

Detroit Wayne Integrated Health Network Daily Progress Note

 IDD

Specialized Licensed Settings for CPT Codes H2016 & T1020

 AMI

Member: _____ MHWIN ID#: _____ Date: _____

CRSP SC / CM: _____ Facility: _____

Identified IPOS Goals: _____

	CLS Hours: _____
	PC Hours: _____

AM	Mins	PM	Mins	MN	Mins	Community Living Supports Objectives	AM START: _____ AM END: _____	PM START: _____ PM END: _____	MN START: _____ MN END: _____
						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			

Total CLS Mins: _____

AM	Mins	PM	Mins	MN	Mins	Personal Care Objectives	AM START: _____ AM END: _____	PM START: _____ PM END: _____	MN START: _____ MN END: _____
						P1 Eating/Feeding			
						P2 Toileting			
						P3 Showering/Bathing/Personal Hygiene			
						P4 Dressing			
						P5 Mobility/Transferring			
						P6 Medication Knowledge/Administration			
						P7 Complex Care			

Total PC Mins: _____

Provider Supervisory Signature: _____ **Date:** _____

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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						
			Staff Signature	Credentials	PRINT NAME	<input type="checkbox"/> AM STAFF <input type="checkbox"/> PM STAFF <input type="checkbox"/> MN STAFF
			Progress Code			

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