# DOCUMENTATION

IF IT IS NOT DOCUMENTED, IT DID NOT HAPPEN

| | ASSESSMENTS | PROGRESS NOTES | CONSENT TO RELEASE INFORMATION | UNUSUAL INCIDENT REPORT | LEVEL OF CARE (ASC, BSC, ECSC, CTT: Insurance Approval Needed) | COUNTY CLOSINGS |
|---|---|---|---|---|---|---|
| **Who does this documentation?** | Supervisor Assigned<br>Health Professional | Health Professional that provided the service (Intervention, Support Listening etc) | ALL Health Professionals sharing information | Health Professional | MH/PH Inpatient MH/PH Outpatient Outreach HP<br>CCBH<br>SC Programs | Health Professional |
| **Function of documentation?** | Identify Strength<br>Identify Wants<br>Identify Needs<br>Identify Risk Factors Identify Protective Factors | Meet Governing Agency Requirement<br>Meet Insurance Standards<br>Provide Internal/External Communication<br>Provide Proof of Service | To collaborate with other agencies to link, support, obtain addition services for the Consumer | To report a significant incident involving a child or adult Consumer | To Link the Consumer to the appropriate Level of Care that well give them the assistance they need to complete their goals | Obtain County Approval for Transitioning the Consumer to another Level of Care |
| **What type of information is documented?** | Consumer's Past/Present<br>Family<br>Living Arrangement<br>Mental Health<br>Physical Health<br>Income/Insurance<br>Legal<br>D&A<br>Education/Vocation<br>Spirituality<br>Supports | Date/Time of Services<br>Type of Service Provided<br>Specific HP Intervention<br>Progress or Lack of Progress<br>Trauma Assessment<br>Lethality Assessment<br>Identify Crisis<br>Identify Stressors<br>Identify Risk Concerns<br>Problem-Solving<br>Coaching<br>Follow-up Appointment<br>Reason for the F/U<br>Self-Directed Activity | Consumer's Family<br>Living Arrangement<br>Mental Health<br>Physical Health<br>Income/Insurance<br>Legal<br>D&A<br>Education/Vocation<br>Spirituality<br>Other Supports | Consumer's Name<br>DOB & SSN<br>Consumers Address<br>Location of Incident<br>Date & Time of the Incident<br>Type Housing<br>Consumer involvement with County Base Programs<br>Type of Incident Summary of the event Follow-Up<br>Sign offs | MH Assessment<br>PH Review<br>Hospitalization Hx<br>Psychiatric Eval<br>Insurance Status<br>Income Status<br>Housing Status<br>Legal Status<br>Trauma Status<br>Red Flag<br>Referral Reason<br>Consumer Signature | Current Level of Care<br>Consumer's Name<br>Housing Status<br>Contact Information<br>Provider Agency<br>Name of HP<br>Goal Summary<br>Recovery Plan<br>Emergency Contact<br>New Agency<br>Contact Efforts<br>MH Provider<br>Consumer Signature Sign Offs |
| **Where is this documented?** | Physical Program Chart<br>Electronic Program Chart | Physical Program Chart<br>Electronic Program Chart | Physical Program Chart<br>Electronic Program Chart | Program<br>Allegheny County<br>CCBH | Physical Program Chart and or<br>Electronic Program Chart | Physical Records |
| **Training is Provided?** | Agency<br>Mentors<br>New Hire Training | Agency<br>Mentors<br>New Hire Training | Agency<br>Mentors | Agency<br>Mentors<br>New Hire Training | Agency<br>Mentors | Agency<br>Mentors<br>New Hire Training |

# ASSESSMENT

Receiving Assessments

- Take Note of the Assessment Agency
- Verbal Review with the Person who completed the assessment when possible
- Verification of Domains needed
- Research missing information
- Look for Service Related (Strengths, Wants and Needs)

Completing Assessment

- One on One with the Consumer
- Second Hand Information (Not Preferred)
- Obtain Historical Information
- Verify Information when possible
- Assessment is Service Related (Not Clinical)
- Look for Red Flags (Risk Concerns)

# ASSESSMENT TOOLS

**CANS:** THE CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) IS A MULTI-PURPOSE TOOL DEVELOPED FOR CHILDREN'S SERVICES TO SUPPORT DECISION MAKING, INCLUDING LEVEL OF CARE AND SERVICE PLANNING, TO FACILITATE QUALITY IMPROVEMENT INITIATIVES, AND TO ALLOW FOR THE MONITORING OF OUTCOMES OF SERVICES.

- **For needs:**
- a. No evidence
  b. Watchful waiting/prevention
  c. Action
  d. Immediate/Intensive Action
- **For strengths:**
- 1. Centerpiece strength
  2. Strength that you can use in planning
  3. Identified-strength-must be built
  4. No strength

**ANSA:** THE ADULT NEEDS AND STRENGTHS ASSESSMENT (ANSA) IS A MULTI-PURPOSE TOOL DEVELOPED FOR ADULT'S BEHAVIORAL HEALTH SERVICES TO SUPPORT DECISION MAKING, INCLUDING LEVEL OF CARE AND SERVICE PLANNING, TO FACILITATE QUALITY IMPROVEMENT INITIATIVES, AND TO ALLOW FOR THE MONITORING OF OUTCOMES OF SERVICES.

