

# Wayne County Progress Notes Training



# Agenda

- Why is a Progress Note Necessary
- Responsibilities of the Supports Coordinator
- Responsibilities of the Caregiver
- CLS Services
- Why There Are Changes
- Progress Notes
- Completed Progress Notes
- Submitting Timesheets and Progress Notes



# Why is a Progress Note Necessary?

- Medicaid authorized services require documentation indicating a necessity for services
- Indicates goals are being worked on, as outlined in the IPOS
- Monitors progress and/or concerns related to the consumer and achievement of goals
- Provides communication between the Supports Coordinator and Staffing Provider
- Actual service time must be connected with meaningful activities
- Deficit Reduction Act and Monitoring Medicaid dollars



# Supports Coordinator Responsibilities

- Determines the level of services needed
- Writes the IPOS
- Communicates to ExpertCare the authorized hours of services for CLS and/or respite
- Completes top portion of provider progress note regarding:
  - Consumer information
  - Relevant expected outcome / goal statement from IPOS
  - Interventions and action steps indicated in IPOS pertaining to expected delivery of Community Living Supports



# Caregiver Responsibilities

- Review the IPOS and understand the goals
  - If there is not an IPOS at the consumer home to review, please contact your recruiter at ExpertCare
- Complete **one progress note daily** on each consumer
  - Notes should **reflect task performed**, related to goals in the IPOS
- Indicate start and stop time – note AM or PM
  - There should not be a gap in time if working a consecutive shift  
*Example:* If working from 8 am to 11 am then you will write the take note start time at 8 am until you completed the task which is the stop time. The next task start time should be the same as the end time from the previous task.

# Caregiver Responsibilities

- Identify task and/or intervention being worked on
  - This is the task note (no longer writing a “shift note” ) that relates to goals in the IPOS
- Lists objective as indicated by codes provided, as applicable
  - Indicate either CLS or Respite
- Indicate progress
- Provides services according to Medicaid service – either CLS or respite

# CLS Services

**Community Living Supports (CLS)** is defined as: services used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his/her goals of community inclusion and participation, independence or productivity.

- **Assisting, reminding, observing, guiding and/or training** in the following:
  - Meal preparation
  - Laundry
  - Routine, seasonal, and heavy household care and maintenance
  - Activities of daily living (e.g., bathing, eating, dressing, personal hygiene)
  - Shopping for food and other necessities of daily living

# CLS Services

## **Assistance, support and/or training with activities such as:**

- Money management
- Non-medical care
- Socialization & relationship building
- Transportation from the consumer's residence to community activities, among community activities, and from the community activities back to the consumer's residence
- Participation in regular community activities & recreation opportunities (e.g., attending classes, movies, events in a park; volunteering; voting)
- Reminding, observing and monitoring of medication

# Words to Use in Progress Notes

Assisted	Observed	Monitored	Taught	Teaching
Coordinated	Advocated	Maintaining	Activities	Attended
Guided	Planned	Choices	Checked	Training
Helped	Explained	Built	Participated	Socializing
Prompted	Provided	Completed	Aware	Prepared
Verbal directions	Directed	Safety	Independent	Skills
Arranged	Reminded	Supported	Achieved	

# Why There Are Changes to the Progress Notes

- Clearer outcomes / goals and action steps
  - Essential to treatment success
- All CLS goals should be clearly defined and describe scope & duration
- CLS goals and objectives are tracked through Progress Notes
- Supports Coordinators review progress notes monthly
  - Look at progress toward goals
  - Update IPOS as needed



# Wayne County Timesheet SAMPLE



## Wayne TIMESHEET – TIME IN/TIME OUT

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I understand as a condition of my employment, I must adhere to the scheduled hours allocated to the consumer for whom I provide care. In the event a budget is modified, ExpertCare Management Services is the only party that can authorize a change in your employee work schedule. Violation of this policy will result in disciplinary action up to and including termination. **Provider:** Please fill in completely. Keep a copy for yourself. The ExpertCare copy of the completed time card **must be received** in our office by 8:00am on Monday, **regardless of a holiday**. Failure to turn in your timesheet by the deadline will result in delay of pay until the next pay date.

