Weekly Services Progress Note

- ✓ Used to document therapeutic interventions over the course of a week and person's response to the interventions
- ✓ Documentation links to specific goals in IAP
- ✓ Summarizes services/interventions and the person's responses/progress.
- ✓ Required for Psychiatric Day Treatment and Transitional Support Services (TSS)

Data Field	Identifying Information Instruction
Person Name	Record the first name, last name, and middle initial of the person. Order of name is at agency discretion.
Record #	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 and Services Provided**
Type of Program	Check type of program: • Day Treatment • TSS • Other: and identify the program
Services Provided This Week	Check all appropriate boxes of the services delivered to the person during the week. If there were other services provided but are not listed, check "Other" and specify the service provided.
Data Field	**New Issues, Attendance, Goals, Functioning and Therapeutic Interventions Instruction**
New Issue(s) Presented	There are four options available for staff using this section of the progress note: 5. If person does not report/present any new issues, mark "None Reported" and proceed to planned intervention/goals. 6. If person reports a new issue that can be resolved during the week, check the "New Issues 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. 7. 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. 8. 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 he has begun to have nightmares related to the trauma as reported on the CA Update of this date.**

Date(s) Attended By Week & Hours Attended By Week	Write the beginning date of the week the person attended the program in the column labeled "Date(s) Attended By Week" on the first line. In the second column labeled "Hours Attended By Week", list the number of hours attended on that date on the corresponding line. Continue recording the person's attendance for the week in the same fashion. Use agency specific policy re: start and end dates of week.
Goals/Objectives Addressed as Per Individualized Action Plan	Record the specific goals and objectives addressed during this week 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 week and next to the corresponding goal & objective, write the description of the goal & objective.
Functioning (observed or reported)	Record all pertinent observations (seen or reported) of the person's functioning and interactions during the week that may have an impact on his/her participating in the program. Reporting on the person's functioning provides important data that can either positively or negatively impact the person's responses to the interventions in the program, as well as the person's overall progress toward his/her goals/objectives **Example: Person was arrested with her boyfriend over the weekend for being in a stolen car. That event dominated her attention and focus during the beginning of the week. In groups she seemed distracted from the topics of the groups and wanted to focus on the details of this event. When the event was discussed, she avoided talking about whether this event has had an impact upon her ongoing depressed moods.**
Therapeutic Interventions Provided	This section summarizes the specific therapeutic interventions used during this time period to assist the person in realizing the goals and objectives listed above as the focus of this week's treatment. Identify all interventions that program staff used during this week. **Example: Multiple approaches (reframing, redirecting, role playing, and DBT skills building) were used in group and individual sessions, to help the person refocus upon her depressed mood and to manage her affective instability related to her recent legal events.**
Data Field	**Response to Intervention**
Person's Response to Intervention/Progress Toward Goals/Objectives	This section should address **BOTH**: • *The person's response to the intervention* - Include evidence the person participated in the session and how, and information about how the person was able to benefit from the intervention e.g. through active participation, better understanding of issues, understanding or demonstration of new skills. • *Progress towards goals and objectives* - Include an assessment of how the session has moved the person closer, further away, or had no discernable impact on meeting the session's identified goal(s) and objective(s). . **Example: Earlier in the week, the person focused much of her energy on her legal situation and found it difficult to engage with the other clients in the groups and to stay focused on the group topics. In some groups she opted not to participate directly in the scheduled group activities but observed other group members and gave feedback to them about their participation. By Thursday she began to use the interventions in the group to problem solve and to calm her agitation. She was able to then talk more directly about how this event has affected her depressed mood this week and the strategies she needs to use over the weekend to prevent herself from becoming more depressed .** • 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	The clinician should document future steps or actions planned with the person such as homework, plans for the next week, etc. Document additional pertinent information that is not appropriate to document elsewhere. **Example: Nancy reported she will miss next week due to planned vacation with family. She will use stress management techniques learned in groups this week during her trip and journal the outcomes to share during her first session when she returns.**

Data Field	Signature Instructions
Provider Name	**Legibly** print the provider's name and date.
Provider Signature/ Credentials/Title	**Legibly record provider's** signature credentials and date. . 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.
Supervisor Name	If required, **legibly** print name of **supervisor** and date,.
Supervisor Signature/Credentials Title	If required, **legibly record supervisor's** signature credentials and date.

Instructions to complete the Billing Strip:

Data Field	Billing Strip Completion Instructions
Total Hours Attended This Week	Total the number of hours listed in the column labeled "Hours Attended By Week" and enter that number in this field.
Provider Number	Specify the individual staff member's "provider number" as defined by the individual agency of the staff person 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. Providers should refer to their agency's billing policies and procedures for determining which codes to use.
Modifier 1, 2, 3 and 4	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	N/A
Stop Time	N/A.
Total Time	N/A
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.