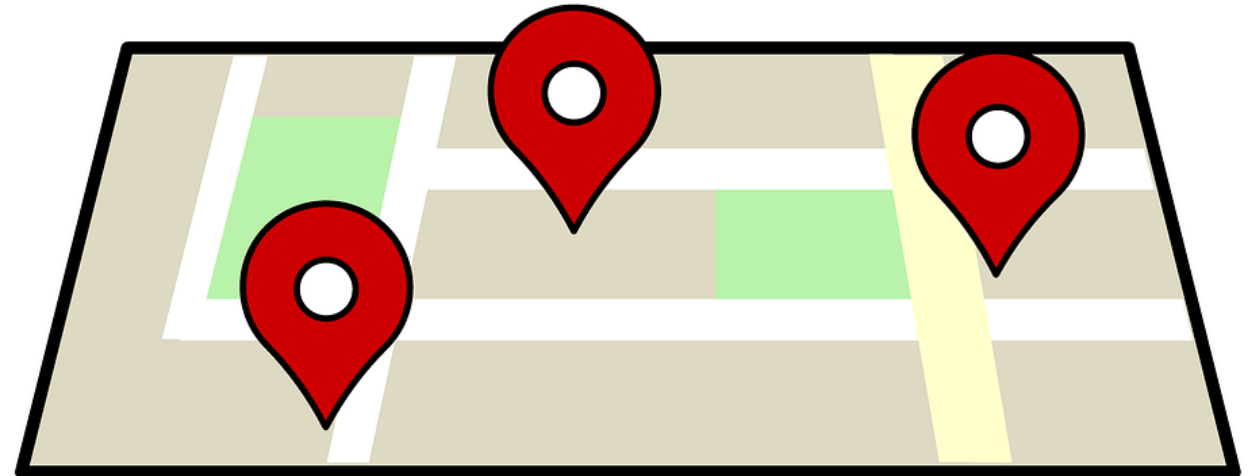
End of Day



Same Day, Same Service Notes... in Separate Locations!



Pick the longer of the
services and use that
Location Code



Same Day, Same Service & Multiple Locations

Example

Scenario:

19-year-old client was recently kicked out of their shared apartment by his roommates for not paying rent. Client is staying at his aunt's home and needs help finding an affordable place to live.

You met with the client this morning in person at his aunts home then contacted a housing program this afternoon via video conference, then called the client who was at home to let them know the outcome of the call and discuss any additional supports needed.



1

First Service

Location = Home



2

Second Service

Location = Phone Non-Client Contact



3

Third Service

Location = Phone Client At Home



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Same Day, Same Service & Multiple Locations

For Mental
Health Staff

For SUD
Staff

Instructions for logging time is the
same for SUD and MH staff.

Service Code	MH Service Coding Case Management (51CA)	SUD Service Coding Care Coordination (AD113ODSCM_CA)	All services in this scenario fall under Case Management for MH Staff and Care Coordination for SUD Staff.
Service Time	56 minutes	56 minutes	Time of all Case Management Services combined
Documentation Time	12 minutes	12 minutes	Total time to document all services
Travel Time	36	36	Round trip from usual worksite to client's home
Location	Home	Home	You saw the client at home



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Sample Progress Note

List people involved in the services and their role

This Clinician, Client, Home Sweet Home Housing program coordinator Rose Smith

Location of the client at the time of service

Staying with aunt at 1234 Main Street, Redwood City

Service Description

Clinician met with client at his aunt's home and spoke to client about immediate housing needs after client was kicked out of shared apartment by roommate for lack of payment. Client is staying with his aunt for a few weeks and then will need housing. Clinician contacted Home Sweet Home program via phone. Program Coordinator explained referral process and next steps in order for client to be placed in housing unit. Clinician completed referral and ROI between BHRS and Home Sweet Home (see referral and ROI dated 9/3/24). Clinician contacted client back to explain next steps and evaluate additional supports needed via phone.

Plan

Client is to attend appointment with Home Sweet Home on 9/5/24 for placement assistance. Clinician will follow up with Program Coordinator to communicate additional supports needed such as food and clothing resources.

