



**Detroit Wayne  
Integrated Health Network**

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**Residential Provider Meeting**

**Friday, July 14, 2023**

**Virtual Meeting**

**11:30 am –12:30 pm**

**Agenda**

**Zoom Link: <https://dwihn-org.zoom.us/j/92653624476>**

- I. Welcome/Introductions
- II. Claims Department- Debra Schuchert
  - Claims Reminders
  - Error Messages on Claims
  - General Fund Exception Authorization (Page 2)
- III. Recipient Rights Department- LaShanda Neely
  - ORR Training
  - Monitoring & Prevention Pages 3-5)
- IV. Credentialing – Ricarda Pope-King
  - Credentialing Updates (Page 6-11)
- V. Quality Improvement –Danielle Dobija
  - MDHHS Focus on HCBS Supportive Language (page 12-27)
- VI. Residential – Valerie Karageozian
  - Changes/Updates for the DWIHN Standardized Progress Notes (Pages 28-48)
- VII. MCO -Sharon Matthews
  - FY 23-24 Pre-Contracting & Contracting
- VIII. Administrative Updates – Eric Doeh, President and CEO
- IX. Questions
- X. Adjourn

**Board of Directors**

Kenya Ruth, Chairperson  
Karima Bentounsi  
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**Eric W. Doeh, President and CEO**





# Claims Reminders



- Please remember that once the claim information has been entered and adjudicated by “You” the Provider an error message will appear if claim is unclean or has any issues prior to submitting to us for adjudication. Please take a moment to **read** the error message in most cases you can resolve the issue prior to submission. This may prevent the need for the following...
  1. The need to submit for reconsiderations.
  2. The need to submit an appeal.
  3. Delays in payment.
  
- We have also been receiving a lot of emails pertaining to the error message “**GF-3 Service not in DWMHA benefit plan for this individual on this date of service.**” This means that there is a General Exception Authorization needed to pay for denied dates of service. Please follow the steps below...
  1. The consumer’s Case Manager/Supports Coordinator **must** complete a General Fund Exception Request Form. This is completed via MH-WIN under ‘Request for General Fund Exception’ in the Authorization screen.
  
  2. Once the special GF Authorization is created the provider must use the new GF authorization to bill for services that fall within the GF period. The GF Authorization will bypass the edits.

# ORR New Hire Recipient Rights Training

## Updates

- ❑ ORR Training dept-in preparation for MDHHS Triennial Assessment in Oct. 2023, to assess Rights protection; training
- ❑ NHRRT-# of seats available have increased to accommodate an increase in # of NHRRT attendees. However, **NO SHOW** rate remains significant
- ❑ Register your staff for NHRRT during the onboarding/orientation process. NHRRT **vs.** ARRT.
- ❑ If Providers have registered a staff for NHRRT but need to **cancel/reschedule**, notify ORR Trainers at [orr.training@dwihn.org](mailto:orr.training@dwihn.org)
- ❑ **MHWIN Staff Record**-Provider ensure the record is filled in completely, accurately and kept current
- ❑ NHRRT provided on Monday-Wednesday each week from 10am-12pm. **Evening** NHRRT-2nd Tuesday of the month from 4pm-6pm. Check MHWIN for available training dates.
- ❑ If your staff fails to receive the NHRRT email w/1 2 hours before start time, check email address is correct in MHWIN, staff check their spam folder. Otherwise, you may contact us via email at: [orr.training@dwihn.org](mailto:orr.training@dwihn.org) no later than ½ hour prior to start time
- ❑ Participants must be present online, with working cameras, and remain **visible** and available to communicate with us throughout the course
- ❑ If your staff are OBSERVED OTHERWISE NOT ENGAGED DURING THE TRAINING, they will be removed from the training and will need to be rescheduled
- ❑ NHRRT must be completed **w/i 30 doh** for new staff
- ❑ Please review the DWIHN website and/or MHWIN newsflash for updates regarding NHRRT.

# OFFICE OF RECIPIENT RIGHTS: MONITORING (SITE REVIEWS)

## Updates:

- ▶ ORR Monitoring dept. continues to prepare for the upcoming **MDHHS Triennial Assessment-10/16-10/20/23**; to assess site reviews
- ▶ **Increase** in staff *not* attending NHRRT with site reviews and complaints-Providers please adhere to the requirement of the MMHC mandate
- ▶ Any violation(s) found requires a Corrective Action Plan. Provider has 10-business days from the date of the site visit to remedy violation
- ▶ End of site review visit, Site Rep **required** to sign & date page #4 of site review tool

