

Instructions for Completing the Treatment Plan and Monthly Progress Report form

The purpose of this form is to outline treatment plan details and provide monthly update reports on Adult Brain Injury participants. The Provider completes the form, in collaboration with the Service Coordinator, which pertains to the initial six-month Treatment Plan to submit to the Service Coordinator for processing. The Provider then updates the same document with the monthly updates during the six-month timeframe. Areas enclosed with a box are only for monthly update reporting.

- Date:**
- Completion Date

- Coverage Dates of Treatment Plan:**
- Begin date and end date of the treatment plan timeframe
 - Total Units Authorized for the Treatment Plan
 - Anticipated Monthly Unit Usage

- Participant Information:**
- Participant Name (Last, First, Middle Initial)
 - DCN number for the participant
 - Date of birth for the participant
 - Home address (physical location) of the participant
 - Mailing address of the participant
 - Home (primary) phone number of the participant
 - Cell (primary) phone number of the participant
 - Guardian Name of the participant. If the participant does not have a guardian or is their own responsible party, enter self
 - Service Coordinator assigned to the participant

- Provider Information:**
- Provider Name providing the services to the participant
 - Provider mailing address
 - Supervisor Name responsible for the oversight of the services provided to the participant
 - Direct Care Worker's Name responsible for providing the service directly to the participant
 - Indicate services requested by selecting the appropriate service(s) to be provided to the participant

Monthly Progress Section #1 (Progress Reporting Month, Monthly Units Authorized and Units Delivered by Provider)

- Indicate the appropriate reporting month and enter units authorized and delivered (spacebar selects checkbox) in the Progress Reporting Month, Monthly Units Authorized and Units Delivered section

INDICATE PROGRESS REPORTING MONTH, MONTHLY UNITS AUTHORIZED AND UNITS DELIVERED BY PROVIDER FOR MONTH

<input type="checkbox"/> January ____ Units Authorized ____ Units Delivered	<input type="checkbox"/> July ____ Units Authorized ____ Units Delivered	<input type="checkbox"/> February ____ Units Authorized ____ Units Delivered	<input type="checkbox"/> August ____ Units Authorized ____ Units Delivered	<input type="checkbox"/> March ____ Units Authorized ____ Units Delivered	<input type="checkbox"/> September ____ Units Authorized ____ Units Delivered	<input type="checkbox"/> April ____ Units Authorized ____ Units Delivered	<input type="checkbox"/> October ____ Units Authorized ____ Units Delivered	<input type="checkbox"/> May ____ Units Authorized ____ Units Delivered	<input type="checkbox"/> November ____ Units Authorized ____ Units Delivered	<input type="checkbox"/> June ____ Units Authorized ____ Units Delivered	<input type="checkbox"/> December ____ Units Authorized ____ Units Delivered
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- Goals:**
- Enter main goal in the Goal #1 section (Additional goals should be entered in Goal #2 and Goal #3 sections). If additional goals are identified, please use the Additional Goal Addendum form to enter the additional information.
 - Indicate the goal outcome by selecting the appropriate category (Independent Living, Community Participation, Vocational/ Educational).
 - Start date for goal
 - Completion date for goal
 - Indicate any anticipated barriers by selecting an option or by entering a barrier not listed in the "Other" option. If no barriers are anticipated indicate "None".
 - Indicate Community Agencies or resources involved in the delivery or associated in the completion of the goal (YMCA, etc.)
 - Indicate the outcome of goal

- Strategies to Complete Goal:**
- Indicate current level of assistance needed in the delivery of the strategy (Modeling, Prompting, Monitoring)
 - Indicate main strategy in Strategy #1 field (Additional strategies should be entered in the remaining Strategy fields)

Monthly Progress Section #2 (Progress Reporting Month)

- Go to each strategy previously entered on the treatment plan to select reporting month
- Indicate level of progress by selecting appropriate choice (Regressed, Maintained, Progressed, Independent, Completed, N/A) for reporting month. Retain each month's update entry so all six month's activity are displayed on the Treatment Plan-Monthly Update form.

INDICATE PROGRESS REPORTING MONTH

<input type="checkbox"/> JANUARY <input type="checkbox"/> JULY <input type="checkbox"/> Regressed <input type="checkbox"/> Maintained <input type="checkbox"/> Progressed <input type="checkbox"/> Independent <input type="checkbox"/> Completed <input type="checkbox"/> N/A	<input type="checkbox"/> FEBRUARY <input type="checkbox"/> AUGUST <input type="checkbox"/> Regressed <input type="checkbox"/> Maintained <input type="checkbox"/> Progressed <input type="checkbox"/> Independent <input type="checkbox"/> Completed <input type="checkbox"/> N/A	<input type="checkbox"/> MARCH <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> Regressed <input type="checkbox"/> Maintained <input type="checkbox"/> Progressed <input type="checkbox"/> Independent <input type="checkbox"/> Completed <input type="checkbox"/> N/A	<input type="checkbox"/> APRIL <input type="checkbox"/> OCTOBER <input type="checkbox"/> Regressed <input type="checkbox"/> Maintained <input type="checkbox"/> Progressed <input type="checkbox"/> Independent <input type="checkbox"/> Completed <input type="checkbox"/> N/A	<input type="checkbox"/> MAY <input type="checkbox"/> NOVEMBER <input type="checkbox"/> Regressed <input type="checkbox"/> Maintained <input type="checkbox"/> Progressed <input type="checkbox"/> Independent <input type="checkbox"/> Completed <input type="checkbox"/> N/A	<input type="checkbox"/> JUNE <input type="checkbox"/> DECEMBER <input type="checkbox"/> Regressed <input type="checkbox"/> Maintained <input type="checkbox"/> Progressed <input type="checkbox"/> Independent <input type="checkbox"/> Completed <input type="checkbox"/> N/A
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Continue filling out treatment plan sections (Goal #2 and Goal #3) in the same manner as the first goal section.

Monthly Progress Section 3 (Explanation of Overall Goal Progress by Month)

- This section is provided to document the Provider's updates for the six month period of the Treatment Plan timeframe. Begin the reporting month's narrative with the month/year and staff name completing report. Indicate activity related to each strategy for the month. Each month this section will be completed for the current reporting month by eliminating the previous month's entry, inserting the new narrative and resubmitting the form to the Adult Head Injury Service Coordinator. If additional space is needed, attach the Monthly Progress Report Addendum form to report additional information

EXPLANATION OF OVERALL GOAL PROGRESS BY MONTH:

- Signatures:** (Electronic Signatures available on form- see "Creating Electronic Signatures/ID's" instructions)
- Direct Care Work Signature and Date
 - Supervisor Signature and Date