**Specialized Residential
Standardized Progress Note Training**

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Purpose of Progress Notes

▶ To monitor progress (or lack thereof) 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 as indicated by the Michigan Medicaid Provider Manual**

*Red text indicates recent change to process.

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Purpose of Progress Notes

▶ To justify reimbursement for the services rendered

▶ To understand the connection between the <u>Residential Assessment</u>[1] and the <u>Individual Plan of Service (IPOS)</u>[2]

[1]Completed by DWIHN residential staff
[2]Completed by the CRSP SC/CM in coordination with Member/Guardian, & Residential Provider

▶ Allows direct care staff to work with Member to promote independence in the least restrictive setting

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Progress Note DOs and DON'Ts

▶ **DO**: Document a summary of services provided (<u>WHAT</u> you did)

▶ **DO NOT**: Do not write your own *personal opinions*, *frustrations*, *reactions* or *feelings*: "The Member seems a little unstable. / I didn't like how Member folded his laundry."

▶ **DO**: **BE SPECIFIC** - For example, include details such as, "Member raised her voice at Staff multiple times and called them stupid."

▶ **DO**: Use quotations for facts explaining Member's comments (" ...")

▶ **DO NOT**: Do not scribble, scratch out, or write side-notes

▶ **DO**: If progress note are handwritten, ensure writing is legible.

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Progress Note Instructions

➢ ***Utilize the specific Progress Note for the Member's setting:**
  Specialized Licensed; or
  Specialized Unlicensed | In-Home CLS Staffing Services

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

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

➢ Enter **Facility Name**

*Red text indicates recent change to process.

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Instructions (continued)

➢ List **Identified Goal(s)** from Member's Individual Plan of Service **(IPOS)**
  ➢ Any significant behavioral/medical changes in Member's condition must be reported to the CRSP SC/CM to be addressed in the IPOS

➢ **Enter** approved **CLS, PC,** and/or ***Respite** hours confirmed by Residential Assessment
  ➢ Located in MHWIN
  ➢ ***Respite Services does not require a Residential Assessment.**

➢ Staff indicates their **Initials** and Number of **Minutes** spent rendering services for each identified **Objective**
  ➢ Shift Columns: **AM**, **PM**, or **MN** (Midnight)
  ➢ **Unlicensed settings can utilize "Hours-to-Minutes" conversion chart**

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Instructions (continued)

➤ Each staff enters the **START Time** for when they begin working with the member on the **FIRST** CLS/PC service, and the **STOP Time** for when they stop working with member (regardless of work shift start/stop time).*****
  ➤ Per Medicaid Compliance
  ➤ Residential Provider (or Designee) is responsible to review and tally total minutes for rendered services of 24-hour note.

➤ **Respite Care Services Only*:** Member's/Guardian's signature are required as verification of rendered respite services as documented by CLS staffing provider.*****
  ➤ *Digital signatures are prohibited.**

*Red text indicates recent change to process.

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Instructions (continued)

➤ Staff initials each entry, listing the associated **Objective Code, Task ID Code,** and **Progress Code** of the note being written.
  ➤ *Drop-down options are now available in .pdf (fillable) document.**

➤ Each staff member during their respective shifts must **PRINT**, **INITIAL**, and **SIGN** their name when documenting each rendered service.
  ➤ *Digital signatures are prohibited.**

➤ If there is a need for more space to complete the daily progress note, please utilize additional copies of **Page #2**.

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Standardized Progress Note

Training Video,

Instruction Packet, and Notes

are also available on the DWIHN website:

www.dwihn.org/providers/forms

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