



**Detroit Wayne
Integrated Health Network**

Residential Services Department

707 W. Milwaukee St.

Detroit, MI 48202-2943

Phone: (313) 989-9513

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**Standardized Progress Notes Guidelines for Documentation
Community Living Support (CLS) and Personal Care (PC)**

Purpose:

- To monitor progress and/or concerns related to the Member’s achievement of goals in accordance with least-restrictive residential settings
- To improve the collaboration, coordination, and communication between the supports coordinator/case manager and the residential provider
- To capture the actual service time connected with providing clinically, meaningful activities
- To meet the contract requirements for a “clean claim”

Objectives:

- To understand the purpose of the **Residential Assessment**
 - * DWIHN residential staff
- To develop effective integration and implementation of approved services to the **Individual Plan of Service (IPOS)**
 - * CRSP supports coordinator/case manager, Member/Guardian, & Residential Provider
- To appropriately document services delivered to the Member [**Progress Note**]:
 - * Timeliness & Thoroughness
 - * Member Progress (or lack thereof), and
 - * Member Satisfaction
- To identify direct care staff role as it relates to implementation of IPOS goals and objectives
- To understand how direct care staff can promote self-sufficiency in Member

All Progress Notes Should Include:

- Name of Member being serviced
- MHWIN ID#, Progress Note Date, and Facility Name
- Identified objectives from the Member's current Individual Plan of Services (IPOS)
- Summary of identified objective (brief description of WHAT occurred)
- Target problem(s), progresses, or changes
- Specific strategies and/or interventions of instructions updates to Member
- Significant change in new/ongoing medical condition and/or medications (noted in “Staff Action/Outcome”), addressed in the IPOS
- Identify new stressors and/or extraordinary event (must be reported to the CRSP SC/CM)

Progress Notes DOs and DON'Ts:

<ul style="list-style-type: none"> • Provide a summary of what services were provided as identified in the Member’s IPOS (what <u>you</u> did) • Describe any mental/physical disability (must be a diagnosis received by the Medicaid-assigned PCP) • Be specific, <u>use details</u>: “Member raised her voice at Staff multiple times and called them stupid.” • Describe observed facts explaining Member’s comments in quotes (“ “) • Note observable Member’s emotional reactions, such as crying, trembling... • Notes must be objective and strength-based • DCW’s handwriting must be <u>LEGIBLE!</u> 	<ul style="list-style-type: none"> • <i>Do not write your own <u>personal opinions, reactions or feelings</u></i>: “Member seems a little unstable. / I didn’t like how Member folded their laundry.” • Do not <u>diagnose</u> or <u>assume</u> that Member has a condition/ disability • Do not leave blanks or use unclear statements or use inflammatory words in notes • Do not give your <u>own</u> explanations and/or make assumptions • Do not type, scribble, use white-out, scratch out, or write side-notes • Do not record personal frustrations about supervision, community partners, etc. • Late charting MUST be labeled by staff that performed actual services (date, initials, AND signature noted)
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Instructions for Specialized Residential Daily Progress Note

- Complete Member information at the top of Face Sheet (Page #1):
 - * Select Program Designation (AMI or IDD)*
 - * Member Name*
 - * MHWIN ID#*
 - Auto-populates to Progress Note (Page #2)
 - * Face Sheet Date
 - * CRSP – Clinically-Responsible Service Provider and the SC (Support Coordinator) / CM (Case Manager) Name
 - * Facility – Member's current residential setting selecting: **Specialized Licensed, Specialized Unlicensed [SIL/SILP], Self-directed, or In-Home CLS Staffing**

- List identified goal(s) from the Member’s Individual Plan of Services (IPOS):
 - * Reviewed with CRSP supports coordinator/case manager and Residential Provider/staff
 - * Can be changed/updated as often as needed

- Goal Objective Categories

Community Living Supports	Personal Care
C1 Meal Preparation/Kitchen Skills	P1 Eating/Feeding
C2 Laundry	P2 Toileting
C3 Housekeeping Skills	P3 Showering/Bathing/Personal Hygiene
C4 Behavioral Interventions Needed	P4 Dressing
C5 Total Shopping	P5 Mobility/Transferring
C6 Money Management	P6 Medication Knowledge/Administration
C7 Community/Socialization Skills	P7 Complex Care
C8 Attending Medical Appointments	
C9 Medication Instruction Skills	
C10 Health & Safety/Medical Complexity	
C11 Symptoms/Stress Management Skills	



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- **Staff Action/Outcome:** Staff initials each entry, listing the associated **Objective Code** and **Task ID Code** of the progress note **being written**, and identifying the **Progress Code** of the action/outcome.
- Each staff member during their respective shifts must **PRINT, INITIAL,** and **(manually) SIGN** their name when documenting identified supports.