Next Appointment

Client offered next appointment of 9/8/24 but not available. Next appointment confirmed for 9/10/24.

Poll

I spoke with a client about their housing needs this morning, then later in the afternoon contacted a shelter and spoke with a representative. Then, called the client back to let them know they were accepted into the shelter. How many notes should I write?

- A. 3 progress notes
- B. 2 progress notes
- C. 1 progress note
- D. I don't know.. I'm just a chicken.. Don't ask me!





Tips for Writing Progress Notes



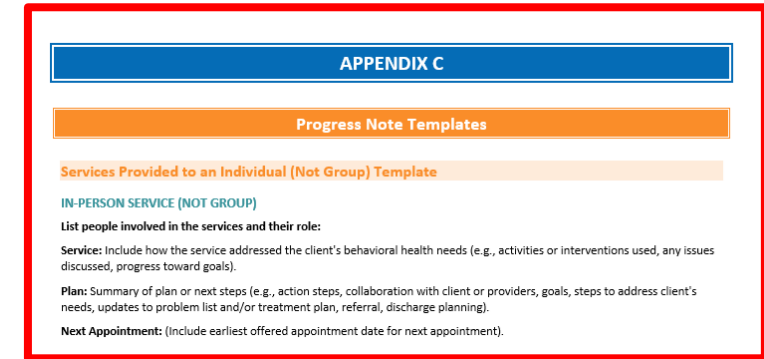
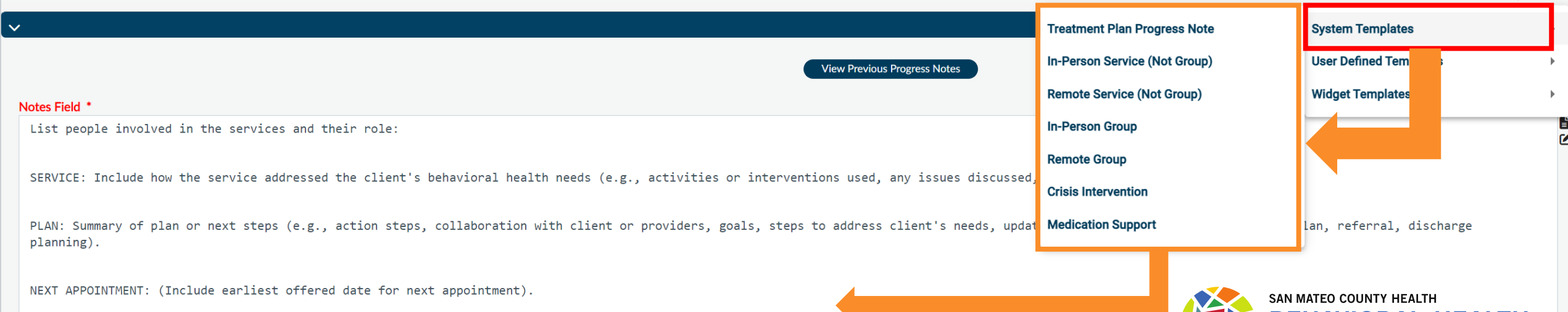
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Progress Note Templates

The use of templates is NOT required but is available for those who find them helpful.

For those who would like to use templates to help them write their progress notes, Progress Note Templates are now available in **Appendix C** of the **BHRS Documentation Manual for SMHS**.

BHRS SUD is currently exploring the development of SUD specific templates.

