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MILWAUKEE COUNTY  
**DEPARTMENT OF  
HEALTH & HUMAN  
SERVICES**

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Owner Dana James:  
Integrated Services Manager  
Policy Area Wraparound (Wrap, REACH, youth CCS)-Prov. Netwk.

## #078- Provider Notes

### I. POLICY

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee (hereby referenced to as Wraparound Milwaukee) that all enrollee-related activities provided by Care Coordinators for CCS and other Providers, be documented in Synthesis (Wraparound Milwaukee's IT system). The Provider Note, as defined in Synthesis, consists of the date of the note, the "Note Type", a detail description of what occurred during the contact, and the author's signature.

### II. PROCEDURE

#### A. Provider Note Description

1. Provider Notes must provide a description of what occurred during the course of the contact (who was present and/or spoken to and their relationship to the youth, actual start time, actual end time, the content of the interaction/discussion, where the contact occurred, the type of contact (i.e., phone, face-to-face, written), an impression (if any) that the writer may have regarding the contact, the outcome of the contact/action plan, and next steps (i.e. next session date/time). Cutting and pasting note content from previous dates is prohibited.
2. Provider Notes must be written in a strength-based and professional manner and reflect progress or lack of progress toward the Plan of Care Need Statements, Family Vision and movement toward transition/disenrollment.
3. Provider Notes must be related to the Plan of Care (POC) in order to be a billable service.
4. Provider Notes must use the full names of the youth, family, and collateral contacts.

Avoid use of initials.

5. Provider Notes must only use those Abbreviations, Symbols and/or Acronyms referenced in the "Wraparound Milwaukee Symbols, Abbreviations & Acronyms" (see *Frequently Used Forms on the Provider Portal*).
6. Provider Notes are electronically signed by the author. For notes that are not electronically signed, the printed Provider notes must be signed with the full name (or a *minimum first initial and last name*) of the writer and the credential (i.e., M.A., B.A., etc.).
  - a. If the author of a Provider Note is not available to sign the Note (i.e., a *Staff unexpectedly leaves an Agency*), and that person cannot be located to acquire the signature, then it is permissible for the Supervisor or Lead to sign off on the Provider Note as follows: "Kathy Miller, MSW for John Jackson, BS". A Provider Note is to be entered in the chart by the Supervisor or Lead, indicating why the Provider Note was signed by someone other than the author.
7. All Provider Notes must be in Synthesis and finalized within ten (10) days of the contact. If the Provider Note references a crisis situation, all efforts should be made to complete within 48 hours of the incident. For other providers than Care Coordinators who have a specific policy that outlines their scope of work, please know your specific policy supersedes this policy in terms of the expected timeliness of provider note entry.
8. For all Providers (including Care Coordinators): When entering a Provider Note, a corresponding Service Authorization Request (SAR) must be selected, unless it is a service that cannot be billed for (this is also coded as "No Bill" under note type). It is the responsibility of the Care Coordinator to ensure that the appropriate SARs are kept current and active.
9. Billing must accurately reflect total time spent on an activity and must be justified within the note.
  - a. Providers and Care Coordinators can only document and bill for what is allowable under their service description and within a service specific policy if applicable.
  - b. For CCS Care Coordinators and Providers: The following activities are not billable, including but not limited to: Recreational activities (went to the beach and got food, had fun), Transportation without Service Provision, No Shows, Working with Synthesis team to have note redacted, etc.

#### **B. Per HIPAA Guidelines**

1. Any time protected health information about a youth/family is released (i.e., Plans of Care, Court information, Referrals, etc.), it must be documented in a Provider Note. The Provider Note must contain specific required information (see *Attachment 2- Sample Provider Note for Release of Information*) and must be coded as a "Release of Information" note type.

#### **C. Cutting and Pasting is Prohibited**

1. Cutting and pasting into Provider Notes is **NOT** permissible. The author of the Provider Note must **summarize** the content from the email, incident report, etc. within the text of the author's note. Be reminded that only factual information is to be referenced/summarized and one should refrain from using verbiage that may have expressed one's personal feelings.

