

Instructions for OAAS Service Logs for Long Term – Personal Care Services (LT-PCS) and Community Choices Waiver (CCW) Personal Assistance Services (PAS)

Service Logs must be used to document services provided to OAAS participants receiving Long Term-Personal Care Services (LT-PCS) or Community Choices Waiver (CCW) Personal Assistance Services (PAS). Each Direct Service Worker (DSW) must complete his/her own Service Log for the participant being served. If providing Shared PAS or Shared LT-PCS (under the ADHC Waiver), each participant must have his/her own Service Log reflecting services provided by a single DSW.

When an error is made, **only the individual who made the entry is allowed to correct the error**. Corrections must be made by drawing a single line through the incorrect entry, writing "error" above the entry, initialing the correction, and placing the correct information on the form.

This form can be printed two-sided or printed as a carbon copy.

This entire form, including the progress notes section, can be completed, signed, initialed and/or dated electronically, as long as the provider and participant follows the specific instructions stated below.

PAGE 1 OF THE SERVICE LOG

Items 1-7 may be completed and typed/entered by the provider.

PROVIDER'S NAME: <input style="width: 150px;" type="text"/> 1				DIRECT SERVICE WORKER'S NAME (PRINT): <input style="width: 150px;" type="text"/> 2			
PARTICIPANT'S NAME: <input style="width: 180px;" type="text"/> 3					PARTICIPANT'S DOB: <input style="width: 100px;" type="text"/> 4		
Week Of: 11/12/17 5				Through: 11/18/17 6			
Day Of Week:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date→ 7	<input style="width: 50px;" type="text"/>	11/13/17	11/14/17	11/15/17	11/16/17	11/17/17	<input style="width: 50px;" type="text"/>

- 1) Enter the name of the provider.
- 2) Print the name of the Direct Service Worker (DSW).
- 3) Enter the participant's name.
- 4) Enter the participant's date of birth.
- 5) Enter the beginning date of the prior authorization week (Example: 11/12/17).
- 6) Enter the ending date of the prior authorization week (Example: 11/18/17).
- 7) Enter the date for each day of the week on which services are scheduled to be performed. (Example: If services are scheduled to be delivered Monday through Friday, begin by placing the correct date of the prior authorization week on Monday, 11/13. Continue filling in the dates as applicable for the remainder of the week.).

The prior authorization week begins on Sunday at 12:00 a.m. (midnight) and ends on the following Saturday at 11:59 p.m.

NOTE: The DSW will be utilizing the Electronic Visit Verification (EVV) system to record the actual beginning and end times of service delivery, as well as the location at check in/out.

Items in 8 MUST be completed EACH DAY (by hand or electronically) by the Direct Service Worker (DSW).

Day Of Week:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date →		11/13/17	11/14/17	11/15/17	11/16/17	11/17/17	
Tasks:	Indicate Tasks Completed Each Day by Signing with Worker's Initials.						
Eating				FL	FL		
Bathing			FL				
Dressing			FL				
Grooming			FL				
Transferring			FL		FL		
Ambulation					FL		
Toileting					FL		
Light Housekeeping				FL			
Food Preparation & Storage				FL			
Shopping							
Laundry				FL			
Medication Reminders			FL	FL	FL		
Assist To Scheduled Medical Appointments					FL		
Assist To Arrange Medical Transportation							
Accompany To Medical Appointments			FL				

Additional possible tasks under PAS:

Protective Supervision			FL	FL	FL		
Supervision/Assistance with Health Tasks			FL				
Escort for Assistance with Community Tasks							
Extension of Therapy Services							

- 8) The DSW **must** enter their **signed initials** (write initials with an ink pen or enter their electronic initials) next to each task **actually performed**. A DSW's initials in the appropriate block will indicate that the task was completed on that day. Only those tasks that were performed that day should be indicated with signed initials. If the task was **NOT** performed for that particular day, the box should be left blank.

NOTE: All entries must be entered/completed on the Service Log by the DSW on the day that the task(s) are performed.

Items 9 and 10 are to be completed ONLY AFTER the form has been fully completed for the given week.

PARTICIPANT/ RESPONSIBLE REPRESENTATIVE/LEGAL REPRESENTATIVE'S SIGNATURE : _____ DATE: _____

DIRECT SERVICE WORKER'S SIGNATURE: _____ DATE: _____

- 9) The signature of the participant or the participant's Responsible Representative or the participant's legal representative and the date of that signature must appear on this line. This signature should be obtained at the end of the prior authorized week.*

- 10) The DSW must also sign and date the form at the end of the prior authorized week. **The DSW should NOT complete this section until the work for that prior authorized week has been completed.***

*These signatures/dates may be handwritten with an ink pen or entered electronically.