## Site Review Process:

- ▶ ORR Site Visit conducted onsite (**in person**). Covid 19 Questionnaire-If +exposure, an alternative site review will be arranged
- ▶ Review new staff hired since the previous site review-NHRRT completed w/i 30 doh
- ▶ ORR accepts NHRRT obtained from a *different* county w/ evidence provided/verification
- ▶ ORR Reviewer looks for: required postings, confidential items stored, health/safety violations, interior/exterior of facility, interviews staff & members re: rights
- ▶ Important Reminders:
  - ▶ Provider contact info and staff records should be kept current, as required in MHWIN
  - ▶ Remember: NHRRT vs. ARRT-Are not the same

# ORR Prevents Rights Violations

## Prevention Unit Primary Responsibilities

- ▶ Develop and implement prevention-related training initiatives- provide input with updating specific DWC trgs, ex: IRs
- ▶ Review Policies and Procedures & provide recommendations to address Recipient Rights-related matters
- ▶ Review substantiated complaint investigations and address concerns identified for prevention opportunities
- ▶ Ensure remedial action trainings & recommendations related to Recipient Rights violations are in adherence to the Michigan Mental Health Code and MDHHS Administrative Rules.

# CREDENTIALING

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Anytime you make any changes to your Microsite and Provider Source application you must re-attest and upload that document. If you do not re-attest Medversant will not see the document and continue to do outreach for what is missing in your file.

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- Providers and practitioners are notified 6 months prior to the expiration of the initial or re-credentialing date. If you do not meet the re-credentialing date your file will be treated as a credentialing file.
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# PRACTITIONER RIGHTS

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1. Review information submitted to support their credentialing application.
2. Correct erroneous information.
3. Receive the status of their credentialing or re-credentialing application, upon request.
4. Right to Appeal:
  - If you receive an adverse credentialing decision you have the right to appeal.
  - The letter that you received of the adverse decision has an appeal document attached that must be returned within 30 calendar days of the decision in order to get a review by the Appeals Committee.
  - The applicant will receive a decision within 7 business days of the final disposition.
  - Failure to send a valid request for appeal within 30 calendar days allotted shall constitute waiver by the practitioner of any right to appeal.

# PRACTITIONER RIGHTS

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- If you receive an adverse credentialing decision you have the right to appeal.
- The letter that you received of the adverse decision has an appeal document attached that must be returned within 30 calendar days of the decision in order to get a review by the Appeals Committee.
- The applicant will receive a decision within 7 business days of the final disposition.
- **Failure** to send a valid request for appeal within 30 calendar days allotted shall constitute waiver by the practitioner of any right to appeal.

EVERY PROVIDER MUST BE CREDENTIALLED. IF YOU HAVE NOT STARTED THE PROCESS IMMEDIATELY CONTACT THE CREDENTIALING UNIT AT [PIHPCREDENTIALING@DWIHN.ORG](mailto:PIHPCREDENTIALING@DWIHN.ORG) OR YOUR PROVIDER NETWORK MANAGER AT [PIHPPROVIDERNETWORK@DWIHN.ORG](mailto:PIHPPROVIDERNETWORK@DWIHN.ORG)

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# HCBS Implementation

## Demonstrating Compliance

July 14, 20223

# HCBS Implementation DWIHN Network Responsibilities

Transition Planning

Non-Responder HS List  
Remediation Work

2023 Survey  
Quarterly

Pre-Operational  
Reporting

2020 Survey  
Remediation  
/ Validation

# Heightened Scrutiny Remediation Work

Members residing in settings found to be HCBS non-compliant based on HCBS Survey responses were either relocated (Pathway #4) to a new residential setting or remained in the current location without HCBS funding (Pathway #3).

The settings where the members were living were placed on Heightened Scrutiny. In order for the setting to resume their eligibility to provide, and receive funding for, HCBS Services, they needed to complete remediation work to demonstrate compliance with the HCBS Final Rule.

# Heightened Scrutiny Remediation Work

Next steps:

- Complete remediation if needed
- collect evidence of HCBS remediation / HCBS readiness
- Complete attestation of HCBS remediation / HCBS readiness
- Schedule virtual review with MDHHS
- DWIHN PIHP HCBS Lead participates in virtual review with MDHHS Rep. – Occurring throughout the month of July

# Heightened Scrutiny Remediation Work

Where we are at so far:

- Four settings have been reviewed with MDHHS and that setting has been removed from HS
  - **Pending updates to the three members' plans of service.**
- Six settings still need to be reviewed by MDHHS

# Heightened Scrutiny Remediation Work

## IPOS Documentation Expectations for Demonstrating Compliance with HCBS Final Rule

- “HCBS Supportive Language” that shows evidence of the Member and/or Guardian’s participation that is distinctive to Member’s understood wants and desires.
- Language that demonstrates opportunity and access for the member

