DWIHN Residential Services Training FAQ Sheet
Standardized Progress Note Q & A

Can you cite where in the Medicaid manual that we cannot have a digital signature?

Digital signatures are acceptable only if you are utilizing a secure E-signature program.

Can you cite where in the Behavioral Health Code Chart or Medicaid Manual where the H2016 and T1020 codes in a specialized residential are time specific by service/goal/objective? (I am using the 7/25/2024 code chart as a source).

On page 60 of the Michigan Medicaid Provider Manual under Clinical Records it states: "For services that are time-specific, according to the procedure code billed, providers must indicate in the medical record the actual begin time and end time of the particular service."

Are we going to continue documenting progress notes when we start the EVV on September 3rd? How does this work with EVV, which is mandated in homes that receive Home Help and will begin soon.

We are currently unsure of how EVV will impact the progress note process at this time. We will update the network as we gain more information.

I have a question about HAB waiver goals for clients with no PC services as HAB waiver goals are PC related. HAB Waiver goals are PC related. Ex: brushing hair, washing hands, brushing teeth etc… Where do you document a HAB Waiver goal?

Personal Care (PC) is only reported in licensed settings. Unlicensed settings provide and report Community Living Supports (CLS) only. The Goals and Objectives related to assisting with daily tasks are indicated in the Individual Plan of Service (IPOS) and documented under the corresponding sections in the Progress Note. Goals and Objectives can be changed as often as needed in the IPOS.

We type the top portion, and the problem is that the Support Coordinator may change, and we do not know until 30 or 45 days later. We make copies of the progress notes for 6 months at a time, so we don't run out at the home. Why can't we just have the CRSP name without the Support Coordinator name?

Indicate the current Supports Coordinator/Case Manager to the best of your knowledge.

There are many members in non-licensed settings that have both CLS hours and PC hours. How do we handle these members?

A residential assessment review can be requested. If the member requires Personal Care supports, the member can be relocated to a specialized licensed setting. Personal Care services can only be reported in a Licensed setting. All services reported would fall under Community Living Supports (CLS) in an unlicensed setting.

Can we get a copy of the progress note she is working from as an example please?

Progress notes for both Licensed and Unlicensed settings, the training presentation, and video are all available on the DWIHN website.

All the CLS objectives seem to be for high functioning individuals, how do we document for clients that are bed bound or can't do anything for themselves?

Document all of the Community Living Supports (CLS) that are being delivered. If the member needs Personal Care (PC) services, a reassessment is required.

Are we supposed to be documenting these goals only in the progress notes or on data sheets? Some SCs only want data sheets and some only want the progress notes. So where should we be documenting? Or do we do both? These progress notes are already time consuming, and staff are limiting their attention to client care because having to do the extra documentation that the CRSP wants and what you are telling us.

> ***Utilize the standardized Progress Note for all documentation of CLS and/or PC services rendered to the member. That is the DWIHN documentation requirement.***

HAB waiver goals of toothbrushing and personal care don't really go with ***Monitoring and Health & Safety*** because it's not a medical need but that's where we have been documenting those things as they don't fit any other category.

> ***This pertains to I/DD members in an unlicensed setting: Upon review of the HAB waiver application [for billing code T2X27], various PC services (i.e. tooth-brushing, toileting, hygiene, etc.) fall under this category. Documenting of HAB waiver services under CLS Code: C10 for Health & Safety/Medical Complexity in the Residential Assessment as these are medically necessary for the member to maintain good health (i.e., tooth-brushing maintains healthy teeth/hygiene, etc.). In addition, HAB waiver services should be addressed in the Developmental Issues summary section of the residential assessment.***

IPOS goals are to be what the individual wants - not what is in the residential assessment. I had an individual that only wanted one (single) goal, but SC stated he must have more goals to reflect what was in Residential Assessment otherwise authorizations would not be approved. Why do individuals have to have more goals than what they want.

> ***IPOS goals not only include what the member wants. It also needs to include areas of medical necessity. We complete the IPOS through a person-centered planning process but cannot dismiss other areas of medical treatment that are needed to address health and safety needs. This includes areas evaluated and recommended through the Residential Assessment.***

You stated that multiple people can use the same note to document their Start times – but if the start time is the time that one staff starts working with a person served, how does utilizing the same form capture when staff #2 starts working with the same person?

