

SUD Treatment Progress Note Instructions

REQUIRED FORM:

This form is a required document in the client file to document SUD services provided and includes progress toward achieving the client's recovery or treatment plan goals.

WHEN:

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

This form must be completed within the following guidelines (Title 22):

- Outpatient programs must document a progress note for each client's individual or group session attended 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 may use this form if the program does not use the Weekly SUD Treatment Progress Note – Narrative/ Services record.
- Residential program must use this form to document Case Management, Physician Consultations, and MAT (these services cannot be documented on the Residential Weekly Progress Note – Narrative/Service Record).

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 as determined by agency guidelines.
- **Date:** Complete date of the service.
- Start time of Service
- End time of Service
- Total Service time in minutes
- Is service billable? (to the County or DMC)
- If yes, is service DMC billable?
- Documentation start time/End time *
- Total Documentation time in minutes *
- Travel to Location start time/End time *
- Travel from location start time/End time *
- Total travel time in minutes*
- Total time (including: service, documentation, travel) in minutes *

- Language of Service (if other than English)
- Translator Utilized (if applicable)
- Contact Type (F-F = face to face, TEL = Telephone, TH = Telehealth, COM = in Community)
- Service Type (AS = Assessment, GR = Group, CM = Case Management, TP = treatment planning, DC = Discharge, CR = Crisis, MAT = Medication Assisted Treatment, MED = Medication, IND = Ind. Counseling, FT = Family Therapy, PC = Physician Consultation, O = Other)
- Topic (describe the purpose of the service or specific group topic)
- EBP Utilized (progress note must document specifics of how EBP was utilized the narrative)

Progress Note Narrative Section: A complete progress note addresses:

1. Provider support intervention including specific EBP technique utilized.
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. Other appropriate health care providers support.
5. Next steps in plan of care and referrals, if applicable.

Provider Signature: All entries must include the printed name with title/credentials, signature with title/credentials and date of the staff completing the progress note.

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

*For residential programs – documentation time and travel time are not required elements, except when the service is for Case Management, Physician Consultation or MAT.