In Home Behavioral Services Notes

Use this note to document In Home Behavioral Services as defined by MassHealth Managed Care Entities' performance specifications and the person's response to the intervention during a specific contact.

Data Field	
Person's Name	Record the first name, last name, and middle initial of the person. Order of name is at agency discretion.
Record Number	Record your agency's established identification number for the person.
Person's DOB	Record the person's date of birth.
Organization Name	Record the name of the organization.
Data Field	**Contact Type**
Contact Type	Check appropriate box to indicate the type of contact.
List All Persons Present	Check appropriate box: *Person Present; Person No Show; Person Cancelled.* If *Provider Cancelled* is checked, document explanation as relevant. If *Others Present* is checked, identify name(s) and relationship(s) to person.
Functioning (Observed or reported)	Document as appropriate person's functioning in one or more of the areas listed below. The information can be as reported by person or by others who have observed or interacted with person. Reporting on the person's functioning provides important data that can either positively or negatively impact the person's response to the interventions in this session, as well as the person's overall progress toward his/her goals/objectives. 1. General ability of person to function in community since last visit. Report any data on identified target behavior since last visit. **Example**: Person continues to live with mother with no reported outbursts or crisis interventions needed. Person reports he is sleeping better. However, he has refused to shower 13 out of 14 days. 2. Functioning of person in area of focus for today's interaction. **Example:** Person continues to struggle with having enough concentration to do his homework 3. Observed functioning of person in session that would impact his/her ability to participate in session or to benefit from the session. **Example:** Person is unable to work further on anger control today because of lack of sleep and concentration.
New Issue(s) Presented Today	There are four options available for staff using this section of the progress note: 1. If person does not report/present any new issues, mark "None Reported" and proceed to planned intervention/goals. 2. If person reports a new issue that was resolved during the session check the "New Issue resolved, no CA Update required" box. Briefly document the new issue, identify the interventions used in the Therapeutic Interventions Section and indicate the resolution in the Response Section of the progress note. **Example:** Person described being involved in an argument at school today. Person was not hurt but expressed concern about consequences at school and home.

	3. If person presents an issue that has been previously assessed and for which Goals/Objectives and services have been ordered, then the information may be briefly documented as an indicator of the progress or lack of progress achieved. 4. If person presents any new issue(s) that represent a therapeutic need that is not already being addressed in the IAP, check box indicating a "CA Update Required" and record notation that new issue has been recorded on a Comprehensive Assessment Update of the same Date and write detailed narrative on the appropriate CA Update as instructed in this manual. Also, the newly assessed therapeutic information may require a new goal, objective, therapeutic intervention or service that will require further use of the IAP Review/Revision form. **Example:** Person reported for the first time that she was a victim of abuse/neglect at the age of twelve as recorded on the Comprehensive Assessment Update of this date.
Target Behavior/Goal(s) as Addressed per Behavioral Action Plan	Identify which type of plan and the plan date the goals and objectives come from. Identify the specific behavioral goal(s) and objectives in the Behavioral Action Plan being addressed during this intervention. All interventions must be documented in a progress note and must be targeted towards specific behavioral goal(s)/objective(s) in the Behavioral Action Plan except as noted above under new issues.
Therapeutic Interventions Provided **Units** **Describe the intervention provided**	Indicate the specify intervention(s) and the number of units for each (one unit = 15 minutes) spent during the day on each. Check all that apply. Describe the specific therapeutic interventions used in the session to assist the person in realizing the goals and objectives addressed as the focus of this particular session. **Example:** Taught the person relaxation technique (progressive muscle relaxation). Practice several times. Examined how person will notice need to use technique.
Person's Response to Intervention/ Progress Toward Goals and Objectives	This section should address **BOTH**: • *The person's response to the intervention* - Include evidence the person participated in the session and how, and information about how the person was able to benefit from the intervention e.g. through active participation, better understanding of issues, understanding or demonstration of new skills. Include objective data regarding the occurrence of the target behavior such as the frequency, duration, and intensity. Compare this data to baseline data. Cross-reference any applicable data reports, graphs, tables, and summarize. • *Progress towards goals and objectives* - Include an assessment of how the session has moved the person closer, further away, or had no discernable impact on meeting the session's identified goal(s) and objective(s). **OR** • *Plan to overcome lack of progress* - If no progress is made over time, this section should also include how the counselor intends to change his/her strategy to produce positive change in the person. **Example:** Person was able to learn 5 steps of the 6 step relaxation technique and stated he thought it made him calmer. He practiced with the worker for at least 30 minutes on 10 occasions during the month. He was not convinced that he would be able to do the technique without worker present, but can demonstrate 5 of the 6 step procedure with only a verbal cue to start the technique Person was able to create a list of ways to remind himself to use the technique. Person made progress toward goal by getting in only two fights this month as compared to the baseline of an average of 6 fights per month in the previous three months

Plan Additional Information	The staff should document future steps or actions planned with the person such as homework, plans for the next session, etc. *Plan to overcome lack of progress* - If no progress is made over time, this section should also include how the staff person intends to change his/her strategy to produce positive change in the person. Document additional pertinent information that is not appropriate to document elsewhere. **Example:** Person will keep a mood journal to identify triggers to explosive episodes and bring to next session to review and discuss alternative responses.
Data Field	**Signature Instructions**
Provider Name	**Legibly** print the provider's name and credentials
Provider Signature/ Credentials	**Legibly record provider's** signature and date.
Supervisor Name	If required, **legibly** print name of supervisor and credentials
Supervisor Signature/Credentials	If required, **legibly record supervisor's** signature and date.
Person's Signature and date	The person is given the option to sign the Progress Note. If completing the note after the session and/or if using electronic notes, person can sign at next session.
Next Appointment	Indicate the date and time of the next scheduled appointment.

Instructions to complete the Billing Strip:

Data Field	Billing Strip Completion Instructions
Date of Service	Date of session/service provided
Provider Number	Specify the individual staff member's "provider number" as defined by the individual agency.
Location Code	Identify Location Code of the service. Providers should refer to their agency's billing policies and procedures for determining which codes to use.
Procedure Code	Identify the procedure code that identifies the service provided and documented. Providers should refer to their agency's billing policies and procedures for determining which codes to use.
Modifier 1, 2, 3 and 4	Identify the appropriate modifier code to be used in each of the positions. Providers should refer to their agency's billing policies and procedures for determining which codes to use for Modifiers 1, 2 3 and/or 4.
Total Time	Record the total time.
Total Units	Record the total units.
Diagnostic Code	Use the numeric code for the primary diagnosis that is the focus of this session. Providers should use either ICD-9 or DSM code as determined by their agency's billing policies and procedures.