Field Checklist & Audit Sheet: Clinical Progress Notes & Macro Alignment

Executive Brief

Deploy this field audit sheet during weekly clinical supervision, quality assurance chart reviews, and quarterly grant reconciliation cycles. It establishes a standardized verification workflow that connects frontline micro-level case notes directly to measurable mezzo group milestones and macro-level audit compliance, eliminating documentation blind spots before external funder reviews.

Phase 1: Intake & Baseline Verification (Micro Care Ingestion)

Review incoming client records within 48 hours of intake submission to ensure complete baseline data capture.

- ☐ **Demographic Completeness:** Verify all core demographic identifiers (legal name, contact details, DOB, household size, funding program) are validated.
- ☐ **Standardized Screener Ingestion:** Confirm validated baseline screeners (e.g., PHQ-9, GAD-7, or Biopsychosocial intake) are administered and recorded.
- ☐ **Unique Identifier Mapping:** Ensure the record has an assigned Client ID to prevent duplicate profile creation across systems.
- ☐ **Program & Caseworker Assignment:** Verify the client is assigned to the appropriate service track and primary caseworker.

Intake Evaluation Field	Compliance Standard	Verification Method	Status (Pass / Fail / Pending)
Client Profile & Contact Info	100% completed without placeholder entries	Direct chart inspection	
Consent & HIPAA Authorizations	Signed and dated prior to direct service delivery	Electronic signature verification	
Initial Assessment / Screener	Scored baseline documented with date	Score interpretation sheet	
Service Track Tagging	Correct program code assigned for grant billing	Program assignment log	

Phase 2: Progress Note & Goal Alignment (Micro-to-Mezzo Bridge)

Audit weekly clinical encounters to confirm that daily narrative documentation maps directly to client care plans.

- ☐ **Objective Clinical Framing:** Confirm the subjective narrative and objective clinical observations are distinct and grounded in observed behavioral evidence.
- ☐ **Explicit Goal Connection:** Ensure the progress note explicitly references at least one active goal from the client's individualized service plan.
- ☐ **Milestone & Step Updating:** Check that measurable step progress (e.g., housing application submitted, job interview attended) is updated in the client's master record.
- ☐ **Risk & Safety Assessment:** Verify that any expressed risk indicators triggered immediate clinical safety protocols and documented supervisor notifications.

Documentation Component (SOAP / DAP)	Clinical Audit Criteria	Quality Benchmark	Score (1-5)
S - Subjective / D - Data	Client's direct statements regarding symptoms, progress, and presenting challenges.	Free of subjective staff bias; quotes used appropriately.	
O - Objective / D - Data	Observable behavioral observations, mental status exam metrics, and validated screener results.	Measurable indicators recorded without diagnostic speculation.	
A - Assessment	Clinical synthesis of client progress, barriers encountered, and response to intervention.	Connects session data to established treatment objectives.	
P - Plan	Specific, time-bound next steps for both practitioner and client prior to subsequent encounter.	Explicit action items, assigned tasks, and next session date.	

Phase 3: Mezzo Cohort & Longitudinal Trend Review

Aggregate individual micro data into mezzo-level program cohorts to evaluate group progress and service delivery trends.

- ☐ **Cohort Grouping:** Ensure clients sharing common barriers (e.g., housing insecurity, grief support, substance recovery) are organized into appropriate program groups.
- ☐ **Longitudinal Screener Tracking:** Administer repeat screeners (PHQ-9 / GAD-7) at scheduled 30-, 60-, or 90-day intervals to calculate outcome delta.

- [ ] **Attendance & Service Units:** Reconcile group attendance records and track service units delivered against program targets.

Participant Name / ID	Baseline Score (Date)	Follow-Up Score (Date)	Score Delta (+ / -)	Clinical Trend (Improving / Stable / Regressing)	Action Required

Phase 4: Macro Grant Reporting & Quality Assurance Audit

Conduct monthly supervisory rollups to prepare audit-proof summaries for government funders and oversight boards.

- [ ] **Data De-Identification:** Ensure all aggregate datasets generated for external funders replace protected personal identifiers with unique client IDs.
- [ ] **Demographic & Outcome Reconciliation:** Verify that total program counts, service categories, and demographic breakdowns match frontline service logs.
- [ ] **Staff Credentialing & Signature Logs:** Confirm all clinical notes are reviewed, signed, and countersigned by licensed supervisory personnel within required state timeframes.
- [ ] **Discharge & Program Exit Documentation:** Ensure exited clients have documented closure reasons, exit assessment scores, and formal referral handoffs.

Audit Domain	Required Documentation	Funder Compliance Threshold	Verification Sign-Off
Service Delivery Verification	Time-stamped progress notes & attendance logs	100% complete within 72 hours of service	
Outcome Measurement	Paired pre- and post-intervention assessment scores	Minimum 80% follow-up capture rate	
Fiscal / Unit Billing Alignment	Documented service units matched to funder invoice lines	Zero unreconciled discrepancies	
Clinical Supervisory Review	Documented monthly chart audit samples per caseworker	10% random sample audited monthly	

Supervisory Audit Sign-Off

Auditing Clinical Supervisor:
Signature: _____ Date:

Caseworker / Lead Clinician:
Signature: _____ Date:

Audit Outcome:

- ☐ Full Compliance (Chart approved for grant billing)
- ☐ Conditional Compliance (Corrections required within 5 business days)
- ☐ Non-Compliant (Remediation plan and re-audit scheduled)