Contact Note

Required for Case Management Programs, Partial Hospitalization Programs, *PROS, and Residential Programs.

Documentation links to specific goals in the IAP.

*PROS Progress notes are required monthly or more frequently when clinically appropriate including, but not limited to, crisis or relapse situations, and significant changes to individual's status.

| Data Field | Identifying Information Instruction |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Organization Name | Enter the organization name. |
| Program Name | Enter your program name. |
| Individual's Name | Record the first name, middle initial and last name of the Individual served. Order of name is at agency discretion. |
| Record # | Record your agency's established record number for the Individual. |
| DOB | Record the Individual's date of birth Example : mm/dd/yyyy |
| Contact type | Check the box that applies for the contact type. List location if offsite. |
| List all Individuals Present | Check appropriate box: "Individual Present" - If Individual served is present. "Others Present" - If others are present". Identify name(s) and relationship (s) to Individual served. "No Show" - If Individual served did not show. Follow-up as indicated by agency policy/ procedures "Individual Canceled" - If Individual served canceled. "Provider Canceled" - If provider canceled. Document explanation(s) as relevant. Manual and Agency Policy should indicate need to address missed appointments (No Show and Cancellation) in subsequent progress notes. |



| Data Field | New Issues, Goals and Interventions Instruction |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Issues/ Stressors/ Extraordinary Events Presented Today | There are three options available for staff using this section of the progress note (new issues refers to all <u>new</u> issues/stressors/extraordinary events). |
| , | If Individual served reports a new issue that was resolved during the contact, check the "New Issue resolved, No Update Required" box. Briefly document the new issue in this section and then identify the interventions used in the Interventions/Methods section and indicate the resolution in the Response section of the progress note. If services are provided during the contact that have not been previously ordered in the Individualized Action Plan, then an explanation of the rationale for those services should be provided. |
| | Example of New Issue not needing CA/IAP update: Linda became uncharacteristically angry with another member during a group encounter and the two began arguing loudly. Group leader intervened and assisted Linda with identifying what had triggered excessive anger today. Linda was able to recognize that the other group member reminded her of her abusive uncle (already addressed in IAP) and apologized to the other member. Both participants agreed that the issue was resolved in group. |
| | 2. If individual presents any new issue(s) that represent a need that is not already being addressed in the IAP, check box indicating "New Issue, CA/IAP 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. Also, the newly assessed issue(s) may require a new goal, objective, intervention or service that will require use of the IAP Review/Revision form. |
| | Example of New Issue needing CA/IAP Update: Linda reported new symptoms of nightmares, intrusive memories, and feeling unsafe, triggered by an event that reminded her of an incident when she was a victim of abuse at age 12. This has not been previously reported. Both parties agreed that a CA and IAP update was needed, and was recorded on the CA and IAP Update forms on this date. |
| | If no new issues presented mark "None Reported" and proceed to planned intervention/goals. |
| Data Field | Goal (s) Addressed as per Individualized Action Plan Instruction |
| Goals/Objectives Addressed As Per Individualized Action Plan | Record the specific goals and objectives addressed by indicating the corresponding number(s) from the Individualized Action Plan. In an electronic record, the description of the actual goals and objectives may appear in this field once the box is checked. However, when using this form as a paper form, list the number(s) of the goals & objectives that are being addressed. |



| Intervention(s) / Methods Provided | Describe the specific interventions used to assist the Individual served in realizing the goals and objectives listed above. All interventions must be targeted toward specific goals/objectives in the Individualized Action Plan. Example: Staff taught Jack relaxation breathing techniques. Using the example of Jack's stressful experience, staff asked him to verbalize positive ways to resolve the situation. |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Response to Intervention/ Progress Toward Goals and Objectives | Describe how the Individual served responded to the intervention today. Also describe the Individual's progress toward meeting his/her goals/objectives. If no progress is made over time, this section should address how staff intends to change his/her strategy. |
| | Example: Jack listened attentively to feedback from staff about how he could handle the conflict with his wife differently, which is an improvement for him, but he seemed hesitant to try the suggestions made. |
| Plan / Additional Information | If applicable the provider should document steps or actions planned with the individual for the next time frame. Plan to overcome lack of progress: If no progress is made over time, this section should also include how the worker intends to change his/her strategy to help the Individual work toward improvement. Example: Jack agreed to practice using the skills he learned during this contact with regards to using a medication calendar. Example: Jack 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: Jack received a call from his wife and they discussed whether she should bring their children to her next visit. |
| Data Field | Signature Instruction |
| Print Staff Name/ Credentials/Title | Print staff name, credentials (degree/license), and title. |
| Staff Signature | Legible signature |
| Date | Record the date of signature, including the month, day, and year. Example : mm/dd/yyyy |
| Supervisor Name/Credentials/Title (if applicable) | Print the supervisor's name, credential (degree/license), and title of supervisor, if needed. |
| Supervisor Signature | Legible signature |
| Date | Record the date of signature, including the month, day, and year. Example : mm/dd/yyyy |
| Individual's Signature (optional) | Legible signature. This is encouraged, especially if the note was written collaboratively. |
| Date | Record the date of signature, including the month, day, and year. Example : mm/dd/yyyy |

