

Chapter Six

Documenting Progress



What You Will Find:

Methods for Documenting Person's Progress

Requirements for Service Verification

Writing Progress Notes

Examples of Progress Notes

Suggestions for Documenting Progress

Annual Written Reports

Chapter Six: Documenting Progress

As discussed in previous chapters, the implementation plan serves as a job description for the coach. Based on the strategies or approaches identified on the implementation plan, the coach establishes a method for collecting information. In this way, the coach documents the person's progress. Key aspects of this process include:

Documenting Progress

1. Methods for documenting the person's progress.
2. Requirements of service verification.
3. Progress notes.
4. Annual written reports.

This process serves two important functions:

Documentation:

- Assures progress toward goals (individualized)
- Verifies service provision (If it isn't written, it didn't happen!)

First, it assures the individual is making progress toward his desired goals. Second, it provides verification that supported living coaching services were provided as described in the support plan and approved on the service authorization.

Documentation should summarize the success of instructional techniques and, when necessary, emphasize the need for adjustments to either the implementation plan or learning strategies. Each person is unique and the

Chapter Six: Documenting Progress

development of approaches to learning and information gathering techniques should reflect that individuality. If an individual is not making progress within an amount of time considered reasonable, adjustments to the implementation plan, coaching or instructional methods and/or supports should be made.

Methods for Documenting the Person's Progress

Documentation methods, which demonstrate the individual is progressing toward her goals, may be as varied and unique as needed or desired. Information may be collected in any number of formats based upon the implementation plan. The implementation plan includes both the goals identified on the support plan, and an action plan for each goal. Each action plan should describe the approach or strategies needed to support the individual in achieving the particular supported living goal. The approaches and strategies identified on the implementation plan should be completed in collaboration with and approved by the individual.

The methods of documentation should be consistent with both the personal goal and the actions. For example, if an individual's personal goal is to "get better at fixing meals" and the 'agreed upon' action plan describes approaches to preparing crockpot and microwave meals, documentation might include the person's progress toward the approaches listed, such as menu planning (e.g., beef stew, chili, hamburgers, etc.) obtaining recipes, assembling the ingredients, correct use of the microwave and crockpot, etc.

Personal responsibility plays an important role in documentation. As much as possible, the coach should support the person in maintaining his own progress. Not only does personal reporting and tracking promote good habits, it supports the individual in maintaining everyday routines.

Examples for documenting the person's progress toward goals may include:

- Charts and graphs to document household chores, laundry, taking medications, etc.
- Use of a personal calendar (individual data collection) to record banking deposits, calling for a taxi, appointments, etc.
- Menu planning and shopping lists.
- "To-Do" lists which include methods for achievement of goals.
- Progress notes relating to SP goals, that include observations, results of discussions, the person's satisfaction, etc.
- Noting results of progress toward the various components of an activity (task analysis of actions and strategies, etc.), with a simple system of pluses and minuses.

Documentation Requirements for Service Verification

The intent of the Medicaid Waiver is to "support persons to live as independently as possible in their own home," "to achieve productive lives" and prevent institutionalization. Documentation should show evidence that the supported living coach is supporting this endeavor.

Privacy

Of great importance to the supported living coach are the requirements related to privacy established under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This privacy rule establishes protected health information (PHI) related to the person's physical or mental health condition, the provision of health care and payment for services. Thus, this applies to persons receiving supports through the Medicaid Waiver including supported living. Protected information is applicable through any form of communication used by the supported living provider, such as e-mail, fax, on-line databases, voice mail, a video/audio recording or conversation. PHI also relates to the person's past, present, or future.

On-line training regarding HIPAA is available and required for all Medicaid Waiver providers to assure the person's confidentiality and privacy are protected. (www.skillnetlearningcenter.org)

While the information collected is critical to the person achieving success in supported living, it also provides verification that the supported living coach is providing services as authorized and as envisioned on the support plan. The supported living coaching provider must complete documentation as mandated in the Developmental Services Waiver Services Florida Medicaid Coverage and Limitations handbook and Rule 65B-11.

Although many of the requirements and examples are provided in other chapters, a summary of documentation requirements is provided below:

Requirements:

1. Service Logs;
2. An Individual Implementation Plan and/or Transition Plan;
3. Annual Report;
4. Annual Satisfaction Survey;
5. Documentation of Quarterly Meeting;
6. Initial Housing Survey;
7. Current Demographic Information;
8. Performance Data; and
9. Progress Notes.

