

## Monthly Progress Note—Summary

At the top of the page identify the specific time frame that is being documented and record the beginning and ending month, day & year.

Example: April 7, 2008 through May 6, 2008.

Data Field	Identifying Information Instruction
<b>Person's Name</b>	Record the first, last name and middle initial of the person being served. Order of name is at agency discretion.
<b>Record Number</b>	Record your agency's established identification number for the person.
<b>Person's DOB</b>	Record the person's date of birth to serve as another identifier.
<b>Organization Name:</b>	Record the organization for whom you are delivering the service.
Data Field	New Issues Instructions
<b>New Issue(s) Presented This Month</b>	<ol style="list-style-type: none"> <li>1. If person does not report/present any new issues, mark "None Reported" and proceed to planned intervention/goals.</li> <li>2. If person reports a new issue that was resolved during the month, check box "New Issue resolved, no CA Update Required". Briefly document the new issue, identify the interventions used in the Therapeutic Interventions Section and indicate the resolution in the Response Section of the progress note.</li> <li>3. If person presents an issue that has been previously assessed and for which Goals/Objectives and services have been ordered, then the information may be briefly documented as an indicator of the progress or lack of progress achieved.</li> <li>4. If person presents any new issue(s) that represent a therapeutic need that is not already being addressed in the IAP, check box indicating a "CA Update Required" and record notation that new issue has been recorded on a Comprehensive Assessment Update of the same Date and write detailed narrative on the appropriate CA Update as instructed in this manual. The first section of the CA Update may be completed by an unlicensed provider. However, if there is a change to the diagnosis, then that section must be completed by a qualified provider. Also, the newly assessed therapeutic information may require a new goal, objective, therapeutic intervention or service that will require further use of the IAP Review/Revision form</li> </ol> <p>Record issues/events related to the person's social environment. If there are changes this month in Mental Status, Risk Issues, Service Providers, the person's Financial Status or Support Network, check the appropriate box(es), describe the change(s) and the person's response to the change(s). If there are other changes in the person's social environment, check the <i>Other</i> box and describe what has changed or is being updated.</p> <p><b>Example:</b> During this month the person served got an eviction notice due to failure to pay rent for the past two months. A CA Update was written 10/3/07 and a new goal with 3 objectives was developed to assist the individual in budgeting and money management.</p> <p><b>Example:</b> The person's primary care physician told her that he is retiring in 3 months and gave her names of other doctors whom she could contact for a transfer of her medical care. She was very upset upon hearing the news and initially said she would not go to another doctor. Over the course of the month, staff was able to discuss her feelings and thoughts about losing her MD of 20 years and having to start over with a stranger. She is less upset and willing to</p>