#### D. Modifying / Deleting a Signed Provider Note

1. Once Provider Notes have been signed, the entry generally cannot be edited or deleted. However, edits can be made in the following instances:
  - a. **If an error is made in the Contact, Travel, or Documentation time information** on a Provider Note, you can click on the "Re-Open" tab and these fields will become editable. **Note text cannot be edited.** After making your changes, just click on "Update" to re-save the Note. The Note will become un-editable again. Users will only see the "Re-Open Note" tab for Notes dated within the past 30 days. Outside of 30 days, the writer will need to call the Synthesis Help Desk at (414) 257-7547.
  - b. **If an incorrect date was entered**, contact the Synthesis Help Desk. They will correct the date and put a notation in the record as to this change. If you re-enter and sign the note a second time – your initial note entry cannot be deleted.
  - c. **If an entry was made in the wrong client record**, you must: 1) re-enter the note under the correct client name; and 2) contact the Synthesis Help Desk to have the entry retracted from the incorrect file. This will "hide" that incorrect entry from all screens and from all reports. The Synthesis Help Desk will document this change on that hidden record.
  - d. **If an entry was entered with the wrong User ID** (*i.e., if someone forgot to re-log in under their own ID on a shared computer*), you must: 1) re-enter the note using the correct User ID; and 2) contact the Synthesis Help Desk to have the incorrect entry retracted from the file. This will "hide" that incorrect entry from all screens and from all reports. The Synthesis Help Desk will document this change on that hidden record.

#### E. CCS Billing for Supervision:

1. **Supervision- NON-BILLABLE:**
  - a. Administrative: Time spent with Care Coordinator or Provider reviewing cases, assessing performance, providing feedback, teaching and giving advice regarding the Care Coordinator or Provider's performance.
  - b. Clinical: Emphasizing improving the clinical skills of the staff person. Developing positive changes in performance through knowledge, attitude, and skill. Each staff member must have clinical supervision as outlined in DHS 36.11.
2. **Clinical Consultation- BILLABLE:** A meeting between the Mental Health Professional (MHP) and Care Coordinator where the Care Coordinator is speaking to the MHP as a member of the team. The MHP and Care Coordinator would need to document the

specific type of information that was exchanged. The MHP would need to assess the symptoms and medical necessity. The MHP **would need** to give the Care Coordinator specific advice or recommendation that would be rehabilitative in nature to the specific youth. This could occur in the context of individual or group supervision. Both the MHP and Care Coordinator can bill for clinical consultation.

**To Note: Clinical Supervision must be recorded on the CCS Supervision Log and Clinical Consultation can be recorded on the CCS Supervision log.**

**F. Provider Discharge Notes (non-Care Coordination):**

All discharges of an enrollee from programs and/or services must be documented. **A provider discharge note must be entered on or after the youth has been officially discharged from the program and/or service.** The date of the note does NOT have to be an actual contact with the youth, but a note solely for the purpose of discharging the youth.

**G. For Care Coordination Agencies ONLY:**

1. At minimum, a monthly Provider Note for CCS and a bi-weekly (at least every 14 days) Provider Note for CORE, documenting your face-to-face contacts (*or attempts to make a face-to-face contact*) with the family and the youth is required (see Wraparound Milwaukee Policy #032- Client Contact for more information).
2. When a Care Coordinator is on vacation, sick leave or a planned absence, a Provider Note referencing this must be entered. The Provider Note must indicate the dates the Care Coordinator will be gone, the name(s) of the person(s) who will be covering for him/her, and the coverage person's phone number. This Provider Note must be entered **prior** to the Care Coordinator going on leave, vacation, etc.
3. For CCS, there must be at least one Child & Family Team (CFT) meeting held every 90 days. For CORE, there must be at least one Child & Family Team (CFT) meeting held per month. This CFT meeting must be documented in a Provider Note (see Wraparound Milwaukee Policy #076- Team and Plan of Care Meeting Facilitation for more information). The Team Meeting/POC Note **cannot** be combined with any other type of Provider Note. **This Note type must stand alone.** A Family Team Meeting can be considered to be a Child & Family Team meeting and should be coded as such on the Provider Note. **When writing a CFT / POC Note, you must discriminate within the context of the Note whether it actually was a CFT or POC meeting.**

**H. For All Other Provider Agencies:**

1. For all Providers who have a specific policy that outlines their scope of work, please know your specific policy supersedes this policy. This policy is secondary **ONLY** to those providers who have a specific policy.