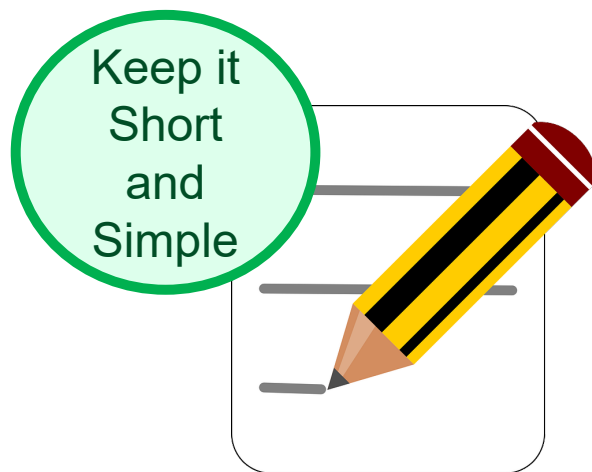




Tips for Writing Progress Notes

- Write as if an attorney and/or the beneficiary/family will read the note
- Be prepared to defend every statement
- Stay objective
- Don't use clinical jargon, terminology or abbreviations that aren't widely recognized
- If it's not documented in writing, it didn't happen
- Don't write lengthy narrative
- Use templates



Tips for Writing Progress Notes



The Tips on the previous slide also apply group notes. So, even if you have multiple clients in the group....

- Don't use a client's name in different client's chart.
- If something occurred that triggered your client by another group member you may write a brief statement about the trigger. But remember – minimum necessary.
- Do NOT write a play-by-play of how each client triggered the other.
- Focus the content of the note on your interventions and client's response to your interventions.

Tips for Writing Progress Notes

Special Note about Sessions that result in Incident Reports

- Anything out of ordinary in either an individual or a group session – If needed, write an incident report.
- **Do NOT** mention that you made an incident report in the progress note.
- **Do NOT** scan IR into chart.

[For more information on Incident Reporting see Policy 93-11.](#)

Incident Reports do **NOT** belong in a client's chart.



Progress Note vs. Process Note

Progress Note ✓

- Persons involved (**do not include names of non-beneficiaries** in the note).
- Interventions used.
- Plan for next steps.
- If beneficiary response is included, this should be **brief and what is minimally necessary**. Do not include speculation, opinions, etc. If noting statements a beneficiary made in session, it is better to quote the beneficiary directly rather than summarize or interpret the beneficiary's words in the note.

Process (Psychotherapy) Note ✗

- Detailed narrative of what happened in session.
- Provider's opinion/analysis of beneficiary's behaviors/symptoms in session.
- Provider's reflections on countertransference, etc.
- Speculation regarding what transpired in session.

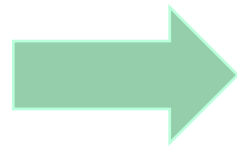


Patient Portal

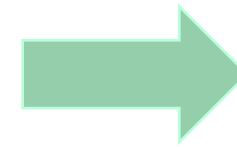
In the future, clients will be able to access their chart, including progress notes, in real time via a patient portal. When exactly this will happen is TBD, but notes written prior to the launch date will likely be included.



Establish care with the individual.



Provider documents in the chart.



Individual accesses their chart via the patient portal!





Confidentiality



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Confidentiality in Progress Notes

- Don't write another beneficiary's name in any other beneficiary's chart.
- Refer to the relationship - mother, husband or friend. Do not use names.
- Use initials when needed for clarification.
- Limit what you say about family members. Remember: This is the client's chart, not the family member's chart.
- Use "as reported by"



Confidentiality in Progress Notes... Restricted

All notes should be reviewed prior to release, but restricted notes indicate that a higher level of scrutiny should be applied when reviewing the restricted note.

Restricted (No Disclosure W/O Consent)

- Should not be disclosed without an ROI from the client.

Examples of when to use:

- *Notes that contain info about HIV status*
- *A youth client requests specific info to be restricted – such as sexual behavior (not abuse), AOD use/treatment, HIV fears and other private or personal info. Use Caution.*

Note Type *

Select

- ✓ (1) BHRS Standard Note
- (2) BHRS Standard Note(Co-sign Required)
- (3) Restricted(No Disclosure W/O Consent)**
- (4) Restricted(Co-Sign Required)
- (5) Disclosure W/O Consent
- (6) Disclosure W/O Consent(Co-Sign Req.)
- (7) ...

Those staff who require a co-signature should select Option 4 (Co-sign required).



Confidentiality in Progress Notes... Restricted

BHRS Avatar NX WILL NOT hide these Progress Notes.

Other providers can still see Restricted Notes.

