

## CHAPTER 30: PERSONAL CARE SERVICES

## APPENDIX D – LT-PCS PCS SERVICE LOG

PAGE(S) 7

## LOG of WEEKLY SERVICES / SUPPORTS &amp; DAILY PROGRESS NOTES for LT – PCS and EDA – CS – SINGLE EMPLOYEE

| PROVIDER AGENCY NAME:                                     |                | RECIPIENT DOB: |                        |           |                        |        |                        |       |
|-----------------------------------------------------------|----------------|----------------|------------------------|-----------|------------------------|--------|------------------------|-------|
| Week Of:                                                  |                | Through:       |                        |           |                        |        |                        |       |
| Day Of Week:                                              | Sunday         | Monday         | Tuesday                | Wednesday | Thursday               | Friday | Saturday               |       |
| Date→                                                     |                |                |                        |           |                        |        |                        |       |
| 1 <sup>st</sup> Arrival Time W/<br>Signed Initials→       |                |                |                        |           |                        |        |                        |       |
| 1 <sup>st</sup> Departure Time W/<br>Signed Initials→     |                |                |                        |           |                        |        |                        |       |
| 2 <sup>nd</sup> Arrival Time W/<br>Signed Initials→       |                |                |                        |           |                        |        |                        |       |
| 2 <sup>nd</sup> Departure Time W/<br>Signed Initials→     |                |                |                        |           |                        |        |                        |       |
| Tasks→ Service Types→                                     | LT             | C              | C                      | C         | C                      | C      | C                      |       |
| Indicate Task/Service Type Completed Each Day W/Initials→ | P              | S              | S                      | S         | S                      | S      | S                      |       |
|                                                           | C              | 1              | 2                      | 3         | C                      | 1      | 2                      |       |
|                                                           | S              | S              | S                      | S         | S                      | S      | S                      |       |
| Eating                                                    |                |                |                        |           |                        |        |                        |       |
| Bathing                                                   |                |                |                        |           |                        |        |                        |       |
| Dressing                                                  |                |                |                        |           |                        |        |                        |       |
| Grooming                                                  |                |                |                        |           |                        |        |                        |       |
| Transferring                                              |                |                |                        |           |                        |        |                        |       |
| Ambulation                                                |                |                |                        |           |                        |        |                        |       |
| Toileting                                                 |                |                |                        |           |                        |        |                        |       |
| Light Housekeeping                                        |                |                |                        |           |                        |        |                        |       |
| Food Preparation & Storage                                |                |                |                        |           |                        |        |                        |       |
| Grocery Shopping                                          |                |                |                        |           |                        |        |                        |       |
| Laundry                                                   |                |                |                        |           |                        |        |                        |       |
| Medication Reminders                                      |                |                |                        |           |                        |        |                        |       |
| Assist To Sched Med Appts                                 |                |                |                        |           |                        |        |                        |       |
| Assist To Arrange Med Trans                               |                |                |                        |           |                        |        |                        |       |
| Accompany To Med Appts                                    |                |                |                        |           |                        |        |                        |       |
| Supv/Assist W/Health Tasks                                |                |                |                        |           |                        |        |                        |       |
| Supv/Assist W/Comm Tasks                                  |                |                |                        |           |                        |        |                        |       |
| Supv/Assist For Safety                                    |                |                |                        |           |                        |        |                        |       |
| Daily Total # Of Hours /Service Type/Day→                 |                |                |                        |           |                        |        |                        |       |
| WEEKLY TOTALS→                                            |                |                |                        |           |                        |        |                        |       |
|                                                           | WEEKLY LT-PCS: | HOURS          | WEEKLY EDA – CS for 1: | HOURS     | WEEKLY EDA – CS for 2: | HOURS  | WEEKLY EDA – CS for 3: | HOURS |

RECIPIENT/PERSONAL REPRESENTATIVE SIGNATURE &amp; DATE:

EMPLOYEE PRINTED NAME, SIGNATURE, &amp; DATE:

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

Reissued November 3, 2009. Replaces July 5, 2009 issuance

OAS-PF-09-002

Page \_\_\_\_ of \_\_\_\_

**PAGE(S) 7**

RECIPIENT/PERSONAL REPRESENTATIVE SIGNATURE & DATE: \_\_\_\_\_

EMPLOYEE PRINTED NAME, SIGNATURE, & DATE: \_\_\_\_\_

**CHAPTER 30: PERSONAL CARE SERVICES****APPENDIX D – LT-PCS PCS SERVICE LOG****PAGE(S) 7****Instructions for Completion of Log of Weekly Services/Supports****& Daily Progress Notes for LT-PCS and EDA-CS Single Employee**

Effective 7/05/09, the provision of all Long Term Personal Care Services (LT-PCS) and Elderly and Disabled Adult (EDA) Waiver Companion Care Services (CS) must be documented on the Log of Weekly Services/Supports & Daily Progress Notes for LT-PCS and EDA-CS, hereinafter referred to as the "Service Log." The Service Log must be used to document services provided to:

- A person who receives only LT-PCS;
- A person who receives only EDA-CS; or
- A person who receives both LT-PCS and EDA-CS.

