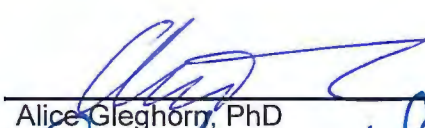
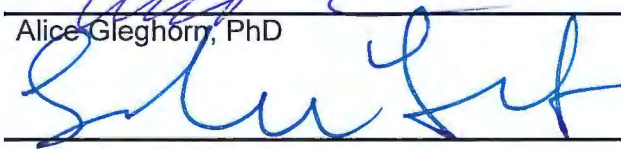


Programmatic Policy and Procedure



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

Section	Psychiatric Health Facility (PHF)	Effective:	10/12/2011
Sub-section	Administration		
Policy	Social Services Documentation Standards	Last Revised:	12/27/2016
Director's Approval	 _____ Alice Gleghorn, PhD	Date	2/8/17
PHF Medical Director's Approval	 _____ Leslie Lundt, MD	Date	2/8/17
Supersedes:	PP # 6.205 – Social Services Documentation Standards	Audit Date:	12/27/2019

1. PURPOSE/SCOPE

- 1.1. To ensure social service documentation completed by Psychiatric Health Facility (PHF) social workers meets all federal and state regulatory requirements, ethical standards, and best practices.
- 1.2. To establish streamlined and efficient documentation standards that promote optimal delivery of social services and continuity of care.

2. DEFINITIONS

The following definitions are limited to the purposes of this policy:

- 2.1. **Acute status** – when a patient's condition continues to (1) meet Medical Necessity criteria for diagnosis and/or treatment of a mental disorder in an inpatient setting, (2) acute treatment interventions have not been exhausted, and (3) no other less intensive level of care would be adequate.
- 2.2. **Administrative status** – when a patient's stay must be continued beyond the patient's need for acute psychiatric inpatient hospital services due to a temporary lack of residential placement options at non-acute residential treatment facilities.

3. POLICY

- 3.1. The PHF is committed to the delivery of comprehensive and effective social services that (1) support appropriate and timely assessment, (2) accurately reflect the patient's treatment goals, and (3) provide continuity and coordination of care through discharge planning.
- 3.2. Following the PHF's documentation standards, social workers must document all services rendered to patients in a consistent and timely manner.

4. SOCIAL SERVICE PROGRESS NOTE

- 4.1. Social workers will complete a *Social Services Progress Note* ([see Attachment A](#)) within the first 24 hours of a patient's admission. This applies only during regular business days (i.e. Monday through Friday).
- 4.2. The *Social Services Progress Note* will record the following information:
 1. Legal status.
 2. Summary of 5150 events that led to current admission.
 3. Initial clinical presentation at PHF.
 4. Documentation confirming contact with the outpatient case manager, psychiatrist and clinic supervisor.
- 4.3. Social workers will complete a *Social Services Progress Note* under the following circumstances:
 1. Within the first 24 hours of patient admission.
 2. In response to an unusual/unique event or occurrence.
 3. When a patient is discharged.

5. PSYCHOSOCIAL ASSESSMENT/DISCHARGE PLAN

- 5.1. Social workers will complete a *Psychosocial Assessment/Discharge Plan* ([see Attachment B](#)) for all patients that remain at the PHF up to and beyond 72 hours. This document must be present in the chart by the third day of the patient's hospitalization.
- 5.2. The *Psychosocial Assessment/Discharge Plan* will record the following information:
 1. The patient's identifying characteristics.
 2. Reason for admission.
 3. Psychiatric and medical history.
 4. The patient's social history, including family background/attitudes, living locations, childhood development, social relationships, education, employment and financial information, marital status and children, forensic history, cultural factors, sexual history/orientation, and spirituality.
 5. Social evaluation.
 6. Discharge plan.
- 5.3. If a *Psychosocial Assessment/Discharge Plan* was completed for a current patient who was previously admitted to the PHF within the last year, a *Psychosocial Assessment Update* ([see Attachment C](#)) may be completed and attached to the previous assessment.