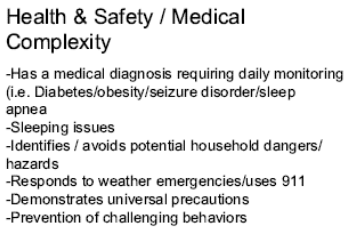
> ***If there are multiple staff the start time signifies the time the first staff starts with the member. The end time signifies the time that the last staff worked with the member. The columns on the left side of Page 1 account for multiple staff initials to be entered and the number of minutes spent with the member on each service. Page 2 allows for each staff to enter the details of what each worker did with the member and the progress.***

24-hour unlicensed settings are going to require a lot of paper/documentation for each task to have separate documentation on the back. Previously, we were having each DCW staff use one section of the back to document their supports provided and break down using the Task ID and CLS codes. 24-hour settings that have one DCW staff working with 3-4 members per shift, and members receive almost every task since they require 24 hours of supports are going to be spending the majority of their time doing documentation. Is there any way to address this?

> ***Every member in a licensed or unlicensed setting requires to have services rendered documented based on their approved CLS/PC hours.***

Most individuals in unlicensed settings receive 24 hours of services. This is sleep-monitoring hours added with CLS time determined by the Residential Assessment. The sleep monitoring has now been taken off of the Progress Note. How are these sleep monitoring hours documented now? Are the notes only to record CLS hours? Or are the sleep monitoring hours documented under Health and Safety without the distinction of being for sleep.

Documentation of sleep-monitoring services are incorporated under the Health & Safety/Medical Complexity section of the residential assessment and therefore included in the total number of approved CLS hours.



Health & Safety / Medical Complexity

-Has a medical diagnosis requiring daily monitoring (i.e. Diabetes/obesity/seizure disorder/sleep apnea
-Sleeping issues
-Identifies / avoids potential household dangers/ hazards
-Responds to weather emergencies/uses 911
-Demonstrates universal precautions
-Prevention of challenging behaviors

The unlicensed 24-hour settings start and stop times would just be the shift times since they are recording 24 hours of services provided?

The START and STOP times are listed when the staff begins/end working with that member.:

Example #1: Sally will start the AM shift at 8:30 AM but may not service her first member until 8:25 AM: **8:25 AM would be entered as the START TIME for servicing the member…**

Example #2: Sally is scheduled to work the AM shift until 4:30 PM but has finished her last service with the member at 4:25 PM: **4:25 PM is the STOP time.**

For settings where multiple staff support the members but have different start and stop times, how would this be recorded? For example, one staff begins their first support task at 6 AM, the next staff begins their first support task for the same member at 7 AM. They both are going to have their own initials on the front of the sheet, and their own documentation on the back, but there is only one spot to document start and stop time for each shift. How does that work?

If both staff members work the same shift (AM, PM, or MN), they would continue to document services rendered, noting the START and END times of when the very first service begins/ends with that member.

It seems like August 12th would not be enough time to figure out all of these kinks, as well as train all staff on the new Progress Notes.

The confirmed Role Out date for the revised Standardized Progress Note is Tuesday, September 3, 2024. All documentation and training tools are currently available on the DWIHN website.

Most I/DD persons require constant, ongoing monitoring for health and safety. As soon as the DCW reports they are delivering service and does not stop until shift ends. What happened to monitoring? Would that now go under health and safety? What exactly is the Midnight shift supposed to document? I/DD residential providers are responsible for health and safety regardless of what a SC documents or not and do not develop and/or write IPOS.

If the member requires constant overnight monitoring for health/safety it should be documented in the assessment, IPOS and documented in the Health/Safety section of the progress note under CLS Objective Code C-10.

If one of the member's ADLs is to clear the table, on the note itself is "client cleared table with 3 or less prompts" or "client cleared table with more than 3 prompts" sufficient or do we need to be even more detailed?

This verbiage is good if the goal is for the member to clear the table.

Even though the CLS hours are 3.0 and the PC hours are 1.5, we still document more than that, correct? Or is it once those 3.0 CLS and 1.5 PC hours are accounted for, does the documentation of services stop? For example, there were 6 hours of service rendered, but were only getting paid for 4.5 hours?

You will be reimbursed for what is authorized in the residential assessment as long as it is accounted for in the progress note. Document the services delivered, and if additional hours of CLS/PC services are needed for authorization, contact the CRSP SC/CM for a residential assessment review request.

Who fills out the goals: The (CRSP) SC or Home? Who fills in identified IPOS goals on the progress note? Who fills in the objectives on the progress note?

The home provider is responsible for completion of the note and the staff delivering the services.

What if there is no electronic system within the facility can the note be handwritten format?

Yes.

How can staff that use a PC print and sign, when all 3 shifts will be on one note, no one will be able to sign their notes until the next day, unless you want us to have 3 different sets of notes per client per day.

Only Page 2 requires DCW staff signatures.

I know this is an example but there is a gap of 30 minutes with no service provided from 3:45 PM to 4:15 PM. Is this a home that require 24-hour service?

