



Recovery Support Services Documentation Manual

Missouri Department of Mental Health
Division of Alcohol and Drug Abuse



Recovery Support Services

Documentation Manual

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ATR II Recovery Support Services Documentation Guidelines

Access to Recovery is a voucher funded addiction treatment and recovery support program. To participate in ATR II, recovery support organizations must first be credentialed by Committed Caring Faith Communities (CCFC) and contracted by the Department of Mental Health (DMH), Division of Alcohol and Drug Abuse (ADA). Recovery support services are authorized by the creation of a recovery support voucher. RS vouchers may be created by eligible DMH contracted clinical treatment programs or Recovery Support Access Sites. RS vouchers authorize a specific amount of funding for a specific service at a specific recovery support provider organization. The authorized RS service is then provided to the specific client. The service is then documented in program records for later review and/or audit by DMH personnel.

The required documentation falls into two categories: 1) individual service notes or 2) group service logs. Individual service notes are maintained in a separate client record. Each client served will have a separate client record or file which contains documentation of individual client services. Group logs are maintained in files chronologically, by type of group.

Individual service notes and group logs must contain:

1. name of client
2. signature of client
3. client's DMH ID number
4. type of service
5. date of service
6. start and end time of service
7. summary of the service provided
8. signature of staff person providing the service

Housing documentation must also contain:

1. signature and times staff provided housing supervision
2. physical address where service was provided

The mileage transportation log must also contain:

1. number of miles transported
2. purpose of transportation, to/from
3. signature of driver providing the service

Child care documentation must also contain:

1. each child's name

Care Coordination and Work Preparation-Individual do not require client signature unless the client was present for the service. Work Preparation-Individual must also contain copies of work products (resumes, etc.).

For complete service descriptions and limitations, consult the [Recovery Support Services, Descriptions and Prices document \(attachment J\)](#) and your DMH recovery support contract.



ATR II CHILD CARE LOG

Client Name (<i>Print</i>)		DMH ID#	
Date of Service			
Name of Child	Start Time	End Time	# Units/Hours Billed
Client Signature			
Staff/Service Provider Signature			
Client Name (<i>Print</i>)		DMH ID#	
Date of Service			
Name of Child	Start Time	End Time	# Units/Hours Billed
Client Signature			
Staff/Service Provider Signature			
Client Name (<i>Print</i>)		DMH ID#	
Date of Service			
Name of Child	Start Time	End Time	# Units/Hours Billed
Client Signature			
Staff/Service Provider Signature			



EXAMPLE

ATR II INDIVIDUAL SERVICE NOTE	
Client Name (Print) <i>John Doe</i>	
DMH ID# <i>1234567</i>	Check Type of Service (check one only)
Date of Service <i>1-30-08</i>	<input type="checkbox"/> Care Coordination <input type="checkbox"/> Reentry Coordination
Start Time <i>9:15 A.M.</i>	<input type="checkbox"/> Family Engagement <input checked="" type="checkbox"/> Pastoral Counseling
End Time <i>10:30 A.M.</i>	<input type="checkbox"/> Recovery Mentoring <input type="checkbox"/> Spiritual Life Skills
# Units of Service <i>3</i>	<input type="checkbox"/> Work Preparation
Summary of Session	
<i>Pastoral counseling session with John this morning. Discussed his prior experience of "church". He attended a Baptist church with his Grandma when he was a child. However he reported very sporadic attendance since About age 13. He believes in God and plans to use his faith to help in recovery. Discussed Christianity and his beliefs in general. John is going to read a section from the meditations book I loaned him each evening and do a short prayer each evening. Will meet again in one week for a follow-up session.</i>	
Client Signature <i>John Doe</i>	
Staff/Service Provider Signature <i>Rev. Charles Barkly</i> <i>Rev. Charles Barkly</i>	



EXAMPLE

ATR II CHILD CARE LOG			
Client Name (Print) John Doe		DMH ID# 123456	
Date of Service 1-30-08			
Name of Child	Start Time	End Time	# Units/Hours Billed
DannyDoe	4:45 p.m.	6:45 p.m.	2
Dorothy Doe	4:45 p.m.	6:45 p.m.	2
Client Signature <i>John Doe</i>			
Staff/Service Provider Signature Dorothy Hamill <i>Dorothy Hamill</i>			
Client Name (Print) Dude Randall		DMH ID# 423456	
Date of Service 1-31-08			
Name of Child	Start Time	End Time	# Units/Hours Billed
Johnny Jones	5:00 p.m.	7:00 p.m.	2
Client Signature <i>Dude Randall</i>			
Staff/Service Provider Signature Dorothy Hamill <i>Dorothy Hamill</i>			
Client Name (Print)		DMH ID#	
Date of Service			
Name of Child	Start Time	End Time	# Units/Hours Billed
Client Signature			
Staff/Service Provider Signature			