

	Additional goals, objectives, and interventions may be added as needed.
Person's Response to Interventions (Required) and Additional Details Regarding the Interventions (If applicable).	<ul style="list-style-type: none"> • <u>Check boxes</u> – Check the box that most closely matches the individual's engagement in the implementation of the interventions. Case Management refers to activities in support of the person but not connected to a current goal, e.g. a request to their rep. payee, a referral to Clubhouse. • <u>Person's response to interventions (required)</u>. Describe what was done and how the person responded to staff's implementation of the interventions. Include any evidence that the person participated in the sessions. (For example, "While transporting to the pharmacy, we discussed what questions the person wanted to ask regarding new medication.") • Be sure to include how the person participated and give information about how he or she benefited from the intervention. (For example, "The person asked questions", "raised concerns", "expressed an understanding of", "critical factors", "demonstrated new skill and learning", "is expanding connections with people or places.") • The narrative should also reflect the provider's role in implementation of the specified interventions (For example, "After this writer demonstrated mindfulness techniques, Sara said that using these new skills for self soothing will help when she is anxious.") • <u>Additional Details Regarding the Interventions (if applicable)</u>: Document additional information to indicate any variation in planned intervention implementation. (For example, "We began a role play and the person ended it when emotions overwhelmed the value of finishing the role play. Instead, she worked on communication issues by brainstorming how to bring up medication independence with her prescriber.") • In addition, it may be necessary to clarify specific interventions implemented. (For example, if the intervention is, "Taught symptom management skills," it may be necessary to describe exactly what skill was taught. For example, "Taught list-making and expressive writing skills to reduce disassociation.") • If person declines to participate in IAP interventions, note the type of intervention and provide details and plan to address non-engagement.

Data Field	Contact Note Documentation Instructions
Other Information (include new issue(s) presented / significant life events): (contact note, etc).	<p>This area can be used for the following purposes:</p> <ul style="list-style-type: none"> • To document any other relevant information regarding the sections above. • To document new issues/significant life events that were presented during the session; and/or • If this document is being used as a contact note, other applicable information per agency policy can be documented here. For example: <ul style="list-style-type: none"> ◦ "Family came by to visit, the first time in over 3 months and took J out to dinner and a movie. He returned stating he had a great time and wants to invite them back again soon." ◦ "S said after dinner that she wants to try to get a bit more exercise and asked if anyone wanted to join her for a walk."

	<p>Another person who uses PACT services joined her. They talked of wanting to walk together a few times a week.”</p> <ul style="list-style-type: none"> ◦ “We went for her annual physical today and learned that she is in excellent health. Her mammogram was scheduled for 2 months from today (June 2).”
N/A Box	If this area is not being used, check N/A.
Person not available to engage in service box	If the individual served was unavailable to receive service, check this box. Check either Person Canceled/Rescheduled or No Show/Not Home as appropriate. If necessary, describe the reason(s) why in the Other Information section.
Provide plan for next step to use information and/or follow up	Indicate the plan to use the new information and/or steps to take for follow up.
New issue resolved, no CA update required	Check this box if PACT provider was able to address/resolve the new issue within the session so that no CA Update is needed, or if the issue does not warrant inclusion in the CA document.
CA Update required	Check this box if the PACT provider will complete a CA Update as a result of the new issue presented in the session.
Mini Team	Check this box if a mini- team is required as a result of the contact and indicate the next steps planned. If this box is checked, this note should precede a mini- team note on the correct form.

Data Field	Signature Instruction
Print Provider Name / Signature / Credentials	Legibly record the name and signature of provider including his/her credentials. Example: Jerry Smith, BS
Date of Signature	Indicate the date of the signature. To meet PACT standards, the date: <ul style="list-style-type: none"> • Must be within 72 hours of the Date of Service. • Should be documented in writing by the Provider at the time of the signature.
Person Signature / Date	Optional – the person served can be given the option to read, sign and date the note as long as no imminent harm is likely to result. Consult agency practice and regulatory requirements(s).

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