



Progress Notes (Group and Individual)

The purpose of this desk reference is to provide guidance on how to complete the Progress Notes (Group and Individual) form.

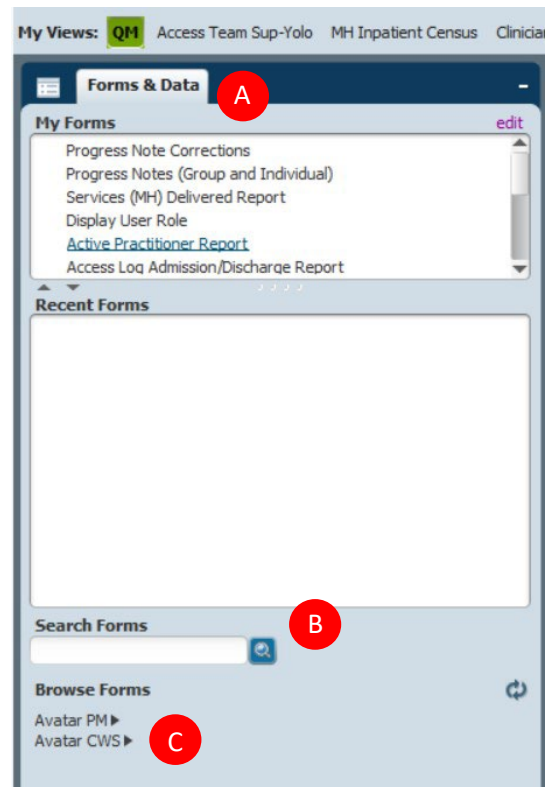
Details

1. The Progress note (Group and Individual) is used to document mental health and substance use services.
2. The Progress Note (Group and Individual) also creates the billing for the service, which is then billed to the appropriate financial party.
3. All fields highlighted “Red” are required and the form cannot be submitted until completed.
4. All non-required fields should be reviewed and completed when applicable.

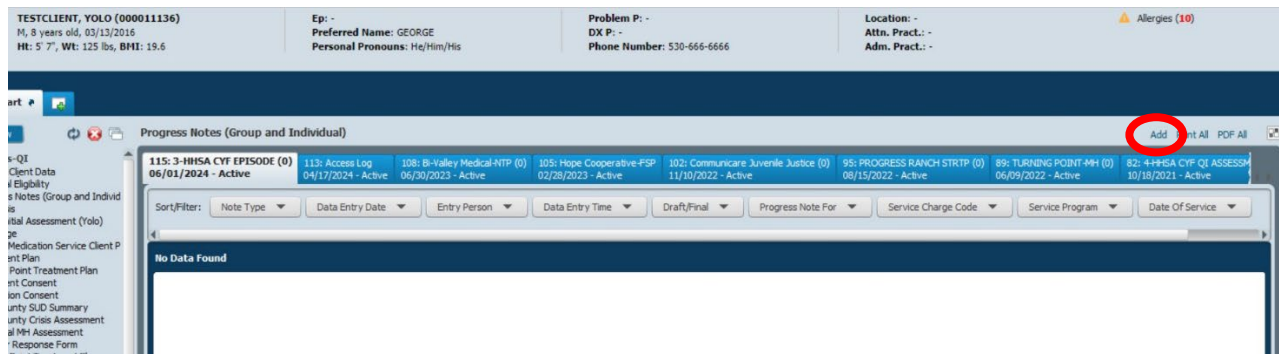
Menu Path

There are multiple ways to access the Progress Note form.

- A. Select the form within the Forms & Data Widget
OR
- B. Enter “Progress Notes (Group and Individual)”
under Search Forms
OR
- C. Use Menu path: Avatar CWS > Progress Notes >
Progress Notes (Group and Individual)
OR



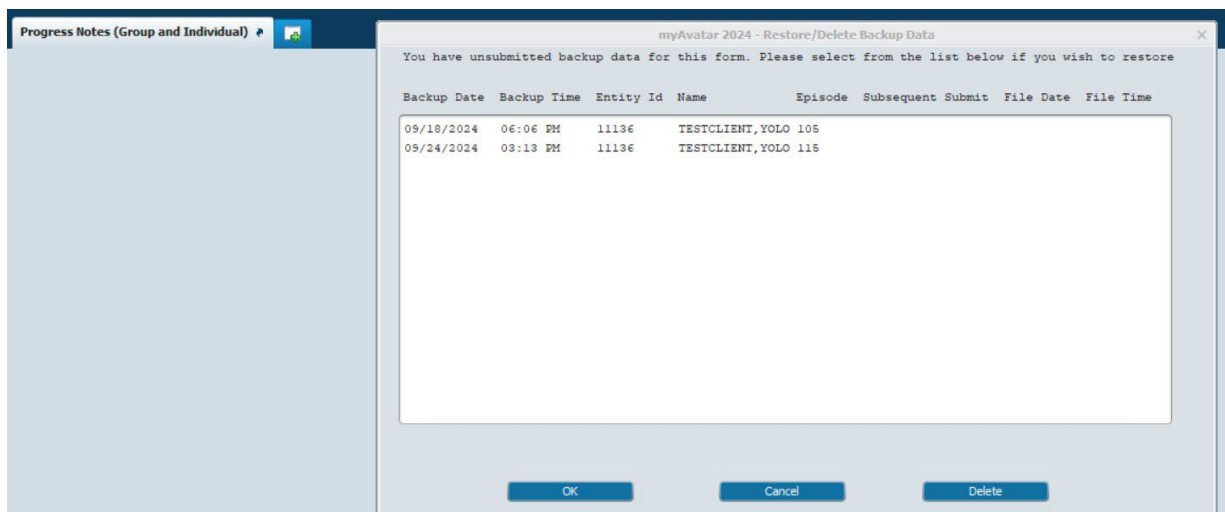
D. Open the client and add through the Chart View.



Steps

- Open the Progress Note (Group and Individual) form.
- If there is a Progress Note that was autosaved, a dialogue box will appear. The User should manage the items contained in this list.
 - If there is a note that needs to be utilized in this list, select the line item, and click “OK”.
 - If items are no longer required in this list, select item, and click on “Delete”.
 - If the User wants to bypass this message, click on “Cancel”.

