



Revisiting Service Log Documentation

OAAS-TNG-19-004

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Louisiana Department of Health

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Foundation of Service Log Documentation

Plan of Care

▶ The POC is the provider's authorized guide for care.

- All supports **MUST** be provided as indicated on the POC and Individualized Service Plan (ISP).
- Service codes and units specified in the approved POC should be followed.

Prior Authorization

Service Logs

Post Authorization

Foundation of Service Log Documentation (cont'd.)

Plan of Care (POC)

Prior Authorization (PA)

Service Logs

Post
Authorization

- ▶ Prior Authorization is the process to approve services for a Medicaid participant by an enrolled Medicaid provider prior to service delivery.
 - Only the service codes and units specified in the approved POC will be prior authorized.
- ▶ Services provided without a current PA are not eligible for reimbursement.
 - *No exceptions.*

Foundation of Service Log Documentation (cont'd)

Plan of Care

Prior Authorization

Service Logs

Post Authorization

- ▶ Services recorded must clearly correspond to the current approved POC.
- ▶ Deviations from the approved POC MUST be documented on the service log.
- ▶ EVV check in/out should reflect the ACTUAL time of service to the participant.

Foundation of Service Log Documentation (cont'd)

Plan of Care

Prior Authorization

Service Logs

Post
Authorization

- ▶ The data contractor checks data collected through EVV against the prior authorized units of service.

Records at the Participant's Home

The following documents **must** be maintained in the participant's home:

- ▶ A **current** copy of the Plan of Care (POC) and POC Revisions, and
- ▶ **Service logs for the current prior authorized week.**
 - A “week” begins Sunday at midnight and ends the following Saturday at 11:59 PM.
- ▶ LDH or its designee may request copies of records, including service logs, from the provider.
- ▶ Requested records must be made available within the time specified.



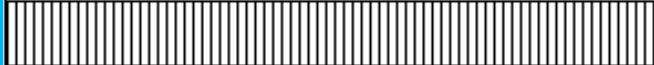
Personal Assistance Service (PAS) and Long-Term Personal Care (LT-PCS) Service Log

- ▶ The top sections of the service logs can be completed by the provider agency or DSW and may be hand-written or typed.

Page 1

PROVIDER'S NAME: Name of Provider Agency				DIRECT SERVICE WORKER'S NAME (PRINT): First/Last Name			
PARTICIPANT'S NAME: First/Last Name					PARTICIPANT'S DOB: 01/01/1900		
Week Of: April 15, 2018			Through: April 21, 2018				
Day Of Week:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date→	4/15/2018	4/16/2018	4/17/2018	4/18/2018	4/19/2018	4/20/2018	4/21/2018

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PROVIDER'S NAME: <input type="text"/>							
DIRECT SERVICE WORKER'S NAME (PRINT): <input type="text"/>							
PARTICIPANT'S NAME: <input type="text"/>						PARTICIPANT'S DOB: <input type="text"/>	
				WEEK OF: <input type="text"/>		THROUGH: <input type="text"/>	

PAS and LT-PCS Service Log (cont'd.)

- ▶ Once a task is performed, it should be initialed by hand.
- ▶ If the task was not performed, the box must be left blank.

Tasks:	Indicate Tasks Completed Each Day by Signing with Worker's Initials.						
Eating							
Bathing			EA		EA		EA
Dressing			EA	EA	EA	EA	EA
Grooming			EA	EA	EA	EA	EA
Transferring							
Ambulation			EA	EA	EA	EA	EA
Toileting				EA			EA
Light Housekeeping			EA				
Food Preparation & Storage			EA	EA	EA	EA	EA
Shopping					EA		
Laundry			EA			EA	
Medication Reminders			EA	EA	EA	EA	EA
Assist To Scheduled Medical Appointment							
Assist To Arrange Medical Transportation							
Accompany To Medical Appointments							
Protective Supervision							
Supervision/Assistance with Health Tasks							
Escort for Assistance with Community Tasks							
Extension of Therapy Services							

PAS and LT-PCS Progress Notes

Progress notes must:

- ▶ Be legible;
- ▶ Include the name of the participant;
- ▶ Include the name of the DSW making the entry;
- ▶ Include the date of entry; and
- ▶ Be completed and updated in the record.