H Hospitalization: Member in hospital.

LOA Leave of Absence: Member not at residential setting overnight and is on leave of absence.

M Monitoring: Oversight provided by staff.

PA Physical Assist: Physical assistance provided by staff.

HOH Hand-Over-Hand: Received physical help in guided maneuvering of limbs or other non-weight bearing assistance.

VP Verbal Prompts: Encouragement or cuing provided by staff.

TC Total Care: Full staff performance of activity.

R Refusal: Member refused any/all assistance from staff

I Independent: No help or oversight needed or required by staff.

ED Education/Day Program: Member is attending school/day program, or work support (not in residential setting)

- If there is a need for more space to complete the daily progress note, please utilize add another copy of Page #2.
- **Digital signatures prohibited.**
 - * **Member's/Guardian's signatures are required** for **RESPIRE** and **IN-HOME CLS STAFFING SERVICES** only as verification of rendered services as documented by CLS staffing provider [bottom of Page #1].

Detroit Wayne Integrated Health Network Daily Progress Note

Specialized Licensed/Unlicensed Settings, Self-Directed, In-Home CLS Staffing

IDD

AMI

Member: _____ **MHWIN ID#:** _____ **Date:** _____

CRSP | SC/CM: _____ **Facility:** _____

- Specialized Licensed
- Self-Directed
- Specialized Unlicensed
- In-Home CLS Staffing

Identified IPOS Goals: _____

CLS Hrs: _____
PC Hrs: _____
*Respite Hrs: _____

Community Living Supports	CLS Objectives
C1 Meal Preparation/Kitchen Skills	
C2 Laundry	
C3 Housekeeping Skills	
C4 Behavioral Interventions Needed	
C5 Total Shopping	
C6 Money Management	
C7 Community/Socialization Skills	
C8 Attending Medical Appointments	
C9 Medication Instruction Skills	
C10 Health & Safety/Medical Complexity	
C11 Symptoms/Stress Management Skills	

Personal Care	PC Objectives
P1 Eating/Feeding	
P2 Toileting	
P3 Showering/Bathing/Personal Hygiene	
P4 Dressing	
P5 Mobility/Transferring	
P6 Medication Knowledge/Administration	
P7 Complex Care	

***In-Home Services Recipient Signature:** _____ **DATE:** _____

*MEMBER/GUARDIAN Signature Required for RESPITE & IN-HOME CLS STAFFING Services Only

Supervisory Signature: _____ **DATE:** _____

Member: _____ MHWIN ID#: _____ Date: _____

Detroit Wayne Integrated Health Network Daily Progress Note

Specialized Licensed/Unlicensed Settings, Self-Directed, In-Home CLS Staffing

IDD

AMI

TASK ID CODES

<i>H = Hospitalization</i>	<i>M = Monitoring</i>	<i>R = Refusal</i>	<i>ED = Education/Day Program</i>
<i>TC = Total Care</i>	<i>PA = Physical Assist</i>	<i>VP = Verbal Prompts</i>	<i>LOA = Leave of Absence</i>
	<i>HOH = Hand Over Hand</i>	<i>I = Independent</i>	

PROGRESS CODES	<i>IP = Increased Progress</i>	<i>DP = Decreased Progress</i>	<i>SP = Same Progress</i>
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	CLS/PC	Task ID	Staff Action / Outcome:			
Staff Initials						
			Start Time: _____			
			End Time: _____			
Staff Signature			Credentials	PRINT NAME		
			<input type="checkbox"/> AM STAFF <input type="checkbox"/> PM STAFF <input type="checkbox"/> MN STAFF		Progress Code	

	CLS/PC	Task ID	Staff Action / Outcome:			
Staff Initials						
			Start Time: _____			
			End Time: _____			
Staff Signature			Credentials	PRINT NAME		
			<input type="checkbox"/> AM STAFF <input type="checkbox"/> PM STAFF <input type="checkbox"/> MN STAFF		Progress Code	

	CLS/PC	Task ID	Staff Action / Outcome:			
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