

**COMMUNITY CHOICES WAIVER (CCW) SERVICE LOG**

<b>PROVIDER AGENCY NAME:</b> Sylvia's Caring Companions Health Care Services, Inc. 1-877-958-4222	<b>DIRECT SERVICE WORKER'S NAME:</b>
<b>PARTICIPANT NAME:</b>	<b>PARTICIPANT DOB:</b>

<b>Week Of:</b>	<b>Through:</b>						
<b>Day Of Week:</b>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Date→</b>							
<b>1<sup>st</sup> Arrival Time w/ Initials→</b>							
<b>1<sup>st</sup> Departure Time w/ Initials→</b>							
<b>2<sup>nd</sup> Arrival Time w/ Initials→</b>							
<b>2<sup>nd</sup> Departure Time w/ Initials→</b>							

↓ Indicate Task Completed Each Day W/Initials in Column for the Type PAS provided ↓

↓ Tasks ↓	Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday							
	F O R 1	F O R 2	F O R 3	A M	P M	F O R 1	F O R 2	F O R 3	A M	P M	F O R 1	F O R 2	F O R 3	A M	P M	F O R 1	F O R 2	F O R 3	A M	P M	F O R 1	F O R 2	F O R 3	A M	P M	
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: <span style="float: right;">1</span>	DIRECT SERVICE WORKER'S NAME: <span style="float: right;">2</span>
PARTICIPANT NAME: <span style="float: right;">3</span>	PARTICIPANT DOB: <span style="float: right;">4</span>

**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: _____ THROUGH: _____							
DAY OF WEEK:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE→		7					
1 <sup>ST</sup> ARRIVAL TIME W/ SIGNED INITIALS→							
1 <sup>ST</sup> DEPARTURE TIME W/ SIGNED INITIALS→							
2 <sup>ND</sup> ARRIVAL TIME W/ SIGNED INITIALS→							
2 <sup>ND</sup> DEPARTURE TIME W/ SIGNED INITIALS→							

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

Ⓕ 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.**

Ⓖ 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 <sup>ST</sup> ARRIVAL TIME W/ SIGNED INITIALS→		8					
1 <sup>ST</sup> DEPARTURE TIME W/ SIGNED INITIALS→							
2 <sup>ND</sup> ARRIVAL TIME W/ SIGNED INITIALS→		8					
2 <sup>ND</sup> DEPARTURE TIME W/ SIGNED INITIALS→							

Ⓞ 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.**



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

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

1 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: 1

DIRECT SERVICE WORKER'S PRINTED NAME, SIGNATURE, & DATE: 1

1 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.**

1 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): 1


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

1 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: <u>1</u>	DIRECT SERVICE WORKER'S NAME: <u>2</u>
PARTICIPANT NAME: <u>3</u>	PARTICIPANT DOB: <u>4</u>
 WEEK OF: <u>5</u> THROUGH: <u>6</u>	

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 ↓
1	
	1

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

1 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: \_\_\_\_\_ 1

DIRECT SERVICE WORKER’S PRINTED NAME, SIGNATURE, & DATE: \_\_\_\_\_ 1

DSW SUPERVISOR’S REVIEW SIGNATURE & DATE (Use of this line is optional): \_\_\_\_\_ 1

**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.