



# **Community Support and Community Based Service Documentation**

**Documentation Guidelines**

**February 13, 2008**



# **Welcome!**

- **This presentation is for the purpose of reviewing minimum expected documentation guidelines for attendant care, CPST, psychosocial group and individual services**
- **Your hosts today are:**
  - **Kansas Health Solutions**
  - **Social and Rehabilitation Services**



# Agenda

- **Brief Courtesy Items**
- **Introduction of Facilitators**
- **Documentation Guidelines for the following services:**
  - **Attendant Care**
  - **CPST**
  - **Psychosocial Rehabilitation – Individual**
  - **Psychosocial Rehabilitation – Group**
- **Question and Answer Session**



# A Few Courtesy Items

- **In order to cut down on background noise, please press \*6 on your phone.**
  - **This will mute your phone.**
  - **To un-mute your phone, press \*6 again.**
- **Please do NOT place your phone on hold. This may cause interference with other callers.**
- **Should you experience sound quality issues, hang up and dial back in. If this persists, press \*0. This will connect you to an operator.**
- **If you have call waiting, please turn this function off for the duration of the call.**



# How this Meeting Will Work

- **This webinar will be limited to one hour in length.**
- **When we get to the Q & A portion of the webinar, please type questions and/or comments into the box on the upper right portion of the screen called “Control Panel” – you may need to press the arrow in order to drop down this section.**
- **We will call on you specifically**
  - **When you are called on, please un-mute your phone (\*6) and then ask your question.**
  - **After asking your question please re-mute your phone (\*6)**



# **Introductions....**

- **SRS Staff**
- **KHS Staff**
- **Members of the KHS Utilization Management Committee**



# **Documentation Guidelines**

- **Attendant Care**
- **CPST**
- **Psychosocial Rehabilitation Individual**
- **Psychosocial Rehabilitation Group**



# **Attendant Care Progress Note Guidelines**

- **Date\***
- **Start Time and Duration\***
- **Goal of service, which must coincide with a current treatment plan\***
- **Summary of the service\***
- **Location of the service (community or CMHC)\***
- **Consumer behavior and/or response to service\***
- **Signature of person providing the service. Electronic Signature with title is acceptable. \***

**\*denotes a Medicaid Requirement**

**\*\*denotes a KHS Requirement**



# Attendant Care Progress Note (continued)

- In the “Summary of the Service” section, the note should describe one or more of the following:
  - Supervision or support of daily tasks, activities, or routines
  - What skills or personal care were supported
  - What prompting was done
  - In what way was safety maintained
- Some key words in Attendant Care documentation include:

Accompanying	Observing
Assisting	Prompting
Attending	Reminding
Coaching	Reinforcing
Cueing	Overseeing
Demonstrating	Supervising
Encouraging	Supporting
Guiding	Validating
Monitoring	



# Sample Attendant Care Progress Note

**Date:** 1/23/2008

**Start Time and Duration:** 3:00 PM; 30 minutes

**Goal:** Improve Consumer's anxiety symptoms

**Summary:** This Attendant Care worker met with consumer at consumer's home. **Prompted** consumer to take daily medications and **reminded** consumer to take a shower and wear clean clothes.

**Location:** Community

**Consumer Behavior and/or Response:** Consumer was unkempt but cooperative and took medications.

*Jane Doe, Attendant Care Worker*



# CPST Progress Note Guidelines

- **Date\***
- **Start Time and Duration\***
- **Goal of intervention, which must coincide with a current treatment plan\***
- **Summary of the intervention\***
- **Location of the intervention (community or CMHC)\***
- **Consumer progress and/or response to intervention\***
- **Signature of person providing the service. Electronic Signature with title is acceptable. \***

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# **CPST Progress Note**

## **(continued)**

- **In the “Summary of the Service” section, the note should address one or more of the following:**
  - **Symptom Management: Identification of negative effects of symptoms of mental illness/emotional disturbance; Development of strategies to minimize such effects; and strategizing to avoid and/or effectively respond to stressors which may impact functioning**
  - **Develop strategies to restore functional deficits resulting from illness**
  - **Identification, acquisition, and utilization of resources, natural supports, and personal strengths**
  - **Crisis Management**
  - **Evidence Based Practices**



# CPST Progress Note

## (continued)

- **Some key words in CPST documentation include:**

**Accessing**

**Advocating**

**Assessing**

**Collaborating**

**Communicating**

**Developing**

**Educating**

**Empowering**

**Engaging**

**Goal Setting**

**Identifying**

**Implementing**

**Intervening**

**Listing**

**Managing**

**Modeling**

**Motivating**

**Planning**

**Prioritizing**

**Problem-Solving**

**Reflecting**

**Supporting**



# Sample CPST Progress Note

**Date:** 1/23/2008

**Start Time and Duration:** 2:00 PM; 60 minutes

**Goal:** Improve Consumer's anxiety symptoms

**Intervention:** Discussed with consumer her anxiety and when she has it the most. **Assessed** consumer's ability to **self-manage symptoms** of anxiety in a public setting. **Helped consumer identify** when she should utilize relaxation breathing techniques. **Practiced with consumer** and suggested she practice on her own in her spare time.