# Heightened Scrutiny Remediation Work

## IPOS Documentation Expectations (cont.)

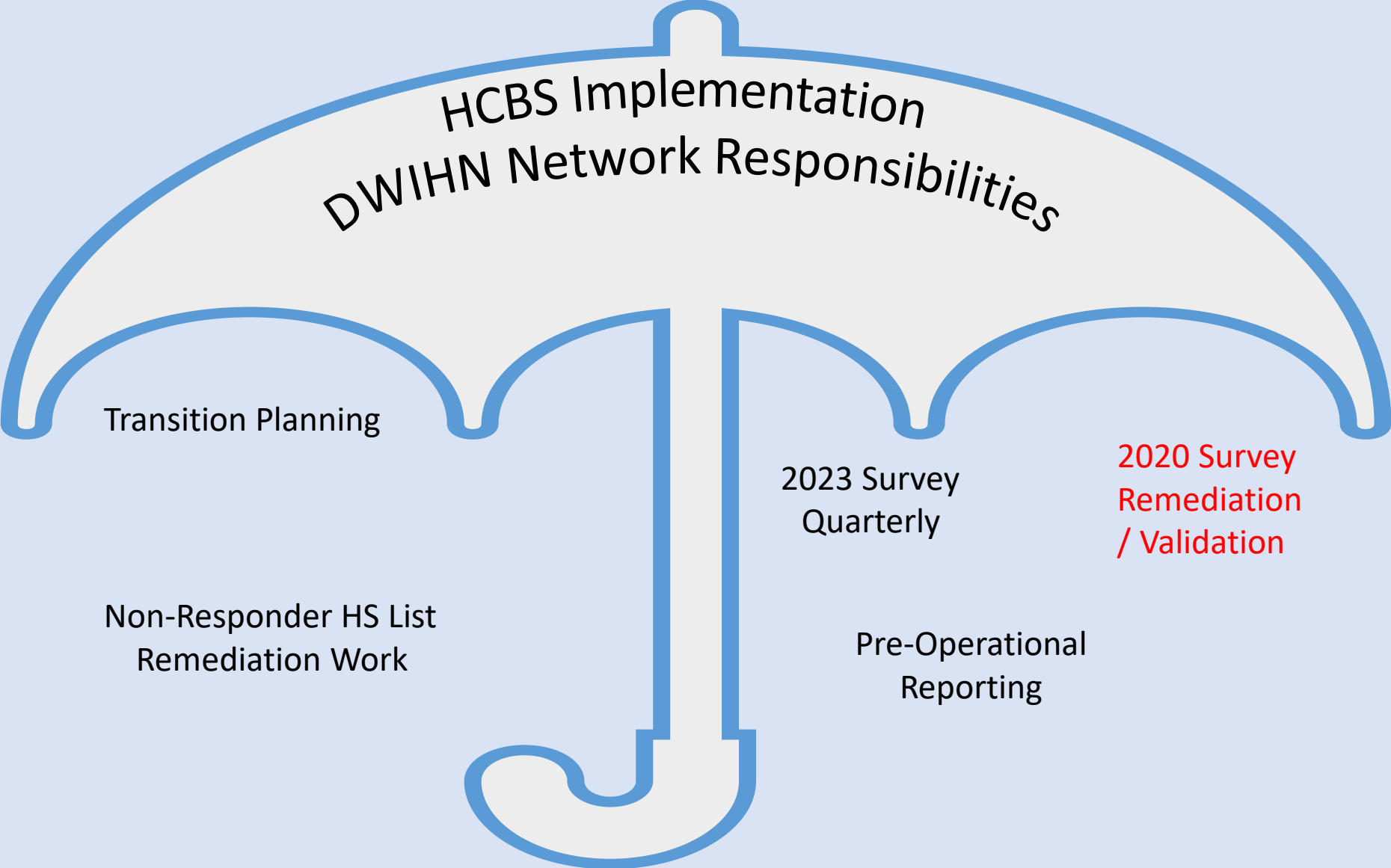
- Clearly identifies what choices of living arrangements were offered to the individual / legal representative.
- Clearly identifies member's contribution to the decision making process (to the best of their ability), even when there is a legal guardian involved
- No restrictive language unless associated with a Behavior Treatment Plan that has been BTPRC approved.
- No restrictive language unless associated with a Behavior Treatment Plan that has been BTPRC approved.

# Heightened Scrutiny Remediation Work

Look for information on more detailed trainings in the near future

Utilize the “HCBS Step by Step” guide on the DWIHN Website

[https://dwihn.org/providers\\_forms\\_guidelines](https://dwihn.org/providers_forms_guidelines)



# HCBS Implementation DWIHN Network Responsibilities

Transition Planning

Non-Responder HS List  
Remediation Work

2023 Survey  
Quarterly

Pre-Operational  
Reporting

2020 Survey  
Remediation  
/ Validation

# 2020 Survey Remediation and Validation

HCBS Survey completed in 2020

Survey responses suggesting non-compliance with HCBS Final Rule must be remediated.