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## Attachments

[Attachment 1: Sample Provider Note](#)

[Attachment 2: Sample Release of Information Note](#)

## Approval Signatures

| Step Description | Approver                                                   | Date      |
|------------------|------------------------------------------------------------|-----------|
|                  | Michael Lappen: BHD Administrator [LO]                     | 1/24/2024 |
|                  | Brian McBride: ExDir2 – Program Administrator              | 1/23/2024 |
|                  | Dana James: Integrated Services Manager- Quality Assurance | 1/22/2024 |
|                  | Dana James: Integrated Services Manager- Quality Assurance | 1/22/2024 |

COPY

WRAPAROUND MILWAUKEE  
 Sample Provider Note Entry

**1. Date of Contact** → Form entered for: Erin Miller  
 Date of Contact: (mm/dd/yyyy)  
 Recipient: CCSTest .Enrollee  
 Contact Start Time: (hh:mm am/pm)  
 Contact End Time: (hh:mm am/pm)

**2. Type of Note** → Note Type: Collateral Contact, Consulting Psychologist/Psychiatrist, Crisis Stabilization, Crisis Supervision, Enrollee Contact, Family Contact, Meetings, No bill, No Show

**3. Contact Start and End Time** → Contact Start Time: (hh:mm am/pm)  
 Contact End Time: (hh:mm am/pm)

**4. Contact Location** → Contact Location: ---Select One---

**5. Service Type** → Contact Time  
 Travel Time  
 Documentation Time

**6. Total Hours** → Total Hours

**7. Discharge** → Is enrollee being discharged? Yes  No

**8. Note Text** → Service Discharge Reason: ---Select One---  
 Date of Discharge: (mm/dd/yyyy)  
 Provider Note Text  
 BODY OF NOTE

\* Enter numbers and decimal points; no text.  
 \*\* Use the minutes to hours conversion below.  
 1-6 m = 0.1 h      31-36 m = 0.6 h  
 7-12 m = 0.2 h      37-42 m = 0.7 h  
 13-18 m = 0.3 h      43-48 m = 0.8 h  
 19-24 m = 0.4 h      49-54 m = 0.9 h  
 25-30 m = 0.5 h      55-60 m = 1.0 h

1. Date of Contact – Date that the contact occurred.
2. Type of Note – Reflects the type of note to be entered.

Type of Note Definitions:

Collateral Contact – Any type of contact (text messages, emails, phone calls, and face-to-face) with COLLATERALS (i.e. service providers, school staff, friends).

- If you are having an email or text message conversation, you would consider only the time you spent on sending your communication as Collateral Contact. Receiving of communication (i.e. text messages, emails, voicemail) would be coded as “Other”.
- Residential/Group Home staff are NOT primary caregivers – Code as Collateral Contact
- If DMCPs IS guardian – code as Family Contact
- If DMCPs IS NOT guardian – code as Collateral Contact

Consulting Psychologist/Psychiatrist - ONLY for use by consulting psychologists/psychiatrists.

Crisis Stabilization (not used by Care Coordinators)- use for all Crisis Stabilization services provided, both reactive to crises and proactive prevention activities.

Crisis Supervision (not used by Care Coordinators)- use for the Tracking service, which is daily contact for a short-term period of time for the purpose of supervising extremely high-risk youth.

Enrollee Contact – ANY type of communication/contact (text messages to or sending of e-mails, phone calls, and face-to-face) with the identified enrollee.

Family Contact – ANY type of contact (text messages to or sending of e-mails, phone calls, and face-to-face) with the identified family members or primary caregiver (parent, guardian, foster parent).

- If the youth and family are seen together then both Note types would be identified.

Meetings (not used by Care Coordinators)- Used to document the monthly Child and Family Team meetings and/or Plan of Care meetings or other meetings in which the provider's attendance is requested, i.e., IEP meetings, staffings. The youth must be present.

