COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

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CLINICAL RECORDS BULLETIN

Announcements

Clinical Records Staff are in the process of creating a single location on-line where all official clinical forms can be found. Clinical forms have been removed from the Intranet under HIPAA and have been placed on the Internet under Provider Tools. Links have been placed on the Intranet to assist users in finding where forms are now located. All forms are not yet available on-line; however, staff are in the process of making all clinical forms available at **http://dmh.lacounty.gov/forms.asp**. Please note that CIOB forms such as the open/close episode forms are available at http://dmh.lacounty.info/hipaa/cp_ISForms_Clinical.htm.

PROGRESS NOTE – MH 515

New Form Available on Internet and in the Warehouse

(http://dmh.lacounty.gov—see PROVIDER TOOLS, FORMS, PROGRESS NOTES/MED NOTES)

DMH Official Form Usage of the Progress Note

Directly Operated Clinics: *must* use this form in its original format.

Contractors: Contractors *may* use the DMH form or may use a form of their own making.

Two revised formats of the Progress Note (MH 515) are now available. The form-filled Progress Note (MH 515), revision date 02/06/08, is available on the DMH Internet under Provider Tools, Forms, Progress Notes/Med Notes as of the date of this Clinical Records Bulletin. The NCR (Non-Carbon Required) Progress Note (MH 515NCR), revision date 11/09/07, is available in the Warehouse for current use.

PURPOSE OF THE PROGRESS NOTE

Progress Notes help ensure quality and continuity of care and are used to support claims. All Progress Notes must be present in the clinical record prior to the submission of claims. For clinics NOT using NCR forms, the Progress Note continues to be the audit trail. Thus, every claim must be supported by a Progress Note which either contains or, in the case of Medication Support Services, cross-references the required documentation and claiming information. NCR forms include both clinical documentation and claiming information. So, for those clinics using NCR forms, a cross-referenced Progress Note is not required.

The revised on-line format of the Progress Note is available in a PDF Form-Fillable format and should continue to be used in conjunction with the Daily Service Log. Users of the Progress Note on-line are encouraged to type the progress note then print the hard copy; however, the note may also be printed out and handwritten.

DO YOU KNOW THE ANSWERS TO THESE QUESTIONS?

1. When a service is provided on one date and documentation of that service is on a subsequent date, what date is used on the Progress Note?
2. Can a faxed copy of a subpoena/authorization be accepted instead of the original?

Answers on the next page

Key revisions to MH 515 include:

- Only one note can be made per Progress Note;
- Prompts related to the date, face-to-face/other time, other staff, procedure code, and activity type are provided on the top section of the Progress Note.

The revised NCR format of the Progress Note is available in a carbon format and should continue to be used as a means of capturing claiming information without the use of a Daily Service Log. Users of the NCR Progress Note must handwrite the note then give the NCR portion to clerical staff for claiming purposes.

Key revisions to MH 515NCR include:

- Inclusion of Evidence Based Practices and Service Strategies.

Please note that changes have been made to the IS drop down menus and IS Codes Manual (see attached) in relation to Evidence Based Practices and Service Strategies in an effort to keep abbreviations consistent with the Progress Note and easily understood.

General information about the Progress Note

The revised Progress Notes were designed to assist users in ensuring that all required information is contained on the Progress Note in relation to such things as procedure code, activity type, and staff time.

Key things to remember regarding the Progress Notes:

- Document all services provided, including relevant clinical decisions and interventions;
- A signature and discipline of the person providing the service must be present;
- Date the Progress Note using the date the service was provided;
- Staff time should be noted in hours and minutes;
- The Rendering Provider must note both face-to-face time and other time;
- Additional staff need only note total time (a combination of face-to-face and other time);
- Notes must be legible in order to receive reimbursement;
- References to other clients should only be by first name or initials;
- White-out is never allowed;
- If a mistake is made, put a single line through it, write "mistaken entry", initial and write discipline and date;
- Never skip lines when writing the note;
- Cross out all unused lines at the bottom of the entry;
- Only use black ink on a Progress Note;
- Never record staff conflicts, disagreements, or staffing problems.

Any questions related to the Progress Note should be directed to Jen Eberle at 213-738-3770.

c: Executive Leadership Team
District Chiefs
Program Heads
Provider Record Keepers
ACHSA
QIC Chairs

I KNOW THE ANSWERS TO THOSE QUESTIONS!

1. The date on the Progress Note is the date the service was provided. If the Progress Note was written on the day following the date of the service, then the Note should start "Note written on (date)." For example, a service was provided on January 1, 2008 but documentation was not done until January 2, 2008. The date of the Progress Note is January 1 and the note starts "Note written on January 2, 2008."
2. Yes. As long as the faxed copy of the subpoena/authorization is legible, it may be accepted.

