



AmeriHealth Caritas Iowa
Consumer-Directed Attendant Care (CDAC)
Daily Service Record

1. Provider name (first, middle initial, last)	2. Agency name (if an agency)	3. Daily date of service (month, day, year)
4. Member name (first, middle initial, last)	5. Member Medicaid ID number	6. Locations where service was given
7. AmeriHealth Caritas Iowa member ID number		

8. Time I was with the member (circle a.m. or p.m.)	9. Service code	10. Actual hours of CDAC services (list time worked and being billed)	11. Describe the services I performed for the member	12. Describe the member's response to services provided in box 11
Start time ____:____ a.m. p.m.				
End time ____:____ a.m. p.m.				
Start time ____:____ a.m. p.m.				
End time ____:____ a.m. p.m.				
Start time ____:____ a.m. p.m.				
End time ____:____ a.m. p.m.				

13. Total hours	
14. Provider's signature	15. Date

See reverse side for service codes.

AmeriHealth Caritas Iowa Consumer-Directed Attendant Care (CDAC) Daily Service Record

Service codes from CDAC Service Agreement. Choose from the list below. Enter the code in the "Service code" box (9) to show the service you provided.

Non-skilled services:

- N1** Dressing
- N2** Bathing, grooming, personal hygiene
- N3** Meal preparation and feeding
- N4** Toileting
- N5** Transferring, ambulation, mobility
- N6** Essential housekeeping
- N7** Minor wound care
- N8** Financial and scheduling assistance
- N9** Assistance in the workplace
- N10** Communication
- N11** Essential transportation
- N12** Medication assistance

Skilled services:

- S1** Tube feedings
- S2** Intravenous therapy assistance
- S3** Parenteral injections
- S4** Catheterizations
- S5** Respiratory care
- S6** Care of decubiti and other areas
- S7** Rehabilitation services
- S8** Colostomy care
- S9** Care of medical conditions
- S10** Post-surgical nurse delegated
- S11** Monitoring reactions to medication
- S12** Preparing and monitoring therapeutic diets
- S13** Recording and reporting changes in vital signs to the nurse or therapist

This form is to record the services you provide. You must fill out one of these forms every day that you provide services. Your billings may be audited, and if you do not have this form to support what you billed and were paid for, you may have to repay the Medicaid program. This form will be used as the record for what you have done. Make sure that the form is filled out **completely**.

This form must be maintained during the time that the member is receiving services and for a minimum of seven years, as identified in your provider contract. However, it is strongly recommended you retain your daily service records for 10 years. The retention period begins after the last claim submission date, even if you are no longer providing services.

CDAC providers are subject to AmeriHealth Caritas Iowa Fraud, Waste and Abuse (FWA) rules and the Program Integrity Department may ask to review your Daily Service Records at any time.

You should use this form as a tool to keep a record of what you do. You provide very important care to members. Part of your role is also to monitor how a member is doing. Is the member safe at home? Is the member's health getting worse? Is there anything happening to be concerned about? Use this record to keep track of how the member does every day. Over time, you might see a pattern. Contact the member's Case Manager if you are concerned about these services.

Directions: Fill out this form every time you provide services to a member. The CDAC Service Agreement lists the services you are authorized to provide. After you finish performing the service, fill out this form. If you need more space to enter your information, you may use another form for the same date of service. If you use more than one form for a date of service, you must still complete all of the fields on the other forms, including the required signatures. Use a new form for each shift. This form must be completed in English.

Box by box instructions:

1. Provider name: Enter your name — first, middle initial and last name.
2. Agency name (if an agency): If you are an agency waiver provider, enter the agency name.
3. Daily date of service: Enter the month, day and year on which the service took place. You must fill out a CDAC Daily Service Record form every day that you provide service.
4. Member name: Enter the name of the person you are providing services for — first name, middle initial, and last name.
5. Member's Medicaid ID number: Enter the Medicaid ID number of the person you are providing services for.
6. Locations where service was given: Enter the places where you performed the service. For example: home, work, school.
7. AmeriHealth Caritas Iowa Member ID number: Enter the AmeriHealth Caritas Iowa Member ID number of the person you are providing services for.
8. Time I was with the consumer: Enter the time you began and ended each shift. You do not need to enter start and end times every time you perform a service (toileting, meal preparation, etc.). You will enter one start time and one end time to make a record of your shift. Make sure to indicate a.m. or p.m.
9. Service codes: Enter the service code (found in the list at the top of this page) that corresponds to the service you provided. These codes must match what you have been approved to perform in your CDAC Service Agreement. You may have several codes in this field.
10. Actual hours of CDAC services: Enter the hours and minutes you actually provided for the service code you entered in box 9. (Note: The amount of time entered in box 10 may be less than the full span of time entered in box 8.)
11. Describe the services I performed for the member: Explain what you did for the member.
12. Describe the member's response to services provided in box 11 and any changes you saw with the member or service.
13. Total hours: Enter the number of hours you provided for the approved CDAC services described on the form. If you need to use more than one form, only put the total number of hours provided for each separate form.
14. Provider's signature: The actual provider of service.
15. Date: Enter the date of service on which the form was signed. This date should match the date of service entered in box 3.