Clinical Record Keeping: Charting New Courses

The purposes of clinical records are kept to:

1) support our care for our clients,
2) coordinate care with other professionals &
3) protect us in case our services are challenged.

Records must:

- Have sufficient content,
- Be legible and
- Be maintained safely for an
- Adequate period of time (CA: 7 years, and at least to the age of 25 years)

Clinical Records Stakeholders;

- CA Law/Board of Psychology
- APA Ethical Principles of Psychologist and Code of Conduct
    - Note Section 6.01
- APA Record Keeping Guidelines
    - Main event is Guideline 2
- Insurance Companies (see below)
- CMS (Centers for Medicare and Medicaid Services)
- BOP
- Courts

Sufficient Content:

- What is the problem and the plan? (On intake, and for changing treatment goals. Paired with very simple Treatment plan, e.g. CBT for X)
- What did I do and how did the client respond?
- Are they getting better?
- What's next? (Anthem Blue Cross wants Prognosis)
- And checking the boxes on YOUR checklist: Did homework? Complying with medicine? Safety check? Accessing community resources?

Business and Professions Code §2936 Identifying APA Ethical Code as the CA standard of care
Business and Professions Code §2919 Identifying obligation to retain records seven years or seven years past 18 years of age, whichever is longer

APA & "Lean Charting"
APA Article on Inovalon Risk Adjustment Audits (10/14)
APA & CPA Counsel to CA Psychologists re: Risk Adjustment Audit Record Requests (10/16)

Insurance charting expectations:
CMS/Medicaid Requirements, Optum Behavioral Health Treatment Record Documentation Requirements, Optum Case Management Record Audit Tool, Value Options Chart Audit Tool

Behavioral Health EHRs:
ICANotes, TherapyNotes, Kareo

Sample Intake Template

Date: ID: Marr.
Child.

Sx:
x__

What helps now?

MSE

Stressors

Precipitant

Hx:

Psych Rx
Meds
PCP/Last P.E.
Medical Hx
Legal/CD
Exercise
Diet

Fam

Supports

Notes:

Goal/Change

Assign

F/U?

Subsequent Mental Health Progress Notes

Patient Name: _____ **Date:** _____

Visit #: _____ **Treatment Modality**: ___90834 ___90847 ___90791___Other

Risk factors: **Suicidal**: ___None ___Ideation ___Plan **Homicidal**: ___None ___Ideation ___Plan
Self Injury: ___None ___Ideation ___Plan

Patient utilizing community resources? ___Yes ___No ___N/A

Patient completed homework assignment? ___Yes ___No ___Partially ___N/A

Psychotropic Medications: ___ Referral re: Medications Not Indicated ___ Medication Evaluation Pending

If prescribed psychotropics, patient reporting medication compliance? ___Yes ___No

Have there been any psychotropic medication changes since last visit? ___No ___Yes (list below)

MEDICATION	DOSAGE	FREQUENCY	PRESCRIBING M.D.

Problem #: _____

Status: ___Improved ___Unchanged ___Worse

Interventions:_____

_____

Patient Response:_____

_____

Problem #: _____

Status: ___Improved ___Unchanged ___Worse

Interventions:_____

_____

Patient Response:_____

_____

Referrals & Homework:_____

_____

Goal(s) for Next Session:_____

Comments:_____

_____

_____

GAF:_____

Next appointment: Date_____ Patient will call_____ Other _____

If this was the last visit, is aftercare plan needed? ___N ___Y (describe) :_____

_____

Provider Signature:_____ **License: Psychologist**