California Association for Adult Day Services

Temporary Alternative Services

Progress Note Template

*Instructions*

1. Input participant’s name as indicated on form
2. Input date service provided
3. List Department providing the service (Example: Social Services, Nursing)
4. Based upon information gathered through weekly check ins with participant and/or caregiver, phone calls initiated by participant and/or caregiver or existing care plan assessed needs……Input into the “Identified Needs” section the area of concern you have identified (Example: Participant does not have a blood glucose meter at home to assist with in-home Diabetic Care Management)
5. Service Type section highlights a lists of services that can be counted towards acceptable units of billable service. Check the service type that you will be providing. (Continuing with the example listed in #4 you would check “Health Management”.
6. Under Targeted Interventions list the actions you will do with the participant and/or caregiver or on behalf of the caregiver. (In the example above, on behalf of the participant the nurse would be calling the PCP to get an order for the meter and supplies)
7. In the Outcome section list the outcome of the intervention. (Did the participant receive the meter?) NOTE: Outcomes might not readily be known on the day you do the intervention. Thus, in this example when the nurse receives confirmation that the meter has been delivered that would be noted and dated at that time. You can also chart your follow up if there are delays, to document you are tracking the outcome.

In general……it is very likely that certain service outcomes will lead to other service needs. In this example, the next service need identified by the nurse might be that the participant and/or caregiver needs training on how to use the blood glucose meter….and the cycle of problem identification, target interventions and outcomes continues.

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| **TEMPORARY ALTERNATIVE SERVICES | PROGRESS NOTE** | |
| **Participant Name:** | |
| **Date:** | **Department:** |
| ***Identified Problem/Need as Identified on Care Plan or Immediate Assessed Need*** | |
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| **Service Type:** ( ) Care Coordination ( ) Health Literacy Education ( ) Training | |
| ( ) Door Step Delivery ( ) Liaison with PCP ( ) Psycho-Social Support | |
| ( ) Caregiver Support ( ) Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ( ) Medication Management ( ) Health Management ( ) Therapeutic Activities | |
| ***Targeted Intervention:*** | |
|  | |
| ***Outcome:*** | |
|  | |
| ***Staff Signature/Title:*** | |