

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).

In-Home and Community Supports (IHCS) 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 IHCS 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 IHCS 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. **Odometer Start/End/Total Miles:** If the consumer you work with has a plan that includes mileage, you will need to track your odometer readings here. Please note that we need the odometer readings, not just the total miles. Your supervisor will be able to clarify whether you need to track mileage or not.
6. **Name of Consumer:** The name of the consumer you are working with goes here.
7. **Location:** The place or places where services took place. This could be the person's home or other places in the community. Circle one, or if services take place both places, circle both. If you go into the community, please document within the service note exactly where the consumer went. This can be included in #11 with the activity that the consumer worked on. For example, if consumer worked on grocery shopping, you should write which store they went to.

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8. **Time Skill Started/Ended:** Write the time you began and ended working on a skill that is listed in the individual's ISP.
9. **ISP Outcome:** Write in the Outcome from the ISP that is related to the goal that you are working on. An example of this could be, if the ISP states that the individual will learn independent living skills, you could write "Independent living skills" here.
10. **Skill Working On:** Write the specific skill that you are working on with the consumer. Using our example of independent living skills, you might be working on meal planning, laundry, cleaning, grocery shopping, or any other skill that the consumer needs to work on to live independently.
11. **What Did the Consumer Work On:** Write the activity that the consumer did to work on the skill listed above. For example, if he/she is working on grocery shopping, they might inventory what they have at home, make a grocery list, travel to the grocery store, choose the foods that they need, and pay for their groceries.
12. **How Did the Staff Support Consumer in Learning/Maintaining Skill:** Write what you did to support the consumer as they worked on the skill. This could be assisting with any aspect of what is listed above. For example, maybe you helped write the list, provided transportation to the store, helped the consumer locate the foods they needed, and assisted with the money transaction at the end.
13. **Describe Progress or Lack of Progress:** Write what progress toward the goal you observed (or note if there was no progress). An example of this would be if, when grocery shopping, the consumer was able to find most of the foods themselves (when before they needed a lot of help). Another example would be if you have been working with the consumer on independently using the pin pad to pay for their groceries and this time they did it independently. **Please do not skip this section.**
14. **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.
15. **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.
16. **Signature and Date (Consumer):** This space is for the consumer or, if they are unable to sign, their guardian. As with the signature in #15 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.
17. **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

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The Arc.

*For people with intellectual
and developmental disabilities*

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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 _____
Mileage Approved: _____ Food Expense: \$ _____
Activity Reimbursement: \$ _____ EVV Verified: _____
Community Reimbursement: \$ _____

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In Home and Community Supports

Staff Name: _____ 1 Date of Service: _____ 2
Hours of Service: _____ 3 AM/PM - _____ AM/PM Total Hours: _____ 4
Odometer Start: _____ 5 End: _____ Total Miles: _____ (applicable consumers only)
Consumer's Name: _____ 6 Location of services: 7 home or community (circle one)

Time skill started: _____ 8 am/pm Ended: _____ am/pm ISP Outcome: _____ 9

What is the skill the consumer is working on: _____ 10

What did the consumer work on to support the skill/outcome? _____ 11

How did staff support the consumer in learning or maintaining this skill? _____ 12

Describe consumer progress or lack of progress to ISP goal: _____ 13

Time skill started: _____ 8 am/pm Ended: _____ am/pm ISP Outcome: _____ 9

What is the skill the consumer is working on: _____ 10

What did the consumer work on to support the skill/outcome? _____ 11

How did staff support the consumer in learning or maintaining this skill? _____ 12

Describe consumer progress or lack of progress to ISP goal: _____ 13

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: _____ 14 Phone Number: _____

Signature of Employee: _____ 15 Date: _____

Signature of Consumer/Guardian: _____ 16 Date: _____

EVV notes _____ 17