Survey responses suggesting compliance with HCBS Final Rule must be validated.

# 2020 Survey Remediation and Validation

DWIHN must

- audit provider for
  - remediating any non-compliance
  - validation of compliance
- collect evidence of compliance
- Submit evidence to MDHHS

# 2020 Survey Remediation and Validation

Collect evidence for **4,182** Survey Responses

78 Provider Settings

- Residential and Skill Building

296 members

# 2020 Survey Remediation and Validation

## Evidence of Compliance

- Progress Notes
- Policies and Procedures
- Activity Calendars
- House Meetings
- IPOS

# 2020 Survey Remediation and Validation

## Evidence of Compliance

The evidence needs to demonstrate the

Freedoms of choice

Freedom of movement

The spirit of the HCBS rule is to ensure residents have the same freedoms and opportunities like everyone else.

# 2020 Survey Remediation and Validation

DWIHN is currently in the preparation phase of this project finalizing the workflow process and filtering data submitted to DWIHN by MDHHS

Anticipated timeframe for training the network on the 2020 Survey Remediation and Validation process is late July / Early August

# 2020 Survey Remediation and Validation

## 2020 Survey Remediation and Validation timeframe (cont.)

Early August –

- Remediation and Validation work begins (for both the physical setting and the IPOS)
- Bi-Weekly / Weekly Q & A sessions

August – September

- Submission of evidence to DWIHN

All Evidence due to DWIHN **9/15/2023**



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**Standardized Progress Notes Guidelines for Documentation  
Community Living Support (CLS) and Personal Care (PC)**

**Purpose:**

- To monitor progress 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
- To meet the contract requirements for a “clean claim”

**Objectives:**

- To understand the purpose of the **Residential Assessment**
  - \* DWIHN residential staff
- To develop effective integration and implementation of approved services to the **Individual Plan of Service (IPOS)**
  - \* CRSP supports coordinator/case manager, Member/Guardian, & Residential Provider
- To appropriately document services delivered to the Member [**Progress Note**]:
  - \* Timeliness & Thoroughness
  - \* Member Progress (or lack thereof), and
  - \* Member Satisfaction
- To identify direct care staff role as it relates to implementation of IPOS goals and objectives
- To understand how direct care staff can promote self-sufficiency in Member

**All Progress Notes Should Include:**

- Name of Member being serviced
- MHWIN ID#, Progress Note Date, and Facility Name
- Identified objectives from the Member's current Individual Plan of Services (IPOS)
- Summary of identified objective (brief description of WHAT occurred)
- Target problem(s), progresses, or changes
- Specific strategies and/or interventions of instructions updates to Member
- Significant change in new/ongoing medical condition and/or medications (noted in “Staff Action/Outcome”), addressed in the IPOS
- Identify new stressors and/or extraordinary event (must be reported to the CRSP SC/CM)

**Progress Notes DOs and DON'Ts:**

<ul style="list-style-type: none"> <li>• Provide a summary of what services were provided as identified in the Member’s IPOS (what <b><u>you</u></b> did)</li> <li>• Describe any mental/physical disability (must be a diagnosis received by the Medicaid-assigned PCP)</li> <li>• Be specific, <b><u>use details</u></b>: “Member raised her voice at Staff multiple times and called them stupid.”</li> <li>• Describe observed facts explaining Member’s comments in quotes (“ “)</li> <li>• Note observable Member’s emotional reactions, such as crying, trembling...</li> <li>• Notes must be objective and strength-based</li> <li>• DCW’s handwriting must be <b><u>LEGIBLE!</u></b></li> </ul>	<ul style="list-style-type: none"> <li>• <b><u>Do not write your own personal opinions, reactions or feelings</u></b>: “Member seems a little unstable. / I didn’t like how Member folded their laundry.”</li> <li>• Do not <b><u>diagnose</u></b> or <b><u>assume</u></b> that Member has a condition/ disability</li> <li>• Do not leave blanks or use unclear statements or use inflammatory words in notes</li> <li>• Do not give your <b><u>own</u></b> explanations and/or make assumptions</li> <li>• Do not type, scribble, use white-out, scratch out, or write side-notes</li> <li>• Do not record personal frustrations about supervision, community partners, etc.</li> <li>• Late charting <b><u>MUST</u></b> be labeled by staff that performed actual services (date, initials, AND signature noted)</li> </ul>
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## Instructions for Specialized Residential Daily Progress Note

