alameda county
behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

2000 Embarcadero Cove, Suite 400
Oakland, Ca 94606
510-567-8100 / TTY 510-533-5018
Karyn L. Tribble, PsyD, LCSW

Progress Note Template

Fee-for-Service Providers

INSTRUCTIONS: This template should be used by providers offering services to Medi-Cal clients in an outpatient office or clinic setting (e.g. Organizational providers). It meets Medi-Cal requirements for documentation of Progress Notes. For additional details regarding Progress Note requirements, see Documentation Guide for Clinical staff on the CalMHSA website at: calmhsa.org/calaim-2/

Late Entries: Progress Notes must be completed within 3 business days of providing a service, with the exception of notes for crisis services, which must be completed within 24 hours.

Check here if this note is entered late: ☐ Late Entry

Service Date:		Medical Record #:		Provider #:	

Client Information			
Last Name:		First Name:	
Preferred Language:		Date of Birth:	
Service was provided in the client's preferred language?		☐ Yes ☐ No	If yes, by: ☐ Interpreter ☐ Clinician

Service Details							
Instructions: Face-Face/Direct Service, Documentation and Travel time should add up to Total Service Time.							
Face-face/ Direct Service Time:		Documentation Time:		Travel Time:		Total Service Time:	
Service Type:	☐ Individual Therapy ☐ Group Therapy (Organizational providers only) ☐ Collateral ☐ Family Therapy ☐ Assessment ☐ Case Management/Brokerage ☐ Care plan/Treatment plan (Needed for Case Management/Brokerage only) ☐ Crisis Intervention ☐ No show						
CPT/HCPCS Code:							
Location:	☐ Office ☐ Field ☐ Telephone ☐ Home ☐ School Satellite ☐ Satellite ☐ Telehealth						

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<table>
<tr><th colspan="3">Clinical Details</th></tr>
<tr><td>Primary ICD-10 code:</td><td colspan="2"></td></tr>
<tr><td colspan="3">Narrative: A narrative describing the service, including how the service addressed the person's behavioral health needs. Groups have special requirements[1]</td></tr>
<tr><td colspan="3">Next Steps: Including but not limited to planned action steps by the provider or by the beneficiary, collaboration with the beneficiary or other provider(s) and any update to the Problem List as appropriate.</td></tr>
<tr><td colspan="3">Referrals Provided: ☐ Not needed ☐ Previously referred
<u>NOTE</u>: Linkage to medical, educational, social, pre-vocational, rehabilitative or other community services is considered Case Management (CM) and requires a Care Plan. See Care Plan template on page 3.</td></tr>
<tr><td>☐ Substance Use Disorder Services</td><td>☐ Primary Care Physician (Refer if last seen more than 1 year ago).</td><td>☐ Specialty Medical Services</td></tr>
<tr><td>☐ Dental</td><td>☐ TFC ☐ ICC ☐ IHBS</td><td>☐ Other</td></tr>
<tr><td colspan="3">If other, describe here:</td></tr>
</table>

[1] Document a single progress note signed by one of the practitioners. Describe specific involvement and specific amount of time of involvement of each practitioner in the group activity, including time spent traveling to/from the service and documenting the service. The full list of group participants must be maintained outside of the beneficiary's health record.

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Case Management Care Plan: ☐ Not needed--- SKIP THIS SECTION AND MOVE TO SIGNATURE ☐ Initial Care Plan ☐ Update to Care Plan
Targeted Case Management services (Case Management, Brokerage, Linkage) require the development and periodic revision of a care plan. Please include a narrative that includes the following: 1) Specific goals, treatment, service activities and assistance to address the negotiated objectives of the plan 2) How the goals will be achieved, including active participation of the beneficiary, 3) Specific course of action to respond to the assessed needs of the beneficiary 4) The transition plan when goals are achieved.
☐ Client actively participated in the development of these goals.

Signatures			
Print Name of Service Provider		Title and Credentials	
Signature		Date	
Print Name of Supervisor (if needed)		Title and Credentials	
Signature		Date	