A provider can now document the delivery of LT-PCS and EDA-CS on a single form.

**NOTE:** Services provided by only one worker to one recipient may be documented on a single Service Log.

The Service Log is not a substitute for a Time Sheet. A separate Time Sheet is required for each worker. The design of the Time Sheet is the responsibility of the provider agency.

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 |                |   |
| RECIPIENT NAME:       | 2 | RECIPIENT DOB: | 3 |

Items 1-6 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.
- 2 Enter the recipient's name.
- 3 Enter the recipient's date of birth.

**CHAPTER 30: PERSONAL CARE SERVICES****APPENDIX D – LT-PCS PCS SERVICE LOG****PAGE(S) 7**

|                                                          |                                     |          |         |           |          |        |          |
|----------------------------------------------------------|-------------------------------------|----------|---------|-----------|----------|--------|----------|
|                                                          | WEEK OF: <u>4</u> THROUGH: <u>5</u> |          |         |           |          |        |          |
| DAY OF WEEK:                                             | SUNDAY                              | MONDAY   | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| DATE→                                                    |                                     | <u>6</u> |         |           |          |        |          |
| 1 <sup>ST</sup> ARRIVAL TIME W/<br>SIGNED INITIALS→      |                                     |          |         |           |          |        |          |
| 1 <sup>ST</sup> DEPARTURE TIME W/<br>SIGNED INITIALS→    |                                     |          |         |           |          |        |          |
| 2 <sup>ND</sup> ARRIVAL TIME W/<br>SIGNED INITIALS→      |                                     |          |         |           |          |        |          |
| 2 <sup>ND</sup> DEPARTURE TIME<br>W/<br>SIGNED INITIALS→ |                                     |          |         |           |          |        |          |

4 Enter the beginning date of the prior authorization week (example: 9/06/09).

5 Enter the ending date of the prior authorization week (example: 9/12/09).

**NOTE:** The prior authorization week begins on Sunday at 12:00 a.m. and ends on the following Saturday at 12:00 a.m.

6 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 recipient's plan of care. For example, if services are to begin on Monday, 9/07, place 9/07 in Monday's block and continue through the week.

**Item 7 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 <sup>ST</sup> ARRIVAL TIME W/<br>SIGNED INITIALS→      |                               | <u>7</u> |         |           |          |        |          |
| 1 <sup>ST</sup> DEPARTURE TIME W/<br>SIGNED INITIALS→    |                               |          |         |           |          |        |          |
| 2 <sup>ND</sup> ARRIVAL TIME W/<br>SIGNED INITIALS→      |                               | <u>7</u> |         |           |          |        |          |
| 2 <sup>ND</sup> DEPARTURE TIME<br>W/<br>SIGNED INITIALS→ |                               |          |         |           |          |        |          |

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

**CHAPTER 30: PERSONAL CARE SERVICES****APPENDIX D – LT-PCS PCS SERVICE LOG****PAGE(S) 7**

Items 8 and 9 MUST be completed by hand by the Direct Service Worker (DSW).

| Tasks↓<br>Service Types→<br>Indicate Task/Service<br>Type Completed Each<br>Day W/Initials→ | L<br>T<br>P<br>C<br>S | C<br>S<br>1 | C<br>S<br>2 | C<br>S<br>3 | L<br>T<br>P<br>C<br>S | C<br>S<br>1 | C<br>S<br>2 | C<br>S<br>3 | L<br>T<br>P<br>C<br>S | C<br>S<br>1 | C<br>S<br>2 | C<br>S<br>3 | L<br>T<br>P<br>C<br>S | C<br>S<br>1 | C<br>S<br>2 | C<br>S<br>3 | L<br>T<br>P<br>C<br>S | C<br>S<br>1 | C<br>S<br>2 | C<br>S<br>3 | L<br>T<br>P<br>C<br>S | C<br>S<br>1 | C<br>S<br>2 | C<br>S<br>3 |
|---------------------------------------------------------------------------------------------|-----------------------|-------------|-------------|-------------|-----------------------|-------------|-------------|-------------|-----------------------|-------------|-------------|-------------|-----------------------|-------------|-------------|-------------|-----------------------|-------------|-------------|-------------|-----------------------|-------------|-------------|-------------|
| Eating                                                                                      |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |
| Bathing                                                                                     |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |
| Dressing                                                                                    |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |
| Grooming                                                                                    |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |
| Transferring                                                                                |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |
| Ambulation                                                                                  |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |
| Toileting                                                                                   |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |
| Light Housekeeping                                                                          |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |
| Food Preparation & Storage                                                                  |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |
| Grocery Shopping                                                                            |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |
| Laundry                                                                                     |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |
| Medication Reminders                                                                        |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |
| Assist To Sched Med Appts                                                                   |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |
| Assist To Arrange Med Trans                                                                 |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |
| Accompany To Med Appts                                                                      |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |
| Supv/Assist W/Health Tasks                                                                  |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |
| Supv/Assist W/Comm Tasks                                                                    |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |
| Supv/Assist For Safety                                                                      |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |
| Daily Total # Of Hours /Service Type/Day→                                                   |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |                       |             |             |             |