- Complete Member information at the top of Face Sheet (Page #1):
  - \* Select Program Designation (AMI or IDD)\*
  - \* Member Name\*
  - \* MHWIN ID#\*
    - Auto-populates to Progress Note (Page #2)
  - \* Face Sheet Date
  - \* CRSP – Clinically-Responsible Service Provider and the SC (Support Coordinator) / CM (Case Manager) Name
  - \* Facility – Member's current residential setting selecting: **Specialized Licensed, Specialized Unlicensed [SIL/SILP], Self-directed, or In-Home CLS Staffing**
  
- List identified goal(s) from the Member’s Individual Plan of Services (IPOS):
  - \* Reviewed with CRSP supports coordinator/case manager and Residential Provider/staff
  - \* Can be changed/updated as often as needed
  
- Goal Objective Categories

Community Living Supports	Personal Care
<b>C1</b> Meal Preparation/Kitchen Skills	<b>P1</b> Eating/Feeding
<b>C2</b> Laundry	<b>P2</b> Toileting
<b>C3</b> Housekeeping Skills	<b>P3</b> Showering/Bathing/Personal Hygiene
<b>C4</b> Behavioral Interventions Needed	<b>P4</b> Dressing
<b>C5</b> Total Shopping	<b>P5</b> Mobility/Transferring
<b>C6</b> Money Management	<b>P6</b> Medication Knowledge/Administration
<b>C7</b> Community/Socialization Skills	<b>P7</b> Complex Care
<b>C8</b> Attending Medical Appointments	
<b>C9</b> Medication Instruction Skills	
<b>C10</b> Health & Safety/Medical Complexity	
<b>C11</b> Symptoms/Stress Management Skills	



## Detroit Wayne Integrated Health Network

Residential Services Department

707 W. Milwaukee St.

Detroit, MI 48202-2943

Phone: (313) 989-9513

Fax: (313) 989-9525

Email: residentialreferral@dwihn.org

- **Staff Action/Outcome:** Staff initials each entry, listing the associated **Objective Code** and **Task ID Code** of the progress note **being written**, and identifying the **Progress Code** of the action/outcome.
- Each staff member during their respective shifts must **PRINT, INITIAL,** and **(manually) SIGN** their name when documenting identified supports.

**H Hospitalization:** Member in hospital.

**LOA Leave of Absence:** Member not at residential setting overnight and is on leave of absence.

**M Monitoring:** Oversight provided by staff.

**PA Physical Assist:** Physical assistance provided by staff.

**HOH Hand-Over-Hand:** Received physical help in guided maneuvering of limbs or other non-weight bearing assistance.

**VP Verbal Prompts:** Encouragement or cuing provided by staff.

**TC Total Care:** Full staff performance of activity.

**R Refusal:** Member refused any/all assistance from staff

**I Independent:** No help or oversight needed or required by staff.

**ED Education/Day Program:** Member is attending school/day program, or work support (not in residential setting)

- If there is a need for more space to complete the daily progress note, please utilize add another copy of Page #2.
- **Digital signatures prohibited.**
  - \* **Member's/Guardian's signatures are required** for **RESPIRE** and **IN-HOME CLS STAFFING SERVICES** only as verification of rendered services as documented by CLS staffing provider [bottom of Page #1].

# Detroit Wayne Integrated Health Network Daily Progress Note

Specialized Licensed/Unlicensed Settings, Self-Directed, In-Home CLS Staffing

IDD

AMI

**Member:** \_\_\_\_\_ **MHWIN ID#:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CRSP | SC/CM:** \_\_\_\_\_ **Facility:** \_\_\_\_\_

- Specialized Licensed
- Self-Directed
- Specialized Unlicensed
- In-Home CLS Staffing

**Identified IPOS Goals:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLS Hrs: _____
PC Hrs: _____
*Respite Hrs: _____

Community Living Supports	CLS Objectives
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	

Personal Care	PC Objectives
P1 Eating/Feeding	
P2 Toileting	
P3 Showering/Bathing/Personal Hygiene	
P4 Dressing	
P5 Mobility/Transferring	
P6 Medication Knowledge/Administration	
P7 Complex Care	

**\*In-Home Services Recipient Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*MEMBER/GUARDIAN Signature Required for RESPITE & IN-HOME CLS STAFFING Services Only

**Supervisory Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Member: \_\_\_\_\_ MHWIN ID#: \_\_\_\_\_ Date: \_\_\_\_\_

## Detroit Wayne Integrated Health Network Daily Progress Note

Specialized Licensed/Unlicensed Settings, Self-Directed, In-Home CLS Staffing

IDD

AMI

### TASK ID CODES

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

<b>PROGRESS CODES</b>	<i>IP = Increased Progress</i>	<i>DP = Decreased Progress</i>	<i>SP = Same Progress</i>
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	CLS/PC	Task ID	<b>Staff Action / Outcome:</b>			
Staff Initials						
			Start Time: _____			
			End Time: _____			
Staff Signature			Credentials	PRINT NAME		
			<input type="checkbox"/> AM STAFF	<input type="checkbox"/> PM STAFF	<input type="checkbox"/> MN STAFF	
					Progress Code	