- **For needs:**
- a. No evidence
  b. Watchful waiting/prevention
  c. Action
  d. Immediate/Intensive Action
- **For strengths:**
- 1. Centerpiece strength
  2. Strength that you can use in planning
  3. Identified-strength-must be built
  4. No strength identified

# ASSESSMENT

## CLINICAL ASSESSMENT

- A mental health assessment is done to:
- Find out about and check on mental health problems. This can include anxiety, depression, schizophrenia, dementia, and anorexia nervosa.
- Help tell the difference between mental and physical health problems.
- Check a person who has been referred for mental health treatment. This might be done for problems at school, work, or home. For example, it may be used to find out if a child has a learning disability, attention deficit hyperactivity disorder (ADHD), or a conduct disorder (CD).
- Check the mental health of a person who has been in the hospital or arrested for a crime, such as drunk driving or physical abuse.

## SERVICE ASSESSMENT

- Service Assessment is the initial meeting with the client during which the case manager gathers information to address the client's immediate needs to encourage his/her engagement and retention in services.
- Service Assessment may also be used to screen clients to determine if they need case management services, and if so, to determine the model of case management most appropriate to meet a client's needs, and to assess the client's willingness and readiness to engage in case management services.
- Recovery Based

# THE ASSESSMENT

Will Help The Consumer Identify Service Goals

The Assessment Drives the Service Goals

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# THE HEALTH PROFESSIONAL WILL ASSIST WITH GOAL COMPLETION

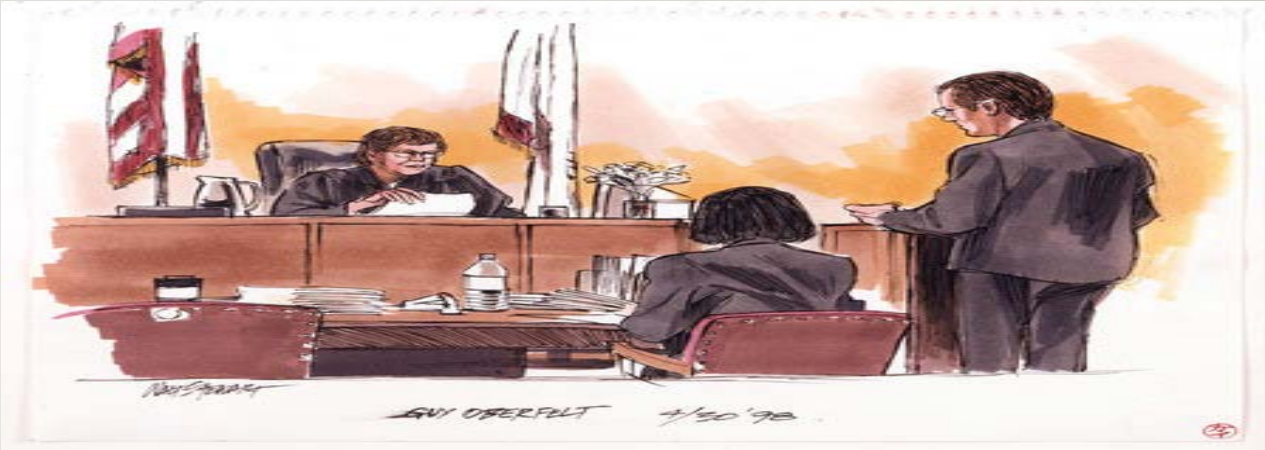
The Progress Note will record all intervention efforts that is aimed at putting the Consumer on the Road to Independence

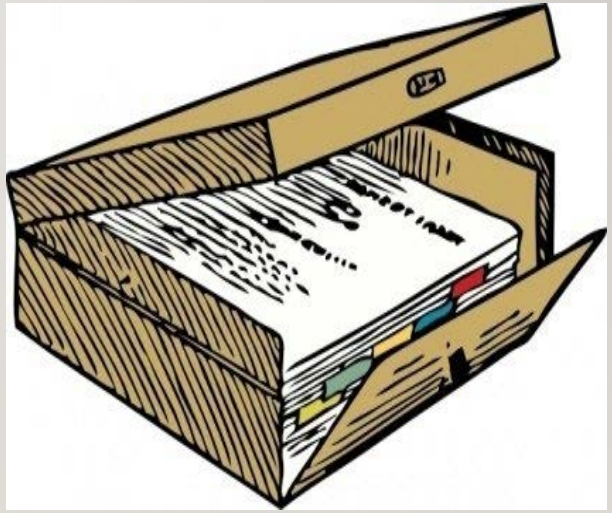
# PROGRESS NOTES ARE LEGAL DOCUMENTS THAT CAN BE USED FOR:

**Social Security Benefit Cases**

**Children Youth and Family Cases**

**Mental Health Court (JRS) Cases**





# PROGRESS NOTES ARE LEGAL DOCUMENTS

## PROGRESS NOTES SHOULD:

- Notes should be Factual and Positive. This is a legal document!
- Focus on recovery-related events, not the "events of the day."
- Service Coordination Interventions: is what the SC did, the interventions from the Service Plan. This is also where you are justifying your billing time.
- Outcome: is what the Consumer did, the Action Steps from the Service Plan; what others did.

