

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 Hours: _____
 Sleep Hours: _____
 *Respite Hours: _____

AM		PM		MN		Community Living Supports Objectives	AM START: _____	PM START: _____	MN START: _____
Mins		Mins		Mins			AM END: _____	PM END: _____	MN END: _____
						C1 Meal Preparation/Kitchen Skills			
						C2 Laundry			
						C3 Housekeeping Skills			
						C4 Behavioral Interventions Needed (HAB Waiver)			
						C5 Total Shopping			
						C6 Money Management			
						C7 Community/Socialization Skills			
						C8 Attending Medical Appointments			
						C9 Medication Instruction Skills			
						C10 Health & Safety/Medical Complexity (Sleep Hours/Overnight Monitoring)			
						C11 Symptoms/Stress Management Skills			
Total Minutes: _____									

*Respite Service Recipient Signature: _____ DATE: _____
 *MEMBER/GUARDIAN Signature Required for RESPITE Services.

Staff Supervisory Signature: _____ 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	

<i>PROGRESS CODES</i>	<i>IP</i> = Increased Progress	<i>DP</i> = Decreased Progress	<i>SP</i> = Same Progress
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Staff Action / Outcome:

CLS CODE

TASK ID

Staff Initials

Staff Signature

Credentials

PRINT NAME

☐ AM STAFF

☐ PM STAFF

☐ MN STAFF

Progress Code

Staff Action / Outcome:

CLS CODE

TASK ID

Staff Initials

Staff Signature

Credentials

PRINT NAME

☐ AM STAFF

☐ PM STAFF

☐ MN STAFF

Progress Code

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Progress Code