West Michigan wmCMH	**Clinical Records Elements and Organization**			
	Chapter:	Board Services and Program Administration	**Policy #**	2-2-2
	Section:	Assessments, Service Planning and Documentation	**Revision #**	2

I. **PURPOSE:** To establish policy and procedures for the admission, elements, and discharge of clinical health records.

II. **APPLICATION:** All programs and services operated by the West Michigan Community Mental Health Governing Body.

III. **REQUIRED BY:** MDHHS, Mental Health Manual, Health Insurance Portability and Accountability Act of 1996, and accrediting body(s).

IV. **DEFINITIONS:**

Screening – R3 Document and tools utilized to determine a person's eligibility for services and the organization's ability to provide those services.

Check-in – A confidential face-to-face contact with Support staff where demographics, insurance, and financial information is gathered and entered into R3. The rights and responsibilities of persons served, confidentiality and privacy practices, release of information, and all other relevant consent to services are reviewed and offered/provided to the individual.

Assessment – R3 Document conducted with the consumer, which identifies the historical and current information of the person served as well as their strengths, needs, abilities and preferences.

Individual Plan of Service/IPOS – R3 document that contains the goals and objectives that incorporate the unique strengths, needs abilities and preferences of the person served, as well as identified challenges and potential solutions.

Discharge Summary – The Discharge Summary is completed in R3 for all consumers who have achieved their desired change, outcome/transition criteria and are no longer in need of provider care/support or if the consumer drops out of care. The responsible clinician is to summarize a consumer's achievement or lack thereof for all active outcomes, services/ supports rendered, transition criteria and the need for linkage arrangements when follow up care is needed.

V. **POLICY:** It is the policy of West Michigan Community Mental Health to ensure that the admission, elements, and discharge of clinical records are in compliance with Department of Health and Human Services contract and standards, Health Insurance Portability and Accountability Act of 1996, and State Statutes.

VI. **PROCEDURES:**

Procedures opening an electronic clinical health record (admission):

1. Obtaining Required Elements of the Electronic Clinical Health Record:

1.1. Upon request for services, the Customer Engagement and Access team will obtain all demographics for the individual served through the Protocol, Screening and Check-in processes and enter into electronic health record.
1.2. Staff will determine if individual has received prior services by searching individually by date of birth and last name.
1.3. If the individual were a previous client, create a new admission. If the individual is a new client, assign a new case number and create an admission.
1.4. An individual will go through the check-in process when they come into the office for a face-to-face Screening and/or Intake Assessment. All required demographic information is reviewed and confirmed. Ability to pay, consent for treatment, rights and responsibilities of individual served will be reviewed and offered/provided to the individual.
1.5. The individual will electronically sign, acknowledging that all information has been reviewed, explained and offered/provided.

2. WMCMH will offer/provide all individuals served with a direct treatment relationship and/or their legal representatives the Summary of Notice of Privacy Practices (Privacy Notice CR056A) and the full Notice of Privacy Practice (CR056) upon request. WMCMH will make a good faith effort to obtain a written Acknowledgment that the Notice was offered. The Summary of Privacy Notice and full Privacy Notice will provide the uses and disclosures of Protected Health Information (PHI) that may be made by WMCMH, Customer's rights, and WMCMHS legal duties with respect to PHI. As applicable, customers visually impaired or illiterate will have the Summary of Privacy Notice read to them by either a WMCMH clinical team member or customer services team member. The Privacy Notice in effect (original notice or any subsequent revisions) is prominently posted and copies available for customers at any WMCMH service delivery site. If applicable, the Privacy Notice will be prominently posted on the facilities and programs web site and available electronically from the web site.

2.1. The Director of Corporate Compliance and Risk Management will promptly revise the Privacy Notice form whenever there is a material change to the uses or disclosures, the customer's rights, the WMCMH legal duties, or other privacy and security practices described in the original Privacy Notice. Except when required by law, a material change to privacy practices will not be implemented prior to the publication date of the revised Privacy Notice. WMCMH will retain copies of the Privacy Notice issued for a period of at least six years from the later of the date of creation or the last effective date and retain documentation of individual's acknowledgment of receipt, or refusal to acknowledge receipt, of the Privacy Notice for a period of at least six years.

3. All WMCMH consumers entering services and upon annual review will be offered/provided a Notice of Confidentiality of Alcohol and Drug Abuse Customer Information as required by 42 C.F.R. An acknowledgement of this notice will be addressed in the Initial and Annual Consent for Services and Agreement to Pay form (#CR001).

4. When an electronic health record is closed (discharged):

   4.1. The Discharge Summary will contain:
   - Date of admission
   - Description of services provided
   - Identify the presenting problem
   - Describe the extent to which established goals and objectives were achieved
   - Reasons for discharge
   - Identifies the status of the person served at last contact
   - Lists recommendations for services or supports
   - Date of discharge
   - Include information on medication(s) prescribed or administered, when applicable
   - Provide necessary notifications

   4.2 A copy of the Discharge Summary will be sent to the primary care physician if there is a valid release of information on file.

   4.3 Every effort will be made to obtain the signature of the individual served/ guardian on the Discharge Summary and a copy of the Discharge Summary with necessary notifications will be provided. If the consumer contact resulted in the consumer not being referred in for WMCMH services, the file will be opened and closed immediately.

5. The Electronic Health Record will be arranged according to the WMCMH R3 Chart Links.

VII. SUPPORTING DOCUMENTS:

Please refer to:
Consent and Agreement to Pay for Services (WMCMH Form CR001)
Consent to Share Behavioral Health Information : Consent (R3)
Summary of Privacy Practice (WMCMH Form CR056A)
Notice of Privacy Practice (WMCMH Form CR056)
Confidentiality of Alcohol and Drug Abuse Consumer Information (WMCMH Form CR164)

VIII. POLICY/PROCEDURE REVIEW:

REV#	APPROVED BY	Policy/Procedure	DATE
			10/2007
			08/2015
			09/2016
			04/2019
2	UM/UR	Title Changes	07/2021

***Board Approval Date**: 05/22/2003*

IX. **CHIEF EXECUTIVE OFFICER ENDORSEMENT:**

I have reviewed and approved of policy # 2-2-2 Revision # 2.

CEO: Lisa A. Williams Approval Signature:_____