



BHRS DAY TREATMENT PROGRESS NOTES
Daily Progress Notes
Weekly Progress Notes



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BHRS Day Treatment Progress Notes

There are 2 types of structured Day Treatment programs:

Day Treatment Rehabilitation and Day Treatment Intensive

Day Treatment Rehabilitation

- Structured program of rehabilitation/therapy.
- Requires **authorization at least every (6) six months**; a prior authorization request is required if day rehabilitation is provided for more than 5 days/week.
- **Additional authorization for Mental Health Services is required**; submit this request/authorization on the same cycle when/as you submit your request/authorization for day treatment service.
- **Purpose** of Day Treatment Rehabilitation Service is to **maintain individual in community**- to improve, maintain or restore personal independence/functioning consistent with learning/development and enhanced self sufficiency.
- Services are focused on delayed personal growth/development; may be integrated with education program.
- Provided as **HALF DAY** program- available **at least 3** hours each day program is open; client **MUST attend more than half** the day treatment day in order to claim the service.
- Provided as **FULL DAY** program- available for **OVER 4** hours each day; client **MUST attend at least half** the day treatment day in order to claim for day treatment services.
- **Individual Therapy IS INCLUDED, MUST NOT be billed separately.**
- **Medication Support NOT INCLUDED, MAY be billed separately.**
- **Documentation includes Daily Note and Weekly Summary.**
- **Weekly Summary can ONLY BE SIGNED BY: LPHA (MD, RN, and/or Licensed/Registered/Waivered Psychologist, Clinical Social Worker, MFT).**
- **MUST** have contact with client's family at least once per month, contact is documented in a progress note.
- Must keep an attendance log to verify the client's hours of attendance.

Day Treatment Intensive

- Structured multi disciplinary program as **alternative to hospitalization, to avoid placement in more restrictive setting/out of home placement.**
- Requires **authorization at least every (3) three months**; prior authorization request is required if day intensive is provided for more than 5 days per week.
- **Additional authorization for Mental Health Services required**; submit this request/authorization on same cycle when/as you submit your request/authorization for day treatment service.



- **Purpose** of Day Treatment Intensive is to maintain individual in community- assist individual to gain social/functional skills necessary for appropriate development/social integration. Focused on delayed personal growth/development; may be integrated with education program
- Provided as **HALF DAY** program- available **at least 3** hours each day program is open; client **MUST attend more than half** the day treatment day in order to claim the service
- Provided as **FULL DAY** program- available for **OVER 4** hours each day; client **MUST attend at least half** the day treatment day in order to claim for day treatment services
- **Individual Therapy IS INCLUDED, MUST NOT be billed separately**
- **Medication Support NOT INCLUDED MAY be billed separately**

Day Rehabilitation/Day Intensive Documentation Requirements - Daily Note

Daily Day Treatment Progress Notes describe:

Client symptoms, Behaviors, Strengths,
Staff Interventions to Address Behaviors,
Client Response to Interventions,
Progress or lack of toward meeting Goals/Objectives and
Any significant changes in Client Status.
BE SURE TO DOCUMENT ANY CONTACT WITH FAMILY MEMBERS.

Day Rehab/Day Intensive Documentation Requirements - Weekly Summary

Weekly Summary Progress Notes describe:

Client behaviors during the week,
Staff Interventions
Client Response to Interventions
Plan for Ongoing Services
Case Management Activities and/or Collateral Services provided
Contact with Family at least once per month

⚠ IMPORTANT Please NOTE:

Weekly Summary may **ONLY BE SIGNED BY: Licensed Practitioner of the Healing Arts (MD, RN, and/or Licensed/Registered/Waivered Psychologist, Clinical Social Worker, MFT).**

There MUST be contact with client's family at least once per month and this contact is documented in a progress note.

Must keep an attendance log to verify the client's hours of attendance.



For both Day Treatment Rehabilitation and Day Treatment Intensive - **DO NOT** claim a Mental Health Service if it occurs during the same time the Day Treatment service has been claimed or if the Mental Health Service is provided by a staff person who has been calculated as part the Day Treatment staffing ratio.

Day Treatment programs may provide only 1 FULL day or 2 HALF days of Day Treatment Rehabilitation.

A client cannot attend two (2) half day programs on the same day.

Service Charge Code 1070 is used to indicate the client is ABSENT from Day Treatment

BHRS DAY TREATMENT DAILY PROGRESS NOTE

PATH Avatar CWS→ Progress Notes→ Day Trt Notes→ Day Trt Daily Note

Screen Shot of Day Treatment Daily Progress Note – Tab1/Page 1

⚠ IMPORTANT Please NOTE: Use the same Avatar Daily Note for either Day Treatment Rehabilitation or Day Treatment Intensive



Descriptions of the BHRS Day Treatment Daily Progress Note – Tab 1/Page 1

Day Treatment Daily Note: (A) only 1 tab that includes 3 pages.