NOTE: *Once a line item has been deleted, there is no way to retrieve it.*



1. In the “Select Client” field, enter the Medical Record Number (MR#) or the Client’s Name (Last Name, First Name).

NOTE: *This field may be auto populated depending upon the methodology used to access this form.*

The screenshot shows the 'Progress Notes (Group and Individual)' form. The form is divided into several sections. On the left, there is a sidebar with a 'Submit' button and a status bar indicating 'Autosaved at 3:09 PM Standardized Mental Health Diagnosis Online Documentation'. The main form area contains the following fields and controls, each with a red callout number:

- 1: 'Select Client' text input field.
- 2: 'Select Episode' dropdown menu.
- 3: 'Progress Note For' radio buttons for 'Existing Service' and 'New Service'.
- 4: 'Note Addresses Which Existing Service/Appointment' dropdown menu.
- 5: 'Select Draft Note To Edit' dropdown menu.
- 6: 'Date Of Service' date picker.
- 7: 'Practitioner' text input field.
- 8: 'Provider Classification' dropdown menu.
- 9: 'User To Send Co-Sign To Do Item To' dropdown menu.
- 10: 'Service Program' dropdown menu.
- 11: 'Service Charge Code' text input field.
- 12: 'Reason for Using an Unbillable Service Code' dropdown menu.
- 13: 'Reason For Other' text input field.

2. In the “Select Episode” dropdown, select the episode the User wishes to document the note under.

NOTE: *This field may be auto populated depending upon the methodology used to access this form.*

The close-up shows the 'Select Episode' dropdown menu. The selected episode is 'Episode # 21 Admit : 09/26/2022 Discharge : None'. The dropdown is currently open, showing the selected episode and a 'Program :...' dropdown. A red callout number '2' is positioned to the right of the dropdown.

- a. Once the client and episode have been selected, associated Diagnosis and Problem List information will display on the right of the screen.

The screenshot shows two panels. The top panel, titled "Diagnosis", contains a table with the following data:

Action	Type Of Diagnosis	Date Of Diagnosis	Primary
View	Admission	04/17/2024	Z03.89

Below the table are two buttons: "Open Record" and "New Record". A red circle with the text "2a" is overlaid on the table.

The bottom panel, titled "Problems", contains a list of 11 items:

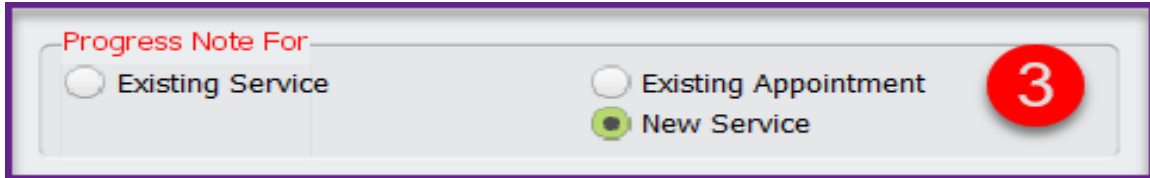
- 1 Generalized anxiety disorder (Class:MH Provider Setting (200))
- 2 Depressive disorder (Class:MH Provider Setting (200))
- 3 Post traumatic stress disorder (Class:MH Provider Setting (200))
- 4 Encounter for observation for other suspected diseases and conditions ruled out (Class:MH Provider Setting (200))
- 5 Crying in pediatric patient (Class:MH Provider Setting (200))
- 6 Substance abuse (Class:MH Provider Setting (200))
- 7 Drug-seeking behavior (Class:SUD Provider Setting (100))
- 8 AA (alcohol abuse) (Class:SUD Provider Setting (100))
- 9 Homeless (Class:MH Provider Setting (200))
- 10 Schizophrenia (Class:MH Provider Setting (200))
- 11 Cannabis use disorder, moderate (Class:MH Provider Setting (200))

- b. Diagnoses that were selected on the Diagnosis form to be included on the Problem List will appear under "Problems", while those not selected to include on the problem list will appear under "Diagnosis". This is a good opportunity for the user to review the information for accuracy and completeness, as missing or incorrect diagnoses create problems for claiming. If the diagnosis needs to be updated, you can go to the Diagnosis form from the hyperlink found at the top left of the Progress Note screen:

The screenshot shows the "Individual Progress Notes" form. On the left side, there is a sidebar with a "Submit" button and several icons. Below the icons, the text "Standardized Mental Health" is visible, with "Diagnosis" circled in red. On the right side, the form has a "Select Client" field with the value "TESTCLIENT,YOLO (11136)". Below that, there are radio buttons for "Progress Note For": "Existing Service", "Existing Appointment", and "New Service". At the bottom, there is a "Date Of Service" field with a calendar icon. A red circle with the text "2b" is overlaid on the "Diagnosis" link in the sidebar.

3. In the “Progress Note For” field, select “Existing Service,” “Existing Appointment,” or “New Service.”

NOTE: *This field may be auto populated depending upon the methodology used to access this form.*



Progress Note For

Existing Service

Existing Appointment

New Service

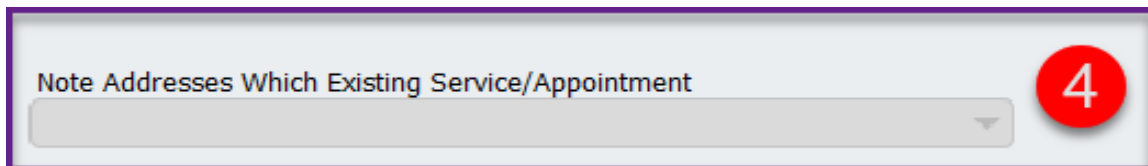
3

“New Service” is used to create a new client service and attach a progress note to it.

“Existing Service” is selected only when a service provider needs to complete or finalize a progress note that they previously saved in draft.

“Existing Appointment” is only used when Avatar scheduling functionality has been used to schedule the appointment, and the writer is the service provider who rendered the service. If this is not used as part of general workflow, leave this field blank.

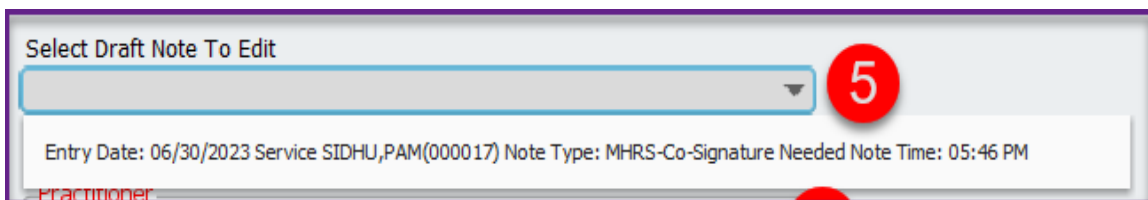
4. The “Note Addresses which Existing Service/Appointment” field becomes activated when “Existing Service” or “Existing Appointment” is selected on the “Progress Note For” field.



