

LOG of WEEKLY SERVICES / SUPPORTS for LONG TERM PERSONAL CARE SERVICES (LT-PCS) – SINGLE EMPLOYEE

| | | | | | | | |
|---|---|--------|---------|-------------------------------|----------------|--------|----------|
| PROVIDER AGENCY NAME: | | | | DIRECT SERVICE WORKER'S NAME: | | | |
| RECIPIENT NAME: | | | | | RECIPIENT 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→ | | | | | | | |
| ↓ Tasks ↓ | ↓ Indicate Task Completed Each Day W/Initials ↓ | | | | | | |
| 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 | | | | | | | |
| Daily Total # Of Hours → | | | | | | | |

WEEKLY TOTAL # HOURS of LT-PCS→ _____ HOURS

RECIPIENT/DESIGNATED PERSONAL 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 AND COMMENTS ARE TO BE RECORDED ON PAGE 2 OF THIS FORM. ADDITIONAL PAGES MAY BE USED.

| | |
|---|-------------------------------|
| PROVIDER AGENCY NAME: | DIRECT SERVICE WORKER'S NAME: |
| RECIPIENT NAME: | RECIPIENT DOB: |
|  WEEK OF: | THROUGH: |

DAILY SERVICES/SUPPORTS DESCRIPTIONS AND COMMENTS:

| DAY OF WEEK AND DATE ↓ | DESCRIPTIONS AND COMMENTS ↓ |
|------------------------|-----------------------------|
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RECIPIENT/DESIGNATED PERSONAL 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): _____

Instructions for Completion of Log of Weekly Services/Supports for Long Term Personal Care Services (LT-PCS) – Single Employee

Effective 7/04/10, the provision of all Long Term Personal Care Services (LT-PCS) must be documented on the Log of Weekly Services/Supports for Long Term Personal Care Services (LT-PCS), hereinafter referred to as the "Service Log." The Service Log must be used to document services provided to:

- A person who receives LT-PCS

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 | DIRECT SERVICE WORKER'S NAME: 2 |
| RECIPIENT NAME: 3 | RECIPIENT 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.
- 2 Enter the name of the direct service worker.
- 3 Enter the recipient's name.
- 4 Enter the recipient's date of birth.

| | | | | | | | |
|--|--------|----------|---------|-----------|----------|--------|----------|
| WEEK OF: <u>5</u> THROUGH: <u>6</u> | | | | | | | |
| DAY OF WEEK: | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| DATE→ | | <u>7</u> | | | | | |
| 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: 7/04/10).

6 Enter the ending date of the prior authorization week (example: 7/10/10).

NOTE: The prior authorization week begins on Sunday at 12:00 a.m. and ends on the following Sunday at 12:00 a.m. 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 recipient's plan of care. For example, if services are to begin on Monday, 7/05, place 7/05 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→ | | <u>8</u> | | | | | |
| 1 ST DEPARTURE TIME W/ SIGNED INITIALS→ | | | | | | | |
| | | | | | | | |
| 2 ND ARRIVAL TIME W/ SIGNED INITIALS→ | | <u>8</u> | | | | | |
| 2 ND DEPARTURE TIME W/ SIGNED INITIALS→ | | | | | | | |

8 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.

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

| ↓ Tasks ↓ | ↓ Indicate Task Completed Each Day W/Initials ↓ | | | | | | |
|-----------------------------|---|--|--|--|--|--|--|
| Eating | | | | | | | |
| Bathing | | | | | | | |
| Dressing | | | | | | | |
| Grooming | | | | | | | |
| Transferring | | | | | | | |
| Ambulation | | | | | | | |
| Toileting | 9 | | | | | | |
| Light Housekeeping | | | | | | | |
| Food Preparation & Storage | | | | | | | |
| Shopping | | | | | | | |
| Laundry | | | | | | | |
| Medication Reminders | | | | | | | |
| Assist To Sched Med Appts | | | | | | | |
| Assist To Arrange Med Trans | | | | | | | |
| Accompany To Med Appts | | | | | | | |
| Daily Total # Of Hours → | | | | | | | |
| Weekly Total # of Hours→ | | | | | | | |

9 The DSW must enter his/her signed initials next to each task. 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 and 11 are to be completed by either the DSW or the Provider Agency.

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

WEEKLY TOTAL # HOURS of LT-PCS → 11 HOURS

- 10 The total LT-PCS hours that were worked each day must be written-in on this row.
- 11 At the end of the week, total the number of LT-PCS hours worked for this recipient for the week and write-in this space.

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

RECIPIENT/DESIGNATED PERSONAL REPRESENTATIVE/LEGAL REPRESENTATIVE SIGNATURE & DATE: _____ (12)

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

(12) The signature of the recipient or the recipient's designated personal representative or the recipient'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.

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. 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) |
| RECIPIENT NAME: _____ (3) | RECIPIENT 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 AND COMMENTS:

| Day of Week & Date ↓ | DESCRIPTIONS AND COMMENTS ↓ |
|----------------------|-----------------------------|
| 15 | |
| | 16 |
| | |

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

16 Use this area to document why assistance with a particular activity was not provided, or why assistance with an activity differed from the Plan of Care.

Example:

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

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 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.

RECIPIENT/DESIGNATED PERSONAL 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 recipient/designated personal representative/legal 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 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.