Week Ending	Consumer (Please Print)	Provider (Please Print)
7/2/2011	Bill Smith	Hal Helpful

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Week Total
Date:						7/1/11		
CLS-Time In						8 a 5 p		
CLS-Time out						9 a 8 p		
<b>CLS Total</b>						1 3		4
Respite Time In						8 p		
Respite Time Out						9 p		
<b>Respite Total</b>						1		1
Per Diem Time in								
Per Diem Time Out								
<b>Per Diem Total</b>								

Please indicate if hours worked are CLS, Respite or Per Diem by completing the box aligned with the service you performed. Specify 2:1 care if applicable.

I attest, under the penalty of perjury, I have worked the hours declared above and they are true, correct and compliant with Federal and State Funds. Signatures are not to be copied from a previous timesheet and must be the original signatures. Consumers, by signing this timesheet you attest that all information is accurate. No whiteout or pre-signed timesheets will be accepted. Timesheets must reflect actual hours worked.

Provider's Signature: \_\_\_ Hal Helpful \_\_\_

Last 4 digits of social security: \_\_\_ 1234 \_\_\_

Authorized Consumer Signature: \_\_\_ Bill Smith \_\_\_

**IMPORTANT - A COMPLETED TIMESHEET INCLUDES BOTH PAGE 1 AND 2 FILLED OUT IN ENTIRETY WITH AN AUTHORIZED SIGNATURE!**

**IT IS A REQUIREMENT THAT CLS AND RESPITE HOURS BE DOCUMENTED AGAINST THE GOALS IN THE PLAN OF SERVICE. ANY QUESTIONS PLEASE CALL 1-866-812-8896**

If you would like to verify receipt of timesheet please leave a message in the payroll mailbox: 248-205-7205 Payroll will return the call on Monday if there is a problem or if the timesheet was not received.

## There are NO changes to the Wayne Timesheet



# Top Portion of Progress Note

## Expected Interventions / Action Areas from IPOS

### 1) **Community Living Supports (CLS)** (key areas of focus identified from FAT tool for Adults or IPOS)

- a) Staff will assist Bill in riding the bus 2 times weekly to his skill building site, doctors visits or other destinations providing guidance and education to assist in learning needed skills.
- b) Staff will educate and assist Bill with learning to make healthy meals daily, reviewing menu choices, prompting him with food preparation, educating on kitchen safety and providing assistance where needed.
- c) Staff will assist Bill in improving his ability to handle frustration daily. Staff will provide reassurance to Bill when he becomes upset, remind him to take deep breaths, and help him to identify what he needs or steps that need to be taken to make things better.

### 2) **Respite** (key areas of focus identified from IPOS )

### 3) **Other Intervention Areas from IPOS** (See IPOS for specific CLS interventions required)

Behavior Plan (BP)

Occupational Therapy (OT)

Speech Therapy (ST)

Nutrition (N)

Physical Therapy (PT)

# Notes Portion of Progress Note

Start Time	Stop Time	Task Completed / Intervention	Objective Area from IPOS	Progress	Comments	Initials
8AM	9 AM	Assisted Bill in riding bus to work. Prompted him with paying attention to bus number, route and needed stop.	CLS A	<input type="checkbox"/> Decreased <input checked="" type="checkbox"/> Same <input type="checkbox"/> Improved	Bill was excited about learning to ride the bus, interacted well with others	JH
5 PM	6PM	Guided and assisted Bill with making dinner. Reviewed his menu for options, prompted him in obtaining items and meal prep. Reminded him about fire safety with gas stove. Prompted Bill to keep calm when he became frustrated with making dinner.	CLS B, C	<input type="checkbox"/> Decreased <input checked="" type="checkbox"/> Same <input type="checkbox"/> Improved	Bill wanted staff to do most of cooking, required several prompts to stay on task, became frustrated and impatient.	JH

