# Partial Hospitalization Progress Note

To be completed for all Partial Hospitalization (PH) group and individual activities. This note is a four page note with the first three pages consisting of space to capture individual PH interventions as needed. The fourth page also offers a summary section and acts as a signature page for all of the notes; if only one PH intervention is completed, then you would only utilize page four.

| Data Field | Identifying Information Instruction |
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| **Organization Name** | Enter your 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 served. |
| **DOB** | Indicate the Individual's date of birth **Example : mm/dd/yyyy** |
| **Type of Service** | Check Type of Service delivered. Check box that applies. If group, give name of the specific group.<br>**Example: Anger Management Group**<br><br>If "No Show" or "cancellation", explain reason.<br>**Example: Individual overslept and missed meeting.** |
| ***From - To*** | Enter the beginning and ending times the individual participated in the activity. |
| ***Total Time*** | Enter total hours and minutes individual was engaged in this activity. |
| **No. in Group** | Enter number of individual's attending the group. |
| **No. of Staff** | Enter number of staff providing services in the group. |
| **Data Field** | **Activity/Topic and Goal(s) Information Instruction** |
| **Activity/Topic/ Interaction** | Describe the planned activity/topic/Interaction of the group.<br><br>**Example: Group members will discuss coping mechanisms for stress & select one to try on their own in the upcoming week.** |

| Data Field | New Issues, Stressors, Extraordinary Events Instruction |
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| **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 **new** issues/stressors/extraordinary events).<br><br>1. If Individual 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.<br>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.<br><br>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.<br><br>3. If no new issues presented mark "None Reported" and proceed to planned intervention/goals.<br><br>**Example: During the counseling session John became angry and loud; counselor was able to have John explore his anger and John admitted to needing to use his calming techniques. Within 5 minutes, John was able to calm himself down and resume discussions with the counselor. NO CA/IAP update needed.** |
| **Goals/Objectives addressed as Per Individualized Action Plan:** | Identify the specific goal(s) and objective(s) in the Individualized Action Plan being addressed during this intervention. (All interventions and, therefore, the documentation of the intervention in a progress note must be targeted toward specific goal/objectives in the IAP). |
| **Data Field** | **Interventions and Response to Intervention and Progress Toward Goals and Objectives Instruction** |
| **Intervention(s)/ Method(s) Provided:** | This section must be completed to support "medical necessity" and must be person specific. This section should describe the specific therapeutic interventions used in the PH group session to assist the individual in realizing the goals and objectives listed above as the focus of this particular session.<br><br>**Example: Discussed daily menus with Angela. We then went through her cabinets together to make this week's grocery list. Provided feedback on healthy choices and taught individual food inventory skills.** |

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| **Response to Intervention/Progress Toward Goals and Objectives:** | This section should address **BOTH**:<br>• *The Individual's response to the intervention* - Include evidence the Individual participated in the session and how, and information about how the Individual, family and /or collaterals were able to benefit from the intervention e.g. through active participation, better understanding of issues, understanding or demonstration of new skills.<br>• *Progress toward goals and objectives* - Include an assessment of how the session has moved the Individual closer, further away, or had no discernable impact on meeting the Individual's identified goal(s) and objective(s).<br><br>**Example: Jack listened to feedback from the group about how he can 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** | The nurse should document future steps or actions planned with the individual such as homework, plans for the next session, etc.<br><br>*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.<br><br>Document additional pertinent information that is not appropriate to document elsewhere.<br><br>**Example: John was not able to correctly identify medications and dosages, so index cards were utilized to give more explicit instructions for each of the medications.** |
| **Staff Signature/ Credentials/Title:** | Legibly record staff's signature, credentials, and degree/license. |
| **Date:** | Record the date of signature, including the month, day, and year. **Example: mm/dd/yyyy** |
| **Co-Staff Signature/ Credentials/Title** | If required, legibly record staff's signature, credentials, and degree/license. |
| **Date:** | Record the date of signature, including the month, day, and year. **Example : mm/dd/yyyy** |
| **Data Field** | **Summary Information** |
| **Functioning** | Summarize the day's events; indicate observed or reported mood, affect, behavior, cognitive functioning etc. If no significant change, indicate in box provided. |
| **Stressors/ Extraordinary Events** | Indicate any stressors or extraordinary events that happened during the day. If none, indicate in box provided |
| **Data Field** | **Signature Fields** |
| **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 needed)** | Print the supervisor's name, credentials (degree/license) and title of supervisor, if needed. |
| **Supervisor Signature** | Legible signature |

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| **Date** | Record the date of signature, including the month, day and year. **Example : mm/dd/yyyy** |
| **Individual Signature (optional)** | Legible signature. This is encouraged, especially if the note was written collaboratively. |

| Data Field | Medicare "Incident To" Instructions |
|---|---|
| **Medicare "Incident to" Services Only** (if applicable) | Check the box when service is to be billed using the "incident to" billing rules. |
| **Name and Credentials of Medicare Supervising Professional on Site** (if applicable) | Enter the name of the supervising professional who provided the on-site supervision of the "incident to" service.<br>**Note:** The presence of an appropriately licensed supervising professional is one of the key requirements for an "*incident to"* service. For nursing services this must be an MD or an NPP. In some cases, the service is billed under the number of the supervising professional. In others, the attending professional's number should be used. Providers should consult with their Medicare Carrier's Local Medical Review Policies. |