

CBHS Supportive Supervision services tracking form

Community Behavioral Health Supports (CBHS)

Instructions

Use one form per individual to indicate the number of behavioral health supportive supervision hours provided. This does not include time spent assisting with or performing activities of daily living.

1

Client information

First and last name

Date of birth

Authorized tier

Tier 1 (.5-2)

Tier 2 (2.1-6)

Tier 3 (6.1-10)

Tier 4 (10.1-15)

Tier 5 (15.1-20)

Tier 6 (20.1-24)

2

Summary of services and signature

By signing I attest this information is true, accurate, and complete. I understand any falsification, omission, or concealment of material fact may subject me or the represented organization to further corrective actions.

Fill out the fields below with: Date, time or duration of services you provided (e.g. "8 – 10 a.m." or "2 hours"), summary of behavior(s) exhibited (or prevented) that led to intervention and the intervention(s) leveraged by staff (e.g. monitoring, redirection, diversion, and/or cueing), names of staff, and signature.

Date

Summary of services

Time or duration of services

Name(s) of staff who provided services

Signature

Date

Summary of services

Time or duration of services

Name(s) of staff who provided services

Signature

Date

Summary of services

Time or duration of services

Name(s) of staff who provided services

Signature

Date

Summary of services

Time or duration of services

Name(s) of staff who provided services

Signature

Date

Summary of services

Time or duration of services

Name(s) of staff who provided services

Signature

Date

Summary of services

Time or duration of services

Name(s) of staff who provided services

Signature

Date

Summary of services

Time or duration of services

Name(s) of staff who provided services

Signature