SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

CLINICAL POLICY

NUMBER: BC149

NAME: CLINICAL DOCUMENTATION GUIDELINES

INITIAL APPROVAL DATE:	7/19/2005	BY: Clinical Management Committee
(LAST) REVISION DATE:	11/29/2018	BY: Policy Committee
(LAST) REVIEW DATE:	08/15/2024	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

I. PURPOSE: To establish consistent documentation timelines for Agency staff, and to assure compliance with Region 10 PIHP standards.

II. APPLICATION

Populations: **All**
Programs: **All Direct and Contracted**

III. PROCEDURE - Compliance is required by Agency staff and contractors with the following timelines:

A. <u>For Individuals at Intake</u>

1. PRELIMINARY PLAN – a written plan initiated by Access and mailed to the Clinician.

2. PRE-PLANNING – must occur in conjunction with the initial assessment, and an IPOS meeting must be scheduled such that the plan is complete within 35 calendar days as noted below.

3. INITIAL ASSESSMENT/BIO-PSYCHOSOCIAL (and clinical assessment as needed) – Face-to-face direct contact by a mental health professional must occur within 14 calendar days of the request for service. Hospital discharge individuals must be seen within 7 calendar days. Approved assessment format must be completed and signed as soon as possible, ideally within 24 hours of the direct contact, but no later than 10 business days (average 7 days) after the direct contact.

4. ONGOING SERVICES – the first direct services following intake must occur within 14 days of intake/assessment contact, and these must be specified in the signed Preliminary Plan or IPOS prior to service delivery.

5. ONGOING INDIVIDUALIZED PLAN OF SERVICE (IPOS/PCP) – Plan must be completed and in approved format with signed consent and authorization by the Doctor or Licensed Practitioner of the Healing Arts before any billable services (not covered in Preliminary Plan) can occur, - OR – within 35 days of the intake/assessment contact, whichever comes first. Plan must include the specific dates when a Periodic Review will be done. All signatures/consents including that of the Guardian or legal representative must be in place within 15 business days (average 10 days) of the meeting (but must be fully completed within 364 days of the previous IPOS). If written consent cannot be obtained within this time line, at a minimum, witnessed verbal consent must be obtained.

6. EFFECTIVE DATE/IMPLEMENTATION DATE – The effective date of the plan shall be the meeting date. Any goals or objectives included in the IPOS that have a different implementation date will have the effective date clearly identified in the IPOS.

7. INITIAL PROFESSIONAL ASSESSMENT by Ancillary Professionals – Written assessment in format approved by the Agency (based on information which includes a direct contact) must be completed within 10 business days.

B. Annual Individual Documentation

1. PRE-PLANNING – must occur in conjunction with the annual assessment, or around the time of the assessment (s), being completed for the IPOS/PCP meeting.

2. ANNUAL PROFESSIONAL ASSESSMENT–(Clinical, BPS, OT/PT, Nursing, Behavioral, Psychological, Discharge Summaries, etc.) Written assessment in format approved by the Agency (based on information which includes a direct contact) must be completed within 10 business days (average 7 days) of the contact.

3. ANNUAL BIO-PSYCHOSOCIAL & PROFESSIONAL ASSESSMENT(S) by Primary Staff and Ancillary Professionals- Contact must occur prior to the IPOS meeting (or as designated by the insurance company) – must be completed no more than 60 calendar days before the IPOS meeting, and no later than the IPOS meeting. Approved assessment format must be completed and signed as soon as possible, ideally within 24 hours of the direct contact, but no later than 10 business days (average 7 days) after the direct contact. Behavioral assessment will be completed within 15 days of date of service. This includes interpretation, write up, protocols, program development, and task analysis.

4. GOAL(S)/OBJECTIVE(S) – all assessors must submit formal goals/objectives to the primary case holder at least 2 working days prior to the IPOS/PCP meeting.

5. IPOS MEETING –The IPOS shall remain in effect until a new IPOS takes effect. However, no plan shall be in effect for more than 365 days from the date of Plan commencement. If there are exceptional circumstances that prohibit the IPOS meeting from occurring within 365 days, then clinical rationale and justification must be documented in the medical record. Any extension of the IPOS shall include documentation of the supervisor's notification. If billing occurred during an expired plan, notification to Reimbursement Department must occur in order to back out the billing.

6. ONGOING INDIVIDUALIZED PLAN OF SERVICES (IPOS/PCP, Amendment, Periodic) – must be completed in approved format, signed, and must be given/sent to the individual and legal representative/ guardian within 15 business days (average 10 days) of the meeting (but must be fully completed within 364 days of the previous IPOS). The Plan must include the specific dates when a Periodic Review will be due.

7. EFFECTIVE DATE/IMPLEMENTATION DATE– The effective date of the plan shall be the meeting date. Goals or objectives included in the IPOS may have different implementation dates; however, the effective date must be clearly identified in the plan. Unless exceptional circumstances prohibit it, the IPOS meeting should be held at least 15 days prior to the expiration of the last plan, to allow time for processing the document, training as necessary, and mailing to all involved parties.

8. PERIODIC REVIEWS – Must be completed every 90 days on approved Agency format, and signed by the date indicated in the IPOS.

9. PROGRESS/CONTACT NOTES – Must be completed and signed in computer system within 3 business days of contact; preferably date of contact. Progress/contact notes relating to crisis intervention during the day or after hours must be completed by the next business day.

10. If a document will not meet any of the above deadlines, the staff person must notify their supervisor in writing in advance; providing a valid reason for the delay; and a plan of correction. If a staff is 2 weeks or more behind, they will be required to provide the clinical supervisor with a working file to demonstrate the accuracy of their documentation.

11. Staff will fully complete paperwork corrections recommended by the supervisor/clinical coordinator within 7 calendar days of receiving the recommendations for both initial intake and annual documentation.

IV. DEFINITIONS- NONE

V. STANDARDS- NONE

VI. ATTACHMENTS- NONE

VII. REFERENCES- NONE