Note Addresses Which Existing Service/Appointment

4

5. To complete and finalize a note previously saved as a draft, select the note in the “Select Draft Note To Edit” field, otherwise, leave blank.



Select Draft Note To Edit

5

Entry Date: 06/30/2023 Service SIDHU,PAM(000017) Note Type: MHRS-Co-Signature Needed Note Time: 05:46 PM

Practitioner

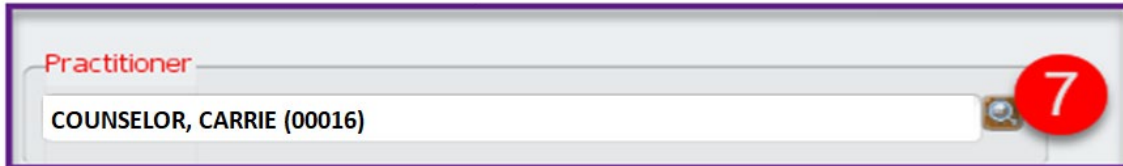
6. In the “Date of Service” field, enter the date the service was provided. You can manually enter this information in the MM/DD/YYYY format, use the small calendar icon to select a date from, or if you’re writing the note on the same day or the day after you provided the service, select the “T” button for today or the “Y” button for yesterday.

NOTE: Once this date has been submitted it cannot be changed and must go through a correction process to be changed.



The screenshot shows a form field titled "Date Of Service" in red text. Below the title is a date input field containing "07/06/2023". To the right of the date are three buttons labeled "T", "Y", and a calendar icon. A red circle with the number "6" is overlaid on the right side of the field.

7. In the "Practitioner" field, enter the practitioner's name or ID number



The screenshot shows a form field titled "Practitioner" in red text. Below the title is a text input field containing "COUNSELOR, CARRIE (00016)". To the right of the text is a magnifying glass icon. A red circle with the number "7" is overlaid on the right side of the field.

8. In the "Provider Classification" field, select the provider classification. Selections vary based on the user's credentials but may include Co-Signature and Non-Co-Signature selections.

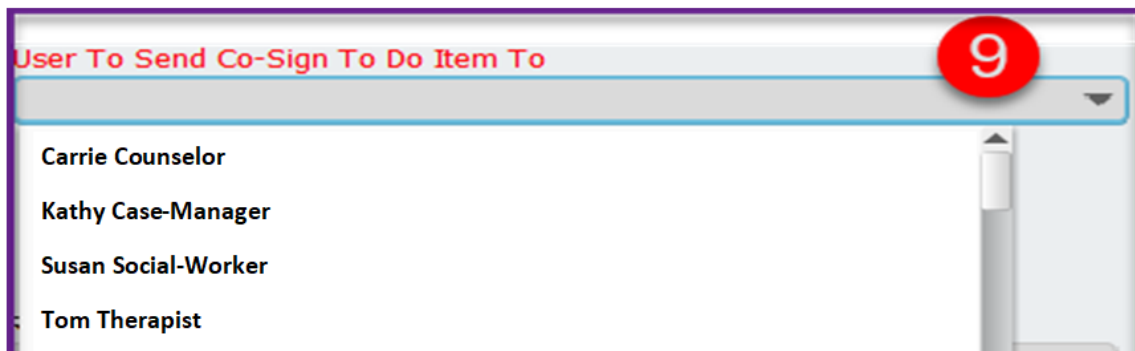
NOTE: If there is nothing available to select contact HHS Quality Management.



The screenshot shows a form field titled "Provider Classification (If Provider Classification is blank i.e., there is no selection available, contact HHSQualityManagement@yolocounty.org for further information)" in red text. Below the title is a blue dropdown menu. A red circle with the number "8" is overlaid on the right side of the dropdown.

9. If a Co-Signature is required, select the name of the user that needs to co-sign the note in the "User To Send Co-Sign To Do Item To."

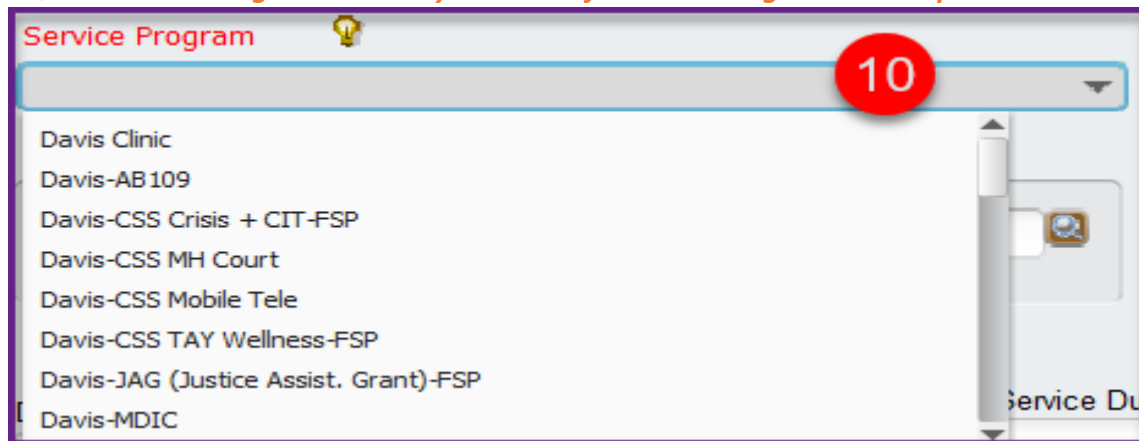
NOTE: This will become activated only when a "Requires Co-Signature" type is selected in the "Practitioner Classification" field.



The screenshot shows a form field titled "User To Send Co-Sign To Do Item To" in red text. Below the title is a dropdown menu with a list of names: "Carrie Counselor", "Kathy Case-Manager", "Susan Social-Worker", and "Tom Therapist". A red circle with the number "9" is overlaid on the right side of the dropdown.