## PROGRESS NOTES SHOULD NOT:

- No opinions "Just The Facts"
  You cannot state "The Consumer was under the Influence." Unless they told you they were using drugs or alcohol. (Stick to Factual Descriptive writing if they are in denial)
- No Slang or Swearing, unless said by the Consumer/Others and remember to place "in quotes."
- Abbreviation and Acronyms should not be used unless the word or phrase is written out completely one time in the document (This is a legal documents)

# PROGRESS NOTES ARE LEGAL DOCUMENTS

## PROGRESS NOTES SHOULD:

- Review and develop additional Service Plan goals, noting consumer's input
- Review and sign Service Plan, noting consumer's input
- Review Crisis Plan, Coping Skill, CBT,DBT skills, Personal Medicine etc….
- That the next appointment has been scheduled in the Follow- Up
- Collaboration w/ the rest of the treatment team (at least monthly), including their input/disposition

## PROGRESS NOTES SHOULD NOT:

- Contain Agency or Treatment Team Fighting in the Note, "Keep it Professional Not Personal." The Progress Notes is a Legal Document that is about the Consumer for the Consumer.
- Use Words that are non-recovery based: "Compliance," "out of Compliance," "Transport, Escorted, Drove," "Appropriate," "Inappropriate," "Questioned," "Told,"
- Should not assign a Diagnosis that is not Supported by a Psychiatric Evaluation (Legal Document)

# REMEMBER PROGRESS NOTES ARE LEGAL DOCUMENTS

**Subpoenas can be issued for you and your Progress Notes.**

**Your Documents should not unintentionally cause your Consumers to lose their legal case.**

YOUR PROGRESS NOTES EMBODIES YOU IN WORDS WHEN YOU CANNOT REPRESENT YOURSELF IN PERSON.

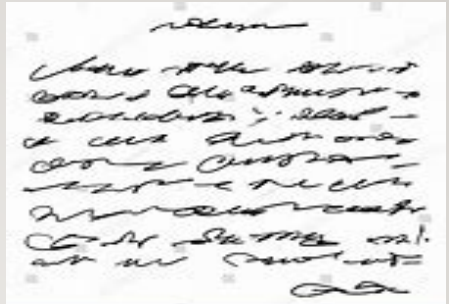
YOUR PROGRESS NOTES REPRESENTS YOUR AGENCY

**Proof Read**

**Use Spell Check**

**Tell the Story (Beginning, Middle and End)**

**Factual, Concise (Get to the point!!!)**



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| **How is this trained?** | | | Agency | Agency | Agency | Agency |

☐ Intensive Service Coordination ☐ Child/Adolescent

☐ Resource Coordination

Consumer Name: _____ Date: _____

eCaps Number: _____ Provider Agency: _____

Address: _____ Name of Service Coordinator:

Community Care Member: _____ _____

Consumer Phone Number: _____ Phone Number: _____

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**THE FOLLOWING DOCUMENTS/INFORMATION MUST BE ATTACHED TO THIS FORM:**

- ☐ **Reason for discharge/Discharge Summary (goals attained and goals not accomplished with reason why).**
- ☐ **Summary of Crisis Plan**
- ☐ **Consumers' Emergency contact Name and Phone Number**
- ☐ **Name of New Case Manager AND Date the FACE-TO-FACE transfer occurred**
  - **If this has not been done please provide a detailed reason as to why**
- ☐ **Detailed Description of ALL Assertive Outreach attempts that were made by agency/treatment team**
  - **Please Explain if Assertive Outreach was not necessary**

Will consumer continue to receive MH/Support Services? Yes No

If Yes, Indicate Specific Provider(s): _____

Consumer is designated as a CHIPP/CSP consumer? Yes No

Has consumer ever been a patient in a State Hospital? Yes No If yes, indicate when: _____

If Consumer is not in agreement with this closure, has he/she been informed of their right to appeal? Yes No

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| | | | |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| Consumer Signature | Date | Parent/Guardian | Date |
| _____ | _____ | _____ | _____ |
| Service Coordinator | Date | Service Coordination Supervisor | Date |
| _____ | _____ | | |
| SCU /Program Director | Date | | |

**County Approval:**

Date closure was reviewed with Community Care (if appropriate) _____

**Termination from ICM/RC/Blended is:** _____ **Approved** _____ **Denied**

**INSTRUCTIONS AND/OR COMMENTS:** _____

_____

_____

_____

QUESTIONS?
CONCERNS?
COMMENTS?