# Notes Portion of Progress Note

Start Time	Stop Time	Task Completed / Intervention	Objective Area from IPOS	Progress	Comments	Initials
6PM	6:30PM	Reminded Bill to take evening meds, assisted him with completing dinner clean up.	CLS	<input type="checkbox"/> Decreased <input checked="" type="checkbox"/> Same <input type="checkbox"/> Improved	Bill was cooperative	JH
6:30 PM	7:30 PM	Assisted Bill with showering, helping in and out of tub, reminding to wash thoroughly, complete grooming and hygiene.	CLS	<input type="checkbox"/> Decreased <input checked="" type="checkbox"/> Same <input type="checkbox"/> Improved		JH
7:30 PM	8 PM	Guided Bill in preparing lunch and clothes choices for tomorrow, reviewed next day schedule.	CLS B	<input checked="" type="checkbox"/> Decreased <input type="checkbox"/> Same <input type="checkbox"/> Improved	Bill did not want to prepare his lunch, required multiple reminders to complete, did OK with picking clothes for weather.	JH
8 PM	9 PM	Monitored Bill for health and safety. Watched football game and discussed game.	Respite	<input type="checkbox"/> Decreased <input checked="" type="checkbox"/> Same <input type="checkbox"/> Improved		JH

# Signature Portion of Progress Notes

## Parent / Guardian Signature

Maggie Smith

Date: 7.1.2011

Parent / Guardian Signature

## Caregiver Signature

Hal Helpful, HH

\_\_\_\_\_

\_\_\_\_\_

Staff Signature & Initials

Staff Signature & Initials

Staff Signature & Initials

Hal Helpful

\_\_\_\_\_

\_\_\_\_\_

Print Name

Print Name

Print Name

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Date: 7-1-11

ID#: 12345

# Completed Progress Notes

- Completes one **progress note sheet daily** on each consumer
- **Every section within progress notes** must be filled in:
  - Start time
  - End time
  - **Times must be back-to-back**
    - Example: If working a consecutive 4 hour shift, there **should be NO time gaps for start and stop times** when documenting tasks performed
  - Identify Task / Intervention – PROGRESS NOTES
  - Indicate Objective – CLS or respite
  - Check off Progress Box
  - Comments – note any behaviors
  - Caregiver initials
- Caregiver signs and dates last page of each daily note page
- Parent and/or guardian signs the last page of each progress note
- Number each Progress Notes Page

# Sample Progress Note

**CLS Goal:**

Susie's goal is to better communicate using gestures, words or picture cards.

**Good Note:**

Susie was pacing the kitchen, trying to open cupboards. Directed her to picture cards and asked what she wanted. Susie pulled on the cupboard. She indicated thirsty with a gesture. I reminded her of the picture cards and offered choices of drinks. Throughout the shift, Susie was reminded to use cards to indicate her needs or wants. She participated about 50% of the time.

**Bad Note:**

Susie was upset. I got her a glass of water. We did many things.

# Sample Progress Note

**CLS Goal:**

Jon's goal for community inclusion is to attend 1 activity of his choice and work on appropriate interactions with people in the community.

**Good Note:**

Jon participated in the choice of today's activity by choosing between two activities. We went to the mall. Jon responded to the salesclerk's questions with no prompts. His answers were appropriate.

**Bad Note:**

Went to the mall. It was fun. Jon had a good day.

# Submitting Timesheets and Progress Notes

- Submit completed progress notes and timesheets weekly
- Timesheets need to accompany progress notes in order to process
- Mail
- Drop Box
- Fax
- Secure Email through portal



# QUESTIONS



*ExpertCare*  
management services

*Restoring Lives, Renewing Spirits*