Self-Determination Service Documentation "Cheat Sheet"

(Please refer to corresponding numbers on service note)

CLS Documentation:

1- Name of individual you are providing services for
2- Date the service is being provided
3- And 4- Start time and stop time of service being provided. Please do not round. If you choose to end service at 4:56 pm, do not put down 5pm, please continue to provide services until 5pm.
4- See 3
5- This is the assigned case number from CMH. This can be found on the client treatment plan
6- The assigned case worker/supports coordinator for the client
7- The objectives come from the treatment plan-please state the CLS objective worked on during your service. It will be helpful to have the treatment plan to refer to. Please obtain this from the guardian or the case manager.
8- Please refer to the Level of Support section near the top of the documentation sheet and fill out appropriately.
9- The location: at home, in the community, at the library, etc
10- This ties into the level of support required. If you needed to do a full physical assist, what did you do to help the person complete the objective? If it was a partial physical, what did you verses what did the client do? How many verbal prompts did it take to complete the objective
11- Did the client make good progress toward their objective? How did they participate in completing their objective?
12- Please describe, in their own words, client satisfaction with the service today. If this was not discussed, or client is non-verbal, please put "Not discussed," or if client seemed happy/upset, please describe.
13- PLEASE SIGN YOUR NAME FOR EACH SERVICE
14- Please make sure the date matches the date of service. We have seen where providers wait to sign their documentation all at once, and the signature date does not match with service date. They do need to match.

7-11 are repeated on this sheet, as multiple objectives are likely to be worked on during a service. Each objective addressed needs this information.

Respite Documentation follows similar pattern as above. Please make sure each field is filled out, following the above guideline.