	Clinical Records Elements and Organization			
	Chapter:	Board Services and Program Administration	Policy #	2-2-2
	Section:	Assessments, Service Planning and Documentation	Revision #	4

- 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:**


Assessment – Refers to the process of identifying a child’s specific strengths, developmental needs and desires for service. This should include: Identification of the child’s present developmental level, health status, and where possible, the cause of the disability. Areas for assessment should be determined by the expressed needs and desires of the child and his or her family; and the environmental conditions that would facilitate or impede the child’s growth, development and performance.

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.

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.

IPOS: The IPOS includes a treatment plan and a support plan, or both. The treatment plan sets measurable goals with the recipient, and the IPOS must identify services, supports, and treatment as desired or required by the patient. The IPOS also includes the expected start date for authorized services, and the amount, scope, and duration of each service. The beneficiary must receive a copy of their IPOS within 14 days.

Screening: The purpose of the Screening Document is to record why the person is contacting WCMH. It functions as a clinical screening tool, collects required data elements, and demonstrates to the reader the rationale for the clinical decision that was made. The screening documents if the consumer is eligible for a CMH Assessment. It includes a clear description of the consumer’s presenting problem, urgency of request, determination of care eligibility for an assessment, identifies any specific referral source, if applicable, information about the individual’s personal representative, guardian, payee, and a confirmation of insurance benefits if any.


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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 CRMP_F_09_Summary of Privacy Practices) and the full Notice of Privacy Practice (CRMP_F_08_Notice of Privacy Practices) 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

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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.
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: Consent R3 CR001

Consent to Share Behavioral Health Information : Consent R3


Summary of Privacy Practice: CRMP_F_09_Summary of Privacy Practices)

Notice of Privacy Practice: CRMP_F_08_Notice of Privacy Practices

Confidentiality of Alcohol and Drug Abuse Consumer Information: (R3 CR164

VIII. **POLICY/PROCEDURE REVIEW:**

REV#	APPROVED BY	Policy/Procedure	DATE
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			10/2007
			08/2015
			09/2016
			04/2019
2	UM/UR	Title Changes	07/2021
2	UM/UR	Annual Review	10/2022
3	UM/UR	Procedure	08/2023
4	UM/UR	Definition	8/2024
Board Approval Date: 05/22/2003			

IX. **CHIEF EXECUTIVE OFFICER ENDORSEMENT:**

I have reviewed and approved of policy # 2-2-2 Revision # 4.

CEO: Lisa A. Williams Approval Signature: _____