

COMMUNITY CHOICES WAIVER (CCW) SERVICE LOG

PROVIDER AGENCY NAME:											DIRECT SERVICE WORKER'S NAME:																													
PARTICIPANT NAME:											PARTICIPANT DOB:																													
Week Of:											Through:																													
Day Of Week:	Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday																					
Date→																																								
1 st Arrival Time w/ Initials→																																								
1 st Departure Time w/ Initials→																																								
2 nd Arrival Time w/ Initials→																																								
2 nd Departure Time w/ Initials→																																								
↓ Indicate Task Completed Each Day W/Initials in Column for the Type PAS provided ↓																																								
↓ Tasks ↓	F	F	F	A	P	F	F	F	A	P	F	F	F	A	P	F	F	F	A	P	F	F	F	A	P	F	F	F	A	P	F	F	F	A	P					
	R	R	R	M	M	R	R	R	M	M	R	R	R	M	M	R	R	R	M	M	R	R	R	M	M	R	R	R	M	M	R	R	R	M	M	R	R	R	M	M
	1	2	3			1	2	3			1	2	3			1	2	3			1	2	3			1	2	3			1	2	3			1	2	3		
Eating																																								
Bathing																																								
Dressing																																								
Grooming																																								
Transferring																																								
Ambulation																																								
Toileting																																								
Light Housekeeping																																								
Food Preparation & Storage																																								
Shopping																																								
Laundry																																								
Medication Reminders																																								
Assist To Sched Med Appts																																								
Assist To Arrange Med Trans																																								
Accompany To Med Appts																																								
Protective Supervision																																								
Supv/Assist w/Health Tasks																																								
Escort for Assist w/Comm Tasks																																								
Extension of Therapy Services																																								
Daily Total # Of Hours →																																								

WEEKLY TOTAL # of Hours→ WEEKLY PAS for 1: _____ HOURS WEEKLY PAS for 2: _____ HOURS WEEKLY PAS for 3: _____ HOURS WEEKLY PAS AM _____ WEEKLY PAS PM _____

PARTICIPANT/DESIGNATED RESPONSIBLE REPRESENTATIVE/LEGAL REPRESENTATIVE SIGNATURE & DATE: _____

DIRECT SERVICE WORKER'S PRINTED NAME, SIGNATURE, & DATE: _____

DSW SUPERVISOR'S REVIEW SIGNATURE & DATE (Use of this line is optional): _____

NOTE: DAILY SERVICES/SUPPORTS DESCRIPTIONS, COMMENTS AND PROGRESS NOTES ARE TO BE RECORDED ON PAGE 2 OF THIS FORM. ADDITIONAL PAGES MAY BE USED.

Page _____ of _____

Instructions for Completion of Community Choices Waiver (CCW) Service Log

The Community Choices Waiver (CCW) Service Log, hereinafter referred to as the “**Service Log**”, is used by CCW participants receiving Personal Assistance Services (PAS). The Service Log is used to document weekly services under PAS, including daily progress notes.

NOTE: Services provided by only ONE WORKER to ONE PARTICIPANT may be documented on a SINGLE SERVICE LOG.

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.

The use of carbon is permissible. It is also permissible for this form to be two-sided.

The following instructions should be used to complete the Service Log:

PAGE 1 OF THE SERVICE LOG

PROVIDER AGENCY NAME: 1	DIRECT SERVICE WORKER'S NAME: 2
PARTICIPANT NAME: 3	PARTICIPANT DOB: 4

Items 1-7 are to be completed by the provider agency. It is permissible for this information to be typed onto the form.

- 1 Enter the provider agency's name. **NOTE: For Self-Direction participants, enter “Self-Direction”.**
- 2 Enter the name of the direct service worker.
- 3 Enter the participant's name.
- 4 Enter the participant's date of birth.

WEEK OF: 5 THROUGH: 6							
DAY OF WEEK:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE→		7					
1 ST ARRIVAL TIME W/ SIGNED INITIALS→							
1 ST DEPARTURE TIME W/ SIGNED INITIALS→							
2 ND ARRIVAL TIME W/ SIGNED INITIALS→							
2 ND DEPARTURE TIME W/ SIGNED INITIALS→							

5 Enter the beginning date of the prior authorization week (example: 9/06/15).

6 Enter the ending date of the prior authorization week (example: 9/12/15).

NOTE: The prior authorization week begins on Sunday at 12:00 a.m. (midnight) and ends on the following Sunday at 12:00 a.m. (midnight). For participants NOT in Self-Direction, unused portions of the prior authorized weekly allocation MAY NOT be saved or borrowed from one week for use in another week.

7 Enter the date of each day in which services are scheduled to be performed. Start the date on the day of the week that services are to begin in accordance with the participant's plan of care. For example, if services are to begin on Monday, 9/06, place 9/06 in Monday's block and continue through the week.

Item 8 MUST be completed by the Direct Service Worker (DSW) and must be HANDWRITTEN.

WEEK OF: _____ THROUGH: _____							
DAY OF WEEK:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE→							
1 ST ARRIVAL TIME W/ SIGNED INITIALS→		8					
1 ST DEPARTURE TIME W/ SIGNED INITIALS→							
2 ND ARRIVAL TIME W/ SIGNED INITIALS→		8					
2 ND DEPARTURE TIME W/ SIGNED INITIALS→							

8 The DSW must write-in the time the services began each day with his or her **signed** initials **and** the time services ended each day with his or her **signed** initials. **This form allows the DSW to document up to two periods of time for each day services were performed.**

Items 9 MUST be completed by hand by the Direct Service Worker (DSW).

