

ADULT AUTISM WAIVER SERVICE NOTE TEMPLATE

The service note was previously referred to as an Encounter Form for Adult Autism Waiver services.

Participant Name, MA #, or MCI #:	Date of Service Delivery:
Provider Agency Name or MPI:	
Service Delivered (one per form):	
Name(s) of Staff Delivering the Service:	
Name of Person Completing this Form (if different from Staff Delivering the Service):	
Start Time:	Stop Time:
Number of units delivered:	
Location(s) of service delivery:	Date Documentation Completed:

IMPORTANT NOTE: Space for the provider staff signature is after the goals and activities section.

GOALS and ACTIVITIES

Reference the participant ISP to complete this section. Table fields expand to accommodate thorough documentation.

GOAL & OBJECTIVE e.g., "Employment: Twice per week, John will promptly arrive at the bookstore, ask for job duties, and complete job duties with no prompts (i.e., 100% independence) for at least 3 months."	DATA This section is optional but can be used to collect goal-specific data. (For example, record the number and type of prompts required, the number of steps completed independently, etc. Data collected varies based on the criteria of the goal.)	DESCRIPTION OF ACTIVITIES (REQUIRED) The service note must identify the assistance, support, or guidance provided, which are consistent with the individual's goals identified in the ISP and the Waiver service definitions. The nature or description of the activities involved in the service must include enough detail to substantiate the amount of time billed for that service. It is recommended that the service note also include a description of any activities that were offered during service delivery but declined by the individual.
1.		
2.		
3.		
4.		
5.		

NOTE: If the participant is working toward more than five goals per encounter, please use add cells to the table above or use additional forms.

I agree that the information on this form is correct (Signature of person completing the form-NO INITIALS):	Date signed:
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For any questions, always reference the ODP Claims Bulletin, 00-22-03 for specific requirements of the service note.