Restricting a Progress Note flags the note as Restricted and it is intended to signal the provider to **review the note prior to releasing it to determine if an ROI is needed to release the specific info.**

Other information that should be restricted.

- Info given in confidence by a family member/significant support person who requests that it not be shared with the client
- That if disclosed to the client might result in serious risk to the person who provided the material (even if the person disclosing did not request the restriction).

Note Type *

Select

- (1) BHRS Standard Note
- (2) BHRS Standard Note(Co-sign Required)
- (3) Restricted(No Disclosure W/O Consent)**
- (4) Restricted(Co-Sign Required)
- (5) Disclosure W/Consent
- (6) Disclosure W/Consent(Co-Sign Req.)

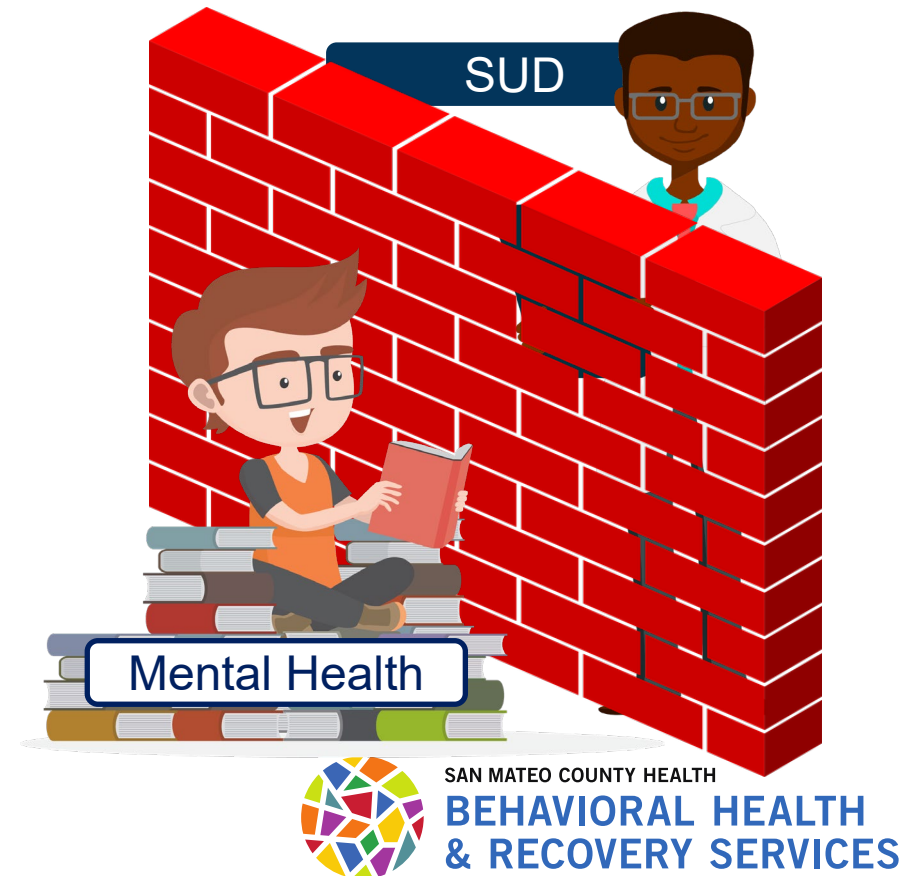


Progress Notes and 42 CFR Part 2

A note about BHRS SUD programs, which are subject to 42 CFR Part 2

Programs that fall under 42 CFR Part 2 have much stricter privacy rules than HIPAA. Therefore, for those who use BHRS Avatar ...

- BHRS SUD client charts (including Progress Notes) can only be seen by that specific SUD Program.
- Other SUD Programs cannot view the client chart that are part of another SUD program.
- Mental Health Programs cannot view any client charts from an SUD program.





Poll

Restricting a Progress Note makes it invisible to other providers?

