Outreach Services Progress Note

- ✓ Used in home visits or community visits as well community support interactions with the person receiving services and that person's family, even if the family doesn't receive services, There must be an identified client with exclusive benefit otherwise there is a billing concern.
- ✓ Required for Community Rehabilitation Services (CRS), Community Support Program (CSP), Family Stabilization Team (FST), Flex Support Program, and Program of Assertive Community Treatment (PACT)

Documentation links to specific goals in the IAP.

Data Field	Identifying Information Instruction
Person's Name	Record the first name, last name, and middle initial of the person. Order of name is at agency discretion.
Record Number	Record your agency's established identification number for the person.
Person's DOB	Record the person's date of birth to serve as another identifier.
Organization Name:	Record the organization for whom you are delivering the service.
Data Field	**Contact Type and Present at Session Instruction**
Contact Type	Check appropriate box to indicate the type of contact. For indirect work done on behalf of the individual receiving services, the Consultation/Collateral Contact form can be used.
List All Persons Present	Check appropriate box: *Person Present; Person No Show; Person Cancelled.* If *Provider Cancelled* is checked, document explanation as relevant. If *Others Present* is checked, identify name(s) and relationship(s) to person.

Data Field	Functioning, New Issue(s) Goals and Therapeutic Interventions Instruction
Functioning: (observed or reported) I	Document as appropriate person's functioning in one or more of the areas listed below. The information can be as reported by person or by others who have observed or interacted with person. Reporting on the person's functioning provides important data that can either positively or negatively impact the person's response to the interventions in this session, as well as the person's overall progress toward his/her goals/objectives. 1. General ability of person to function in community since last visit. **Example**: Person continues to live with mother with no reported outbursts or crisis interventions needed. Mother reports person is med compliant. Person reports he is sleeping with reduction in symptoms since med changes last month. 2. Functioning of person in area of focus for today's interaction. **Example: Person continues to struggle with having enough concentration to balance his checkbook independently.** 3. Observed functioning of person in session that would impact his/her ability to participate in session or to benefit from the session. **Example: Person is unable to work on learning the budgeting skills planned for today because she is hearing and responding to voices.**

New Issue(s) Presented Today	There are four options available for staff using this section of the progress note: 5. If person does not report/present any new issues, check "None Reported" and proceed to planned intervention/goals. 6. If person reports a new issue that can be resolved during the session, check box **"New Issue resolved, no CA Update Required"**. Briefly documents the new issue, identify the interventions used in the Therapeutic Interventions Section and indicate the resolution in the Response Section of the progress note. 7. If person presents any new issue(s) that represent a therapeutic need that is not already being addressed in the IAP, check box indicating a "CA Update

	Required" and record notation that new issue has been recorded on a Comprehensive Assessment Update of the same Date and write detailed narrative on the appropriate CA Update as instructed in this manual. The first section of the CA Update may be completed by an unlicensed provider. However, if there is a change to the diagnosis, then that section must be completed by a qualified provider. Also, the newly assessed therapeutic information may require a new goal, objective, therapeutic intervention or service that will require further use of the IAP Review/Revision form 8. If person presents an issue that has been previously assessed and for which Goals/Objectives and services have been ordered, then the information may be briefly documented as an indicator of the progress or lack of progress achieved. **Example: Person reported for the first time that she was a victim of abuse/neglect at the age of twelve as recorded on the Comprehensive Assessment Update of this Progress Note's date.**
Goals/Objectives Addressed as Per Individualized Action Plan	Record the specific goals and objectives addressed this session by indicating the corresponding number(s) from the Individualized Action Plan. In an electronic record, the actual goals' and objectives' descriptions would appear in this field once the box is checked. However, when using this form as a paper form, list the number of the goals & objectives that are being addressed during this service and next to the corresponding goal & objective, write the description.
Therapeutic Interventions Provided	First check all activity(ies)/interventions provided during the service based on the following definitions: • Assessment of Needs: Ongoing assessment of needs. • Monitoring: Symptom monitoring • Eliminating Barriers: Mental health interventions that assist an individual in eliminating barriers to due to symptoms, behaviors and dysfunctional thought processes. • Coordinating/Linkages: Coordination of Individualized Action Plan (IAP). • Crisis Management: Coordination or assistance in crisis management. • Advocacy: Advocacy in the community on behalf of the person served with community resources. • Outreach: Outreach can be to the person served and the family. • Education/Training: Education and Training to the person served and/or family. • Empowerment/Skills Building: Assistance with achieving personal independence in managing basic needs, facilitation of further development of ADLs and/or activities that increase the person's capacity to positively impact his/her own environment such as empowerment, education and self-esteem activities. • Other: If another activity/intervention is provided during the session, check this box and label it. Describe the specific therapeutic interventions used in the session which assist the person to realize the identified goals and objectives referred to above as the focus of this particular session. **Example: Discussed daily menus with person. We then went through her cabinets together to make this week's grocery list. Provided feedback on healthy choices and taught person food inventory skills.** **Example: Accompanied the individual to the Social Security Office to reapply for benefits. We took the application to the park, completed it and then returned it to the Social Security Office. A response should be coming in 2-3 weeks.** **Example: Met the individual at his parent's home to talk about scheduling his future visits with his son, who is living with them. Negotiated the amount of time allowed for the visits; supported the person as he called the DCF worker while at the parents house to review and to get approval for the planned visits.** **Example: Individual was very upset about an argument he had with his roommate this morning. Focused primarily on that conflict. We discussed different ways he could handle the situation in the future, as well as how he**

