

**GROUP OBSERVATION  
PROGRAM:**

**MODALITY:  
DATE OF OBSERVATION:**

**PROVIDER REPRESENTATIVE(S):  
REVIEWER(S):**

CRITERIA	REFERENCE	COMPLIANCE				Class	COMMENTS
		Y	N	NA	%		Class: H = HIPAA, Q = Quality, R = Recoupment, S = Safety
<b>ALL TREATMENT MODALITIES</b>							
<b>GROUP OBSERVATION</b>							
1	Is the group facilitated in accordance with evidence based practices? (CBT, MI, Wellness and Recovery Model)?	IA(III)(AA)(3)(iii)				#DIV/0!	Q
2	Is the group held in a confidential setting?					#DIV/0!	Q
3	Are there 2-12 persons served?	IA(III)(PP)(13)(i)				#DIV/0!	R
4	Group matched (length, start, end etc)?					#DIV/0!	Q
5	Person served participation/engagement?					#DIV/0!	Q
6	Staff engagement?					#DIV/0!	Q
7	Staff is knowledgeable about the topic?					#DIV/0!	Q
8	Staff is able to articulate concepts?					#DIV/0!	Q
9	Activities are accessible to the disabled?					#DIV/0!	Q
10	Were there enough materials and resources available?					#DIV/0!	Q
11	The quality of the materials and resources is adequate?					#DIV/0!	Q
12	Cultural sensitivity and ethnic diversity in staff, services, activities and materials is evident and appropriate for the target population?					#DIV/0!	Q
13	Other					#DIV/0!	Q