A. True

False

C. Anyone else see that squirrel?!





Documentation and Travel Time



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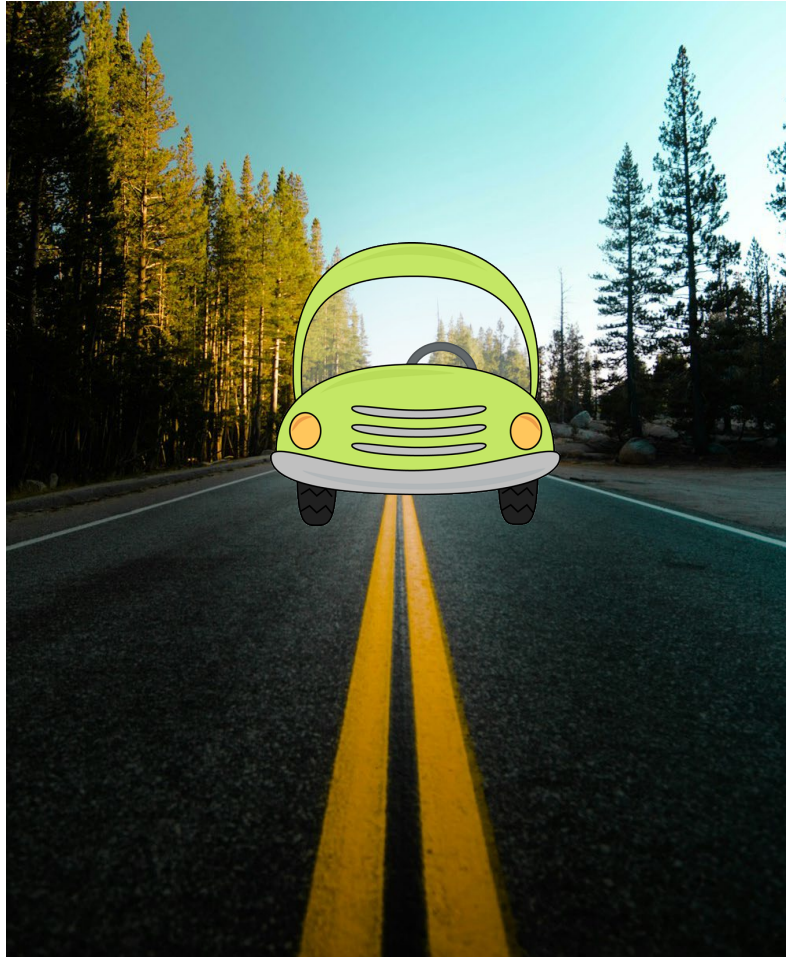
Documentation & Travel Time

- DHCS no longer directly reimburses for time spent on non-direct patient care, such as for documentation and travel time.
- DHCS updated their reimbursement rates for direct patient care services to account for services such as documentation and travel time.
- Time spent on travel and documentation should still be recorded.

The image shows a screenshot of a digital form for tracking service time. The form is divided into several sections, each with a text input field and a help icon (lightbulb). The sections are: 'Service Time *' (top), 'Documentation Time ?' (middle, highlighted with an orange box), 'Travel Time ?' (middle, highlighted with an orange box), 'Service Duration *' (bottom), and 'Other Non-Billable Time ?' (bottom). The 'Documentation Time' and 'Travel Time' fields are highlighted with a thick orange border, indicating they are the focus of the slide's content.



Travel Time



From your usual worksite to:

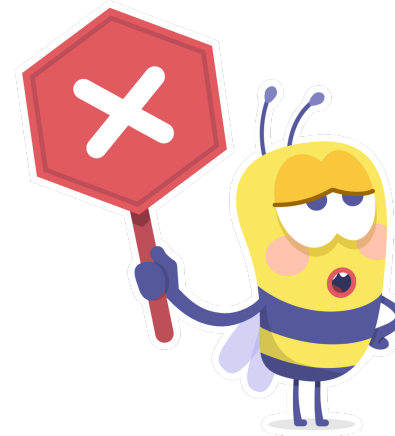
- another County site to provide a billable service
- a community location to provide a billable service
- a beneficiary's home to provide a billable service
- Travel between multiple clinics in a day to provide billable services.
- **Missed Visit/no show** = Include Travel Time and use Location Code "Missed Visit"



Travel Time



- Personal residence to your usual worksite
- Your usual worksite to your personal residence at the end of your workday
- Traveling for administrative tasks = Not Travel Time. Add to Other Non-billable.