C consultation Greensheet

MH 515
Revised 02/06/08

PROGRESS NOTE

Date: _____ Telephone Contact: ☐ Y ☐ N Rendering Provider Face-to-Face/Other Time* (Hrs:Mins): _____

Procedure Code: _____ Other Staff Initials: _____ Total Time* (Hrs/Mins): _____

* All travel and documentation time must be recorded as "Other" or "Total Time" Other Staff Initials: _____ Total Time* (Hrs/Mins): _____

MHS Activity Type: ☐ Assessment ☐ Ind Tx ☐ Ind Reh ☐ Col ☐ PsyT ☐ Team Conf/CaseCon Other Activity Type: ☐ Cris Int
☐ GrpTx ☐ GrpReh # of Clients Represented: _____ ☐ TCM

☐ Continued (Sign & complete claim information on last page of note.)

Signature & Discipline _____ Date _____ Co-signature & Discipline _____ Date _____

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to who it pertains unless otherwise permitted by law.

Name: IS#:

Agency: Provider #:

Los Angeles County – Department of Mental Health

PROGRESS NOTE

MH 515 NCR
Revised 11/09/07
No Green Sheet

PROGRESS NOTE/ TELEPHONE CONTACT

☐ Continued **(Sign & complete claim information on last page of note.)**

By signing my name below, I attest that I have provided the mental health services recorded on this NCR note form and that all information is accurate, complete & truthful to the best of my knowledge. I further attest that the services provided by me, as reflected on this NCR Note form, were consistent with the client's treatment plan, and, if services are to be claimed to Medicare and/or Medi-Cal, were reasonable and medically necessary. Claim for services submitted as a result of this NCR Note form are supported by documentation.

Signature & Discipline | Service Date | Co-signature & Discipline | Date

* All travel and documentation time must be recorded as "**Other Time**".

Medi-Cal Claimable (Circle one): Y N
Medicare Claimable (Circle one): Y N

MHS Activity Type: ☐ Ind Tx ☐ Ind Reh ☐ Col ☐ PsyT ☐ GrpTx ☐ GrpReh ☐ Team Conf/CaseCon

Other Activity Type: ☐ Cris Int ☐ CM **Procedure Code:** **Place of Service:** **Group ID #:**

Evidenced Based Practice (EBP) Service Strategy (SS) (Choose one option):
Option 1 (check one): ☐ No EBP/SS ☐ UK EBP/SS
Option 2 (check up to three in any combination): ☐ EBP-ACT ☐ EBP-MST ☐ EBP-FFT ☐ SS-Peer &/or Fam ☐ SS-Psy/Edu
☐ SS-Fam/Sup ☐ SS-Sup/Edu ☐ SS-Eth-Spc. ☐ SS-Age-Spc. ☐ SS-Partner w/Law Enf ☐ SS-Partner w/Hlth Care
☐ SS-Partner w/Social Svcs ☐ SS-Partner w/Substance Abuse Svcs ☐ SS-Integrated Aging ☐ SS-Integrated DD

Rendering Provider Name: **Staff Code:** **Face-to-Face/Other Time (Hrs:Mins):**

Staff Name: **Staff Code:** **Total Activity Time (Hrs:Mins):**

Staff Name: **Staff Code:** **Total Activity Time (Hrs:Mins):**

Client Present: ☐ Yes ☐ No **# Collaterals:** **Relationship(s):**

Review Initials: (FOR CLERICAL STAFF ONLY) Data Entry Initials:
Medi-Cal Late Code: A B C Medicare Beneficiary: Y N Crossover Code: X B P H N E P

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Name: **MIS#:**

Agency: **Provider #:**

Los Angeles County – Department of Mental Health

File Original in Clinical Record
Copy to Data Entry

EVIDENCE-BASED PRACTICES / SERVICE STRATEGIES

Option 1 Codes*:
The following codes are for services that involve neither Evidence-Based Practices nor Service Strategies:

00 = No Evidence-Based Practice/Service Strategy

99 = Unknown Evidence-Based Practice/Service Strategy

Option 2 Codes*:

EVIDENCE-BASED PRACTICES

01	=	Assertive Community Treatment	11	=	Functional Family Therapy
10	=	Multisystemic Therapy			

SERVICE STRATEGIES

50	=	Peer and/or Family Delivered Services	56	=	Delivered in Partnership with Social Services
51	=	Psychoeducation	57	=	Delivered in Partnership with Substance Abuse Services
52	=	Family Support	58	=	Integrated Services for Mental Health and Aging
53	=	Supportive Education	59	=	Integrated Services for Mental Health and Developmental Disability
54	=	Delivered in Partnership with Law Enforcement (includes courts, probation, etc.)	60	=	Ethnic-Specific Service Strategy
55	=	Delivered in Partnership with Health Care	61	=	Age-Specific Service Strategy

*Option 1 and Option 2 codes cannot be used for the same service.