No Bill (For CCS Only)- Including but not limited to:

- Filling information in the youth's medical record (Synthesis)
- Transportation without service provision
- Waiting in the lobby while the youth is in an appointment
- Recreational activities (cannot bill for "Went to the museum and had fun")
- Going to the youth/family's home and the youth/family are not there (No Show)
- When the monthly Child & Family Team meeting and/or Plan of Care meeting was attempted, but ended up not occurring for whatever reason.

No Show (not used by Care Coordinators or CCS Providers)- Use this code when no covered service was provided, i.e.- the youth was not available when the provider arrived at the place of contact.

Other – Use this code if the only service you are documenting is travel time, or another interaction that has not been previously identified in any other code (i.e., faxing, filing, completing SAR's, printing out paperwork, completing evaluation tools, dropping off documents, writing vacation/leave notes, when reading enrollment packet information on a new client, reading e-mails or texts and listening to voice messages – from enrollee/family or collateral, e-filing, Functional Screen, PPS, SIPS).

Recordkeeping – Use this code if the ONLY work the Care Coordinator/Screeener is engaging in is completing some form of documentation (i.e., writing a Court Letter, writing a Plan of Care, completing a Provider Referral, doing Change of Placements or Critical Incidents, Screening Tool etc.).

Release of Info – see Attachment 2 – Sample Provider Note for Release of Information. This code is used when written material is released from a enrollee's record or for disclosure of protected health information, such as sending Referrals to Providers. Note must include the following:

- The reason for the release, i.e. as part of ongoing treatment planning
- Who the information was released to, i.e. – name/agency, address or phone number
- What was released – i.e. – Plan of Care, Court Letter, etc.
- Consent vs. Release of Information
- Consent – the signed form giving permission to release something

Supervision/ Consultation – Supervision/ Consultation that the Care Coordinator/Screeener has with Care Coordination Supervisor/Lead, consulting Psychologist/Psychiatrist, Children's Community Mental Health Services and Wraparound Management, etc., that is client-specific. Include travel (if any) and documentation time for the contact.

- Note must include information on exactly what was discussed during consultation.
- For CCS Care Coordinators – the supervision must be clinical in nature. If regular supervision, should code as "No Bill"

Team Meeting/POC– (only for use by Care Coordinators) Used to document the monthly Child and Family Team meetings and/or Plan of Care meetings. Include travel time and documentation time for the meeting. This note type cannot be combined with other note types.

Travel (not used by Care Coordinators)- use this to bill for the amount of time traveled to and from where the service was offered.

3. Contact Start and End Time- This must be direct contact (i.e. phone call, face to face, video conference). Your contact starts at the time you begin contact with the enrollee and/or legal guardian. Contact ends when this contact is over. Travel and additional tasks should not be included in contact time.
4. Contact Location- Please choose the drop down that reflects where contact was made.
5. Service Type – Providers and Care Coordinators can only document and bill for what is allowable under their service description. Of your Total Hours reported, break down the number of Contact Hours, Documentation Hours, and Travel Hours provided. Time must be documented accurately and justified within the note.
  - a. **Contact**- Contact with the parent/guardian, enrollee (including face to face, phone, video)
  - b. **Documentation**- anything that is NOT direct contact is recorded here (i.e. filling out a referral, creating the POC)
  - c. **Travel**- the amount of time traveled to and from where the service was offered
6. Total Hours – The total amount of time documented in the Note. Total hours are automatically calculated.
7. Provider Discharge- All discharges of an enrollee from programs and/or services must be documented. **A discharge note must be entered on or after the youth has been officially discharged from the program and/or service.** The date of the note does NOT have to be an actual contact with the youth, but a note solely for the purpose of discharging the youth.
  - a. Ensure you select “without SAR” option.
  - b. Discharge Reasons Include:
    - No longer desires services: Youth indicated that they no longer want services.
    - Sent to corrections
    - Successful Completion: Needs were met as identified in the Plan of Care (POC).
    - Transferred to a Higher Level of Care: Youth was engaged in services and it was noted that their needs necessitated a move to a higher level of care.
    - Transferred to a Lower Level of Care: Youth was engaged in services and it was noted that their needs did not necessitate that level of care, thus they were moved to a lower level of care OR youth made progress in meeting their needs and was able to be transferred to a lower level of care.
    - Unable to Engage: Contact was never made or youth/enrollee consistently cancelled appointments/no shows/unresponsive to attempts made to provide services.
    - Youth has been missing from care
    - Youth moved
  - c. At times, the service is being provided to someone other than the enrolled youth. If that is the case, please select the appropriate reason for the service recipient.