Documentation & Travel Time

APPENDIX A

Service Code, Location Code, Time Field Matrix

Entering Time for Reimbursable vs Non-Reimbursable Services.

	Billable (Reimbursable) Service Code	55 or 550 Service Code	Lockout Location Code	Missed Visit* Location Code
Service Time	Use for time spent providing direct service to the beneficiary, collateral, or case management services with other providers.	Use for time spent providing the actual service.	Use for time spent providing the actual service.	Zero because no service was provided.
Documentation Time	Use for time spent on documentation related to writing the progress note, assessment, treatment plan, or other clinical documentation.	Use for time spent documenting note.	Use for time spent on documentation related to writing the progress note, assessment, treatment plan, or other clinical documentation.	Use for time spent documenting note.
Travel Time**	Use for time spent traveling to/from the appointment.**	Use for time spent traveling to/from the appointment.**	Use for time spent traveling to/from the appointment.**	Use for time spent traveling to/from the appointment.**
Non-Billable Time***	Use if a non-billable service was provided during this appointment.	N/A	Use if a non-billable service was provided during this appointment.	Use if a non-billable service was provided during this appointment.

SUD uses
Code AD 80

For additional guidance on how to document travel and documentation time, please refer to Appendix A of the [BHRS Documentation Manual for SMHS](#).

SUD providers may also use the information in Appendix A as the same guidance applies for SUD service documentation.





Progress Note Fields



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Type of Note

Progress Note For...

- In most cases, you should select “**New Service**” to document a service you provided.
- An “Independent Note” is used **very rarely**, usually for documenting an event for a closed client. These do not get billed and you must write the date and duration of service in the body of the note.


Type of Progress Note

- **Do not** use Tx Plan Progress Note yet! More to come on Treatment Plan Progress Notes in a future training!
- For now, please only use the “**Standard Progress Note**.”

The screenshot shows a form with two sections. The first section, 'Progress Note For *', has two radio button options: 'Independent Note' and 'New Service'. A green arrow points down to the 'New Service' option. The second section, 'Type of Progress Note *', has three radio button options: 'Standard Progress Note', 'Treatment Plan Progress Note (TCM)', and 'Treatment Plan Progress Note (PSS)'. A green arrow points right to the 'Standard Progress Note' option, and a red arrow points left to the 'Treatment Plan Progress Note (PSS)' option. A red bracket is drawn around the TCM and PSS options.



Who is a Caregiver?

Collateral participate in service?
~~Did caregiver participate in appointment? *~~ 

Yes
 No
 ~~Client is not dependent adult or minor~~

Definition of “Collateral”

A significant support person who supports the beneficiary in a non-professional capacity. The purpose of a collateral’s participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary’s treatment goals.

Modifications to this field:

This has been a source of much confusion!

To increase clarity of what this field means, we will be:

- Replacing the term “caregiver” with “**collateral.**”
- Removing the third radio button.

The collateral’s participation may be in-person, via phone, or via videoconferencing.



Co-Signature / Document Routing

Clinical Trainees/Registered Counselors → Require Co-Signature from a LPHA

Examples of co-signature requirements & who can co-sign:

- ✓ Licensed clinical supervisor co-signing trainee's notes.
- ✓ MD co-signing prescriptions for a resident before the resident is licensed.
- ✓ Co-signing the work of unlicensed staff before the required education or experience for independent recording of services has been acquired.



Number of Clients in Group


While Medi-Cal Billing does not require the number of clients in a group to be included in group notes, BHRS has found over the year that there is a need to include this information for a variety of non-billing related reasons, including, but not limited to:

- Accurate accounting of time staff spend providing services.
- Accurate accounting of total services provided by staff.
- Program needs related to evaluating the provision of group services.

Welcome Back,
“Number of Clients In Group”
!!!!