There can be gaps in between rendered services. The note accounts for the time that the first service was initiated by the DCW staff (start time) and the time the last service was provided by the DCW staff (end time). In addition, some members require health/safety monitoring as outlined in the member's IPOS.

Medication goal appears in both CLS and PC, could you please clarify the difference?

Reminding and observing a member while taking their medication would be a Community Living Support services, (CLS), whereas physically (hands-on) providing the medication to the member is considered Personal Care (PC).

How many goals are we to document on?

The ones you work on that (24-hour) day.

Can there be more lines added to the progress note so it can be detailed. It will prevent having to write on the side.

This has been completed for the progress note for Unlicensed Settings/CLS staffing.

The licensed and unlicensed home progress notes now will be different?

Yes: As an unlicensed setting does not provide Personal Care, that section is no longer included on the unlicensed setting progress note.

How do you document on a goal that is not listed on the progress note?

You can add/change the CLS/PC goals on the top of the progress note (Page #1). If you need a goal added to the IPOS, you will have to contact the CRSP SC/CM to complete an addendum to the member's plan.

The objectives should not be prefilled on the progress notes. Meaning each shift (DCW staff) pick objectives from Residential assessment they will work on?

The CLS/PC goals and objectives that are worked on that day need to be indicated on the note.

If the AM work shift completes all of the CLS and PC hours, then the Afternoon and Midnight work shifts don't need to chart, correct?

The hours that DCW staff are working with a member on CLS and PC objectives need to be documented. This documentation includes health/safety monitoring if indicated in the assessment/IPOS.

How do we do document when away at program or school? If they go to program and staff goes with them, how do we document on the progress note?

On Page #2, the Task ID Code ED is listed to note the member attends an education/day program, also noting the timeframe of attendance:

Example: Johnny attended Day Program from 9 AM to 2 PM.

If a member receives services at another program that are being billed (like skill building or supported employment), DCW staff cannot bill for services during that same time.

This is correct.

Are each staff (AM, PM, & MN) to choose to work either CLS hours or PC hours or work on both CLS and PC hours each shift?

The amount of PC hours and CLS hours that the individual is authorized for must be accounted for on the note within the 24-hour period.

Could you please address the issue of trying to redirect a member that consistently gets angry when asked to take a shower, and has never agreed to take one, or hasn't taken one in months: What should the direct care worker do?

If it is a goal identified in the IPOS and time is authorized to work on the goal/objective, then document how much time the staff is taking to work on getting the member to take a shower.

If the AM shift does the 3 hours of CLS and the 1.5 hours of PC, what does PM and MN shifts document once the approved hours have been met?

The progress note should document the hours deemed medically necessary to support the member in alignment with the residential assessment. If you do not agree with the residential assessment recommendations, you can request a reconsideration review with the Residential Team through the CRSP SC/CM.

How do we document start and stop time if the staff works with the member at different times? For example, the staff works with the member for a particular CLS objective from 8:10-8:40 AM, and then works with the member again at 11:10-11:40 AM.

The start and end time doesn't change in this circumstance. The start time reflects the first service delivered by the staff and the end time reflects the last service delivered by the staff.

What if there's one DCW staff and three members. How do they document during shifts?

Three members have 3 different notes because they all have different treatment plan goals and authorizations.

Must all staff document on one progress note? Example: There are 3 residents and one DCW staff on shift at a time. "Joe" has 10 goals and has to be visually checked on every 15 minutes. Mary has 8 goals and the same visual check needs (designated in IPOS), etc. You are not doing all things that need to be done with each individual resident all in a consecutive 3-hour period (or whatever amount the resident gets). How are times documented for multiple starts and stops of services throughout one single 8-hour shift?

During one single 8-hour shift, you only need to document when start time for when the first service was delivered and the end time for when the last service was delivered. The number of minutes providing each service is listed on left side of Page #1. It is then totaled at the end of the 24-hour period to meet what is authorized.

For Midnight shift: Do you complete toileting, dressing, personal care, monitoring/sleep checks, feeding, chores, laundry etc.? Staff would document these things on their notes. If midnight staff does the laundry, when are they supposed to help do the laundry? Do we get the member out of bed in the middle of the night to meet their objective?

Document the start time for when the first service is delivered by the DCW staff and the end time for the last service delivered by the staff before the end of their shift.

What if some members are known for sleeping on a wrong sleeping position during the night. Does it mean they can't be monitored or redirected them to sleep right? I think that should be noted for monitoring during the night shift.

The member can be monitored during the night as long as it is in the IPOS and noted in the residential assessment.

In summary, what's has changed?

The only change is that the staff will now enter the time that they deliver the first service to a member (start time) and the last service to a member (end time).

If you make a mistake, how do I fix it if I can't scratch it out?

Cross out the mistake and initial it if needed.