Chapter Six: Documenting Progress

1. A copy of service logs (time intervention log) supported by progress notes, for the period being reviewed. Progress notes verify services and justify the coach's monthly billing. Supported Living Logs include times and date of service and a summary of the supports provided during contact with the individual, as described in Chapter 65B-11.014, F.A.C. and the DS Waiver handbook.
2. An individual implementation plan and/or transition plan (as discussed in Chapter Five).
3. An annual report, summarizing the person's (overall) progress toward achieving the goals from the support plan. The annual report includes objective (fact-based) information reflecting the results of training and supports provided over the course of the year, as well as subjective information (opinions) and recommendations. The annual report is submitted to the individual or guardian and the support coordinator 30 days prior to the end of the support plan year.
4. Annual Satisfaction Survey (as described in Chapter 65B-11.008, F.A.C.). At least annually, individuals receiving supported living services will be asked to complete a survey that addresses satisfaction with supported living services. While it is the provider's responsibility to assure the individual has the opportunity to complete the survey, staff providing direct supported living services to the individual may not assist in the survey activity for the person. The results of the survey are maintained in the individual's record and a copy is forwarded to the waiver support coordinator for review and placement in the central file.
5. Documentation of a quarterly meeting in which the individual, the waiver support coordinator, and the provider review the current supported living services. The person's waiver support coordinator is responsible for arranging and scheduling the quarterly meeting. The purpose of this visit is to update the housing survey to assure that the home continues to meet basic health and safety standards and to determine if supported living coaching services are being carried out as identified on the support plan. If the supported living coach is acting as fiscal agent for the individual, reconciled bank statements and other financial records should be reviewed by the supported living coach and the waiver support coordinator at the time of the quarterly visit. This review is documented (unless the supported living coaching provider is excluded from the meeting) in the progress notes.
6. An initial housing survey containing quarterly updates of the person's health and safety status. The housing survey will be updated quarterly and made available to the waiver support coordinator at or prior to the

A Guide to Supported Living in Florida

quarterly meeting. Documentation of the meeting and subsequent recommendations will be made in the individual's record.

7. Up-to-date information regarding the demographic, health, medical and emergency information and a complete copy of the current support plan, if approved by the individual/guardian, must be kept in the individual's record.
8. Performance data on the selected service outcomes must be maintained. The supported living provider establishes a systematic method for collecting progress information toward outcomes and personal goals. Data is reviewed periodically and corrective measures are put into place when data indicates the goal is not being achieved.
9. Progress notes which include:
 - documentation of activities;
 - supports and contacts with the individual, other providers and agencies;
 - dates and times of contacts;
 - a summary of support provided during the contact;
 - any follow-up needed; and
 - progress toward achievement of support plan goals.

Writing Progress Notes

“In supported living, the primary documentation is progress notes... the coach’s obligation is to get away from artificially structured activities ...”

Dennis Shelt, Community Circles, St. Petersburg, Florida

On-going progress notes, although individualized to reflect the person’s present situation and progress towards goals, also describe the services provided by the supported living coach (occasionally referred to as case notes).

Progress notes provide a narrative description of the interactions between the coach and the individual, as well as the supports and services provided on the person’s behalf. This challenges coaches to maintain documentation that clearly describes activities that lead to the individual’s desired outcomes.

Services provided to persons in supported living are ongoing and dynamic. The level of support changes in response to the person’s evolving needs. This

Chapter Six: Documenting Progress

is a significant departure from the traditional approach where focused skill training occurs at discrete intervals.

Progress notes may include the results of objective (factual) and subjective (interpretive) information. Frequently, progress notes summarize the personal data collected by the individual (e.g. charts, calendars, etc.) as well as interactions and observations obtained from friends, family, and neighbors.

Progress notes also provide a chronicle or historical record of the coach's efforts in finding the right approach to learning. Periodic reviews of notes may assist the coach in providing person-centered supports. By analyzing patterns and trends the coach may help the individual to learn which approaches are most effective for day-to-day living.

Coaches should review documentation maintained in the person's home by others such as medication administration records, logs from live-in staff, etc. Results of these reviews should be documented in progress notes to reflect both the person's progress and verification of coaching services.

Following is an example of a progress note adapted from Community Circles, Inc. The example clearly documents activities and demonstrates progress toward goals on the support plan.

A Guide to Supported Living in Florida

Sample Suggested Progress Note:

Name: Ray Brown

Coach: Dennis Shelt

Date: 3/18/03, 3:00-4:30 p.m.