10. Select the service program the User would like the note to be filed under in the “Service Program” field.

NOTE: *Service Programs are only available for those assigned to the Episode.*



11. Enter the service code number or code description in the “Service Charge Code” field then select the appropriate Service



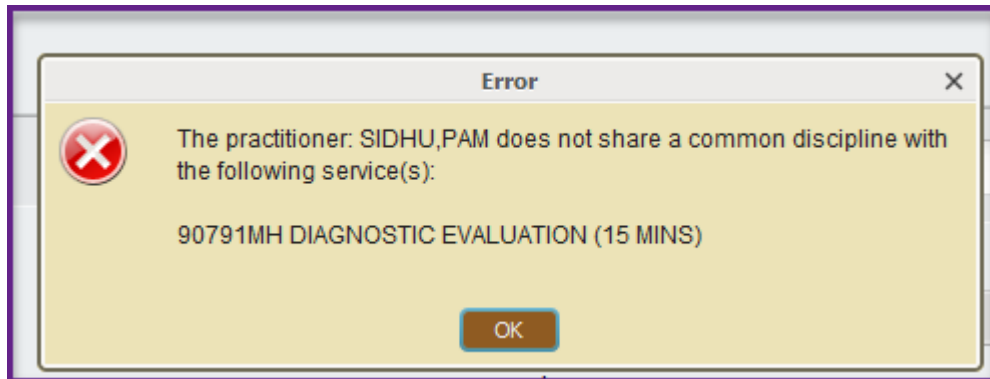
NOTE: Be sure to use the new codes implemented on 7/1/23 with payment reform. Most of these codes have the identifiers MH, MHEM, or MHGRP after the code, (e.g., 90791MH, 9083XMHEM, and H2017MHGRP) Please consult the current version of the **Approved Yolo County SMHS Codes** (aka the code sorter tool) to ensure you are selecting the correct code. The current code sorter tool can be found here: [Behavioral Health Quality Management | Yolo County](#). Additionally, the code sorter tool has information on the minimum time required to bill for the service and the maximum amount of time allowed.

In the screen shot above, the current codes displayed are all those that have **MH or MHEM** after the number. **These are the codes to be used for all services provided after 7/1/23.** You may

see old versions of codes (without MH or MHEM attached). These will remain in the system for a while until all services have been claimed and adjudicated. Please do not select codes without MH or MHEM attached for services after 7/1/23 as they will create issues with claims, leading to required corrections.

NOTE: *Service Codes are only available for those assigned to the Service Program.*

Service Code Errors: *If a user tries to select a service code that is not allowed under their scope of practice, the system will display the below error code.*



12. If using a non-billable code, you must select a “Reason for using Unbillable Service Code” from the available options listed in the drop-down menu. Please consult with a supervisor if you are unsure if the services you provided fall into one of these categories.

There are six reasons why a code might be non-billable. For example, a client is residing in a lockout setting at the time you provide the service. Another reason is that the time spent providing the service does not meet the minimum service duration requirements.

As of 7/1/2023, claims are based on units of service and each code has a minimum amount of time required to bill for one unit. If the time you spent providing the service does not meet the minimum time required to bill, you must use a non-billable (Y) code to document the service. Column D on the Codes tab of the code sorter tool shows the minimum time required to bill for the service

- a. For example, one unit of psychosocial rehabilitation is 15 minutes. If a provider renders 5 minutes of direct psychosocial rehabilitation service, the service does not meet the minimum time required to bill one unit so the service cannot be claimed using the billable service code. The non-billable code for rehabilitation (“Y-REHABMH”) would be selected, and the reason for using this would be “Does Not Meet Minimum Service Duration.”

NOTE: This field will only activate if a non-billable code is selected.

A screenshot of a dropdown menu titled "Reason for Using an Unbillable Service Code". The menu is open, showing several options: "Does Not Meet Minimum Service Duration", "Lock-Out Setting", "MHSA Funded", "Other Non Medi-Cal Funding", "Other", and "Staff Is Grant Funded". A red circle with the number "12" is positioned over the dropdown arrow. To the right of the menu, there is a label "n =" and a label "ct time".

13. If you choose "Other," the "Reason for Other" field will become required. Enter the reason for using an unbillable code.

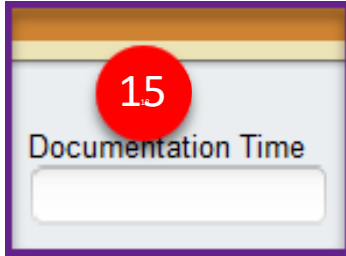
NOTE: Hover over the lightbulb for further information.

A screenshot of a text input field labeled "Reason For Other". A red circle with the number "13" is positioned over the input field. A lightbulb icon is located to the right of the input field, indicating a tooltip or help information.

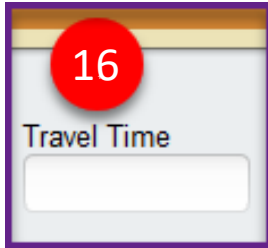
14. In the "Actual Service Time" field, enter the amount of time spent providing the service in minutes.

A screenshot of the "Progress Notes (Group and Individual)" form. The form is titled "Progress Notes (Group and Individual)" and has a "Submit" button. The form is divided into several sections: "Individual Progress Notes", "Standardized Mental Health Diagnosis", and "Online Documentation". The "Actual Service Time (Excluding documentation & travel time)" field is highlighted with a red circle and the number "14". Other fields include "Documentation Time" (15), "Travel Time" (16), "Billable Service Duration" (17), "Add-On Duration" (19), "Add-On Service" (18), "Save Add-On Service" (20), "Select Add-On Service Entry to Edit/Remove" (21), and "Remove Add-On Service" (22). A lightbulb icon is also present in the "Reason For Other" field.

15. In the “Documentation Time” field, enter the documentation time in minutes.

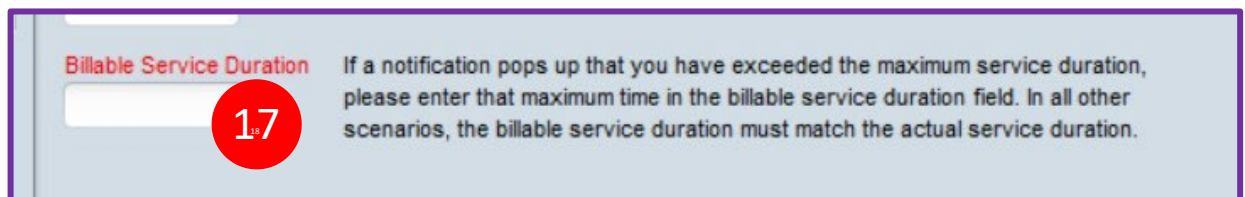
A screenshot of a form field labeled "Documentation Time". A red circle with the number "15" is overlaid on the top left of the field.