8

The DSW must enter his/her signed initials next to each task under the appropriate service type (LT-PCS or CS1 for one recipient [unshared] or CS2 for 2 recipients [shared by 2], or CS3 for 3 recipients [shared by 3]) 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).

9

The total LT-PCS hours and/or the total CS hours for 1 (e.g., unshared), the total CS hours for 2 (e.g., shared by 2 recipients) and/or the total CS hours for 3 (e.g., shared by 3 recipients) that were worked that day must be written-in by the DSW on this row.

**CHAPTER 30: PERSONAL CARE SERVICES****APPENDIX D – LT-PCS PCS SERVICE LOG****PAGE(S) 7**

Items 10 and 11 are to be completed by either the DSW or the Provider Agency.

WEEKLY TOTALS → WEEKLY LT-PCS: 10 HOURS WEEKLY EDA – CS for 1: 11 HOURS WEEKLY EDA – CS for 2: 11 HOURS WEEKLY EDA – CS for 3: 11 HOURS

10 At the end of the week, total the number of LT-PCS hours worked for this recipient and enter the amount here.

11 At the end of the week, total the number of EDA-CS hours for 1 (e.g., unshared), total number of EDA-CS hours for 2 (e.g., shared by 2 recipients), and/or total number of EDA-CS hours for 3 (e.g., shared by 3 recipients) worked for this recipient and enter the amount here.

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

RECIPIENT/PERSONAL REPRESENTATIVE SIGNATURE & DATE: 12

EMPLOYEE PRINTED NAME, SIGNATURE, & DATE: 13

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

12 The signature of the recipient or the recipient's personal 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.**

**SECOND PAGE OF THE SERVICE LOG**

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

|                                |                         |
|--------------------------------|-------------------------|
| PROVIDER AGENCY NAME: <u>1</u> |                         |
| RECIPIENT NAME: <u>2</u>       | RECIPIENT DOB: <u>3</u> |

|                   |                   |
|-------------------|-------------------|
| WEEK OF: <u>4</u> | THROUGH: <u>5</u> |
|-------------------|-------------------|

Items 1-5 are to be completed the same way as described in the Instructions for items 1-5 for Page 1 of this form.

**CHAPTER 30: PERSONAL CARE SERVICES****APPENDIX D – LT-PCS PCS SERVICE LOG****PAGE(S) 7**

Items 14 and 15 **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 ↓ |
|----------------------|----------------------------------------------|
| 14                   |                                              |
|                      | 15                                           |
|                      |                                              |
|                      |                                              |
|                      |                                              |

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

15 Use this area to document progress notes for EDA-CS and/or to indicate why a particular activity or service (LT-PCS or EDA-CS) was not provided, or why a service or activity (LT-PCS or EDA-CS) differed from the Plan of Care.

Example:

|                      |                                                                                    |
|----------------------|------------------------------------------------------------------------------------|
| Tuesday, September 8 | "Ms. Jones refused assistance with dressing today since she chose to remain in her |
|                      | pajamas all day."                                                                  |

**NOTE:** In this case there would be no signed initials indicating the performance of assistance with the task of "dressing" in Tuesday's column on Page 1 of the Service Log.

Items 16 & 17 are to be completed the same way as described in Instructions for items 12 & 13 for Page 1 of this form.

16  
 RECIPIENT/PERSONAL REPRESENTATIVE SIGNATURE & DATE: \_\_\_\_\_

17  
 EMPLOYEE PRINTED NAME, SIGNATURE, & DATE: \_\_\_\_\_

**NOTE:** If the second page is duplicated, the recipient/personal representative and employee signatures must be obtained on each page

**NOTE:** 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, Page 2 of 3, and Page 3 of 3.