Data Field	would interact with him when he saw him next. **Example: Reviewed the person's medication regime and his adherence to the doses and schedule. Discussed concerns about weight gain that could be related to one or more of the medications. Wrote down the concerns so that the person can take it with him to his next MD appointment as a reminder to discuss it with the doctor.**
Data Field	**Response to Intervention**
Person's Response to Intervention/ Progress Toward Goals and Objectives	This section should address **BOTH**: • *The person's response to the intervention* - Include evidence the person participated in the session and how, and information about how the person was able to benefit from the intervention e.g. through active participation, better understanding of issues, understanding or demonstration of new skills. • *Progress towards goals and objectives* - Include an assessment of how the session has moved the person closer, further away, or had no discernable impact on meeting the session's identified goal(s) and objective(s). **Examples: Person has made some progress towards goal of shopping independently. He was able to independently develop his grocery list, but still needed coaching to stay focused on finding the items in his home that he already had. He expressed extreme anxiety about the next step of going to the grocery store. Will focus on this issue next meeting.** • If no progress is made over time, this section should also include a discussion of how the staff person intends to change his/her strategy.

Data Field	**Additional Information/Plan**
Plan Additional / Information	The staff providing the service should document future steps or actions planned with the person such as homework, plans for the next session, etc. Document additional pertinent information that is not appropriate to document elsewhere. **Example: Person will continue to make a shopping to review and discuss at the next meeting.**
Data Field	**Signatures Instruction**
Print Provider Name Signature/ Credentials	Legibly record the name and signature of provider including his/her credentials. **Example: Jerry Smith, BS**
Print Supervisor Name Signature/ Credentials	If the provider is an intern or other circumstances dictate a supervisory signature, the following applies: Legibly record the name and signature of supervisor including his/her credentials. **Example: Mary Jones, LICSW**
Date	Indicate the date of the signature
Person Signature/ Date	Optional - If clinically appropriate, the person signs and dates. Consult agency practice and regulatory requirement(s).
Next Appointment Date	Write both the date and time of the next appointment.

Instructions to complete the Billing Strip:

Data Field	Billing Strip Completion Instructions
Date of Service	Date of session/service provided.
Provider Number	Specify the individual staff member's "provider number" as defined by the individual agency.

Location Code	Identify Location Code of the service. Providers should refer to their agency's billing policies and procedures for determining which codes to use.
Procedure Code	Identify the procedure code that identifies the service provided and documented. Providers should refer to their agency's billing policies and procedures for determining which codes to use.
Modifier 1, 2, 3 and 4	Identify the appropriate modifier code to be used in each of the positions. Providers should refer to their agency's billing policies and procedures for determining which codes to use for Modifiers 1, 2 3 and/or 4.
Start Time	Indicate actual time the session started. **Example: 3:00 PM**
Stop Time	Indicate actual time the session stopped. **Example: 3:34 PM**
Total Time	Indicate the total time of the session. **Example: 34 minutes**
Diagnostic Code	Use the numeric code for the primary diagnosis that is the focus of this session. Providers should use either ICD-9 or DSM code as determined by their agency's billing policies and procedures.