## 8. Provider Note Text – The body of your Note.

### a. Documentation Basics:

- Ensure provider notes provide a description of what occurred during the course of that contact including: who was present and/or spoken to (and their relationship to the enrollee) the content of the interaction/discussion, where the contact occurred, any impressions that the writer may have regarding the contact, what was the outcome of the contact (action/plan).
- Next steps identified? (i.e. Meeting dates/times with family, phone call scheduling next meeting, etc)
- Notes should start with a plan and end with a plan.

### b. Professionalism:

- Notes shall contain strengths-based/recovery/rehabilitative language.
- Notes shall be written in a professional manner, including use of correct grammar and spelling.
- All acronyms, abbreviations, or symbols utilized in notes must be permissible.

# Sample Provider Note for Release of Information

|                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                               |   |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---|--------------------------|--------------------------|
| Form entered for:                                                                                                                                                                                                                                                                                                                                                                                                                                   | Laura Pittman                                                 | ▼ | Note Type:               | Enrollee Contact         |
| Date of Contact:<br>(mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                    | 1/11/2022                                                     |   | Multiple Types Permitted | Family Contact           |
| Recipient:                                                                                                                                                                                                                                                                                                                                                                                                                                          | CCSTest .Enrollee                                             | ▼ |                          | Meetings                 |
| Contact Start Time:<br>(hh:mm am/pm)                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |   |                          | No bill                  |
| Contact End Time:<br>(hh:mm am/pm)                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               |   |                          | No Show                  |
| Contact Location:                                                                                                                                                                                                                                                                                                                                                                                                                                   | Phone                                                         | ▼ |                          | Other                    |
| Contact Time                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0                                                             |   |                          | Recordkeeping            |
| Travel Time                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0                                                             |   |                          | Release of Info          |
| Documentation Time                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1.2                                                           |   |                          | Supervision/Consultation |
| Total Hours                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1.2 hrs                                                       |   |                          |                          |
| Is enrollee being discharged?                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes <input type="radio"/> No <input checked="" type="radio"/> |   |                          |                          |
| Service Discharge Reason:                                                                                                                                                                                                                                                                                                                                                                                                                           | ---Select One---                                              | ▼ |                          |                          |
| Date of Discharge: (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                               |   |                          |                          |
| <b>Provider Note Text</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               |   |                          |                          |
| <p>Care Coordinator (CC) completed documentation in the Plan of Care (POC) to reflect updates from POC meeting held on 1/10/2022.</p> <p>As part of ongoing treatment plan, a copy of the POC was given to the Ongoing Case Manager (OCM), Ms. Smith, via email (ms.smith@email.com).</p> <p>CC called Ms. Enrollee (mother) to inform her that the POC was completed and sent to Ms. Smith as discussed. CC will see family Tuesday at 1:00pm.</p> |                                                               |   |                          |                          |

\* Enter numbers and decimal points; no text.  
 \*\* Use the minutes to hours conversion below.

|                 |                 |
|-----------------|-----------------|
| 1-8 m = 0.1 h   | 31-36 m = 0.6 h |
| 7-12 m = 0.2 h  | 37-42 m = 0.7 h |
| 13-18 m = 0.3 h | 43-48 m = 0.8 h |
| 19-24 m = 0.4 h | 49-54 m = 0.9 h |
| 25-30 m = 0.5 h | 55-60 m = 1.0 h |

1. Note Type: “Release of Info”. More than one Note Type can be selected to reflect all relevant service types indicated in Provider Note Text. In this case, “Family Contact” and “Recordkeeping” should also be reflected to include the phone call to the mother and the documentation of POC.
2. Document your time as usual.
3. Within the body of the Provider Note, include:
  - a. Reason for the Release (i.e. As part of ongoing treatment plan)
  - b. Who the information was released to (i.e. name, role/agency, address and/or phone number)
  - c. What was released (i.e., Plan of Care, Court Letter, etc.)