

This is a template that you can use to document self-directed support service provision in a self-directed arrangement. The first page is for documenting the goals and objectives of the employer/person served so that all staff are aware of why the service is being provided and what the goals of the person are for the use of the service. This page can be filled out once and placed with blank timesheets/comments pages for staff to have a constant reminder of goals and objectives.

Next, there is a timesheet for services provided, and a page to add additional comments for each day services are provided. The purpose of comments page with the detailed explanation on what was worked on each day is helpful for ensuring services are provided as expected and for review by primary clinicians.

Each pay period the timesheet and comments pages should be submitted to your employer who will send a copy to The Right Door for Hope, Recovery and Wellness' medical records department for compliance with Medicaid documentation. The goals/objectives of the person served page does not need to be sent in.

The Right Door Medical Records Department (If you have questions about sending your documents call 616.527.1790 and ask for "medical records."):

1. Mail:

The Right Door Attn Medical Records 375 Apple Tree Dr. Ionia, MI 48846

2. Fax: 616-527-0538

3. Email: medrecords@ioniacmhs.org

4. Drop them off at any office location and let clerical know they go to Medical Records.

The employer and employee sign and date the bottom of the last page each pay period before faxing or emailing to the FMS provider (formerly FI). Before sending in, please be sure to fill in the person served name and ID#.



Goals and Objectives Related to service provision	Date of PCP:
Goal 1:	
Objective A:	
Objective B:	
Objective C:	
Goal 2:	
Objective A:	
Objective B:	
Objective C:	
Goal 3:	
Objective A:	
Objective B:	
Objective C:	



Person Served ID #:

Person Served Name:

Date	Start & End Time	# of hours worked	Associated Goals & Objectives	Intervention/Activity



Person Served ID #:

Person Served Name:

ession, first aid required, details of objectives w			
Signature:		Date:	
Printed Name:			
			