CMHC Name: ____________________

QMHP PROGRESS NOTE FOR IN HOME FAMILY TREATMENT (H2011)

Consumer Name: ____________________ **Case#:** ____________

Additional Persons Present: ____________________

Type of Service (Ex. Case Management, Psychosocial, etc)	Service Code	Diagnosis Treated (Indicate Code)	Start Time	Stop Time	Number of Minutes	Location Code (Circle One)	Billing Status
In Home Family Treatment	H2011					C H O	N/C ☐

Clinical Assessment/Current Functioning:

Current Impairment
☐ None
☐ Mild
☐ Moderate
☐ Serious

Mood
☐ Euthymic ☐ Angry
☐ Depressed ☐ Other
☐ Euphoric
☐ Anxious

Affect
☐ Appropriate ☐ Intense
☐ Inappropriate ☐ Labile
☐ Blunted/Flattened
☐ Other

Cognitive Processes
☐ No Observed Impairment
☐ Memory Impairment
☐ Hypervigilant
☐ Disoriented
☐ Poor Concentration
☐ Disorganized

Danger to Self/Others
☐ None ☐
Ideation☐ Threat ☐
Gesture
☐ Attempt

Details:

____

Presenting Problem/Chief Complaint:

____

Goal(s)/Objective(s) Addressed (From Treatment Plan):

____

Interventions Used/Consumer Response/Progress Toward Goal(s)/Objective(s):

____

Action Steps/Plans for Next Session/Discharge Plans:

____

- **Changes/Revisions to Treatment Plan:** ☐ **None** ☐

____

Justification for Ongoing Services (Medical Necessity):

☐ Continued impairment of reality testing
☐ Continued mania or hypomania
☐ Continued anxiety or depressed mood
☐ Need to maintain consumer & stabilize gains
☐ Continued need for treatment to monitor/reduce risk of violence to self/others
☐ Continued impairment of social, familial, academic or occupational functioning
☐ Continued need to monitor or stabilize medication
☐ Other (Please specify):
____

Details:

____

____
Consumer/Guardian Signature

____________________ ____________________ ____________
Staff Signature **Staff Credentials** **Date**

Location Codes: C = Community O = Office H = Home

QMHP Progress Note
User's Guide

DATA FIELD	DESCRIPTION	PAGE #
Identifying Information	Include information such as consumer first and last legal name, case number, and additional persons present	1
Description of Service	Indicate type of service, service code, code of diagnosis treated, start and stop time, number of minutes of service provision, location, and billing status (if it is a no charge check the box next to N/C).	1
Clinical Assessment/Current Functioning	Document the consumer's report of current functioning/clinical status and observations regarding mood, affect, cognitive processes and potential for danger to self/others.	1
Presenting Problem/Chief Complaint	Summarize the issues presented by the consumer for this session.	1
Goal(s)/Objective(s) Addressed	Identify the goal(s) and/or objective(s) from the treatment plan that were addressed in the session.	1
Interventions Used/Consumer Response/Progress Toward Goal(s)/Objective(s)	Document interventions used in the session to work toward progress on the identified goal/objective. Describe the consumer's response to the interventions and progress or lack thereof on the goal(s) and objective(s).	1
Action Steps/Plans for Next Session/Discharge Plans	Note homework assignments given, next steps in treatment and/or plans for discharge/termination.	1
Changes/Revisions to Treatment Plan	Put a check mark next to Changes/Revisions or None. If there are changes/revision document revisions made to the treatment plan during the session including the addition of goals/services and/or the discontinuing of goals/services, an updated treatment plan must be completed.	1
Justification for Ongoing Services (Medical Necessity)	Document justification for on-going services which can include: continued impairment in reality testing, continued anxiety or depressed mood, continued impairment of social, familial, academic or occupational functioning, continued need for treatment to monitor/reduce risk of violence to self/others, and services needed to maintain consumer and stabilize gains.	1
Staff Signature	Obtain signature and credentials of the staff person who rendered the service and the date the service was completed.	1
Consumer/Guardian Signature	Obtain the signature of the consumer/guardian at the end of each session. The only program that is exempt from getting signatures is the Discovery Program. If there is a parent present, legal guardian present or the child is old enough to sign and know what they are signing then there needs to be a signature on all progress notes. If no signature is present an explanation to why there is not signature is required, except for the Discovery Program.	1
Writing should be legible		All pages
Add another sheet of paper as page 2 if more room is needed.		All pages