	<p><b>discuss how she would like to go about making a decision of which MD to pick (no CA updated necessary).</b></p> <p>If the person being served does not present any new issues, check <i>None Reported</i>.</p>
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Data Field	Goals and Interventions Instructions
<b>Goals &amp; Objectives Status / Progress</b>	<p>Record the specific goals and objectives addressed this month by indicating the corresponding number(s) from the Individualized Action Plan. Any <i>New</i> goal(s) will require a number. In an electronic record, the actual goals' and objectives' descriptions would appear in this field once the box is checked. However, when using this form as a paper form, list the number of the goals &amp; objectives that are being documented this month and next to the corresponding goal &amp; objective, write the description.</p> <p>To indicate the status of each goal and objective, check the corresponding box using the following key:</p> <p>A = Active  N = New  D = Discontinued  C = Completed  R = Revised</p> <p>If the goal and/or objective have been Discontinued or Completed, it would not appear again in a Monthly Progress Note. It would appear in a Quarterly Summary in the Quarter that it was completed/discontinued.</p>
<b>Narrative</b>	<p>For each goal provide a summary of the (program staff's) specific therapeutic interventions made this month with, or on behalf of the person being served to assist him or her in realizing each goal and objective.</p> <p>Additionally, the narrative should include measurable data of the person's response to the intervention(s) and progress made toward that goal and objective(s) this month.</p> <p>If no progress is made over time, this section should also include a discussion of how the staff person intends to change his/her strategy.</p> <p><b>Example: Residential program staff met weekly with the person being served to collect &amp; organize his bills, discuss the priority of the bills and determine a plan for paying the bills. The person had difficulty finding all of his bills and so we developed a location where he will put bills when he receives them. He became easily distracted whenever we discussed how to prioritize paying his bills and had to be redirected frequently to finish the conversations and to make plans to pay the bills. All bills were paid in full this month, including his rent.</b></p> <p><b>Example: Staff made weekly visits to assist the person in packing her medications. By the end of the month, the person was able to pack the correct number of meds in the daily containers with only one or two reminders from the staff during each process.</b></p>
Data Field	Health-related Activities -Updates/Changes in the Person's Environment and Plan/Additional Information Instructions
<b>Summarize Health-related Activities, Concerns, Changes and Follow-Up This Month</b>	<p>Record issues/events related to the served person's health this month that are not directly related to the individualized action plan, but are significant. Information documented here might become a part of the individualized action plan at a future date. Include things such as the person's exercise regime, diet, physical health issues, medication he/she is taking or other treatments as appropriate.</p> <p><b>Example:</b> The person served had an annual physical exam on 10/15/07 and has lost 15 pounds since last year. Dr. Prosnitz encouraged her to continue with her current eating plan and exercise program to lose 10 more pounds.</p>

<b>Plan/Additional Information</b>	<p>The provider should document future steps or actions planned with the person such as skills to practice, tasks to be completed during the next month.</p> <p>Document additional pertinent information that is not appropriate to document elsewhere. Information documented here might become a part of the individualized action plan at a future date.</p> <p><b>Example: The individual agreed to go to the Social Security Office to apply for disability benefits during the next month.</b></p> <p><b>Example: The individual began weekly visits with her mother and she reported positive feelings about the increase in contact with her.</b></p> <p><b>Example: The individual had a conflict with another resident in the program this month. Subsequently, she has chosen to have no ongoing contact with that person. This should be monitored to see if it becomes problematic in the future for her.</b></p> <p><b>Example: The individual went to a local concert this month for the first time and seemed to enjoy it greatly. We should encourage her to consider this as another leisure activity to develop.</b></p>
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Data Field	Response to Intervention and Signatures Instruction
<b>Print Provider Name Signature/ Credentials/Title</b>	Print & write a legible signature of provider. <b>Example: Jerry Smith</b> Indicate the credentials and title of the provider. <b>Example: BS add title</b>
<b>Date</b>	Indicate the date of this signature
<b>Print Supervisor Name Signature/ Credentials</b>	When circumstances dictate a supervisory signature, then the following applies:  Print & write a legible signature of the supervisor. <b>Example: Mary Jones</b> Indicate the credentials of the supervisor <b>Example: LICSW</b>
<b>Date</b>	Indicate the date of this signature

Instructions to complete the Billing Strip:

Data Field	Billing Strip Completion Instructions
<b>Date of Service</b>	N/A Date range covered by Progress Note is listed above.
<b>Provider Number</b>	Specify the individual staff member's "provider number" as defined by the individual agency of the staff member who is writing this note.
<b>Location Code</b>	If applicable, identify Location Code of the service. Providers should refer to their agency's billing policies and procedures for determining which codes to use.
<b>Procedure Code</b>	If applicable, identify the procedure code that identifies the service provided and documented. Providers should refer to their agency's billing policies and procedures for determining which codes to use.
<b>Modifier 1, 2, 3 and</b>	If applicable, identify the appropriate modifier code to be used in each of the positions. Providers should refer to their agency's billing policies and

<b>4</b>	procedures for determining which codes to use for Modifiers 1, 2 3 and/or 4.
<b>Start Time</b>	N/A
<b>Stop Time</b>	N/A
<b>Total Time</b>	N/A
<b>Diagnostic Code</b>	Use the numeric code for the primary diagnosis of the individual being served.. Providers should use either ICD-9 or DSM code as determined by their agency's billing policies and procedures.