16. In the “Travel Time” field, enter the travel time in minutes.

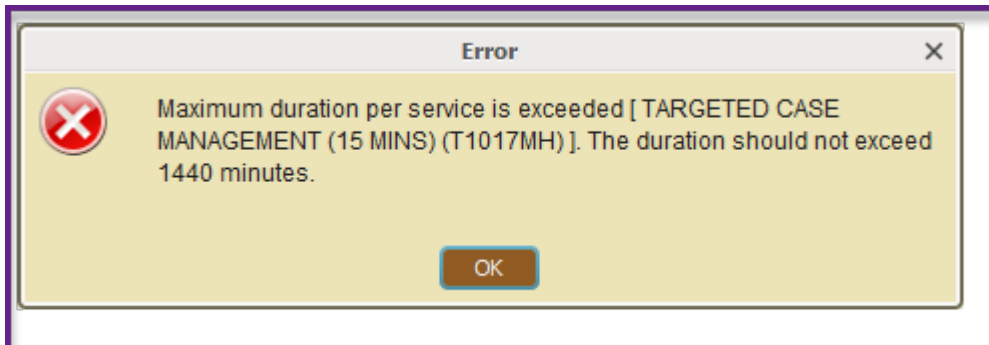
A screenshot of a form field labeled "Travel Time". A red circle with the number "16" is overlaid on the top left of the field.

17. In the “Billable Service Duration” field, enter the same amount of time you entered into the “Actual Service Time” field. **Do not add your travel and documentation time into the “Billable Service Duration” field.**

Avatar uses the time you enter into “Billable Service Duration” to calculate the number of units to bill. Therefore, it is important that this number be correct and represent the amount of time spent providing the service and should be exactly the same as your direct time. There is one exception, which is for instances in which your service time exceeds the maximum duration allowed to bill for the service. In that case, enter the maximum amount allowed into the field.

A screenshot of a form field labeled "Billable Service Duration". A red circle with the number "17" is overlaid on the field. To the right of the field, there is explanatory text: "If a notification pops up that you have exceeded the maximum service duration, please enter that maximum time in the billable service duration field. In all other scenarios, the billable service duration must match the actual service duration."

Duration Errors: *If a user tries to enter a duration over the maximum allowed amount the system will display the below error code.*

A screenshot of an error message dialog box titled "Error". The message reads: "Maximum duration per service is exceeded [TARGETED CASE MANAGEMENT (15 MINS) (T1017MH)]. The duration should not exceed 1440 minutes." There is an "OK" button at the bottom.

18. Beginning on 7/1/2023, add-on/supplemental service codes are available. These describe services that are performed in conjunction with the primary service by the same practitioner. They are performed in addition to another primary service and cannot be billed as a stand-alone service. These add-on codes allow for things like complexity in providing the service, using an in-person interpreter, or time spent after an appointment to explain results of tests or other procedures to family member or other responsible party. These add-on services are categorized as Supplemental Services in column B on the Codes tab in the code sorter.
- a. For example, an English-speaking provider conducts an individual therapy session with the client whose preferred language is Spanish and an interpreter is present to facilitate communication during the session. The provider would use the appropriate individual therapy code and the add-on code for “Oral/Sign Language Services (T1013MH).”

In the “Add-On Service” field, enter the appropriate add-on service code from the drop-down options. If no options are available, the User’s classification does not allow any add-on services with the primary service code selected under the “Service Charge Code”.

Service Charge Code
TARGETED CASE MANAGEMENT(15 MINS) (T 1017MH)

Reason
Reason

Direct Time 35 Documentation Time Travel Time Service Duration 35

Add-On Service (Review the "Available Service Codes By Staff" widget found on the right, prior to selection of Add-On's to ensure the classification allows use of the code)
ORAL/SIGN LANGUAGE SERVICES (T1013MH)

Add-On Duration

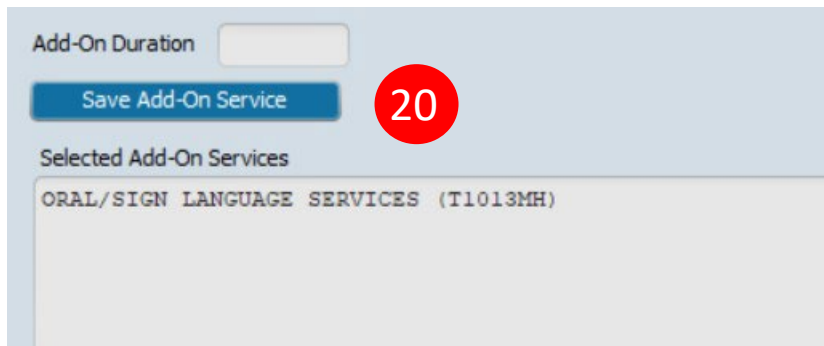
Save Add-On Service

19. In the “Add-on Duration” field, enter the duration of the service provided in minutes.

Add-On Duration 15

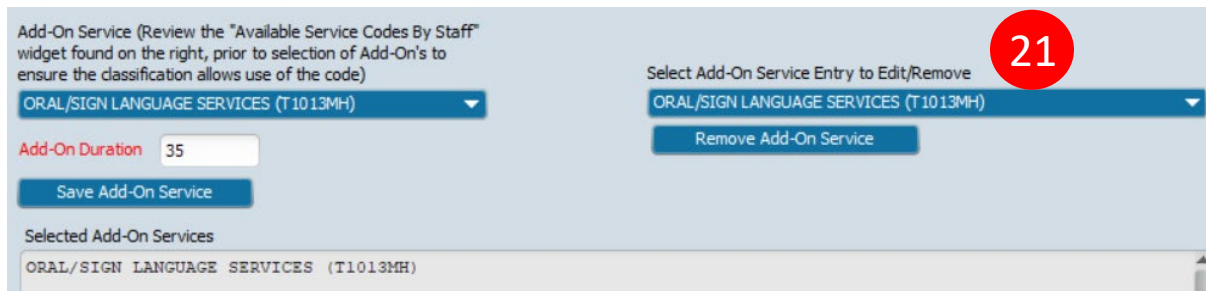
Save Add-On Service

20. Click on the “Save Add-On Service” to save the information. The information will appear in the “Select Add-On Services” dialogue box.



