

Community Based Flexible Support Service Note

- ✓ Used for all CBFS services.
- ✓ This form is intended to be used for documenting CBFS services that are directly linked to the person's IAP goals and objectives including Outreach Services. If the note is intended to document other services provided but not linked to the IAP, the Shift/Daily Note or other appropriate note form should be used.

| Data Field | Identifying Information Instruction |
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| Person's Name | Record the first name, last name, and middle initial of the person. 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 to serve as another identifier. |
| Organization Name: | Record the organization for whom you are delivering the service. |

| Data Field | Contact Type and Present at Session Instruction |
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| Contact Type | Check appropriate box to indicate the type of contact. Specify In-person or by Telephone. If Other or Collateral is checked, please describe. |
| List All Persons Present | Check appropriate box: <i>Person Present; Person No Show; Person Cancelled. If Provider Cancelled</i> is checked, document explanation as relevant. If <i>Others Present</i> is checked, identify name(s) and relationship(s) to the person. |

| Data Field | Functioning, New Issue(s) Goals and Therapeutic Interventions Instruction |
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| Functioning: (observed or reported) | <p>Document the person's skills and functioning in one or more of the areas listed below. The information can be as reported by the person or by others who have observed or interacted with the person. Describing the person's functioning provides important data that impacts staff's intervention with the person.</p> <ol style="list-style-type: none"> 1. General ability of the person to live in community since last visit. Example: Julie continues to live with her mother. Julie reports one incident of extreme frustration about her bills that she resolved successfully by using DBT skills. Neither of them reports any crisis interventions being needed. Mother reports that Julie is taking medication as prescribed. Julie reports she is sleeping through the night with few nightmares since med changes last month. 2. Observed functioning of the person in the session. Example: Julie said that her frustration is related to not having enough concentration to balance her checkbook in one sitting. 3. Observed functioning of the person in session that would impact his/her ability to participate in session or to benefit from the session. Example: Julie seemed distracted. She did not work on practicing the budgeting skills planned for today because "the voices are just too damn loud." She is looking forward to feeling better as the warm, dry weather approaches. Julie took the workbook with her in case she can use it on her own or with her peer worker this week. |

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| New Issue(s) Presented Today | <p>There are four options available for staff using this section of the progress note:</p> <ol style="list-style-type: none"> 1. If the person does not report/present any new issues, check "None Reported" and proceed to planned intervention/goals. 2. If the person reports a new issue that can be resolved during the session, or in less than three sessions, check box "New Issue resolved, no CA Update Required". Briefly document the new issue, identify the interventions used in the Therapeutic Interventions Section and indicate the resolution in the Response Section of the progress note. 3. If the person presents any new issue(s) that represent a therapeutic need that is not already being addressed in the IAP, check box indicating a "CA Update Required" and record notation that new issue has been recorded on a |
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| | <p>Comprehensive Assessment Update of the same Date and write detailed narrative on the appropriate CA Update as instructed in this manual. The first section of the CA Update may be completed by an unlicensed provider. However, if there is a change to the diagnosis, then that section must be completed by a qualified provider. Also, the newly assessed therapeutic information may require a new goal, objective, therapeutic intervention or service that will require further use of the IAP Review/Revision form</p> <p>4. If the person presents an issue that has been previously assessed and for which Goals/Objectives and services have been ordered, then the information may be briefly documented as an indicator of the progress or lack of progress achieved.</p> <p>Example: Julie reported for the first time that she was a victim of abuse/neglect at the age of twelve, which was recorded on the Comprehensive Assessment Update of this Progress Note's date.</p> <p>If information from the Shift/Daily Note is relevant in the person's progress toward the IAP goals and objectives, please indicate the date of the note.</p> |
| <p>Goals/Objectives Addressed as Per Individualized Action Plan</p> | <p>Record the specific goals and objectives addressed this session by indicating the corresponding number(s) from the Individualized Action Plan. In an electronic record, the actual goals' and objectives' descriptions would appear in this field once the box is checked. However, when using this form as a paper form, list the number of the goals & objectives that are being addressed during this service and next to the corresponding goal & objective, write the description.</p> |
| <p>Therapeutic Interventions Provided</p> | <p>First check all activity(ies)/interventions provided during the service based on the following definitions:</p> <ul style="list-style-type: none"> • Advocacy: Advocacy in the community for resources on behalf of the person served. • Assessment of Needs: Ongoing assessment of needs. • Coordinating Services: Coordination of services in the person's Individualized Action Plan (IAP). • Crisis Management: Coordination or assistance in managing or preventing a crisis. • Education/Training: Education and Training to the person served and/or the family. • Eliminating Barriers: Mental health interventions that assist an individual in eliminating barriers due to symptoms, behaviors and thought processes that cause distress or harm. • Employment Supports: Staff activities that support someone to work toward their vocational goals. • Empowerment/Skills Building: Assistance with achieving personal independence in managing basic needs, facilitation of further development of ADLs and/or activities that increase the person's capacity to positively impact his/her own environment, such as: expanding relationships, education and self-esteem and skill-building activities. • Housing Advocacy: Phone calls, education and other efforts that help the person secure or sustain desired housing. • Medication Training/Administration: Anything staff do to help the person better understand, manage and advocate around how they use medications. • Monitoring: Questions asked and observations made about critical components of the person's Action Plan or emergent safety concerns. • Outreach: Outreach can be to the person served and/or to the family. • Wellness: Assistance, information, encouragement or other actions that staff take to support the person's lifestyle and goals around their physical wellbeing. • Other: If another activity/intervention is provided during the session, check this box and describe what was done. <p>Describe the specific therapeutic interventions used in the session which assist the person to realize the identified goals and objectives referred to above as the focus of this particular session.</p> <p>Example: As indicated in the interventions for Julie's nutritional education need area, staff asked Julie what her daily menu choices were for the week and offered alternative to high-sugar items. Staff walked with Julie through her kitchen cabinets so that she could create a grocery list for the week. Staff asked Julie about her reasons for wanting to make healthy menu/food choices. Further</p> |