6. **ACUTE STATUS PATIENTS**

- 6.1. If a patient is placed on acute status, social workers will complete the *Social Services Weekly Progress Note: Acute* ([see Attachment D](#)) within five (5) business days from the date of admission and on a weekly basis thereafter for as long as the patient is hospitalized.
- 6.2. The progress note will record the following information:
 1. Treatment plan problem.
 2. Recommendations and revisions to the treatment plan.
 3. The patient's clinical progress in treatment, including current mental status exam, behavioral incidents, changes in condition, frequency of attendance to groups, sleep patterns, updates to discharge/aftercare plans, and other therapeutic interventions used.
 4. Collateral contacts, including family members, significant support person(s), and the outpatient case manager.
 5. Current discharge plan.

7. **ADMINISTRATIVE STATUS PATIENTS**

- 7.1. If a patient is placed on administrative status, social workers will complete the *Social Services Weekly Progress Note: Administrative* ([see Attachment E](#)) within five (5) business days from the date of admission and on a weekly basis thereafter for as long as the patient is hospitalized.
- 7.2. The progress note will record the following information:
 1. The patient's psychosocial, clinical, and legal status.
 2. Discharge/aftercare/placement plan.
 3. Any obstacles that may impede plan implementation.
 4. Actions taken by the social worker to implement the plan and other relevant information.
- 7.3. Social workers are required to attempt a minimum of five (5) placement contacts per week. For each contact, social workers will document the following:
 1. Date of contact.
 2. Facility name.
 3. Facility type.
 4. The status of the placement option (i.e. accepted or rejected).
 5. Any relevant comments.
 6. The signature of the person making the contact.

- 7.4. When there are fewer than five (5) appropriate, non-acute residential treatment facilities available as placement options, and as a result fewer than five (5) placement contacts made, the *Administrative Day Waiver Request for Medi-Cal or Medi-Cal Eligible Patients* ([see Attachment F](#)) (hereafter “AS Waiver”) form must be completed. In no case will there be less than one (1) contact per week.
- 7.5. If there are fewer than five (5) placement contacts made, the *AS Waiver* is submitted to the Quality Care Management (QCM) division for authorization to waive the requirement of five (5) contacts per week. The form must be submitted by the end of the business day on Friday once patient’s status changes from Acute Status to Administrative Status.
1. All waiver documentation must include a rationale for the level of care recommended for the patient and appropriate placement options.
- 7.6. A new *AS Waiver* will be completed and submitted to reflect any changes made to the discharge plan regarding level of placement.
- 7.7. A *AS Waiver* is not required when a patient:
1. Does not have Medi-Cal;
 2. Will be returning home; or
 3. Does not have legal status in the United the States.

8. **DISCHARGED PATIENTS**

- 8.1. To ensure continuity of care, social workers will collect documentation (i.e. fax receipts, email confirmation) that confirms a discharge/aftercare plan was provided to post-hospitalization care providers. This documentation must be affixed to the patient’s discharge records.

REFERENCE

California Code of Regulations – Rehabilitative and Developmental Services
 Title 9, Chapter 11, Sections 1810.201, 1810.202, 1820.220(l)(5)(B), 1820.230

California Code of Regulations - Licensing and Certification of Health Facilities
 Title 22, Chapter 9, Section 77067

ATTACHMENTS

[Attachment A – Social Services Progress Note](#)

[Attachment B – Psychosocial Assessment/Discharge Plan](#)

[Attachment C – Psychosocial Assessment Update](#)

[Attachment D – Social Services Weekly Progress Note: Acute](#)

[Attachment E – Social Services Weekly Progress Note: Administrative](#)

[Attachment F – Administrative Day Waiver Request for Medi-Cal or Medi-Cal Eligible Patients](#)

ASSISTANCE

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REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
12/27/16	1.1	<ul style="list-style-type: none"> <li data-bbox="678 1236 1450 1308">• In Sections 7.4-.7.4, added waiver documentation requirements for Administrative Status patients.

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual’s preferred language or mode of communication (i.e. assistive devices for blind/deaf).