Residential Standardized Progress Note Training

Annetta McClain, Residential Care Specialist
Valerie Karageozian, Residential Care Coordinator

313-989-9513
residentialreferral@dwihn.org

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"

Learning 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 in a **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)

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All Progress Notes Should Include (continued)

▶ 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 supports coordinator/case manager

Progress Note DOs and DONTs

DOs	DONTs
• Provide a summary of what services were provided as identified in the Member's IPOS (what you did)	• **Do not write your own _personal opinions_, _reactions_ or _feelings_**: "The Member seems a little unstable. / I didn't like how Member folded his laundry."
• Describe any mental/physical disability (must be a diagnosis received by the Medicaid-assigned PCP or CRSP MD)	• Do not **diagnose** or **assume** that a Member has a condition/disability
• Be specific – Use details: "Member raised her voice at Staff multiple times and called them stupid."	• Do not leave blanks, use unclear statements or use inflammatory words in notes
• Describe observed facts explaining Member's comments in quotes (" ")	• Do not give your own explanations and/or make assumptions
• Note observable Member's emotional reactions, such as; crying, trembling...	• Do not scribble, scratch out, or write side-notes
• Notes must be objective and strength-based	• Do not record personal frustrations about supervision, community partners, etc.
• DCW's handwriting **must be LEGIBLE!**	• Late charting **MUST** be labeled by staff that performed services (date and time noted)

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Instructions

- Complete Member information at the top of Face Sheet:
  - Select Program Designation (**AMI** or **IDD**)*****
  - Member **Name** and **MHWIN ID#***
  - Face Sheet **Date**
    - *Auto-populates onto PAGE #2*

- **(CRSP)** Clinically-Responsible Service Provider and **SC** (Support Coordinator) / **CM** (Case Manager) **Name**

- **Facility:** Member's current residential setting selecting:
  - Specialized Licensed
  - Specialized Unlicensed,
  - Self-directed, or
  - In-Home CLS Staffing

- **Identified Goal(s)** from Member's Individual Plan of Services (IPOS)

Instructions (continued)

➢ **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 **SIGN** their name when documenting identified supports.

➢ If there is a need for more space to complete the daily progress note, please utilize add another (copy of) **Page #2**.

Instructions (continued)

- **_*Respite and In-Home CLS Staffing Services Only*_**: Member's/Guardian's signature(s) are required as verification of rendered services as documented by CLS staffing provider.

- Digital signatures prohibited.

Revised Standardized Progress Note

will be available

Monday, 7/10/2023

at

www.dwihn.org/providers/forms

Thank You for attending!