

**Directions for Completing the Intensive Behavioral Services
Daily Service Documentation Note for the Hourly Fee**

Preparing the "Checklist" for Service Staff	
Agency Name:	Name of the Agency delivering IB Services
Date of Service	Service staff enters date of service (mm/dd/yy).
Individual's Name:	Enter "First Name and Last Name" of person receiving Intensive Behavioral Services.
Medicaid ID:	Enter the Individual's Medicaid Number or CIN (an 8-digit number in the following format, AA12345A).
Primary Service Location:	Enter the Street address where Intensive Behavioral services are primarily provided.

Service Staff Document Services	
Enter Service Start Time:	Service staff enters the time at which services begin (e.g., 10:00 a.m.). Staff may have multiple start times for the same individual on the same day. If staff does have multiple start times on the same day, they must enter a new start time on a new line.
Enter Service Stop Time:	Service staff enters the time at which services end (e.g., 2:15 p.m.). Staff may have multiple stop times for the same individual on the same day. If staff does have multiple stop times on the same day, they must enter a new stop time on a new line.
Total Duration:	Service staff calculates the duration of time spent delivering services (HH:MM). For example, if services are delivered from 9:00 a.m. to 11:00 a.m., and again later in the day from 1:00 p.m. to 3:00 p.m., a total duration of 04:00 hours should be entered.
Billing Tally: Countable Units (15 minutes = 1 unit)	Calculate the "Total Duration" into countable units. Only a full 15 minutes can be counted; there is no "rounding up." For example if the total duration is 1 hour and 10 minutes (01:10) then the total countable units are 4.
Description of Services:	<p>Enter a description of services/staff actions provided during the date of service that are drawn from the Individual's Behavior Support Plan. These services could include:</p> <ul style="list-style-type: none"> • Training family or staff in the utilization of behavioral interventions and strategies as specified in the BSP either when the individual is or is not present. • Training the individual in the utilization of behavioral interventions and strategies as specified in the BSP. • Monitoring the implementation of the BSP, including: <ul style="list-style-type: none"> ○ observing the individual, family and/or staff as they utilize the interventions and strategies as specified in the BSP, and/or ○ following up with the individual, family and/or staff as to the effectiveness of the interventions and strategies through face-to-face contacts, telephone calls, or electronic contact • Updating the BSP after review and monitoring to remove strategies and interventions that are not effective, and/or to include new strategies and interventions. • Transition planning with the individual, family, collaterals, and other agencies to refer the individual to appropriate services to maintain behavior strategies long term as specified in the BSP. <p>When appropriate, the individual's response to the service should be included.</p>
Staff Name	Service staff print name on available space.
Staff Title	Service staff enter their title on the space provided.
Staff Signature:	Service staff sign on available space. By signing, staff is attesting that the services or actions were provided on that day.
Date Note Written	Staff enters the date (mm/dd/yy) that the note was written. This should be contemporaneous to the Date of Service.