

Detroit Wayne Integrated Health Network Daily Progress Note IDD

Specialized Unlicensed Settings & In-Home CLS Staffing Services for CPT Codes H2X15/T2X27

 AMI

Member: _____ MHWIN ID#: _____ Date: _____

CRSP SC / CM: _____ Facility: _____

 Specialized Unlicensed In-Home Staffing Services

Identified IPOS Goals: _____

CLS Hrs.: _____

*Respite Hrs.: _____

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

*In-Home Services Recipient Signature: _____ DATE: _____
 *MEMBER/GUARDIAN Signature Required for RESPITE Services.

Staff Supervisory Signature: _____ DATE: _____

Member: _____

MHWIN ID#: _____

Date: _____

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TASK ID CODES

<i>H</i> = Hospitalization	<i>M</i> = Monitoring	<i>R</i> = Refusal	<i>ED</i> = Education/Day Program
<i>TC</i> = Total Care	<i>PA</i> = Physical Assist	<i>VP</i> = Verbal Prompts	<i>LOA</i> = Leave of Absence
	<i>HOH</i> = Hand Over Hand	<i>I</i> = Independent	

PROGRESS CODES

IP = Increased Progress*DP* = Decreased Progress*SP* = Same Progress

CLS CODE TASK ID

Staff Action
/ Outcome:

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Staff
Initials

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Staff Signature

Credentials

PRINT NAME

 AM STAFF
 PM STAFF
 MN STAFF
Progress
CodeStaff Action
/ Outcome:

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Staff
Initials

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Staff Signature

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