Page 1: (B) This is the Service Information Page.

Select Client: (C) Name, MR #; click process search, select correct client name, client name populates in blue bar.

Select Episode: (D) ONLY select the Day Treatment episode from the drop down list.

Progress Note for: (E) Select New Service.

Practitioner: (F) Enter Practitioner Name, click process search, select practitioner, practitioner name populates in blue bar.

Week of Service: (G) Use the Monday Date of the week you are writing the note for.

Date of Service: (H) Enter the actual date of your daily note.

Service Program: (I) Select the correct program from drop down.

Location: (J) Select the correct Location of the service from the drop down list.

Service Charge Code: (K) Enter letters/numbers of correct service charge code, click process search, select the correct code, it will populate the blue service charge code/type box:

***1081 Day Treatment Intensive Half Day *1091 Day Treatment Rehabilitation Half Day**

***1070 Absent**

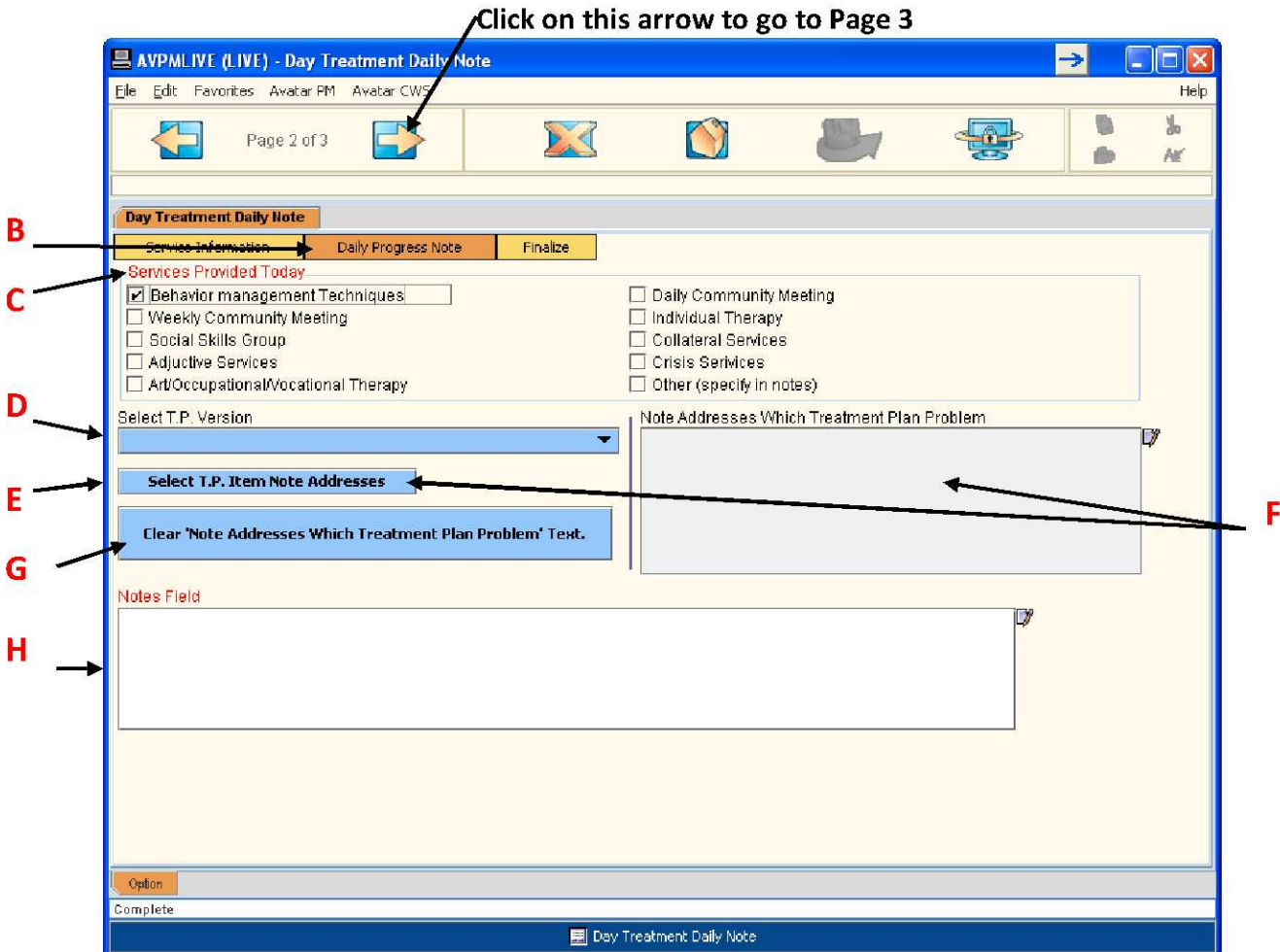
***1085 Day Treatment Intensive Full Day *1095 Day Treatment Rehabilitation Full Day**

Service Duration: (L) Enter the correct Duration/Length of the service in minutes.

