



Service Documentation

SEPTEMBER 20, 2022
AND
SEPTEMBER 21, 2022

HANDOUT TO ACCOMPANY THE POWERPOINT PRESENTATION.

The following documents were introduced as a part of discussion in the September 20 and 21, 2022 live presentation regarding service documentation expectations. This document was current at the time it was published or uploaded onto the web. This document was prepared as a service to the public and is not intended to grant rights or impose obligations. This job aid may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. Use of this handout is voluntary. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents. Example documents included here are not endorsed or required by Iowa Medicaid but are intended to serve as example documents with their own strengths and possible room for improvement. Documents were created with current Iowa Administrative Code requirements and will be appropriate until additional changes to regulations occurs.

When implementing a form for service documentation, please ensure that the documentation aligns with your agency policy and procedure and that employees have the proper training and support before implementation. This document was prepared as a service to the public and is not intended to grant rights or impose obligations. The information provided is only intended to be a general summary. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Individual's name:
 Date of Birth:
 Medicaid ID #:

Staff Name and credentials:		Date of Service	
Location:	___ Home ___ Community ___ Other Details: _____	Service Type:	___ Respite ___ SCL ___ HBH ___ Day Hab ___ SE ___ Pre Voc ___ FCS
Time spent in Intervention:		Arrival Time:	
REVIEWED BY (Name and credentials)	_____ Name Date	Departure Time:	

Supports Provided to Client in services:

- Medication
 Transportation
 Drills/Safety
 Budgeting/Money Mgmt.
 Benefits/Mail
 Community Activities
 Household Skills
 Boundaries/Relationships
 Meal Prep/Nutrition
 Advocacy
 Communication Skills
 Other

Goal:	Intervention:	Time spent:	Response:
(List from service plan, summarized below) <input type="checkbox"/> Budgeting <input type="checkbox"/> Socialization <input type="checkbox"/> Meal plan/prep/making Or they might be more specific like below:	(list from service plan) <input type="checkbox"/> Checklist made <input type="checkbox"/> Checklist used <input type="checkbox"/> Assistive device used <input type="checkbox"/> Planning completed <input type="checkbox"/> Assistance given from staff <input type="checkbox"/> Communication device used		<input type="checkbox"/> Actively Participated <input type="checkbox"/> Progress Made <input type="checkbox"/> Declined <input type="checkbox"/> Not offered today <input type="checkbox"/> Did not have time
<input type="checkbox"/> Prepare meal following recipe <input type="checkbox"/> Write shopping list to budget <input type="checkbox"/> Pay for items at the register	<input type="checkbox"/> Checklist made <input type="checkbox"/> Assistive device used <input type="checkbox"/> Assistance given from staff		<input type="checkbox"/> Actively Participated <input type="checkbox"/> Progress Made <input type="checkbox"/> Declined <input type="checkbox"/> Not addressed today

Signature

Date



Task Analysis Form
 Service: _____ Code: _____

Name: _____ Level of Service Score: _____ Provider: _____

Plan Date: _____ Total units approved for the Plan Year: _____ Location: _____

Cooking Skills	Month/day/year:																			
<i>Only score on the items addressed on that date.</i>																				
Staff initials																				
1X a week:																				
Pick a recipe																				
Discuss nutritional value of recipe																				
Write out ingredients needed																				
Write shopping list																				
Calculate money needed for items at store																				
1x a week:																				
Locate items needed in store																				
Ask for help when needed																				
Pay for items to cashier																				
3x a week:																				
Prepare kitchen by getting all items needed																				
Review kitchen safety																				
Prepare meal by following recipe																				
Follow trainer instructions																				
Ask for help when needed																				
Practice safety in kitchen																				
Clean up after cooking																				
Store leftover food correctly																				
Meal prepared correctly?																				
Average score for day																				
# of successful (+) tasks / # of tasks attempted																				

Staff Instructions: Describe for staff the important details about the participant's support needs for accomplishing this objective. Do staff demonstrate the step first, give verbal prompts, wait until assistance is asked for, allow participant to take a break, or perform certain parts for the participant? List the various environments that may promote successful training, list things to avoid or restrictions, and important phrases or ways the staff can encourage the participant to accomplish various steps. If certain tasks require additional support or specific support, be sure to list it. List instructions for measuring progress (such as a score key).

