Community Habilitation
Daily Service Documentation Note

Agency Name: _____ Date of Service (mth/dy/yr): _____

Individual's Name: _____ Medicaid ID: _____

Service Location: _____

Enter Service Start Time: _____ Enter Service Stop Time: _____

Total Duration: _____

Billing Tally: Countable Units (15 minutes = 1 unit): _____

If served in a group, check the total number in that group including the identified individual: 2 ☐ 3 ☐ 4 ☐

Description of Services:

(attach additional sheets if needed)

Staff Signature:_____Date Note Written (mth/dy/yr):_____

Staff Title: _____

A note should be completed for each continuous period of time, i.e., "session."
For billing purposes, if multiple "sessions" occur on the same day that have the same staff-to-individual ratio, "roll up" the duration from each "session" note and convert that total to units.
At least one note written during the calendar month should summarize the implementation of the person's Community Habilitation Plan, address the individual's response to services, and discuss any issues or concerns.