

Service Note Documentation

Service notes are a very important part of providing direct care services. In fact, their importance cannot be overstated. There are several reasons why they must be done correctly and completely:

- They are required by the Office of Developmental Programs (ODP) to provide or receive services and must be completed the day of service for accuracy.
- They provide evidence that services occurred. They should tell a story about what happened during services and provide enough details to support the number of hours worked.
- In case of a conflict, incident, or difficult situation, they provide a paper trail about exactly what occurred during services.
- They provide documentation on how services are going and allow the supervisor and the individual's team to know if the person's needs have changed.
- They support the individual's need for services and the level of care needed.
- They show that the services that the individual is receiving match what is written in the Individual Support Plan (ISP).

1:1 Companion Service Report Instructions

Please follow these instructions to make sure you have a complete and accurate service note. The numbers below correspond to the numbers on the accompanying service note example.

1. **Name:** Your (staff) name goes here.
2. **Service Date:** The date that you and the individual participated in companion services.
3. **Hours of Service:** Put the beginning and end times for your service session here. These times must correspond exactly to the EVV call-in and call-out times. For example, if you call in at 9:58 AM and call out at 3:28 PM, put those exact times on the companion report. Do not round your times to, for example, 10:00 AM to 3:30 PM. Note that you need to be physically present with the consumer for the entire duration of services.
4. **Total Hours:** Add your hours here. Using the example in #3 above, you would put 5.5 hours. Don't worry if your totals are not exact. Administrative staff figure up the hours exactly when we process the service note.
5. **Name of consumer:** The name of the consumer you are working with goes here.
6. **Location:** The place or places where services took place. This could be the person's home or other places in the community. Be specific here – a few examples: Chambersburg Target, McDonald's, Norlo Park, Valley Mall.
7. **Yes/No Questions:** These three questions are all answered by circling the Yes or No choices given.
 - a. The first question indicates whether you supervised the individual for safety during services. Depending on the individual's needs this could be any kind of safety including

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- supervision during crossing the street; monitoring interactions with others in the community; monitoring for choking; supervising while the individual uses the stove or other kitchen appliances; or any other kind of safety that the person might need. It is expected that during any service the individual will be monitored for safety by staff.
- b. The second question asks whether the individual was given choices during the services. As with safety, this could involve different kinds of choices depending on what activities were done in the service session. A few examples of choices could be whether the person wants to go out or stay home; what kinds of activities or games they would like to do (coloring, Uno, crafts, etc); where they would like to go (shopping, out to eat, take a walk); and what they would like to eat if a meal is involved with services. If any preferred activities are listed in the individual's ISP those activities should be offered regularly as a choice during services. As with safety it is expected that the individual will be presented with choices, including any preferred activities listed in the ISP, on a regular basis during services.
 - c. The third question indicates whether the staff and an individual went out into the community during services. This could include but is not limited to going to the movies, out for a meal, shopping, to a park, or to a public event. Depending on the individual's choices and goals, services might take place at the person's home, in the community, or in both.
8. **Service Summary:** The narrative of what you and the individual did during services goes here. Please be specific and include details about what you did, what the individual did, how you as staff supported the individual, and what choices the individual made. Please be sure to include details related to the yes and no questions above. Here is an example of a service summary:
- Staff arrived at Mary's home at 4:03 PM. Mary stated that she would like to go out to dinner and go shopping. At her request, staff transported her to Chipotle. Mary chose what she wanted, ordered her own food and paid herself, with staff monitoring the money transaction. After dinner, Mary stated that she wanted to go to 5 Below to look for a new charger for her phone. Staff transported her there and helped her to find the phone chargers. Mary chose the one she wanted and paid for it with staff assistance to use the pin pad. Mary then decided she wanted to go for a walk. Staff transported her to Norlo park where staff and Mary walked on the trail. Mary enjoyed watching the dogs play in the dog park and watching kids playing soccer. Staff then drove Mary home, while listening to her favorite country music in the car. Staff dropped Mary off and called out at 8:33 PM. Throughout the visit staff monitored consumer for safety including giving verbal prompts to buckle seat belt, and supervising visually while crossing the street and interacting at community locations.*
9. **Progress Toward Goals:** List progress that was made toward goals that are listed in the ISP. For example, if the ISP lists interacting with others as a goal, you could write that the person interacted with the restaurant staff and the checkout clerk at 5 Below. Please do not skip this section.

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10. **Emergency Contact:** List the name and phone number of the person's emergency contact. This is someone who you could call if there would be any problems or emergencies encountered during services.
11. **Signature and Date (Employee):** You will sign and date here. The date must be either on the date of services or after (no forms can be dated for earlier than the date of service). **Service reports are not able to be processed without signatures.** Note that by signing the form you are verifying that the information on the report is true and correct.
12. **Signature and Date (Consumer):** This space is for the consumer or, if they are unable to sign, their guardian. As with the signature in #11 above, the date must be either on the date of service or a later date. No pre-dating of forms is allowed. Consumer's or guardian's signature is required for processing of reports as well.
13. **Employee Notes for EVV:** This is where you are able to put any notes related to the EVV system. If you forget to clock in or out, or if you have problems with the EVV system, you can write it here. When giving the details about any problems you had, please make sure to put the correct time when you began or ended services. An example of an EVV note would be: "Clock-in did not register in EVV system. Services began at 8:53 AM." Another example: "I forgot to clock out. Services ended at 11:12 PM." Written documentation is required to make any changes to the EVV system, so if you have problems with EVV and do not document them, we will need to contact you to clarify.

If at any time you have questions or concerns about how to complete the service notes, please contact your supervisor. We are here to help and would be glad to work with you to resolve any questions or concerns.

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OFFICE USE ONLY

Supervisors' approval initials: _____

Date: _____ Hours Approved: pay _____ bill _____

Activity Reimbursement: \$ _____ EVV Verified: _____

Community Reimbursement Approved: \$ _____

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Companion Service Report

Employee Name: _____ **1** **Date of Service:** _____ **2**

Hours of Service: _____: **3** am/pm to _____: _____ am/pm **Total Hours:** _____ **4**

Consumer's Name: _____ **5** **Location:** _____ **6**

Did staff supervise individual during services for personal safety? Yes No

Did staff provide choices to the individual? **7** Yes No

Did staff and the individual engage in a community outing? Yes No

SERVICE SUMMARY: _____ **8**

Describe progress towards goals for today: _____ **9**

My signature below verifies that I received/provided a service on the dates and times listed above or documented corrections below. Further, all of the information in the entirety of this document is true and factual. I understand that payment for these services are from Federal and State funds, and that any false claims, statements, documents, or concealment of material facts may be prosecuted under Federal and State Laws.

Emergency Contact: _____ **10** **Phone Number:** _____

Signature of Employee: _____ **11** **Date:** _____

Signature of Consumer/Guardian: _____ **12** **Date:** _____

Employee notes for EVV clock in or out _____ **13**