CA **CareAutomate**

FREE FIELD GUIDE · CALIFORNIA DDS PROVIDERS

The Title 17 Service-Note Checklist

What a California Regional Center service note needs to survive a QA review or DDS audit.

Most documentation findings don't come from bad service. They come from good service written up in a way that can't be verified later. Title 17 doesn't ask for a novel — it asks for records detailed enough to **verify the units of service you billed** (§54326(a)(3)), tied to the consumer's plan, signed, and kept. This checklist breaks that into the elements a QA Liaison or auditor actually looks for, so you can self-check a note in two minutes before it ever reaches them.

A Consumer & service identification

Can someone who has never met this consumer match this note to the right person and authorization?

- [ ] Consumer's full name
- [ ] Unique Client Identifier (UCI) or a consistent consumer ID
- [ ] Service name **and** DDS service code (e.g., Housing Access Services — 089)
- [ ] Vendoring Regional Center identified
- [ ] The Purchase-of-Service (POS) authorization is referenceable from the record

B The service event — date, time, place, who

The verifiable facts of when, where, how long, and by whom.

- [ ] Date of service
- [ ] Start time and end time (not just total duration)
- [ ] Total units / hours delivered, consistent with the time recorded
- [ ] Location / setting where the service was delivered
- [ ] Staff member's full name **and** title / role
- [ ] Staff qualifications support delivery of this service (per your Program Design)

C The content — what was actually done

This is where notes pass or fail. Show it was the *authorized* service, that it advanced the plan, and that it reflects real work.

- [ ] A specific description of the activity — concrete, not generic (“assisted with X by doing Y,” not “provided support”)
- [ ] The activity ties directly to a goal/objective in the consumer's IPP/ISP and your Program Design

- [ ] The consumer's participation, response, or progress toward the objective is recorded
- [ ] Each entry is distinguishable from prior entries (no identical boilerplate day to day)
- [ ] The note reflects the scope of the service code — nothing billed under one code that's really another service
- [ ] Barriers, follow-ups, or coordination with the team/RC noted where relevant

D Authorization & units

Units have to reconcile three ways: documented, logged, and billed.

- [ ] Units documented match units logged match units billed
- [ ] Service delivered falls **within** the authorized amount remaining on the POS authorization
- [ ] No service documented outside the authorization's effective dates
- [ ] If the authorization is nearly exhausted, that's visible *before* the visit, not at billing

E Signatures & attestation

Locked, timestamped, attributable — electronic is fine under Title 17.

- [ ] Staff signature (or attributable electronic signature) on the note
- [ ] Signature is dated and timestamped
- [ ] Consumer or authorized representative signature where your service/Program Design requires it
- [ ] Signatures are locked to the record and can't be silently altered afterward

F Recordkeeping & audit-defensibility

The note is only as good as your ability to produce it, intact, years later.

- [ ] Completed contemporaneously (at/near the time of service), not reconstructed weeks later
- [ ] Legible / clean — no gaps, no ambiguous shorthand an auditor can't follow
- [ ] Corrections handled properly — original still readable, change dated and attributed; never deleted or written over
- [ ] Record retained at least **five years** from final payment for that fiscal year (longer if audit findings are open) — §54326(a)(3)
- [ ] Records can be produced on request for audit/inspection — §54326(a)(4)

The 60-second audit: five things a reviewer checks first

1. **Does the note match the billing?** Units and dates reconcile across note, time log, and invoice.
2. **Is it the authorized service?** The activity described fits the service code billed.
3. **Is it tied to the plan?** A reviewer can trace the activity to an IPP/ISP goal.
4. **Is it signed and locked?** Attributable signature, timestamped, tamper-evident.
5. **Can you produce it?** Retrievable, legible, retained five years.

Clear all five and a note almost never becomes a finding.

Two things people forget.

• **SIRs are separate — and on a clock.** Documentation defensibility and Special Incident Reporting are different obligations. Title 17 §54327 defines what's reportable and to whom; a missed SIR is a compliance problem, not a paperwork one. (Ask us for the SIR Cheat Sheet.)

• **Your Program Design is part of the standard.** “Title 17 standards” always means Title 17 *plus* your approved Program Design. Audit against both.

Stop checking this by hand on every note.

CareAutomate builds these requirements into the documentation itself — the service note, the authorized-hours draw-down, the locked signature, the five-year-retained record, and the eBilling entry come from documenting the service once.

Book a 20-minute walkthrough →

A practical field guide, not legal advice. It doesn't replace the regulations or your Regional Center's guidance. Title 17 documentation, retention, and reporting requirements are updated periodically and can vary by service and Regional Center — verify the current text of the relevant sections (including §54326, §54327, and §50604/§50605) and your own Program Design and RC documentation guidance before relying on any single point above. *© CareAutomate — Regional Center vendor software for California DDS providers.*