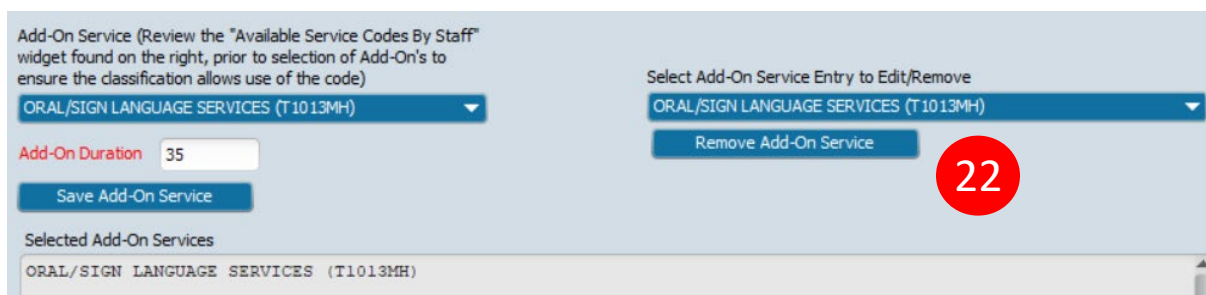
The screenshot shows a form with an "Add-On Duration" input field. Below it is a blue button labeled "Save Add-On Service", which is highlighted with a red circle containing the number 20. Underneath the button is a section titled "Selected Add-On Services" containing a list box with the text "ORAL/SIGN LANGUAGE SERVICES (T1013MH)".

21. If you need to edit or remove an add-on service, select the add-on line item in the “Select Add-On Service Entry to Edit/Remove” field. When selected, the information will populate into the “Add-On” fields to be able to edit the information.



The screenshot shows a form with two dropdown menus, both containing "ORAL/SIGN LANGUAGE SERVICES (T1013MH)". The right dropdown menu is highlighted with a red circle containing the number 21. Below the dropdowns is an "Add-On Duration" input field with the value "35". A blue button labeled "Remove Add-On Service" is positioned to the right of the duration field. Below the button is a "Save Add-On Service" button. At the bottom, a "Selected Add-On Services" list box contains "ORAL/SIGN LANGUAGE SERVICES (T1013MH)".

22. Click on the “Remove Add-On Service” button to remove the entry. This will result in the entry being removed from the “Selected Add-On Services” dialogue box.



The screenshot shows the same form as in step 21. The "Remove Add-On Service" button is highlighted with a red circle containing the number 22. The "Selected Add-On Services" list box at the bottom still contains "ORAL/SIGN LANGUAGE SERVICES (T1013MH)".

Place of Service Codes descriptions can be found by clicking on the link

Place of Service 23
 Phone(Srvc Codes starting with a letter)

Clients Preferred Language 24
 1-English

Service provided in clients preferred language? 26
 Yes No

Who provided the service in preferred language? 28
 Interpreter Treating Practitioner
 Language Line

Type of Progress Note (if applicable) 29
 Locus Peer Support Care Plan
 TCM Care Plan \$150/Additional Holds
 MHRS/Graduate Student Assessment

Face to Face with Client 30
 Yes No

Was service associated with a Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) service? 31
 Yes No

Late Progress Note 32
 Late Progress Note

Reason for Late Progress Note 33

Select location of client

Other Language 25

Reason Service Was Not Delivered in Preferred Language 27

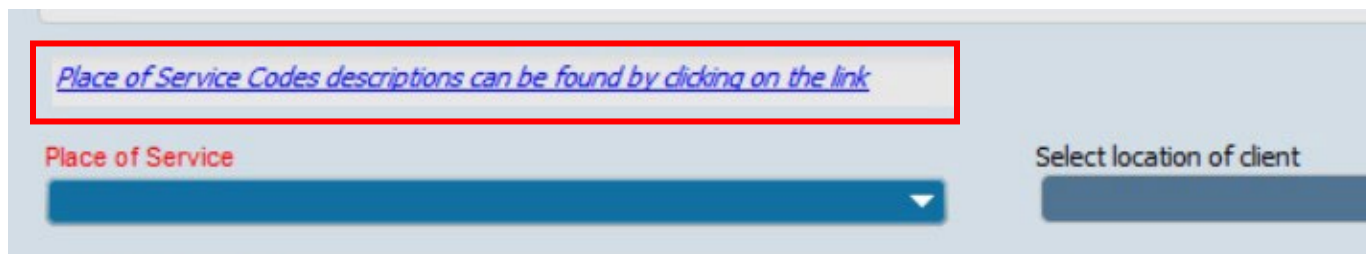
23. A. In the “Place of Service” field, select where the User rendered the service.

Phone services now have three options for the Place of Service field depending upon the type of service and location.

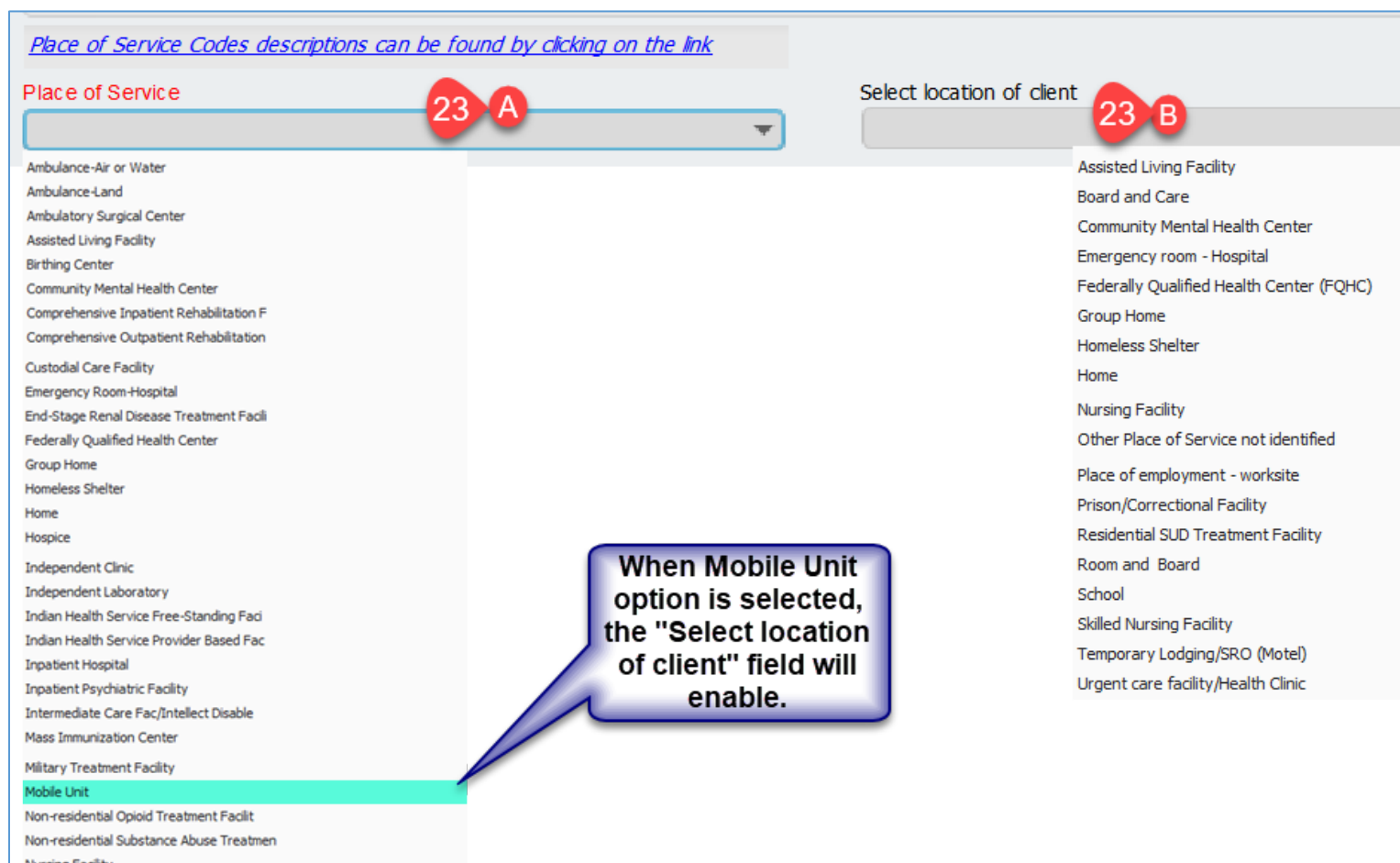
- a. If the code for the service provided begins with a letter, (e.g., H2017MH), and the service was provided by phone, select **“Phone (Srvc Codes starting with a letter)”**
- b. If the code for the service provided begins with a number, (e.g., 90791MH), and the service was provided by phone, select either **“Phone – IN clients home (Srv starts with #)”** or **“Phone -NOT in clients home (Srv start w/#)”** depending upon where the client was located during the service.