Number of Clients in Group

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BHRS Progress Note


Client Name		MR#	
Agency		Provider	
Date of Service		Service Time	
Did client participate in this appointment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Time	
Did collateral participate in this appointment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Travel Time	
Service Charge Code		Non-Billable Time*	
Add-On Code		Interpreter Name	
Location Code		Language Provided in	
If follow up appointment was scheduled, please mark what type of appointment was offered for next appointment?		<input type="checkbox"/> In-person <input type="checkbox"/> Phone <input type="checkbox"/> Telehealth	
<i>Groups Only</i>			
Number of Clients in Group			
Type of Progress Note	<input type="checkbox"/> Independent Note <input type="checkbox"/> New Service Note <input type="checkbox"/> Care Plan Progress Note		
Care Plan Progress Note Type (if applicable)	<input type="checkbox"/> Targeted Case Management <input type="checkbox"/> Intensive Care Coordination <input type="checkbox"/> Peer Support Services		

The Number of Clients in Group field will be located here on the new PDF version of the Progress Note.

PROGRESS NOTE

Submit

Service Charge Code * 

GROUP THERAPY (10CA) 

Number of Clients in Group *

8

Number of Clients in Group

The Number of Clients in Group field will now be required if a group code is selected.



Number of Clients in Group

Go Live!



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Client Name	
Agency	
Date of Service	
Did client participate in this appointment?	<input type="checkbox"/> Yes
Did collateral participate in this appointment?	<input type="checkbox"/> Yes
Service Charge Code	
Add-On Code	
Location Code	
If follow up appointment was scheduled, please mark what type offered for next appointment?	
<i>Groups Only</i>	
Number of Clients in Group	
Type of Progress Note	<input type="checkbox"/> Independent
Care Plan Progress Note Type (if applicable)	<input type="checkbox"/> Targeted Case

Submit

de * ?

(10CA) 🔍

in

Number of Clients in Group

Number of Clients in Group will now be required if a group code is selected.

The Number of Clients in Group will now be located here on the new PDF version of the Progress Note.

Resources



For QM resources, visit our website:

<http://www.smchealth.org/bhrs/qm>

For Questions, contact us at:

HS_BHRS_ASK_QM@smcgov.org

Documentation resources:

- [BHRS Documentation Manual](#)
- [Avatar NX Updates](#)
- [Service Codes Cheat Sheet](#)
- [Location Code Index](#)



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HAPPY FALL Y'ALL



Stay Tuned...
Our Updated CalAIM
Training



Update



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CS 63

SAVE!
THE DATE!

CalAIM Trainings

Join QM every 3rd Thursday of the month from
10:30am - 12pm at the [Zoom link here!](#)

Training is mandatory for all contractors and
BHRs. Please mark your calendars!

RECORDINGS AVAILABLE IN LMS



- Documentation Manual Training (MH only)
- Access/Medical Necessity Training (MH only)
- Service Codes Training* (MH only)
- Bonus Z-Code Training (MH only)

All trainings
will include
live Q&A!

SEP 19

Progress Notes Training*
(MH & SUD)

OCT 17

Assessment Training
(MH only)

NOV 21

CalAIM Open Q&A
(MH & SUD)

EARLY 2025

Care Planning/Problem List Training
(MH & SUD)

*Contractors have completed these trainings but are welcome to attend again.
Flyer updated 9/16/24.

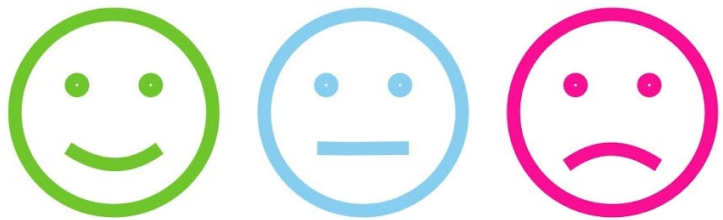
All trainings will be made available on LMS subsequently.

For questions, email hs_bhrs_ask_qm@smcgov.org.



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Training Evaluation



FEEDBACK

Please go to this website to provide your feedback on today's training:

<https://www.surveymonkey.com/r/7TSSG9N>

Please complete the survey immediately after the webinar.



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