| | <p>education focused on teaching food inventory skills, such as saving money and time by buying enough condiments, spices, cleaning supplies, etc. to last for more than a week.</p> <p>Example: Staff accompanied Julie to the Social Security Office to reapply for benefits and Julie received an application to complete. Julie asked for staff's help and completed it and returned it to the Social Security Office that day. Julie was told that she would get a response in 2-3 weeks.</p> <p>Example: As indicated in the interventions for this need area, staff met Armando at his parent's home to talk about scheduling future visits with his son, who is living with Armando's parents. Staff and Armando discussed options and practiced ways to negotiate the amount of time allowed for the visits. As requested by Armando, staff offered verbal support to Armando before and during his call to the DCF worker while at the parents' house. Armando was successful at reviewing and getting approval for the next planned visit.</p> <p>Example: Armando said that he was very upset about an argument he had with his roommate this morning and asked that most of the treatment meeting focus primarily on that conflict. After reassurance and role-modeling by staff, Armando brainstormed different ways he could handle the situation in the future. Armando described how he wanted to interact with his roommate when he saw him next. As indicated in his stress management need area, staff helped Armando practice and use previously identified coping skills. These included: taking a walk, listening to his iPod, and counting to ten before responding to his roommate.</p> <p>Example: Staff taught Julie to review her medication checklist and track how often she followed her schedule for morning and evening doses. Julie was concerned that her 10 lb weight gain that could be related to one or more of the medications. Staff shared an experience about bringing a list of concerns to her own doctor. Julie wrote down her concerns to take with her to her next MD appointment. She asked staff to reminder her the day before her appointment to discuss it with the doctor.</p> |
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| Data Field | Response to Intervention |
| <p>Person's Response to Intervention/ Progress Toward Goals and Objectives</p> | <p>This section should address BOTH:</p> <ul style="list-style-type: none"> <i>The person's response to the intervention</i> - Include evidence that the person participated in the session. Describe how the person participated and give information about how they benefited from the intervention e.g. the person asked questions, raised concerns, expressed an understanding of critical factors, demonstrated or sought to learn new skills. <i>Progress towards goals and objectives</i> - Include an assessment of how the session has moved the person closer, further away, or had no discernable impact on meeting the session's identified goal(s) and objective(s). <p>Examples: Julie made progress towards her goal of shopping independently. She developed her grocery list before staff arrived. Julie asked for staff's help to stay focused on finding the items in her home that she already had. Julie said, "I'm pretty freaked out about going inside the grocery store". As a result, that next step in the plan will be broken down further during the next treatment meeting.</p> <ul style="list-style-type: none"> If no progress is made over time, this section should also include a discussion of how the staff person intends to change his/her strategy. |
| Data Field | Additional Information/Plan |

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| Plan Additional / Information | <p>The staff providing the service should document future steps or actions planned with the person such as homework, plans for the next session, etc. Document additional pertinent information that is not required elsewhere in the note.</p> <p>Example: Armando and staff discussed and agreed that the next step in his goal toward shopping without staff will be to take his grocery list to an AA meeting to remind him to ask his sponsor for support and ideas. To purchase what he needs despite his extreme anxiety, Armando wants to reduce the time he spends in the store. Staff will accompany him to the store and help Armando map out where items are in the store so that he organizes items on his list accordingly, such as “dairy, deli, and soups.”</p> |
| Data Field | Signatures Instruction |
| Print Provider Name Signature/ Credentials | <p>Legibly record the name and signature of provider including his/her credentials. Example: Jerry Smith, BS</p> |
| Print Supervisor Name Signature/ Credentials | <p>If the provider is an intern or other circumstances dictate a supervisory signature, the following applies: Legibly record the name and signature of supervisor including his/her credentials. Example: Mary Jones, LICSW</p> |
| Date | Indicate the date of the signature |
| Person Signature/ Date | Optional – Give the person the option to read, sign and date the note as long as no imminent harm is likely to result. Consult agency practice and regulatory requirement(s). |
| Next Appointment Date | Write both the date and time of the next appointment. |

Instructions to complete the Billing Strip:

| Data Field | Billing Strip Completion Instructions |
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| Date of Service | Date of session/service provided. |
| Provider Number | Specify the individual staff member’s “provider number” as defined by the individual agency. |
| Location Code | Identify Location Code of the service. Providers should refer to their agency’s billing policies and procedures for determining which codes to use. |
| Procedure Code | Identify the procedure code that identifies the service provided and documented. Providers should refer to their agency’s billing policies and procedures for determining which codes to use. |
| Modifier 1, 2, 3 and 4 | Identify the appropriate modifier code to be used in each of the positions. Providers should refer to their agency’s billing policies and procedures for determining which codes to use for Modifiers 1, 2 3 and/or 4. |
| Start Time | Indicate actual time the session started. Example: 3:00 PM Note: Use either start and stop time, or total time, both are not necessary. |
| Stop Time | Indicate actual time the session stopped. Example: 3:34 PM |
| Total Time | Indicate the total time of the session. Example: 34 minutes |
| Diagnostic Code | Use the numeric code for the primary diagnosis that is the focus of this session. Providers should use either ICD-9 or DSM code as determined by their agency’s billing policies and procedures. |