NOTE: *Be sure to check the code sorter to make sure the service you’re rendering can be provided at the location you choose. For example, 90839MH Psychotherapy for Crisis, can only be billed if the service is provided in person.*

NOTE: Click on the “Place of Service Codes descriptions can be found by clicking on the link” for further information. Staff should review the entire list of POS codes and use their best clinical judgment when selecting.



B. MOBILE CRISIS ONLY. When mobile unit is selected in the Place of Service field the “Select location of client” field will become available. Select where the client was located during the crisis service.



Place of Service Codes descriptions can be found by clicking on the link

Place of Service 23 A

Select location of client 23 B

- Ambulance-Air or Water
- Ambulance-Land
- Ambulatory Surgical Center
- Assisted Living Facility
- Birthing Center
- Community Mental Health Center
- Comprehensive Inpatient Rehabilitation F
- Comprehensive Outpatient Rehabilitation
- Custodial Care Facility
- Emergency Room-Hospital
- End-Stage Renal Disease Treatment Faci
- Federally Qualified Health Center
- Group Home
- Homeless Shelter
- Home
- Hospice
- Independent Clinic
- Independent Laboratory
- Indian Health Service Free-Standing Faci
- Indian Health Service Provider Based Fac
- Inpatient Hospital
- Inpatient Psychiatric Facility
- Intermediate Care Fac/Intellect Disable
- Mass Immunization Center
- Military Treatment Facility
- Mobile Unit**
- Non-residential Opioid Treatment Facilit
- Non-residential Substance Abuse Treatmen
- Nursing Facility

Assisted Living Facility

Board and Care

Community Mental Health Center

Emergency room - Hospital

Federally Qualified Health Center (FQHC)

Group Home

Homeless Shelter

Home

Nursing Facility

Other Place of Service not identified

Place of employment - worksite

Prison/Correctional Facility

Residential SUD Treatment Facility

Room and Board

School

Skilled Nursing Facility

Temporary Lodging/SRO (Motel)

Urgent care facility/Health Clinic

When Mobile Unit option is selected, the "Select location of client" field will enable.

24. In the “Clients Preferred Language” field, select from the options available.

Clients Preferred Language 24

- 1-English
- 2-Spanish
- 3-Russian
- 4-Other
- 5-Client Not Present

25. If you choose “4-Other,” enter the language the client has indicated as their preferred language in the “Other Language” field.

Other Language 25

26. Services are required to be provided in a client’s preferred language. In the “Service provided in clients preferred language?” field, select “Yes” if the service was provided in the clients preferred language or “No” if the service was not provided in the client preferred language.

Service provided in clients preferred language? 26

Yes No

27. In the “Reason Service Was Not Delivered in Preferred Language” field, enter details as to why the service was not provided within the preferred language.

NOTE: *This field will only activate if “No” is selected in the “Service provided in client preferred language” field.*

Reason Service Was Not Delivered in Preferred Language 27

28. In the “Who provided the service in preferred language” field, select from the options available.

NOTE: *You may only bill Oral/Sign Language Service (T1013MH) if you choose “Interpreter.” T1013MH may not be billed if the treating practitioner provides the service in the beneficiary’s preferred language or if the language line is used.*

Who provided the service in preferred language?

Interpreter
 Treating Practitioner
 Language Line

28

29. If you are documenting a LOCUS, a TCM Care Plan, a MHRS/Graduate Student Assessment, a Peer Support Services Care Plan, or a 5150/additional hold service, select the appropriate note type in the “Type of Progress Note” field. (This is not the same as a note template. See #35 below for information on templates.)

- a. Each (except 5150/Additional Holds) has a progress note template that can be accessed when the user gets to the Notes Field.
- b. With CalAIM documentation reform, treatment or care plans are required for specific services, such as Targeted Case Management (TCM), Peer Support Services, and for all FSP clients (please refer to DHCS BHIN 23-068 Enclosure 1a: Care Planning Requirements that Remain in Effect). Yolo County stipulates that TCM and Peer Support Service plans are be written in the narrative of a progress note, with specific required elements. Select TCM or Peer Support Care Plan only when creating or updating a plan for those services. This does not need to be selected for every TCM or Peer Support service.
- c. Staff with an MHRS or Graduate Student credentials are allowed to perform limited assessment functions and are to document this information in a progress note. Select the “MHRS/Graduate Student Assessment’ radio button.