	CLS/PC	Task ID	<b>Staff Action / Outcome:</b>			
Staff Initials						
			Start Time: _____			
			End Time: _____			
Staff Signature			Credentials	PRINT NAME		
			<input type="checkbox"/> AM STAFF	<input type="checkbox"/> PM STAFF	<input type="checkbox"/> MN STAFF	
					Progress Code	

	CLS/PC	Task ID	<b>Staff Action / Outcome:</b>			
Staff Initials						
			Start Time: _____			
			End Time: _____			
Staff Signature			Credentials	PRINT NAME		
			<input type="checkbox"/> AM STAFF	<input type="checkbox"/> PM STAFF	<input type="checkbox"/> MN STAFF	
					Progress Code	

	CLS/PC	Task ID	<b>Staff Action / Outcome:</b>			
Staff Initials						
			Start Time: _____			
			End Time: _____			
Staff Signature			Credentials	PRINT NAME		
			<input type="checkbox"/> AM STAFF	<input type="checkbox"/> PM STAFF	<input type="checkbox"/> MN STAFF	
					Progress Code	



# DWIHN Standardized Progress Note

Specialized Licensed/Unlicensed Settings, Self-Directed, In-Home CLS Staffing

IDD  
 AMI

Member: \_\_\_\_\_ MHWIN ID#: \_\_\_\_\_ Date: \_\_\_\_\_

CRSP | SC/CM: \_\_\_\_\_ Facility: \_\_\_\_\_

Specialized Licensed  
 Self-Directed  
 Specialized Unlicensed  
 In-Home CLS Staffing

Identified IPOS Goals: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CLS Hrs: _____
PC Hrs: _____
*Respite Hrs: _____

Community Living Supports	CLS Objectives
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	

Personal Care	PC Objectives
P1 Eating/Feeding	
P2 Toileting	
P3 Showering/Bathing/Personal Hygiene	
P4 Dressing	
P5 Mobility/Transferring	
P6 Medication Knowledge/Administration	
P7 Complex Care	

\*In-Home Services Recipient Signature: \_\_\_\_\_ DATE: \_\_\_\_\_  
\*MEMBER/GUARDIAN Signature Required for RESPITE & IN-HOME CLS STAFFING Services Only

Supervisory Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Member: \_\_\_\_\_

MHWIN ID#: \_\_\_\_\_

Date: \_\_\_\_\_



# DWIHN Standardized Progress Note

Specialized Licensed/Unlicensed Settings, Self-Directed, In-Home CLS Staffing

IDD

AMI

### TASK ID CODES

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

### PROGRESS CODES

*IP = Increased Progress*

*DP = Decreased Progress*

*SP = Same Progress*

<b>Staff Action / Outcome:</b>	CLS/PC	Task ID
	<input type="text"/>	<input type="text"/>

Staff Initials	<input type="text"/>
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Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

_____ Staff Signature	_____ Credentials	_____ PRINT NAME	<input type="checkbox"/> AM STAFF <input type="checkbox"/> PM STAFF <input type="checkbox"/> MN STAFF	Progress Code	<input type="text"/>
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<b>Staff Action / Outcome:</b>	CLS/PC	Task ID
	<input type="text"/>	<input type="text"/>

Staff Initials	<input type="text"/>
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Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

_____ Staff Signature	_____ Credentials	_____ PRINT NAME	<input type="checkbox"/> AM STAFF <input type="checkbox"/> PM STAFF <input type="checkbox"/> MN STAFF	Progress Code	<input type="text"/>
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<b>Staff Action / Outcome:</b>	CLS/PC	Task ID
	<input type="text"/>	<input type="text"/>

Staff Initials	<input type="text"/>
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Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

_____ Staff Signature	_____ Credentials	_____ PRINT NAME	<input type="checkbox"/> AM STAFF <input type="checkbox"/> PM STAFF <input type="checkbox"/> MN STAFF	Progress Code	<input type="text"/>
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<b>Staff Action / Outcome:</b>	CLS/PC	Task ID
	<input type="text"/>	<input type="text"/>

Staff Initials	<input type="text"/>
----------------	----------------------

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

_____ Staff Signature	_____ Credentials	_____ PRINT NAME	<input type="checkbox"/> AM STAFF <input type="checkbox"/> PM STAFF <input type="checkbox"/> MN STAFF	Progress Code	<input type="text"/>
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**To: CRSP supervisors, CRSP Supports Coordinator/Case Managers, Specialized Residential Providers, Direct Care Work Staff**

**Date: Monday, July 10, 2023**

**Subject: Revisions to Standardized Progress Note**

To remain in compliance with Medicaid requirements, please review the revised form and instructions to the **DWIHN Standardized Progress Note**, utilized for documentation of rendered community living supports (CLS) and/or personal care (PC) services to DWIHN members in specialized licensed/unlicensed settings, self-directed, or member's receiving in-home respite and/or CLS staffing services. The revised form is effective, Monday, July 10, 2023.