Example key: (+)=completed task (+vp)= completed with verbal prompt (+vp x2)=completed with 2 verbal prompts (+mp)=completed with motion prompt (-hh) needed Hand over hand guidance (-) = did not complete task

Monthly Objective Progress %: _____

Provider/Staff Initials and Signatures: _____ = _____ = _____ = _____
 _____ = _____ = _____ = _____



Iowa Medicaid

IOWA HHS

HCBS WAIVER SERVICE DOCUMENTATION

Day Habilitation T2020

AGENCY: _____

CONSUMER NAME: _____

MCO ID: _____ MEDICAID #: _____

MONTH/YEAR OF SERVICE DELIVERY: _____

Staff initialing below must sign and initial the member's Signature Log contained in the member's service record

DESCRIPTION OF THE INDIVIDUALIZED SERVICE / ACTION PROVIDED based on the consumer's Residential Habilitation Plan	Service staff delivering the service or action <u>initials the date</u> the service or action was provided. <i>[Note: By entering initials, staff person is attesting that the service or action was provided on that day. Initialing must occur at the same time as service delivery.]</i>																																
	DAY OF MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Service or action : <i>Provided UE ROM per PT POC 10:00am</i>																																	
Service or action : <i>Provided LE ROM per PT POC 2:00 pm</i>																																	
Service or action : <i>Changed dressing on stoma</i>																																	
Service or action :																																	
Service or action:																																	

VERIFICATION STATEMENT

By signing and dating, I attest that the Daily Checklist has been, to the best of my knowledge, completed accurately.