Select Draft Note to Edit: (M) ONLY select this field if you are working on a Day Treatment Daily Note you previously saved as DRAFT. (In the field, *Progress Note for:* Select Existing Service instead of New Service.)



Screen Shot Of Day Treatment Daily Progress Note – Tab1/Page 2



Descriptions of the BHRIS Day Treatment Daily Progress Note – Tab 1/Page 2

Page 2: (B) Daily Progress Note Page

Services Provided Today: (C) Select at least one checkbox.

Select Treatment Plan Version: (D) Select from drop down.

Select Treatment Plan Item Note Addresses: (E) Allows you to select the barrier(s) from the Plan selected in (D) that you want the Daily Day Treatment Note to address.

Note Addresses Treatment Plan Barrier: The barrier you selected will populate the read only box to the right, Note Addresses which Treatment Plan Item (F).



Clear Note Addresses which Treatment Plan Problem Text: (G) clears information in box (F).

Notes Field: (H) This is a free text box; the text editor will expand the view of your documentation. There is no template for the Day Treatment Daily Note, please refer to Page 5 for the daily note documentation requirements.

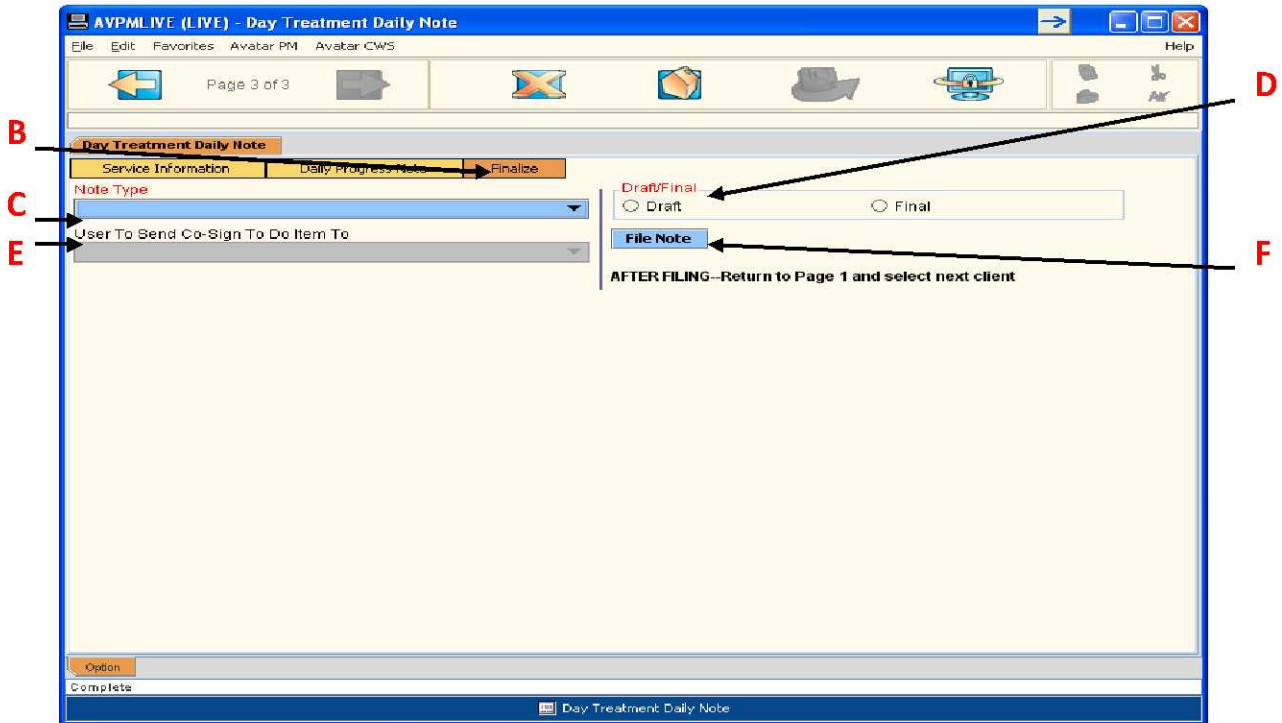
! **IMPORTANT Please NOTE:** If there is **NO treatment plan to select from, write the progress note for the service provided BUT inform your supervisor AND update/create the treatment plan ASAP.**

This section of the progress note that includes (D), (E), and (F) are intended to be the prompts to **promote continuity between the treatment/plan of care** (what was identified and agreed to by the client as a problem/barrier and/or goal/objective) **with the services that are being provided and documented in a progress note.**

Progress notes should reflect a treatment plan item, or, in other words, if an item is current and included on the treatment plan it must be addressed in a progress note. Conversely, if an item is documented in a progress note but is not included in the treatment plan, the treatment plan should be updated to include the item being addressed in the progress note. There should be some consistency between progress note documentation and items in the treatment plan of care.



