

## **DMHAS WISE Record Keeping Document Guide**

### **Recovery Assistance –Encounter Note**

This form should be completed after or during each encounter with a client. This note is to track activities and progress and Medicaid compliance. This note should be part of the clients and may be asked for by DMHAS on a case to case basis.

This form should be kept in the client's file and used to create the monthly progress note.

### **Recovery Assistant Monthly Progress Note**

The purpose of this form is two fold. One is to give a summary of the client's progress in a month period of time and two, to ensure Medicaid compliance. This form was created to be summary of the daily Encounter Notes completed by the RA. This monthly form can be completed with the client at the end of the month.

This form should be submitted to DMHAS on a monthly basis by the **10<sup>th</sup>** of the following month. Please submit form to:

WISE Program  
Kristie Scott  
Fax: 860-638-5302

### **WISE Encounter Note (CSP, TCM, STCS, ACT, SE)**

This form should be completed after or during each encounter with a client. This note is to track activities, progress and Medicaid compliance. This note should be part of the clients record and may be asked for by DMHAS on a case to case basis.

### **WISE Monthly Progress Note (CSP, TCM, STCS, ACT, SE)**

This form should be submitted to DHMAS on a monthly basis by the **10<sup>th</sup>** of the following month. Please submit form to:

WISE Program  
Fax: 860-262-5852

The purpose of this form is two fold. One is to give a summary of the client's progress in a month period of time and two, to ensure Medicaid compliance.

**WISE Services  
Monthly Progress Note**

<b>Client Name:</b>	<b>Month/Year</b>
<b>Waiver Service</b>	
<input type="checkbox"/> Transitional CM <input type="checkbox"/> ACT <input type="checkbox"/> CSP <input type="checkbox"/> Supported Employment <input type="checkbox"/> Peer Support	
<b>Goal Number:</b>	<b>Objective Number:</b>
(Describe progress or continued stabilization, evidence of progress or stabilization from perspective of both provider and client.)	
<b>Average Level of Assistance Provided</b>	
<input type="checkbox"/> Maximum <input type="checkbox"/> Moderate <input type="checkbox"/> Minimum <input type="checkbox"/> Standby <input type="checkbox"/> Independent	
<b>Goal Number:</b>	<b>Objective Number:</b>
(Describe progress or continued stabilization, evidence of progress or stabilization from perspective of both provider and client.)	
<b>Average Level of Assistance Provided</b>	
<input type="checkbox"/> Maximum <input type="checkbox"/> Moderate <input type="checkbox"/> Minimum <input type="checkbox"/> Standby <input type="checkbox"/> Independent	
<b>Goal Number:</b>	<b>Objective Number:</b>
(Describe progress or continued stabilization, evidence of progress or stabilization from perspective of both provider and client.)	
<b>Average Level of Assistance Provided</b>	
<input type="checkbox"/> Maximum <input type="checkbox"/> Moderate <input type="checkbox"/> Minimum <input type="checkbox"/> Standby <input type="checkbox"/> Independent	

**WISE Services  
Monthly Progress Note**

<b>Client Name:</b>
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**Summary of Client Progress**


**Stressors/Extraordinary Events During Past Month:**  None Reported  Required  
Modification of Plan see below

**Hospital Notification**

Facility Name:	Date:
<input type="checkbox"/> Emergency Dept <input type="checkbox"/> Inpatient	<input type="checkbox"/> Medical <input type="checkbox"/> Psychiatric <input type="checkbox"/> Planned <input type="checkbox"/> Unplanned

**Suggestions for changes or modification of Recovery Plan:**


Signature of Primary WISE Service Staff/Credential:	Date:
Signature of Licensed Clinician/Date (if required)	Date:
Signature and Date of Client (Optional):	Date:

*Level of Assistance (LOA) Definitions:*

**MAXIMUM ASSISTANCE** – Unable to meet minimal standards of behavior or functioning in order to participate in daily living activities or performance of basic tasks approximately 75% of time. Cues – Step by step physical gestures, pointing and demonstrations **Prompts/Coaching** - Step by step **physical demonstrations with visual and verbal directions** that prompt the participant to perform the skills and/or tasks.

**MODERATE ASSISTANCE** – Needs constant cognitive assistance such as 1:1 cueing, prompting/coaching or demonstrations to sustain or complete simple, repetitive activities or tasks safely and accurately approximately 50% of time. Cues – **Step by step verbal & written directions/hints** to help organize thoughts. **Prompts/Coaching** – Step by step verbal directions.

**MINIMUM ASSISTANCE** – Needs periodic cognitive assistance (cueing and/or prompting/coaching) to correct mistakes, check for safety and/or solve problems approximately 25% of time. Cues - **Verbal & written hints** related to the task. **Prompts/Coaching** – written and/or verbal directions.

