Residential Weekly Progress Note – Services Instructions

REQUIRED FORM:

If the residential program has opted to use weekly progress notes, this form is a required document and must be used in conjunction with the "Residential Weekly Progress Note – Narrative" form.

WHEN:

Weekly progress notes shall be completed from Sunday – Saturday.

The LPHA or counselor shall type or legibly print their name and sign and date the weekly progress note within the following calendar week.

If you do not use this form, you must use the SUD Treatment Progress Note (Form 601) to document each service provided at the Residential Program.

This form must be completed within the following guidelines:

- Any/each service provided to a client shall be reflected separately on the form

NOTE: Case management and/or physician consultation services are never captured on weekly notes. An individual progress note (Form 601) must be completed for every case management and/or physician consultation service that is provided/claimed.

COMPLETED BY:

Each service provided to the client can be documented by the LPHA or the SUD counselor who provided the service.

BHS SUDQM recommends the primary counselor who is responsible for writing the weekly narrative also be responsible for completing the Residential Weekly Progress Note – Services record.

REQUIRED ELEMENTS:

All documentation in the Service record shall be legible.

- Client Name: Enter the client's full name.
- Client ID: Enter the client ID number as determined by agency guidelines.
- Week of: Enter the beginning date through the ending date of the service week.

For each service provided, enter:

1. Service Date
2. Service start and end time
3. Indicate if service is clinical (Intake/Assessment, Individual Counseling, Group Counseling, Family Therapy, Collateral Services, Crisis Intervention Services, Treatment Planning,

Discharge Services). **Note**: Patient Education and Transportation Services are NOT clinical services.

4. Service topic or purpose of service
5. Total service duration
6. Service contact type using the table (contact type) at the top of the form.
7. Service type using the selections indicated in the table (Service Type) at the top of the form
8. EBP Utilized
9. Is service billable? - A service is billable when it meets all documentation standards, has a valid authorization from Optum, and other requirements (such as group size limitations, etc.) are met. When all standards/requirements are met, a service will be billable to either the County or to Drug Medi-Cal (DMC).
10. Is service DMC billable? – A service is DMC billable when a client has Medi-Cal, is within the time limited DMC treatment episode requirements, has a valid authorization from Optum, and all DMC standards are met.

    Note: It is possible for a service to be marked differently for #9 and #10. Some examples:

    - Client does not meet medical necessity for residential level of care but they are court ordered to residential treatment – mark "yes" for is service billable (since the County will pay) and mark "no" for is service DMC billable (since DMC will only pay for residential services when medical necessity criteria are met).
    - Client continues to meet medical necessity for residential care, has received authorization from Optum, but has no residential treatment episodes left for the year per DMC standards – mark "yes" for is service billable (since the County will pay) and mark "no" for is service DMC billable (since DMC will only pay for residential services within specific time-limited treatment episodes)

    It is also possible for a service to be marked the same in #9 and #10. For example:

    - Group counseling session is more than 12 participants – mark "no" for is service billable (because it doesn't meet group size requirements, the County will not count this towards the minimum clinical hour requirements for residential treatment) and "no" for is service DMC billable (because it exceeds group requirements for DMC).
11. Language of Service (if other than English)
12. Translator Utilized (if applicable)

This process can be repeated up to seven (7) times on each form. Use as many forms as needed to document all the services provided to the client for the week.

Signature:

1. **Counselor/LPHA Printed Name, Title**: Type or legibly print primary counselor (who documented the service/note) name and title.
2. **Signature, Credentials**: Complete signature and credentials by hand.
3. **Date of Completion:** Complete date of progress note is signed here by hand. This must be completed within the following week from when the service(s) were provided.