SUD TREATMENT PROGRESS NOTE

Client Name:_____ **Client ID:**_____

Service Date*:	Duration of Direct Client Care for the Service:	Total Travel Time:	Total Documentation Time:	Total Time (service + doc + travel):

Language of Service (if other than English): ☐ N/A	Translator Utilized? ☐ Yes ☐ No ☐ N/A	Contact Type:		Service Type:	

Location of Beneficiary (at the time of receiving service): (See Reference Page on page 2 for descriptions)	EBP Utilized: ☐ Motivational Interviewing ☐ Relapse Prevention ☐ Other ☐ N/A

Narratives for Non-Group Services:
1) describe the service, including how the service addressed the beneficiary's behavioral health needs (e.g., symptom, condition, diagnosis, and/or risk factors, 2) next steps including, but not limited to, planned action steps by the provider or by the beneficiary, collaboration with the beneficiary, collaboration with other provider(s) and 3) any update to the problem list as appropriate
Narratives for Group Services: In addition to the items above, must include a brief description of the beneficiary's response to the service

Provider Printed Name, Title	Signature, Credentials	Date of Completion*

*Providers shall complete progress notes within 3 business days of providing a service, with the exception of notes for crisis services, which shall be completed within 1 calendar day. The day of service shall be considered day zero (0).

SUD TREATMENT PROGRESS NOTE
Reference Page

Contact Type:	**F-F** = Face-to-Face	**TEL** = Telephone	**TH** = Telehealth	**COM** = In Community	**NC** = No Contact
Service Type:	**IND** = Ind. Counseling	**GR** = Group Counseling	**CC** = Care Coordination	**MAT** = MAT Prescribing	**CLC** = Clinical Consultation	**BED** = Bed Day

Location of Beneficiary at the time of Receiving Service:

Location	Description
Telehealth Provided Other than in Patient's Home	The location, other than in patient's home, where health services and health related services are provided or received, through a telecommunication system
School	A facility whose primary purpose is education
Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters)
Telehealth Provided in Patient's Home	Health services and health related services are provided or received, through a telecommunication system in the patient's home.
Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
Temporary Lodging	A short-term accommodation such as a hotel, campground, hostel, cruise ship or resort where the patient receives care and which is not identified by any other Place of Service code.
Residential Substance Abuse Treatment Facility	A facility, which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
Non-residential Substance Abuse Treatment Facility	A location, which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.
Non-residential Opioid Treatment Facility	A location that provides treatment for opioid use disorder on an ambulatory basis. Services include methadone and other forms of Medication Assisted Treatment (MAT).
Other Place of Service	Other place of service not identified above.