**Location:** Community

**Consumer Progress and/or Response:** Consumer actively participated and appeared less anxious.

*Jane Doe, CPST Worker*



# **Psychosocial Rehabilitation (Individual) Progress Note Guidelines**

- **Date\***
- **Start Time and Duration\***
- **Goal of service, which must coincide with a current treatment plan\***
- **Summary of the service\***
- **Location of the service (community or CMHC)\***
- **Consumer progress and/or response to service\***
- **Signature of person providing the service. Electronic Signature with title is acceptable. \***

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**\*\*denotes a KHS Requirement**



# **Psychosocial Rehabilitation (Individual)**

## **Progress Note**

**(continued)**

- **In the “Summary of the Service” section, the note should address one or more of the following:**
  - **Assist consumer with compensating for/eliminating functional deficits resulting from illness which may impact their ability to remain in community**
  - **Development of daily living skills and routines to self-manage negative effects of mental illness/emotional disturbance, which may impact activities of daily living**
  - **Assistance with development of social and interpersonal skills, development of support network, support with increasing community awareness**
  - **Further implementation of learned skills**



# **Psychosocial Rehabilitation (Individual)**

## **Progress Note**

**(continued)**

- **Some key words in Psychosocial Rehabilitation Individual documentation include:**

**Assisting**

**Coaching**

**Demonstrating**

**Developing**

**Discussing**

**Educating**

**Facilitating**

**Illustrating**

**Implementing**

**Instructing**

**Introducing**

**Orienting**

**Practicing**

**Redirecting**

**Rehabilitating**

**Reinforcing**

**Role Modeling**

**Supporting**

**Training**



# Sample Psychosocial Rehab. Individual Progress Note

**Date:** 1/23/2008

**Start Time and Duration:** 2:00 PM; 30 minutes

**Goal:** Improve anger outbursts associated with anxiety symptoms.

**Summary:** Consumer **discussed** with this worker the **coping skills** previously implemented to help manage his anger. **Practiced skills** with consumer.

**Location:** Community

**Consumer Progress and/or Response:** Consumer participated the entire 30 minutes

*Jane Doe, Psychosocial Rehabilitation Worker*



# **Psychosocial Rehabilitation (Group) Progress Note Guidelines**

- **Date\***
- **Start Time and Duration\***
  - Notes may be daily, weekly, or monthly.
  - Must have all of the dates and times the consumer attended.\*
- **Goal of service, which must coincide with a current treatment plan\***
- **Summary of each service or reference to a specific curriculum\***
- **Location of each group (community or CMHC)\***
- **Consumer progress and/or response to service\***
- **Signature of person providing the service. Electronic Signature with title is acceptable. \***

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# **Psychosocial Rehabilitation (Group)**

## **Progress Note**

**(continued)**

- **In the “Summary of the Service” section, the note should address one or more of the following:**
  - **Assist consumer with compensating for/eliminating functional deficits resulting from illness which may impact their ability to remain in community**
  - **Development of daily living skills and routines to self-manage negative effects of mental illness/emotional disturbance, which may impact activities of daily living**
  - **Assistance with development of social and interpersonal skills, development of support network, support with increasing community awareness**
  - **Further implementation of learned skills**



# **Psychosocial Rehabilitation (Group)**

## **Progress Note**

**(continued)**

- **Some key words in Psychosocial Rehabilitation Group documentation include:**

**Assisting**

**Introducing**

**Coaching**

**Orienting**

**Demonstrating**

**Practicing**

**Developing**

**Redirecting**

**Discussing**

**Rehabilitating**

**Educating**

**Reinforcing**

**Facilitating**

**Role Modeling**

**Illustrating**

**Supporting**

**Implementing**

**Training**

**Instructing**



# Sample Psychosocial Rehab. Group Progress Note

**Date(s): 1/18/2008; 1/21/2008; 1/22/2008; 1/23/2008**

**Start Time and Duration: Each group started at 3:30 PM and lasted 180 minutes**

**Goal: Improve anger outbursts associated with anxiety symptoms**

**Group Summary: Refer to activities #1-#5 in the Anger Management Psychosocial Group Curriculum.**

**Location: Community**

**Consumer Progress and/or Response: Consumer was well-groomed and fully participated in each group. Consumer had one anger outburst during the last group on 1/21/2008 which is less than he had the previous week.**

***Jane Doe, Psychosocial Rehabilitation Group Leader***



# Wrapping Up...

- **Attendant Care**
  - Supervision or support of daily tasks, activities, or routines
  - What skills or personal care were supported
  - In what way was safety maintained
- **CPST**
  - Symptom Management
  - Develop strategies to restore functional deficits resulting from illness
  - Identification, acquisition & utilization of resources, natural supports, personal strengths
  - Crisis Management
- **Psychosocial Rehabilitation—Individual and Group**
  - Assist consumer with compensating for/eliminating functional deficits resulting from illness which may impact their ability to remain in community
  - Development of daily living skills and routines to self-manage negative effects of mental illness/emotional disturbance, which may impact activities of daily living
  - Assistance with development of social and interpersonal skills, development of support network, support with increasing community awareness
  - Further implementation of learned skills



# Questions and Answers

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# **Thank You!**

- **Power Point will be posted on KHS website**
- **Answers to Q&A will be posted on KHS website**
- **As always, call Carol Neeley or Anne Werring at 1-866-547-0222 if you have questions...**