Shift/Daily Progress Note

✓ Required for Crisis Stabilization Unit (CSU), Detox Level III, CSS, Intensive Residential Treatment Program (IRTP), Respite and other 24 hour/overnight programs.
✓ Documentation links to specific goals in the IAP.

Data Field	Identifying Information Instruction
Person's Name	Record the first name, last name, and middle initial of the person. Order of name is at agency discretion.
Record Number	Record your agency's established identification number for the person.
Person's DOB	Record the person's date of birth to serve as another identifier.
Organization Name:	Record the organization for whom you are delivering the service.
Data Field	Type of Program, Time Period and Date Instruction
Type of Program	**Check type of program:** • **Crisis Stabilization Unit (CSU)** • **Respite Bed** • **DMH-funded Supervised Living Program** • **Detox** • **Other: Identify the program, such as: EATS, DDART, CBAT, ICBAT,STIT, CSS**
Shift Note Type	Depending upon the requirements of your program, check appropriate box to indicate what timeframe is being documented. If it is a Shift Note, check *Shift Note* and the appropriate shift box. If it is a Daily Note, check *Daily Note*.
Data Field	New Issue(s), Functioning, Goals and Interventions Instruction
New Issue(s) Presented Today	For substance abuse programs, it is important that the staff filling out his form be aware they should be looking for any changes in medical condition, symptoms, side effects, significant events, and changes in mental status that might occur during the shift and document them in this section. There are four options available for staff using this section of the progress note: 1. If person does not report/present any new issues, mark "None Reported" and proceed to planned intervention/goals. 2. If person reports a new issue that can be resolved during the shift/day, check the "New Issue resolved, no CA Update required" box. 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. 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. 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 **Example: Person reported that she had been taking 25 mg of benzodiazepine daily. Not reported at admission; recorded on CA Update of this date.** **Example: Person reported earlier treatment episode for cocaine addiction prior to admission as recorded on CA Update of this date.**

Goals/Objectives Addressed As Per Individualized Action Plan	Record the specific goals and objectives addressed during this shift/day by indicating the corresponding number(s)) from the Individualized Action Plan. 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 & objectives that are being addressed during this shift/day and next to the corresponding goal & objective, write the description of the goal & objective.
Functioning (observed or reported)	Record all pertinent observations of the person's functioning and interactions during the time period of the progress note that impact his/her placement in this program. ***The information can be as reported by the person receiving services or by others who have observed or interacted with the person, as well.*** **Example: Person raised his voice and left dinner abruptly when another resident asked him to keep his voice down during dinner.** Suggest use a detox example as well. ***Example: In the afternoon, person attempted to watch TV and then to play video games but was constantly distracted, had difficulty focusing, paced the floor and eventually sat down in a chair and fell asleep.*** If documenting 3rd shift and the person slept throughout, make note of that.
Therapeutic Interventions Provided	Describe the specific therapeutic interventions used during this time period to assist the person in realizing the goals and objectives listed above. **1--Example: Person had difficulty sleeping during this shift. She got up frequently and was agitated when talking about recent events in her life. Provider listened reflectively, encouraged her to do deep breathing exercises and redirected her.** **2--Example: Monitored the person through the night and she appeared to sleep soundly and without interruption.** **3--Example: Staff intervened with verbal redirection to defuse a volatile situation between this person and another resident. Need more information.** **4--Example: The person went to the daily community meeting and met with this staff person afterwards to discuss his strong reactions to other individuals in the meeting.** **5--Example: Gave this individual feedback on how he reacted negatively to another resident and helped him identify alternate responses.** **6--Example: Taught the individual how to use a calendar to track his medication refills.**

Data Field	Response to Intervention
Person's Response to Intervention/ Progress Toward Goals and Objectives	This section should address **BOTH**: • *The person's response to the intervention –* **Example*:* The person took redirection and a five minute break and was able to come back and talk about his angry feelings. (Responses may not be to a specific session described here, but to the milieu and interventions provided throughout the day by various staff).** • *Progress towards goals and objectives* - Include an assessment of how the intervention has moved the person closer, further away, or had no discernable impact on meeting the session's identified goal(s) and objective(s). **1--Example: Person was able to take redirection and to use some breathing**

| | exercises to help calm herself and eventually to go to sleep. She did not threaten to harm herself as she has been doing earlier. She agreed do contact staff if she felt unsafe.

2--Example: Person expressed thanks to provider for listening to her and made a good effort to practice deep breathing.

3--Example: The person slept through the night.

4--Example: The person took the redirection given by staff and kept his distance from the other resident involved for the rest of the shift.

5--Example: Client was absent from the unit during this shift as he planned to attend Day Treatment and the Clubhouse.

6--Example: The person did not want to engage in a conversation that focused on his feelings and minimized the impact of his strong feelings toward others in the house.

7--Example: The person was able to listen to the feedback about his negative reactions. He then talked about ways he could respond differently the next time he begins to feel negatively about others.

8--Example: The person liked the idea of using a medication calendar to track refills but worried he would lose the calendar. He then identified a consistent place to keep his calendar.

- 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. |

| **Plan/Additional Information** | If applicable the provider should document steps or actions planned with the person for the next shift.

Example: The person agreed to practice using the skills he learned this shift with regards to using a medication calendar.

Example: The person agreed to write a list of qualities he is looking for in a sponsor for us to review tomorrow.

Document additional pertinent information that is not appropriate to document elsewhere.

Example: The person received a call from his wife and they discussed whether she should bring their children to her next visit. |

Data Field	**Signature Instruction**
Print Provider Name Signature/ Credentials/Title	Legibly print the name of the provider and a signature with credentials. If the individual providing the services does not have a credential (such as a professional license or certification), then the person's Job Title should be recorded after the name. **Example: Jerry Smith, BS, Counselor**
Date	Indicate the date of the signature
Print Supervisor Name Signature/ Credentials	When needed, the supervisor should legibly print his/her name and sign the note with credentials. **Example: Betty Jones, LICSW** For shift notes need time of note!!!!!!*(SEE BELOW)*
Date	Indicate the date of the signature

Time	For Substance Use Programs, document the time that this note was written.

Instructions to complete the Billing Strip:

Data Field	Billing Strip Completion Instructions
Date of Service	Date of shift/day being documented.
Provider Number	Specify the individual staff member's "provider number" as defined by the individual agency of the individual staff who is writing this note.
Location Code	Identify Location Code of the service. Providers should refer to their agency's billing policies and procedures for determining which codes to use.
Procedure Code	Identify the procedure code that identifies the service provided and documented when needed. Providers should refer to their agency's billing policies and procedures for determining which codes to use.
Modifier 1, 2, 3 and 4	When needed identify the appropriate modifier code to be used in each of the positions. Providers should refer to their agency's billing policies and procedures for determining which codes to use for Modifiers 1, 2 3 and/or 4.
Start Time	Indicate actual time the shift or day began. **Example: 3:00 PM**
Stop Time	Indicate actual time the shift or day ended. **Example: 11:00 PM**
Total Time	Indicate the total time of the shift/day. **Example: 8 hours**
Diagnostic Code	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.