**STANDBY ASSISTANCE** – Supervision by one person is needed to enable the individual to perform **new procedures** for safe and effective performance. Cues – **Visual demonstrations** related to the task. **Prompts/Coaching** – **Visual and physical directions** that prompt the participant to perform the skills and/or tasks.

**INDEPENDENT** – No physical or cognitive assistance needed to perform activities or tasks.

DMHAS WISE Program  
Recovery Assistant Monthly Progress Note

Client Name \_\_\_\_\_ Month/Year \_\_\_\_\_

RA Name \_\_\_\_\_ Agency \_\_\_\_\_

**Level of Assistance (LOA) \***

**5. Maximum Assistance**

**4. Moderate Assistance**

**3. Minimum Assistance**

**2. Standby Assistance**

**1. Independent.**

**0.** Client chose not participate in activity

**n/a** Activity did not occur/did not need to occur

CATEGORY	LOA Provided* (# or n/a)	Focus in Recovery Plan		Comments
		YES	NO	
Personal Hygiene		<input type="checkbox"/>	<input type="checkbox"/>	
Household Task		<input type="checkbox"/>	<input type="checkbox"/>	
Personal Laundry		<input type="checkbox"/>	<input type="checkbox"/>	
Food Management		<input type="checkbox"/>	<input type="checkbox"/>	
Personal Health & Safety		<input type="checkbox"/>	<input type="checkbox"/>	
Budgeting		<input type="checkbox"/>	<input type="checkbox"/>	
Leisure Activities		<input type="checkbox"/>	<input type="checkbox"/>	
Transportation		<input type="checkbox"/>	<input type="checkbox"/>	
Interpersonal Skills		<input type="checkbox"/>	<input type="checkbox"/>	

Summary:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recovery Assistant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Hospital Notification**

Facility Name:	Date:
<input type="checkbox"/> Emergency Dept <input type="checkbox"/> Inpatient	<input type="checkbox"/> Medical <input type="checkbox"/> Psychiatric <input type="checkbox"/> Planned <input type="checkbox"/> Unplanned



Comments: \_\_\_\_\_

*LOA*

*LOA*

**Personal Health and Safety**

**Budgeting**

- Review use of medical emergency services \_\_\_\_\_
- Schedule Medical Appointments \_\_\_\_\_
- Schedule Dental Appointments \_\_\_\_\_
- Daily Exercising \_\_\_\_\_
- Recognizes medication regime \_\_\_\_\_
- Self admin. of medication \_\_\_\_\_
- Understands Basic First Aid/Universal Precautions \_\_\_\_\_
- Maintains Judicial Appointments \_\_\_\_\_
- Understands Fire Evacuation Plan \_\_\_\_\_
- Understands Safe Smoking \_\_\_\_\_
- Recognizes Safe Use of Electrical Equipment \_\_\_\_\_
- Contact the Landlord \_\_\_\_\_
- Avoiding conflicts \_\_\_\_\_
- Rejecting Substance Abuse \_\_\_\_\_
- Understands Safe Sex Practices \_\_\_\_\_
- Uses Seat Belts \_\_\_\_\_
- Other \_\_\_\_\_

- Prioritizing Bills \_\_\_\_\_
- Paying Bills \_\_\_\_\_
- Saving Money \_\_\_\_\_
- Maintaining a checkbook \_\_\_\_\_
- Contacting Entitlements \_\_\_\_\_
- Other \_\_\_\_\_

Comments: \_\_\_\_\_

**Leisure Activities**

- Selecting Activities \_\_\_\_\_
- Playing games \_\_\_\_\_
- Shopping \_\_\_\_\_
- Outings \_\_\_\_\_
- Pet Care \_\_\_\_\_
- Use of Natural Supports \_\_\_\_\_
- Reading \_\_\_\_\_
- Hobbies/Sports \_\_\_\_\_
- Other \_\_\_\_\_

Comments: \_\_\_\_\_

Comments: \_\_\_\_\_

**Interpersonal Skills**

**Transportation**

- Makes Social Plans \_\_\_\_\_
- Identifies Boundaries \_\_\_\_\_
- Identifies Coping Skills \_\_\_\_\_
- Other \_\_\_\_\_

- Assist with public transportation \_\_\_\_\_
- Other \_\_\_\_\_

Comments: \_\_\_\_\_

Comments: \_\_\_\_\_

Today's Goal \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Total Time: \_\_\_\_\_

Recovery Assistant Signature: \_\_\_\_\_

Client Signature: \_\_\_\_\_