PAGE 2 OF THE SERVICE LOG - PROGRESS NOTES

This page of the Service Log is to be used to document progress notes, as applicable.

This page may be duplicated as needed and may be printed as a carbon copy.

Items 11-16 are to be completed the same way as described in the Instructions for items 1-6 for Page 1 of the Service Log.

PROVIDER'S NAME:	11
DIRECT SERVICE WORKER'S NAME (PRINT):	12
PARTICIPANT'S NAME:	13
PARTICIPANT'S DOB:	14
WEEK OF:	15
THROUGH:	16

Items 17 and 18 MUST be completed by the DSW when applicable and must be HANDWRITTEN only when the form is NOT completed electronically.

DATE:	PROGRESS NOTES:
17	- Observed changes in physical and mental condition (if applicable) - Important information for the next worker or caregiver 18
11/13/17	Ms. Smith was not feeling well. She decided to stay in her pajamas and lay in bed to rest.
11/14/17	Ms. Smith was still not feeling well. She was weak and had to be helped to the bathroom and living room.
11/15/17	Ms. Smith was still feeling sick today. She was weak and had difficulty standing for short periods of time. She also seemed to be confused when completing tasks with assistance. Ms. Smith's daughter picked her up and brought her to the ER.

17) Write/enter the date of the applicable progress note.

18) Use this area to write/enter documentation of: (a) observed changes in physical and mental condition (e.g. – Participant more irritable or confused, needed more or less assistance than usual, etc.); (b) any important information for the next worker or caregiver (e.g.- noticed sore starting to form on foot and need to monitor, etc.)

Items 19 and 20 are to be completed on EACH page of narrative notes (if applicable) AFTER the form has been fully completed for the given week.

PARTICIPANT/RESPONSIBLE REPRESENTATIVE/LEGAL REPRESENTATIVE'S INITIALS:	19	DATE:	19
DIRECT SERVICE WORKER'S INITIALS:	20	DATE:	20

19) The participant, the participant's Responsible Representative, or the participant's Legal Representative (same person who signed on page 1 of the service log) must sign his/her initials and date **EACH** page of the Progress Notes.*

20) The DSW must also sign his/her initials and date **EACH** page of the progress notes at the end of the prior authorized week.*

*These initials/dates may be handwritten with an ink pen or entered electronically.

Items 21 and 22 are to indicate the total number of pages for a given prior authorized week's documentation. This is important since page 2 of the service log may be duplicated as needed.

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Example: Page 1 of 5, Page 2 of 5, Page 3 of 5, etc.

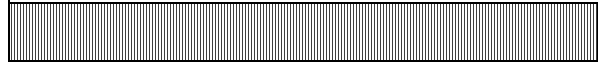
PROVIDER'S NAME:		DIRECT SERVICE WORKER'S NAME (PRINT):					
PARTICIPANT'S NAME:					PARTICIPANT'S DOB:		
Week Of:		Through:					
Day Of Week:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date→							
Tasks:	Indicate Tasks Completed Each Day by Signing with Worker's Initials.						
Eating							
Bathing							
Dressing							
Grooming							
Transferring							
Ambulation							
Toileting							
Light Housekeeping							
Food Preparation & Storage							
Shopping							
Laundry							
Medication Reminders							
Assist To Scheduled Medical Appointment							
Assist To Arrange Medical Transportation							
Accompany To Medical Appointments							
Protective Supervision							
Supervision/Assistance with Health Tasks							
Escort for Assistance with Community Tasks							
Extension of Therapy Services							

PARTICIPANT/RESPONSIBLE REPRESENTATIVE/LEGAL REPRESENTATIVE'S SIGNATURE: _____ **DATE:** _____

DIRECT SERVICE WORKER'S SIGNATURE: _____ **DATE:** _____

NOTE: TIMES OF SERVICE DELIVERY, AS WELL AS LOCATION AT TIME OF CHECK IN/OUT, ARE DOCUMENTED THROUGH THE ELECTRONIC VISIT VERIFICATION (EVV) SYSTEM.

NOTE: THIS PAGE IS TO BE DUPLICATED AS NEEDED TO COMPLETE PROGRESS NOTE DOCUMENTATION

PROVIDER'S NAME:	
DIRECT SERVICE WORKER'S NAME (PRINT):	
PARTICIPANT'S NAME:	PARTICIPANT'S DOB:
	WEEK OF: _____ THROUGH: _____
DATE:	PROGRESS NOTES: <ul style="list-style-type: none"> - Observed changes in physical and mental condition (if applicable) - Important information for the next worker or caregiver

PARTICIPANT/RESPONSIBLE REPRESENTATIVE/LEGAL REPRESENTATIVE'S INITIALS: _____ **DATE:** _____

DIRECT SERVICE WORKER'S INITIALS: _____ **DATE:** _____

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