Director Signature _____ Date _____

EXCEPTIONS FOR HOSPITALIZATION, NURSING HOME PLACEMENT, ICFIDD OR OTHER LEAVES

Location	Dates
_____	_____
_____	_____

Name: _____ DOB: _____ Medicaid #: _____ Service Provided: _____

DATE:							
TIME (start – end):							
SHIFT:	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ON <input type="checkbox"/> NA	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ON <input type="checkbox"/> NA	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ON <input type="checkbox"/> NA	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ON <input type="checkbox"/> NA	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ON <input type="checkbox"/> NA	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ON <input type="checkbox"/> NA	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ON <input type="checkbox"/> NA
LOCATION:							
GOAL #:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Skills addressed:	<input type="checkbox"/> Medication <input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting <input type="checkbox"/> Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Household Skills <input type="checkbox"/> Relationships <input type="checkbox"/> Meal prep/plan <input type="checkbox"/> Nutrition <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication <input type="checkbox"/> Other	<input type="checkbox"/> Medication <input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting <input type="checkbox"/> Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Household Skills <input type="checkbox"/> Relationships <input type="checkbox"/> Meal prep/plan <input type="checkbox"/> Nutrition <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication <input type="checkbox"/> Other	<input type="checkbox"/> Medication <input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting <input type="checkbox"/> Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Household Skills <input type="checkbox"/> Relationships <input type="checkbox"/> Meal prep/plan <input type="checkbox"/> Nutrition <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication <input type="checkbox"/> Other	<input type="checkbox"/> Medication <input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting <input type="checkbox"/> Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Household Skills <input type="checkbox"/> Relationships <input type="checkbox"/> Meal prep/plan <input type="checkbox"/> Nutrition <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication <input type="checkbox"/> Other	<input type="checkbox"/> Medication <input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting <input type="checkbox"/> Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Household Skills <input type="checkbox"/> Relationships <input type="checkbox"/> Meal prep/plan <input type="checkbox"/> Nutrition <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication <input type="checkbox"/> Other	<input type="checkbox"/> Medication <input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting <input type="checkbox"/> Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Household Skills <input type="checkbox"/> Relationships <input type="checkbox"/> Meal prep/plan <input type="checkbox"/> Nutrition <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication <input type="checkbox"/> Other	<input type="checkbox"/> Medication <input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting <input type="checkbox"/> Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Household Skills <input type="checkbox"/> Relationships <input type="checkbox"/> Meal prep/plan <input type="checkbox"/> Nutrition <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication <input type="checkbox"/> Other
Intervention:	<input type="checkbox"/> reminder <input type="checkbox"/> observation <input type="checkbox"/> guidance <input type="checkbox"/> instruction <input type="checkbox"/> assistive <input type="checkbox"/> technology <input type="checkbox"/> prompting <input type="checkbox"/> Independently completed	<input type="checkbox"/> reminder <input type="checkbox"/> observation <input type="checkbox"/> guidance <input type="checkbox"/> instruction <input type="checkbox"/> assistive <input type="checkbox"/> technology <input type="checkbox"/> prompting <input type="checkbox"/> Independently completed	<input type="checkbox"/> reminder <input type="checkbox"/> observation <input type="checkbox"/> guidance <input type="checkbox"/> instruction <input type="checkbox"/> assistive <input type="checkbox"/> technology <input type="checkbox"/> prompting <input type="checkbox"/> Independently completed	<input type="checkbox"/> reminder <input type="checkbox"/> observation <input type="checkbox"/> guidance <input type="checkbox"/> instruction <input type="checkbox"/> assistive <input type="checkbox"/> technology <input type="checkbox"/> prompting <input type="checkbox"/> Independently completed	<input type="checkbox"/> reminder <input type="checkbox"/> observation <input type="checkbox"/> guidance <input type="checkbox"/> instruction <input type="checkbox"/> assistive <input type="checkbox"/> technology <input type="checkbox"/> prompting <input type="checkbox"/> Independently completed	<input type="checkbox"/> reminder <input type="checkbox"/> observation <input type="checkbox"/> guidance <input type="checkbox"/> instruction <input type="checkbox"/> assistive <input type="checkbox"/> technology <input type="checkbox"/> prompting <input type="checkbox"/> Independently completed	<input type="checkbox"/> reminder <input type="checkbox"/> observation <input type="checkbox"/> guidance <input type="checkbox"/> instruction <input type="checkbox"/> assistive <input type="checkbox"/> technology <input type="checkbox"/> prompting <input type="checkbox"/> Independently completed
Supports:	<input type="checkbox"/> Medication <input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting <input type="checkbox"/> Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Community <input type="checkbox"/> Access <input type="checkbox"/> Household Skills <input type="checkbox"/> Relationships <input type="checkbox"/> Meal Prep <input type="checkbox"/> Nutrition <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication <input type="checkbox"/> Other	<input type="checkbox"/> Medication <input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting <input type="checkbox"/> Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Community <input type="checkbox"/> Access <input type="checkbox"/> Household Skills <input type="checkbox"/> Relationships <input type="checkbox"/> Meal Prep <input type="checkbox"/> Nutrition <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication <input type="checkbox"/> Other	<input type="checkbox"/> Medication <input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting <input type="checkbox"/> Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Community <input type="checkbox"/> Access <input type="checkbox"/> Household Skills <input type="checkbox"/> Relationships <input type="checkbox"/> Meal Prep <input type="checkbox"/> Nutrition <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication <input type="checkbox"/> Other	<input type="checkbox"/> Medication <input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting <input type="checkbox"/> Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Community <input type="checkbox"/> Access <input type="checkbox"/> Household Skills <input type="checkbox"/> Relationships <input type="checkbox"/> Meal Prep <input type="checkbox"/> Nutrition <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication <input type="checkbox"/> Other	<input type="checkbox"/> Medication <input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting <input type="checkbox"/> Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Community <input type="checkbox"/> Access <input type="checkbox"/> Household Skills <input type="checkbox"/> Relationships <input type="checkbox"/> Meal Prep <input type="checkbox"/> Nutrition <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication <input type="checkbox"/> Other	<input type="checkbox"/> Medication <input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting <input type="checkbox"/> Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Community <input type="checkbox"/> Access <input type="checkbox"/> Household Skills <input type="checkbox"/> Relationships <input type="checkbox"/> Meal Prep <input type="checkbox"/> Nutrition <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication <input type="checkbox"/> Other	<input type="checkbox"/> Medication <input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting <input type="checkbox"/> Money Mgmt. <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Community <input type="checkbox"/> Access <input type="checkbox"/> Household Skills <input type="checkbox"/> Relationships <input type="checkbox"/> Meal Prep <input type="checkbox"/> Nutrition <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication <input type="checkbox"/> Other



Iowa Medicaid

IOWA HHS

Name: _____ **DOB:** _____ **Medicaid #:** _____ **Service Provided:** _____

Comments:

DATE:							
Staff Initials: (See Signature Log)							