Additions and changes include:

- 1) Objective Categories:** Now aligned as listed in the Residential Assessment to assist in developing Member's individual plan of service (IPOS).
- 2) Member's/Guardian's Signature for Respite/In-Home CLS Staffing services only:** required for verification of rendered services as documented by CLS staffing provider.
- 3) Member NAME and MHWIN ID# auto-populates from Face Sheet (Page #1)** as entered. Date entered for Page #2 is for **Progress Note** Date.
- 4) START / END Times** for each documented service rendered to the member.
- 5) DROP-DOWN Lists for CLS/PC, Task ID, and Progress Codes** (electronic option).

The documentation can also be located on the company website at [www.dwihn.org](http://www.dwihn.org). Additional questions and inquiries can be submitted the residential department via email at [residentialreferral@dwihn.org](mailto:residentialreferral@dwihn.org).

## **Residential Services Department**



# DWIHN Standardized Progress Note

Specialized Licensed/Unlicensed Settings, Self-Directed, In-Home CLS Staffing

IDD  
 AMI

Member: \_\_\_\_\_ MHWIN ID#: \_\_\_\_\_ Date: \_\_\_\_\_

CRSP | SC/CM: \_\_\_\_\_ Facility: \_\_\_\_\_

Specialized Licensed  
 Self-Directed  
 Specialized Unlicensed  
 In-Home CLS Staffing

Identified IPOS Goals: \_\_\_\_\_

CLS Hrs: \_\_\_\_\_

PC Hrs: \_\_\_\_\_

\*Respite Hrs: \_\_\_\_\_

### Update #1: Objective Categories

Community Living Supports	CLS Objectives
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	

Personal Care	PC Objectives
P1 Eating/Feeding	
P2 Toileting	
P3 Showering/Bathing/Personal Hygiene	
P4 Dressing	
P5 Mobility/Transferring	
P6 Medication Knowledge/Administration	
P7 Complex Care	

### Update #2: Member/Guardian Signature for RESPITE/IN-HOME CLS STAFFING Services Only!

\*In-Home Services Recipient Signature: \_\_\_\_\_ DATE: \_\_\_\_\_  
\*MEMBER/GUARDIAN Signature Required for RESPITE & IN-HOME CLS STAFFING Services Only

Supervisory Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**Update #3: Member NAME, MHWIN ID# auto-populates from Face Sheet**

Member: \_\_\_\_\_ MHWIN ID#: \_\_\_\_\_ Date: \_\_\_\_\_



# DWIHN Standardized Progress Note

Specialized Licensed/Unlicensed Settings, Self-Directed, In-Home CLS Staffing

IDD  
 AMI

### TASK ID CODES

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

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

Staff Action / Outcome:

Staff Initials:

Start Time:  End Time:

Update #4: START/END Times

Staff Signature: \_\_\_\_\_ Credentials: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

AM STAFF  PM STAFF  MN STAFF Progress Code: \_\_\_\_\_ -Progre

**Update #5: DROP-DOWN Lists**

- CLS/PC Codes
- Task ID Codes
- Progress Codes

Staff Action / Outcome:

Staff Initials:

Start Time:  End Time:

Staff Signature: \_\_\_\_\_ Credentials: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

AM STAFF  PM STAFF  MN STAFF Progress Code: \_\_\_\_\_ -Progre

Staff Action / Outcome:

Staff Initials:

Start Time:  End Time:

Staff Signature: \_\_\_\_\_ Credentials: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

AM STAFF  PM STAFF  MN STAFF Progress Code: \_\_\_\_\_ -Progre

Staff Action / Outcome:

Staff Initials:

Start Time:  End Time:

Staff Signature: \_\_\_\_\_ Credentials: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

AM STAFF  PM STAFF  MN STAFF Progress Code: \_\_\_\_\_ -Progre



# Residential Standardized Progress Note Training

Annetta McClain, Residential Care Specialist  
Valerie Karageozian, Residential Care Coordinator

313-989-9513  
[residentialreferral@dwihn.org](mailto:residentialreferral@dwihn.org)

# Purpose

- ▶ To monitor progress 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
- ▶ To meet the contract requirements for a “clean claim”

