



# Documentation

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Program Manager**



Health and  
Human Services

# Topics

- ▶ Independent Support Broker Documentation
- ▶ Employee Documentation

# Independent Support Broker

# ISB Documentation Requirements

- ▶ Documentation in writing on the independent support broker timecard every contact the broker has with the member. Contact documentation shall include information on the extent to which the member's individual budget has addressed the members needs and satisfaction of the member.

# Correct Time Sheet

ExceptionToPolicyRequest.pdf | Appendix C: Waiver IA.0242.R06... | Understanding Budget Authority... | NOD.pdf | 470-4429.pdf

All tools | Convert | E-Sign | Find text or tools

Employer/Medicaid number: 12345678P \*All fields must be filled out completely or time sheet will be returned.

### Consumer Choices Option Semi-Monthly Time Sheet

Employee\*: Alex Trebek Social Security number\*: \*\*\*-\*\*-2222  
Position\*: Independent Support Broker Hourly wage\*: \$17.35  
Employer's first and last name\*: Vanna White  
Pay period from: March 1, 2024-March 15, 2024

Date*	Start Time*	End Time*	Start Time*	End Time*	Total Hours Worked*	Rate of Pay*	SERVICE PROVIDED AND NARRATIVE* Services provided must match service on the individual budget. Please identify in the narrative if hours worked are from the emergency back up plan or from savings. (Use more than one line if needed.)	Note any progress/changes for consumer.
03/02/2024	1:10pm	2:10pm			1	\$17.35	Spoke with member via phone, member is happy with current services, no payroll or needs noted.	

# Examples of what we are seeing

The screenshot shows a PDF viewer interface with a table. The table has the following columns: Date\*, Start Time\*, End Time\*, Start Time\*, End Time\*, Total Hours Worked\*, Rate of Pay\*, SERVICE PROVIDED AND NARRATIVE\* (with a sub-note: Services provided must match service on the individual budget. Please identify in the narrative if hours worked are from the emergency back up plan or from savings. (Use more than one line if needed.)), and Note any progress/changes for consumer.

Date*	Start Time*	End Time*	Start Time*	End Time*	Total Hours Worked*	Rate of Pay*	SERVICE PROVIDED AND NARRATIVE* Services provided must match service on the individual budget. Please identify in the narrative if hours worked are from the emergency back up plan or from savings. (Use more than one line if needed.)	Note any progress/changes for consumer.
March 2024					2	17.35	ISB Fee	
April 2024					2	17.35	ISB Fee	

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Date*	Start Time*	End Time*	Start Time*	End Time*	Total Hours Worked*	Rate of Pay*	SERVICE PROVIDED AND NARRATIVE* Services provided must match service on the individual budget. Please identify in the narrative if hours worked are from the emergency back up plan or from savings. (Use more than one line if needed.)	Note any progress/changes for consumer.
<del>March 2024</del> March 2024						<del>16.56</del> 17.35	ISB is available at anytime member needs or requests assistance.	
<del>April 2024</del> April 2024						<del>16.56</del> 17.35	ISB is available at anytime member needs or requests assistance.	

Date*	Start Time*	End Time*	Start Time*	End Time*	Total Hours Worked*	Rate of Pay*	SERVICE PROVIDED AND NARRATIVE* Services provided must match service on the individual budget. Please identify in the narrative if hours worked are from the emergency back up plan or from savings. (Use more than one line if needed.)	Note any progress/changes for consumer.
03/02/2024					2	17.35	ISB Fee	
04/02/2024					2	17.35	ISB Fee	
05/02/2024					2	17.35	ISB Fee	

# Signatures

- ▶ We are seeing a lot of signatures that appear to be photo copied. All timesheets should be signed by the member and employee each time it is submitted, they are **NEVER** to be photocopied.



# Employee Documentation

# Documentation Components

- ▶ What needs to be included?
  - Supports and services provided
  - Goals documented
  - Interventions
  - Individualized (should not be cut and paste from day to day or member to member)
  - Frequency monitored (how often, how many)
  
- ▶ What does documentation look like?
  - Narrative is no longer required.
  - Can use a “check list”

# Documentation Components (continued)

## ► Examples of acceptable documentation format

Name		Date	
Supports provided to Client in Services:			
<input type="checkbox"/> Medication <input type="checkbox"/> Transportation <input type="checkbox"/> Drills/Safety <input type="checkbox"/> Budgeting/Money Mgmt <input type="checkbox"/> Benefits/Mail <input type="checkbox"/> Community Activities <input type="checkbox"/> Household skills <input type="checkbox"/> Boundaries/Relationships <input type="checkbox"/> Meal Prep/Nutrition <input type="checkbox"/> Advocacy <input type="checkbox"/> Communication Skills <input type="checkbox"/> Other			
Goal:	Intervention:	Time Spent:	Response:
List from Service Plan summarized below	List from Service plan		<input type="checkbox"/> Actively Participated
<input type="checkbox"/> Budgeting	<input type="checkbox"/> Checklist made		<input type="checkbox"/> Progress Made
<input type="checkbox"/> Socialization	<input type="checkbox"/> Checklist used		<input type="checkbox"/> Declined
<input type="checkbox"/> Meal Plan/Prep/Making	<input type="checkbox"/> Assistive device used		<input type="checkbox"/> Not offered Today
	<input type="checkbox"/> Planning Completed		<input type="checkbox"/> Did not have time
	<input type="checkbox"/> Assistance given from Staff		
	<input type="checkbox"/> Communication device used		

# Documentation Components(continued)

## CDAC Services for John Doe

Provider Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: Start \_\_\_\_\_ End \_\_\_\_\_

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Meal Prep              | <input type="checkbox"/> Dressing              | <input type="checkbox"/> Communication            | <input type="checkbox"/> Financial assistance |
| <input type="checkbox"/> Essential Housekeeping | <input type="checkbox"/> Medication assistance | <input type="checkbox"/> Essential Transportation |   |

Comments:

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Documentation Components (continued)

## Narrative Example

- Goal: I want to be healthy and exercise more.
  - I will purchase a membership to the YMCA
  - I will go to the YMCA 3 times a week with support from my staff.
  - I will set up a meeting with the trainer at the YMCA with support from my staff.

02/03/2023: John and his staff went to the YMCA to purchase his membership and set up a time to meet with the trainer. John and his staff will meet with the trainer on 02/07/2023 at 2:30pm to get a orientation of the YMCA and discuss fitness goals. John's staff encouraged him to ask questions and talk to the staff at the YMCA.

# What we are seeing

- ▶ We drove Joe to his friend's house to watch football. Joe greeted everyone independently. Joe worked on a puzzle with his friend, and I assisted. Joe didn't want to eat dinner there but had a few pieces of candy and his one soda for the day. We visited for awhile and Joe asked to leave. We said goodbye and left for home (Goal 5,6,7).

# What we are seeing continued.

- ▶ Worked on SCL goals 4:00pm-6:00pm.
- ▶ Missing times, missing goals, missing signatures.

# Over Authorizations





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# Questions

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