Goal: "I want to learn how to manage my own money."

I went to Ray's apartment to assist him with his weekly deposit. He maintains a calendar on his refrigerator and places a check mark on our regular "Tuesday" deposit days. When completed, he turns the "check mark" into an "X" to indicate completion. He completed the budget worksheet, but needed reminders (i.e. sometimes pointing to the correct box, and occasionally statements such as "don't forget to record _____", etc.) to transfer information correctly onto the deposit slip. He experienced difficulty knowing what information to put on each line, even with the sample deposit slip provided. I observed him squinting. When asked about it, he stated "I see Okay." However, after some discussion he did agree to make an eye appointment.

Ray updated his check register independently, but I had to remind him to endorse his paycheck. We rehearsed his interaction with the teller, which he completed without reminders. I encouraged him to go to the bank by himself, but he asked me to accompany him. When we got to the bank, Ray asked me to "come to the teller" with him. I told him I would be "in the lobby area to assist if necessary". Ray completed the transaction without assistance and was very proud ("I did it myself!") my help was not needed.

Next step: Ray has an appointment with the eye doctor next week. Discuss with doctor Ray's age and potential need for reading glasses to assist with completing banking transactions.

Signature

Chapter Six: Documenting Progress

"Common Sense" Suggestions for Documenting Progress:

- Date each entry. Assure the year is included along with the month and day.
- Documentation should reflect specifically what the person is trying to accomplish. For example, if the person is attempting to learn to purchase dry bleach from the vending machine at his apartment complex, information should reflect his status in purchasing the bleach, rather than simply a component of the process, such as identifying the coins (e.g., two quarters and a dime) needed.
- Notes should be legible. Data must be sufficient to verify progress or lack of progress.
- Do not use correction tape or fluid. Strike through (with a single line) and initial errors.
- Avoid blank spaces.
- If data is to be collected by someone else, assure the individual is aware of exactly what to record and how it should be recorded.
- The coach should observe implementation sessions, completed by others (e.g., in-home support staff) in order to evaluate the effectiveness of the information.
- Several sources of information (e.g., in-home supports, behavior analyst, etc.) may be needed to establish a "big picture" of progress.
- Common words or phrases *to use*: "I helped..." "I assisted..." "I showed..." "I demonstrated..." "I explained..." "After much discussion..." "We discussed..." etc.
- Common words or phrases *not to use*: "I trained..." "...was lazy", "...gave reinforcement," etc.
- Notes should be respectful and assure confidentiality as requested and required.
- Bottom line, ask yourself: "Given the information collected, am I able to determine if the person is improving, losing, or maintaining skills or routines, is staying healthy and free from abuse, neglect, and exploitation?"

Annual Written Reports

Annual reports provide an overall picture of the individual's status over the past support plan year, and must be submitted to the support coordinator thirty days prior to the end of the support plan year. A copy of the report should also be submitted to the individual/guardian/guardian advocate.

As previously discussed, the DS Waiver handbook describes an annual written report as a summary of "the individual's progress toward achieving the goal(s) from the support plan (as required in Chapter 393, F.S.)." The annual report includes objective (fact-based) information reflecting the results of training and supports provided over the course of the year, as well as subjective information (opinions) and recommendations.

A summary of monthly and ongoing progress notes at the end of each support plan year, when combined with information obtained from service logs, the Functional Community Assessment, the Individual Financial Profile, Quarterly Housing Surveys, the Annual Satisfaction Survey, and other evaluations (i.e., medical reports, etc.), contributes much of the content for the annual report.

Suggestions for Writing Annual Reports

- Don't just report on skills or instruction, provide an overall picture.
- Justify continuation or deletion of goals.
- Provide *specific details* regarding accomplishments and progress toward goals.
- Avoid vague terms such as "doing fine," etc.
- Identify "big issues" (e.g., social/relationships, health concerns, risks etc.)
- Explain where the person is towards stated goals and his desired future (Personal Outcomes, etc.)
- Identify "small" concerns which, if ignored, could become crises.

Chapter Summary

Progress must be documented as required by the state. Service logs, support plans, implementation and/or transition plans, annual reports, annual satisfaction surveys, quarterly meeting reports, housing surveys, and progress notes, when combined, provide useful information. Beyond meeting requirements, this documentation helps in identifying patterns and trends, modifying approaches, and assuring progress toward goals.

Chapter Six: Documenting Progress

Chapter Seven focuses on strategies and methods for supporting the person's continued success in the community.