

Outpatient Group Progress Note Instructions

REQUIRED FORM:

This form is a required document in the client file to document Outpatient group counseling or group patient education services provided and includes progress toward achieving the client's recovery or treatment plan goals. Any Residential programs documenting services individually using the **SUD Treatment Progress Note (Form F601)** as their progress note is also required to utilize this form for group services.

WHEN:

This form is to be completed to document group services provided to a client.

This form must be completed within the following guidelines:

- Outpatient programs must document a progress note for group sessions attended (complete with staff signature) within 7 calendar days from the date of service.
 - Services with progress notes documented after 7 calendar days will not be billable.
- A Residential program must use this form if the program documents services individually using the **SUD Treatment Progress Note (Form F601)** instead of the **Residential or Withdrawal Management Daily Progress Note (Form F603)** or the **Weekly SUD Treatment Progress Note – Narrative/Services record (Forms F602a and F602b)**.
 - Timelines remain the same as above: must be done within 7 calendar days from date of service and any services documented after 7 calendar days will not be billable.

COMPLETED BY:

Each progress note is written by the SUD counselor or LPHA who provided the service.

REQUIRED ELEMENTS:

Progress notes shall be legible.

- **Client Name:** Complete client's full name
- **Client ID:** Complete the client ID number by entering the client's SanWITS' Unique Client Number (UCN)
- **Service Date:** Complete date of the service
- Is service billable? (to the County or DMC)
- If yes, is service DMC billable?
- Start time of Service
- End time of Service
- Group Service time in minutes
- Travel to Location Start time/End time*
- Travel from location Start time/End time*
- Group travel time in minutes*

- Date of Progress Note (PN) Documentation – enter the date that the documentation for the progress note was completed
- PN Doc Start time/End time*
- PN Doc Time in minutes*
- Language of Service (if other than English)
- Translator Utilized (if applicable)
- Service Type (Group Counseling or Patient Education)
- EBP Utilized (progress note must document specifics of how EBP was utilized the narrative)
- # of Group Participants
- Total Time (including: service, travel, doc time) in minutes*
- Topic of Session or Purpose of Service (describe specific group topic or the purpose of the service)

Description of group to include: A complete progress note addresses:

1. Provider support intervention including specific EBP technique utilized.
2. If service was provided in the community, identify location and how confidentiality was maintained
3. Other appropriate health care providers support
4. Description of group may be the same for all clients who participated in this specific group session.

Description of client's response to include: This section must be individualized to the specific client. A complete progress note addresses:

1. Client's participation in the group
2. Client's progress towards one or more goals in the client's recovery or treatment or plan, action steps, and/or referrals
3. New issues or problems that affect the client's recovery or treatment plan
4. Next steps in plan of care and referrals, if applicable

Counselor/LPHA Printed Name and Signature: All entries must include the printed name, signature with credentials, and date staff completed the progress note.

Date of completion: Must be completed within 7 days of service to be billable.

*For residential programs documenting each service individually using the **SUD Treatment Progress Note (Form F601)**, rather than the **Residential or Withdrawal Management Daily Progress Note (Form F603)** or the **Weekly SUD Treatment Progress Note – Narrative/Services record (Forms F602a and F602b)**, documentation time and travel time are not required fields as group services are included in the treatment bed day rate.