Screen Shot of Day Treatment Daily Progress Note – Tab1/Page 3



Descriptions of the Day Treatment Daily Progress Note – Tab 1/Page 3

Page 3: (B) Finalize Page



Note Type: (C) Select from 6 types of notes, 3 types require a Co-Signature and 3 types do not. Generally, standard note is selected.

The note types allow clinicians to indicate when a note should be restricted and to allow for the tracking of disclosures. Notes in the drop down that are numbered 1, 3 and 5 do NOT require supervisor co-signature. Please click on the light bulb next to Note Type for definitions and use.

(1) BHR8 STANDARD NOTE - Generally this is the type of progress note for documenting most services.

(3) RESTRICTED - NOT FOR DISCLOSURE WITHOUT A CLIENT CONSENT - Cannot Be Disclosed unless there is a RELEASE/CONSENT from the CLIENT. Selecting this type for a progress note means information will be restricted and the clinician/clinical team will review and determine if release is necessary and if so, get a release from the client.

(5) DISCLOSURE WITHOUT CONSENT/NOT TREATMENT - Can be disclosed without a client release/consent; note does not contain restricted information or information related to Treatment/Payment or Operations.

The same definitions will apply to the note types numbered 2, 4 and 6 except that these notes are selected if a supervisor Co Signature is required.

Draft/Final: (D) Select either DRAFT or FINAL.

Draft to edit at a later time.

Final to submit as Final, **NO FURTHER CHANGES TO THE NOTE ARE POSSIBLE.**

Send to (for Co-Signature Only): (E)

This is a drop down box where the name of the supervisor/staff person responsible for Co-Signing the progress notes will populate in the blue field. The SEND TO box gets activated by the NOTE TYPE selection (if requires Co-Signature) and the scope/privileges that were set up when the clinician was first hired.

File Note: (F) On this document, this is how the note gets **SAVED/SUBMITTED/FILED.**

After FILING you can return to **Page 1** and select the next client and write the daily day treatment note.



BHRS DAY TREATMENT WEEKLY SUMMARY NOTE

PATH: Avatar CWS→ Progress Notes→ Day Treatment Notes→ Day Treatment Weekly Summary

Screen Shot of Day Treatment Weekly Summary Note – Tab1/Page 1

A TESTONE, TEST (000930000) Episode: 16 Date Of Birth: 05/12/1962, Sex: Male

B Summary for the Week of (use Monday date)

C Weekly Summary

D View Daily Notes

E Send To (for co-signature only)

F Status

- Draft
- Final
- Pending Approval

G SUBMIT button

***Use the same Weekly Summary for Day Treatment Rehabilitation or Day Treatment Intensive**



Descriptions of the Day Treatment Weekly Summary Note - Tab 1/Page 1

Weekly Summary: (A) 1 Tab/1 Page

Summary for the Week of: (B) Select the Monday date of the week that your note is summarizing. For example: The client attended Tuesday 11/8, Wednesday 11/9, Thursday 11/10 and Friday 11/11. The date you would enter for your Weekly Summary would be 11/7/xx (the Monday date).

Weekly Summary: (C) this is a free text box for you to write your note, there is no template for the Weekly Day Treatment Summary but you can view the Daily Day Treatment progress notes through (D) View Daily Notes. These notes can provide a reference of the client's progress or lack of as documented daily within the same week. Please refer to Page 5 for the Weekly Summary documentation requirements.

View Daily Notes: (D) When you click on the blue box to view daily notes, a report is generated that shows all the Daily Notes written during the same week. The Daily Note Report is through the Crystal report application. You may need to answer 'Yes' when asked to download the report from the server.

Send To: (E) This is a drop down box where the name of the supervisor/staff person responsible for Co-Signing the Weekly Day Treatment Summary progress note will populate in the blue field. The SEND TO box gets activated if the person writing the note requires a Co-Signature. The scope/privileges that were set up when the clinician was first hired determine if co-signature is required. The Weekly Day Treatment Summary must be signed by a LPHA.

Status: (F) Select DRAFT or FINAL
PENDING is an option for the Weekly Summary note when a co-signature is required. **The Day Treatment Weekly Summary MUST be signed/co-signed by a Licensed Practitioner of the Healing Arts.**

Submit: (G) SUBMIT your note.