

CBFS Service Note

- Applicable for all CBFS Services.
- This form is intended to be used for both documenting the implementation of a person's IAP goals, objectives and interventions and other contact/shift information not related to the IAP. This form is designed to eliminate the need for other Contract, Shift or Daily Note documentation.

Data Field	Identifying Information Instructions
Person's Name	Record the first name, last name, and middle initial of the person being served. Order of name is at agency discretion.
Record Number	Record your agency's established identification number for the person.
Person's DOB	Record the person's date of birth.
Organization Name	Record the organization for whom you are delivering the service.
Program Name	Record the program providing services.
Treatment Focus	<p>Check the appropriate treatment focus:</p> <ul style="list-style-type: none"> • Assessment - Check this option if you are actively working on the assessment with the person served. • IAP Planning/Review/Revision - Check this option if you are actively working on the IAP with the person served. • Goal(s)/Objective(s)/Intervention(s) addressed as per IAP • N/A – Skip to "Other Information" If Goal(s), Objective(s) and /or Intervention(s) from an active IAP were not addressed during the time period of this note, check this box, fill in the "Date of Service" field, indicate the applicable note type and skip to the "Other Information" section.
Date of Service	Indicate the date of service delivery.
Service Type	<p>Indicate the appropriate note type:</p> <ul style="list-style-type: none"> • Contact Note - Check here is the Service Note is documenting a specific point of contact with the individual served (i.e. applicable for outreach, supported housing service types). • Shift Note - Check here is the Service note is documenting an entire shift of contact with the individual served (i.e. applicable for residential service types). In the field provided, indicate the specific shift the note is documenting (e.g. First Shift, Over-night, etc). • Daily Note – Check here is the Service note is documenting an entire day (i.e. this would cover all shifts for a residential service) of contact with the individual served.

Data Field	IAP Documentation Instructions
Goals, Objectives, Interventions addressed as per the IAP.	<p>Indicate the the Goal number, the Objective number, and the intervention number(s) addressed as per the IAP during the time frame of the service note. Each Goal and Objective number should be indicated separately in the space provided. The numbers for more than one intervention may be listed under the appropriate objective. See examples below.</p> <div> <input checked="" type="checkbox"/> Goal <u>1</u> <input checked="" type="checkbox"/> Goal <u>2</u> </div> <div> <input checked="" type="checkbox"/> Objective <u>#1</u> <input checked="" type="checkbox"/> Objective <u>#1</u> </div> <div> <input checked="" type="checkbox"/> Intervention(s) <u>#1</u> <input checked="" type="checkbox"/> Intervention(s) <u>#1,2</u> </div>
Person's Response to Interventions (Required) and Additional Details Regarding the Interventions (If applicable).	<ul style="list-style-type: none"> • <u>Check boxes</u> – Check the box that most closely matches the individual's engagement in the implementation of the interventions. • <u>Person's response to interventions (required)</u>. Describe what was done and how the person responded to staff's implementation of the interventions. Include any evidence that the person participated in the sessions. (For example, "While transporting to the pharmacy, we discussed what questions the person wanted to ask regarding new medication.") • Be sure to include how the person participated and give information about how he or she benefited from the intervention. (For example, "The person asked questions", "raised concerns", "expressed an understanding of", "critical factors", "demonstrated new skill and learning", "is expanding connections with people or places.") • The narrative should also reflect the provider's role in implementation of the specified interventions (for example, "After this writer demonstrated mindfulness techniques, Sara said that using these new skills for self soothing will help when she is anxious.") • <u>Additional Details Regarding the Interventions (if applicable)</u>: Document additional information to indicate any variation in planned intervention implementation. (For example, "We began a role play and the person ended it when emotions overwhelmed the value of finishing the role play. Instead, she worked communication issues by brainstorming how to bring up medication independence with her prescriber.") • In addition, it may be necessary to clarify specific interventions implemented. (For example, if the intervention is, "Taught symptom management skills," it may be necessary to describe exactly what skill was taught. For example, "Taught list-making and expressive writing skills to reduce disassociation.")

Data Field	Contact Note, Shift Note, or Daily Note Documentation Instructions
Other Information (include new issue(s) presented / significant life events): (shift note, contact note, etc).	<p>This area can be used for the following purposes:</p> <ul style="list-style-type: none"> • To document any other relevant information regarding the sections above. • To document new issues/significant life events that were presented during the session; and/or • If this document is being used as a daily/shift/contact note, other applicable information per agency policy can be documented here. For example:

	<ul style="list-style-type: none"> ○ “Family came by to visit, the first time in over 3 months and took J out to dinner and a movie. He returned stating he had a great time and wants to invite them back again soon.” ○ “S said after dinner that she wants to try to get a bit more exercise and asked if anyone wanted to join her for a walk. Another person who uses CBFS services joined her. They talked of wanting to walk together a few times a week.” ○ “we went for her annual physical today and learned that she is in excellent health. Her mammogram was scheduled for 2 months from today (June 2).”
N/A Box	If this area is not being used, check N/A
Person not available to engage in service box	If the individual served was unavailable to receive service, check this box. Check either Person Canceled/Rescheduled or No Show/Not Home as appropriate. If necessary, describe the reason(s) why in the Other Information section.
New issue resolved, no CA update required	Check this box if CBFS provider was able to address/resolve the new issue within the session so that no CA Update is needed, or if the issue does not warrant inclusion in the CA document.
CA Update required	Check this box if the CBFS provider will complete a CA Update as a result of the new issue presented in the session.

Data Field	Signature Instruction
Print Provider Name / Signature / Credentials	Legibly record the name and signature of provider including his/her credentials. Example: Jerry Smith, BS
Date of Signature	Indicate the date of the signature. To meet CBFS standards the date: <ul style="list-style-type: none"> • Must be within 72 hours of the Date of Service. • Should be documented in writing by the Provider at the time of the signature.
Person Signature / Date	Optional – the person served can be given the option to read, sign and date the note as long as no imminent harm is likely to result. Consult <u>agency practice and regulatory requirements(s)</u> .
Rehab Day?	Document whether or not the note meets Rehab Option (R Day) billing requirements.

Revision Date 4/30/13