



**Specialized Residential  
Standardized Progress Note Training  
for UNLICENSED Settings**

Annetta McClain, LBSW - Residential Care Specialist

(313) 989-9513 | (313) 989-9525  
residentialreferral@dwihn.org

RS Revision Date: 7/25/2024 (SW)

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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 **Residential Assessment<sup>1</sup>** and the **Individual Plan of Service (IPOS)<sup>2</sup>**
  - <sup>1</sup>Completed by DWIHN residential staff
  - <sup>2</sup>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 (WHAT 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

\*Red text indicates recent change to process.



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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**.

\*Red text indicates recent change to process.



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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](http://www.dwihn.org/providers/forms)



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# Detroit Wayne Integrated Health Network

Residential Services Department

707 W. Milwaukee St.

Detroit, MI 48202-2943

Office: (313) 989-9513

Fax: (313) 989-9525

[residentialreferral@dwihn.org](mailto:residentialreferral@dwihn.org)

TDD: (800) 630-1044 RR/TDD: (888) 339-5588

## Hours-to-Minutes-Units Conversion Chart

<u>HOURS</u>	<u>MINUTES</u>	<u>UNITS</u>	<u>HOURS</u>	<u>MINUTES</u>	<u>UNITS</u>	<u>HOURS</u>	<u>MINUTES</u>	<u>UNITS</u>
0.25	15	1	8.25	495	33	16.25	975	65
0.50	30	2	8.50	510	34	16.50	990	66
0.75	45	3	8.75	525	35	16.75	1005	67
1.00	60	4	9.00	540	36	17.00	1020	68
1.25	75	5	9.25	555	37	17.25	1035	69
1.50	90	6	9.50	570	38	17.50	1050	70
1.75	105	7	9.75	585	39	17.75	1065	71
2.00	120	8	10.00	600	40	18.00	1080	72
2.25	135	9	10.25	615	41	18.25	1095	73
2.50	150	10	10.50	630	42	18.50	1110	74
2.75	165	11	10.75	645	43	18.75	1125	75
3.00	180	12	11.00	660	44	19.00	1140	76
3.25	195	13	11.25	675	45	19.25	1155	77
3.50	210	14	11.50	690	46	19.50	1170	78
3.75	225	15	11.75	705	47	19.75	1185	79
4.00	240	16	12.00	720	48	20.00	1200	80
4.25	255	17	12.25	735	49	20.25	1215	81
4.50	270	18	12.50	750	50	20.50	1230	82
4.75	285	19	12.75	765	51	20.75	1245	83
5.00	300	20	13.00	780	52	21.00	1260	84
5.25	315	21	13.25	795	53	21.25	1275	85
5.50	330	22	13.50	810	54	21.50	1290	86
5.75	345	23	13.75	825	55	21.75	1305	87
6.00	360	24	14.00	840	56	22.00	1320	88
6.25	375	25	14.25	855	57	22.25	1335	89
6.50	390	26	14.50	870	58	22.50	1350	90
6.75	405	27	14.75	885	59	22.75	1365	91
7.00	420	28	15.00	900	60	23.00	1380	92
7.25	435	29	15.25	915	61	23.25	1395	93
7.50	450	30	15.50	930	62	23.50	1410	94
7.75	465	31	15.75	945	63	23.75	1425	95
8.00	480	32	16.00	960	64	24.00	1440	96