**Mental Health Waiver Service Encounter Note**

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| **Client Name: (First, Middle, Last):** |  | **Agency Name**: |  |

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| **Type of Activity** | **□ Transitional CM □ CSP □ Supported Employment □ Peer Support** |
| **Location: □ Office □ Home □ SNF □ CMHC □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Service: □ Individual □ Group** |
| **Goal(s) Number:** |  | **Objective(s) Number:** |  |
| **Present at Session** **[x]  Client Present** (If others, please identify name(s) and relationship(s) to client): |
| **Interventions Provided** |  |
| **Client Response to the Intervention** |  |
| **Plan and Next Steps** |  |
| **\*Level of Assistance (please circle one) 5 Maximum 4 Moderate 3 Minimum 2 Standby 1 Independent 0 Unable** |
| **Signature and Credentials of Staff** | **Date of Signature** | **Date of Service** | **Start Time** | **Stop Time** | **Total Minutes** |
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| **\*Level of Assistance** **5 - MAXIMUM ASSISTANCE – Cues –** Step by step **physical gestures, pointing and demonstrations**. **Prompts/Coaching -** Step by step **physical demonstrations with visual and verbal directions** that prompt the participant to perform the skills and/or tasks. **4 - MODERATE ASSISTANCE – Cues** – Step by step **verbal & written directions/hints** to help organize thoughts. **Prompts/Coaching** – Step by step **verbal directions**. **3 - MINIMUM ASSISTANCE – Cues** - **Verbal & written hints** related to the task. **Prompts/Coaching** – **Written and/or verbal directions**. **2 - STANDBY ASSISTANCE – Cues** – **Visual demonstrations** related to the task. **Prompts/Coaching** – **Visual and physical directions** that prompt the participant to perform the skills and/or tasks. **1 - INDEPENDENT – No physical or cognitive assistance needed to perform activities or tasks.** **0 - UNABLE TO ASSESS OR INDIVIDUAL REFUSES TO BE ASSESSED.** |

**7/25/2018 revised format**