# Learning Objectives

- ▶ To understand the purpose of the Residential Assessment
  - ▶ DWIHN residential staff
- ▶ To develop effective integration and implementation of approved services to the Individual Plan of Service (IPOS)
  - ▶ CRSP Supports coordinator/case manager, Member/Guardian, & Residential Provider
- ▶ To appropriately document services delivered to the Member in a Progress Note
  - ▶ Timeliness & Thoroughness
  - ▶ Member Progress (or lack thereof), and
  - ▶ Member Satisfaction
- ▶ To identify direct care staff role as it relates to implementation of IPOS goals and objectives
- ▶ To understand how direct care staff can promote self-sufficiency in Member

# All Progress Notes Should Include

- ▶ Name of Member being serviced
- ▶ MHWIN ID#, Progress Note Date, and Facility Name
- ▶ Identified objectives from the Member's current Individual Plan of Services (IPOS)
- ▶ Summary of identified objective (brief description of WHAT occurred)

# All Progress Notes Should Include (continued)

- ▶ Target problem(s), progresses, or changes
- ▶ Specific strategies and/or interventions of instructions updates to Member
- ▶ Significant change in new/ongoing medical condition and/or medications (noted in “Staff Action/Outcome”)
  - ▶ Addressed in the IPOS
- ▶ Identify new stressors and/or extraordinary event
  - ▶ Must be reported to the CRSP supports coordinator/case manager

# Progress Note DOs and DONTs

DOs	DONTs
<ul style="list-style-type: none"> <li>• Provide a summary of what services were provided as identified in the Member's IPOS (what you did)</li> </ul>	<ul style="list-style-type: none"> <li>• Do not write your own <u>personal opinions</u>, <u>reactions</u> or <u>feelings</u>: "The Member seems a little unstable. / I didn't like how Member folded his laundry."</li> </ul>
<ul style="list-style-type: none"> <li>• Describe any mental/physical disability (must be a diagnosis received by the Medicaid-assigned PCP or CRSP MD)</li> </ul>	<ul style="list-style-type: none"> <li>• Do not <u>diagnose</u> or <u>assume</u> that a Member has a condition/disability</li> </ul>
<ul style="list-style-type: none"> <li>• Be specific - Use details: "Member raised her voice at Staff multiple times and called them stupid."</li> </ul>	<ul style="list-style-type: none"> <li>• Do not leave blanks, use unclear statements or use inflammatory words in notes</li> </ul>
<ul style="list-style-type: none"> <li>• Describe observed facts explaining Member's comments in quotes (" ")</li> </ul>	<ul style="list-style-type: none"> <li>• Do not give your own explanations and/or make assumptions</li> </ul>
<ul style="list-style-type: none"> <li>• Note observable Member's emotional reactions, such as; crying, trembling...</li> </ul>	<ul style="list-style-type: none"> <li>• Do not scribble, scratch out, or write side-notes</li> </ul>
<ul style="list-style-type: none"> <li>• Notes must be objective and strength-based</li> </ul>	<ul style="list-style-type: none"> <li>• Do not record personal frustrations about supervision, community partners, etc.</li> </ul>
<ul style="list-style-type: none"> <li>• DCW's handwriting <u>must be LEGIBLE!</u></li> </ul>	<ul style="list-style-type: none"> <li>• Late charting <u>MUST</u> be labeled by staff that performed services (date and time noted)</li> </ul>

# Instructions

- Complete Member information at the top of Face Sheet:
  - Select Program Designation (AMI or IDD)\*
  - Member Name and MHWIN ID#\*
  - Face Sheet Date
    - *Auto-populates onto PAGE #2*
- **(CRSP) Clinically-Responsible Service Provider and SC (Support Coordinator) / CM (Case Manager) Name**
- **Facility:** Member's current residential setting selecting:
  - Specialized Licensed
  - Specialized Unlicensed,
  - Self-directed, or
  - In-Home CLS Staffing
- **Identified Goal(s)** from Member's Individual Plan of Services (IPOS)

# Instructions (continued)

- **Staff Action/Outcome**, Staff initials each entry, listing the associated **Objective Code** and **Task ID Code** of the progress note *being written*, and identifying the **Progress Code** of the action/outcome.
- Each staff member during their respective shifts must **PRINT**, **INITIAL**, and **SIGN** their name when documenting identified supports.
- If there is a need for more space to complete the daily progress note, please utilize add another (copy of) **Page #2**.

# Instructions (continued)

- **\*Respite and In-Home CLS Staffing Services Only\***: Member's/Guardian's signature(s) are required as verification of rendered services as documented by CLS staffing provider.
- Digital signatures prohibited.

**Revised Standardized Progress Note**

**will be available**

**Monday, 7/10/2023**

**at**

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



*Thank  
You*

**for attending!**