NOTE: *This field only allows one selection.*

Type of Progress Note (if applicable)

Locus
 TCM Care Plan
 MHRS/Graduate Student Assessment
 Peer Support Care
 5150/Additional Holds

29

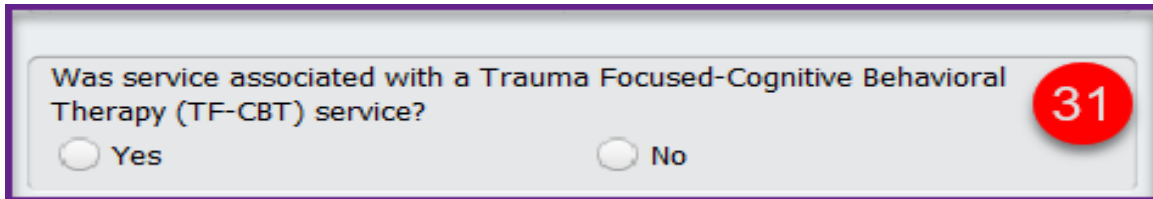
30. Select “Yes” or “No” in the “Face to Face with Client” field.

Face to Face with Client

Yes
 No

30

31. If applicable, select “Yes” or “No” in the “Was service associated with a Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) service?” field. This field is specific to Children’s Mental Health Providers.



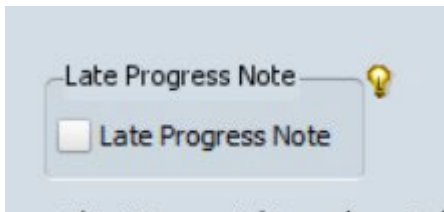
Was service associated with a Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) service?

Yes No

31

32. In the “Late Progress Note” field, click on the check box if the note is considered late. Per CalAIM regulations, progress notes for routine services are required to be written within 3 business days. Progress notes for crisis services must be written within 24 hours.

NOTE: *Hover over the lightbulb for further information.*

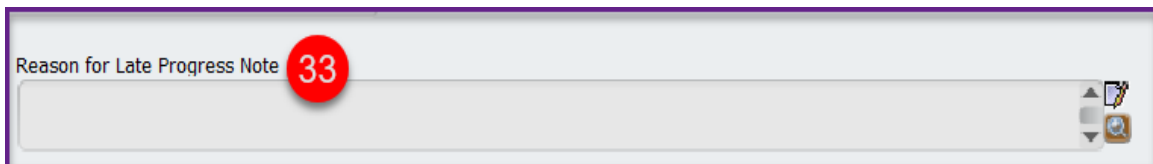


Late Progress Note

Late Progress Note

33. In the “Reason for Late Progress Note” field, provide a brief explanation for why the note was late (e.g., “Avatar was not accessible.”)

NOTE: *This field will only activate if the “Late Progress Note” field is checked.*



Reason for Late Progress Note

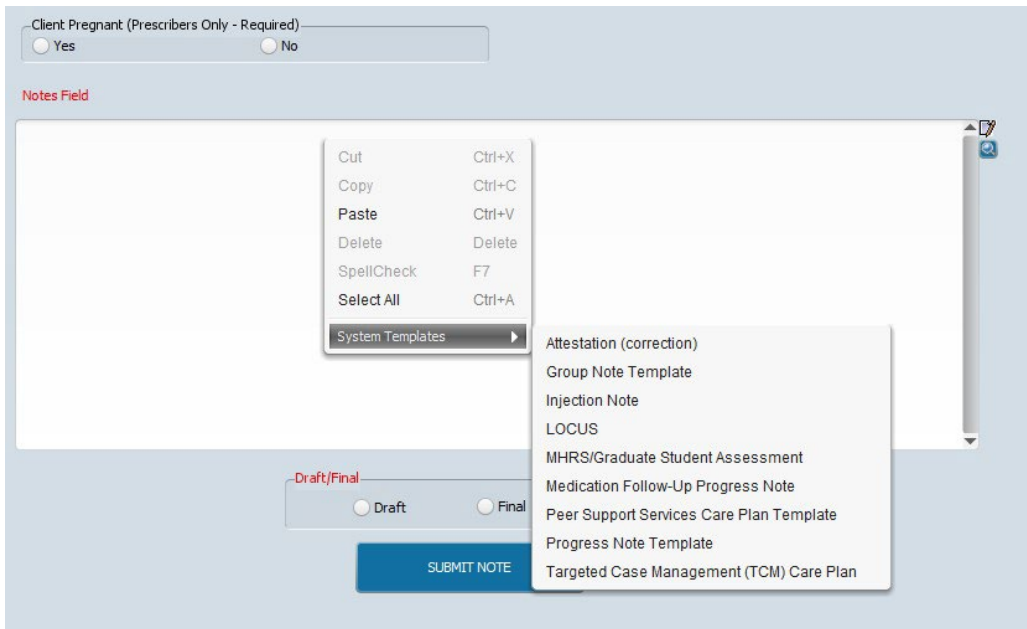
33

The image shows a software interface for entering a note. At the top, there is a section titled "Client Pregnant (Prescribers Only - Required)" with two radio buttons: "Yes" and "No". A red circle with the number 34 is positioned over the "No" radio button. Below this is a large text area labeled "Notes Field" with a red circle 35 next to it. At the bottom of the form, there is a "Draft/Final" section with two radio buttons: "Draft" and "Final". A red circle with the number 36 is positioned over the "Final" radio button. Below the radio buttons is a blue button labeled "SUBMIT NOTE" with a red circle 37 next to it.

- 34.** Prescribers should select “Yes” or “No” in the “Client Pregnant (Prescribers Only-Required)” field. As indicated in the name, only prescribers are required to use this field.
- 35.** In the “Notes Field”, enter the narrative describing the service provided. The narrative should substantiate the primary service code claimed and any add-on codes used. Additionally, should services have been provided to a caregiver, significant support person and/or other professionals and not the client directly, the note field should clearly indicate this.

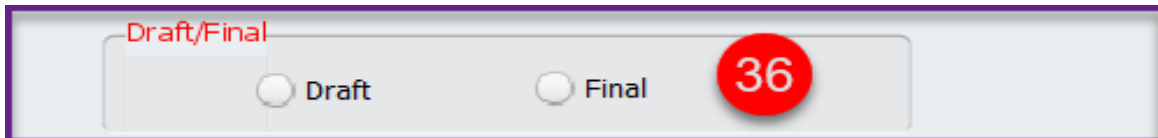
A helpful tip – selecting the “F7” key while in this text field launches the spell check feature in Avatar. It is strongly recommended that users check spelling in their documentation prior to completing the progress note entry process.

NOTE: This field contains templates. To access templates right click within the text box and “System Templates” will be available. Click on the “System Templates” arrow and this will display all the templates available for use.



36. Select “Draft” or “Final” in the “Draft/Final” field.

NOTE: A selection must be made here to file the note into the system. If no selection is made this will result in the note being filed within the Autosave dialogue box and may end up getting deleted inadvertently.



37. Click on the “Submit Note” button to save the note into the system.