↓ Indicate Task Completed Each Day W/Initials in Column for the Type PAS provided ↓																									
↓ Tasks ↓	F	F	F	A	P	F	F	F	A	P	F	F	F	A	P	F	F	F	A	P	F	F	F	A	P
	O	O	O	R	M	O	O	O	R	M	O	O	O	R	M	O	O	O	R	M	O	O	O	R	M
	1	2	3			1	2	3			1	2	3			1	2	3			1	2	3		
Eating		9																							
Bathing																									
Dressing																									
Grooming																									
Transferring																									
Ambulation																									
Toileting																									
Light Housekeeping																									
Food Preparation & Storage				9																					
Shopping																									
Laundry																									
Medication Reminders																									
Assist To Sched Med Appts																									
Assist To Arrange Med Trans																									
Accompany To Med Appts																									
Protective Supervision																									
Supv/Assist w/Health Tasks																									
Escort for Assist w/Comm Tasks																									
Extension of Therapy Services																									

9 The DSW must enter his or her **signed** initials next to each task under the appropriate PAS service type (FOR 1 for one participant [unshared], FOR 2 for two participants [shared by 2], FOR 3 for three participants [shared by 3], AM and/or PM) column. A signed initial 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. All entries must be completed on the Service Log by the DSW **on the day he/she performs the task(s)**.

Items 10 must be completed by the DSW.

Daily Total # Of Hours →	10																							
--------------------------	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

10 The total number of PAS hours for each service delivery type that were worked each day must be written on this row.

Item 11 is to be completed by either the DSW or the Provider Agency.

WEEKLY TOTAL # of Hours → WEEKLY PAS for 1: 11 HOURS WEEKLY PAS for 2: 11 HOURS WEEKLY PAS for 3: 11 HOURS
WEEKLY PAS AM 11 HOURS WEEKLY PAS PM 11 HOURS

11 At the end of the week, total the number of PAS hours for each service delivery type worked for this participant and write in the amount on this row.

Items 12 and 13 are to be completed ONLY AFTER the form has been fully completed for the given week.

PARTICIPANT/DESIGNATED RESPONSIBLE REPRESENTATIVE/LEGAL REPRESENTATIVE SIGNATURE & DATE: _____ 12

DIRECT SERVICE WORKER'S PRINTED NAME, SIGNATURE, & DATE: _____ 13

12 The signature of the participant or the participant's designated 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.

13 The printed (legible) name of the DSW must appear on this line, followed by the signature of the worker and the date the DSW signed the form. The DSW should not complete this section until the work for that prior authorized week has been completed.

Item 14 is for optional use at the discretion of the provider agency/self-direction employer.

DSW SUPERVISOR'S REVIEW SIGNATURE & DATE (Use of this line is optional): _____ 14

NOTE: DAILY SERVICES/SUPPORTS DESCRIPTIONS, COMMENTS, AND PROGRESS NOTES are to be recorded on page 2 of this form. Additional pages may be used.

14 Use of this line is optional at the discretion of the provider agency/self-direction employer. It can be used to document supervisory review of the completed Service Log.

SECOND PAGE OF THE SERVICE LOG

NOTE: The second page of this form is to be duplicated as needed.

Items 1-6 are to be completed the same way as described in the Instructions for items 1-6 for Page 1 of this form

PROVIDER AGENCY NAME: 1	DIRECT SERVICE WORKER'S NAME: 2
PARTICIPANT NAME: 3	PARTICIPANT DOB: 4
WEEK OF: 5 THROUGH: 6	

Items 15 and 16 MUST be completed by the DSW for each day worked, as applicable, and must be HANDWRITTEN.

DAILY SERVICES/SUPPORTS DESCRIPTIONS, COMMENTS, AND PROGRESS NOTES:

Day of Week & Date ↓	DESCRIPTIONS, COMMENTS, AND PROGRESS NOTES ↓
15	
	16

15 Anytime the DSW makes either a description, comment or progress note entry, the day of the week should be noted with the particular date.

16 Use this area to summarize all activities delivered for the specified period, any deviations from the Plan of Care (POC) and any changes in the participant’s medical condition, behavior or home situation that impacted service delivery.

Progress notes should provide an overall description of activities and reflect what occurred for that specified period. The notes should be adequate enough that any person can determine the participant’s current condition.

Example:

Tuesday, September 6	<i>All tasks were complete with no problems. Ms. Jones had a good day.</i>

NOTE: If the task is not completed for a specific day, regardless of the reason, that task should NOT be initialed as completed for that day on the Service Log.

Items 17, 18 & 19 are to be completed the same way as described in Instructions for items 12, 13 & 14 on Page 1 of this form.

PARTICIPANT/DESIGNATED RESPONSIBLE REPRESENTATIVE/LEGAL REPRESENTATIVE SIGNATURE & DATE: 17

DIRECT SERVICE WORKER’S PRINTED NAME, SIGNATURE, & DATE: 18

DSW SUPERVISOR’S REVIEW SIGNATURE & DATE (Use of this line is optional): 19

NOTE: If the second page is duplicated, the participant/designated Responsible Representative/legal representative, employee and supervisory (if used) signatures must be obtained on each page.

Number each page of the Service Log. This is located on the bottom right of each page as Page ___ of ___ .

Example: There are three pages. Write “Page 1 of 3” on the bottom of the first page, Page” 2 of 3” on the bottom of the second page, and “Page 3 of 3” on the bottom of the third page.