

Policy and Procedure	Date Issued 1/1/2010	Section Provider Network	Policy Number QA-3	Page 1
Milwaukee County Behavioral Health Division Community Services Branch	Date Revised 8/01/2012	Subject: Client Record / Documentation		

1. POLICY:

It is the policy of the Behavioral Health Division (BHD) Community Services Branch that Providers are responsible for maintaining a current, complete, and accurate client record. Providers must retain all documentation necessary to adequately demonstrate the time, duration, location, scope, intervention, and effectiveness of services rendered to a client. Providers are responsible for following all applicable case record and/or documentation requirements as specified by: the Wisconsin State Statutes and Administrative Codes, and the “Missed Appointment” Policy (revised August 2012).

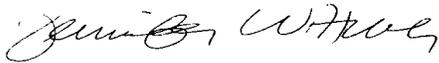
2. PROCEDURE:

- A. All Providers must maintain a client record for each client.
- B. Providers must ensure all client records are adequately safeguarded against destruction, loss, or unauthorized access or use.
- C. Client records, both current and discharged, must be accessible at any time for the purposes of audits / reviews by authorized representatives of the Milwaukee County Health and Human Services Department. Providers are required to produce paper copies of electronic records upon request.
- D. Providers that are utilizing electronic signatures must have established policies and procedures regarding the use and authentication of electronic signatures. These policies and procedures must be made available upon request. Providers are required to meet the following guidelines when using electronic signatures:
 1. The electronic signature of the performing provider must be under the sole control of that individual. Only the performer has the authority to use his or her electronic signature
 2. Documentation must show the electronic signature that belongs to each performer. For example, if a performer uses a number, the provider is required to maintain a confidential list that contains the performer’s name and corresponding electronic signature number.
 3. The following are examples of electronic signatures:
 - i. Typed Name- Performer may type his or her complete name.
 - ii. Number- Performer may type a number unique to him or her.
 - iii. Initials- Performer may type initials unique to him or her.
- E. All client-related activities and contact must be documented in the client record. Documentation reflective of service provision must be in the client record before a service is billed.
- F. Progress notes must include the name of the client, the date of service, times of session (**start and end time**), duration of session, location of service (e.g. office), summary of contact with the client, and Direct Service Provider’s signature (the individual actually providing the service). Each progress note must be signed separately with a handwritten or electronic signature. Progress notes must be kept in chronological order with the most recent progress note on top.
- G. Providers must follow all client record content and documentation requirements as specified by the Provider Network **Service Description** for each service provided to the client.

Policy and Procedure	Date Issued 1/1/2010	Section Provider Network	Policy Number QA-3	Page 2
Milwaukee County Behavioral Health Division Community Services Branch	Date Revised 8/01/2012	Subject: Client Record / Documentation		

- H. Providers are responsible to ensure adequate and accurate documentation is maintained in the client record per statutory requirements.
- I. ***For any services with an hour or ¼ hour billing units and Community Employment, Child Care, and Respite Care (billing by the day) ONLY***, documentation for each billing episode must include a progress note and client sign in sheet. This does not include Case Management Services. Sign in sheets must be used for each session with a client. **The client or caregiver (Child and Respite Care) must fill in the date of service, time in and time out of session; sign in the client signature space, and the type of service.** Agency staff is not allowed to enter the date of service, time in, time out of session or type of session on the sign in sheet. Failure to adhere to this will result in a fiscal disallowance for the service provided. A staff member of the agency must witness the signature and sign in the witness space. (See attached *sample* form) The sign in form used by the Provider agency must include all required elements (Service date, time in, time out, client signature, purpose of the session, and witness). Any pre-signing or unauthorized signing of the client sign in form is considered fraudulent and will be disallowed. The date and times on the progress note must match the date and times on the client sign in sheet.
- J. Failure to complete necessary documentation can result in recoupment of any payments made to a Provider.
- K. Urinalysis (UA) services must be documented and the documentation must include the date of service, time that it was completed, signature of the collector, and signature of the client.
- L. Records shall be retained for a minimum of seven (7) years after covered services have completed.

Attachment: * Sample - Milwaukee County SAIL Client Sign In Sheet

Reviewed & Approved by: 
**Jennifer Wittwer, Associate Director
 Adult Community Services Branch**

Policy and Procedure	Date Issued 1/1/2010	Section Provider Network	Policy Number QA-3	Page 3
Milwaukee County Behavioral Health Division Community Services Branch	Date Revised 8/01/2012	Subject: Client Record / Documentation		

MILWAUKEE COUNTY SAIL CLIENT SIGN IN SHEET

This sheet must be used for each session with a client. Client should complete the following: *Date, Time In and Out, and Client Signature*. Only one session box can be signed each time. Any Pre-Signing of the form is fraudulent.

Client's Name _____ ID Number _____

New Contact Information? Please provide your updated address and phone number:

Address: _____

Phone Number: _____

Date _____ Time In _____ Time Out _____ Client Signature _____ Purpose: (Circle One) Individual Group Family Other Witness: _____	Date _____ Time In _____ Time Out _____ Client Signature _____ Purpose: (Circle One) Individual Group Family Other Witness: _____
Date _____ Time In _____ Time Out _____ Client Signature _____ Purpose: (Circle One) Individual Group Family Other Witness: _____	Date _____ Time In _____ Time Out _____ Client Signature _____ Purpose: (Circle One) Individual Group Family Other Witness: _____
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