PAS and LT-PCS Progress Notes (cont'd)

The following MUST be handwritten by the DSW each day that notes are needed:

- ▶ Observed changes in the participant’s mental and/or medical condition(s),
 - Changes in the participant’s behavior or home situation that may indicate a need for a reassessment and POC revision,
- ▶ Significant deviations from the POC, and
- ▶ Other information important to ensure continuity of care.

DATE:	PROGRESS NOTES:
Error EA 4/48/2018 4/15/2018	<ul style="list-style-type: none"> - Observed changes in physical and mental condition (if applicable) - Documentation of any SIGNIFICANT DEVIATION from what is in the Plan of Care (POC) - Important information for the next worker or caregiver
4/18/2018	<i>Ms. Sunshine called and declined all services today since her sister is visiting.</i>
4/18/2018	<i>Ms. Sunshine needed more help today because she was weak, I had to lift up her legs when putting her pants on. I washed an extra load of laundry because Ms. Sunshine had a bathroom accident.</i>

What are Significant Deviations?

- ▶ Examples include but are not limited to:
 - A DSW providing **more assistance** to the participant than what is in the POC.
 - A DSW providing **less assistance** to the participant than what is in the POC.
 - A DSW providing **no assistance** with a particular task because the participant does not need help with that task.
 - A DSW deviating from the scheduled shift start or end time.
 - ◆ A DSW arriving or departing within 15 minutes of the scheduled time is NOT considered a significant deviation, AS LONG AS services are provided in the SAME AMOUNT, FREQUENCY and DURATION as indicated in the POC.

What are Significant Deviations? (cont.)

LT-PCS Specific:

- ▶ LT-PCS POCs indicate an allotment of time per task, e.g., 15 minutes allotted for light housekeeping, however, LT-PCS approvals and the hours allotted per week ARE NOT BASED on the time per task.
- ▶ Deviating from the time allotted for a specific task in the POC is not considered a significant deviation. Documentation is not necessary.
 - Example: If the DSW spends 30 minutes completing light housekeeping, rather than 15 minutes as allotted in the POC, documentation is not required. It is not considered a deviation from the POC.
- ▶ The focus is on documenting whether or not the POC task is **ACTUALLY COMPLETED.**

Service Log Signatures

- ▶ Signatures and dates must be obtained at the **END** of the prior authorized week. The participant may sign, or, their responsible representative. If the participant has a legal representative, the legal representative must sign and date the form.
- ▶ The DSW must also sign and date the form at the **END** of the prior authorized week. The DSW may **NOT** complete this section until all the work for the week has been completed.

PARTICIPANT/RESPONSIBLE REPRESENTATIVE/LEGAL REPRESENTATIVE'S SIGNATURE : _____	DATE: _____
DIRECT SERVICE WORKER'S SIGNATURE: _____	DATE: _____



Service Log Documentation Errors

- ▶ When an error is made, only the individual that made the error is allowed to correct the error. Office staff **may not** change anything entered by the DSW.
 - Example: DSW documented an incorrect date on the service log. Office staff cannot correct the error. Only the DSW can correct the date error.
- ▶ To correct errors, draw a single line through the incorrect entry, write “error” above the entry, initial the correction and place the correct information on the form.

DATE:
<i>Erin EA</i>
4/48/2018
4/18/2018

Post Authorization

- ▶ Services must be post authorized before the provider is able to bill for the services rendered.
- ▶ The data contractor checks the information reported against the prior authorized units of service.
- ▶ For in-home services, this post authorization occurs through Electronic Visit Verification (EVV).

Electronic Visit Verification (EVV)

- ▶ EVV is a federal requirement included in the 21st Century CURES Act.
- ▶ EVV captures the ACTUAL time and location of services at the time of check in/out.
- ▶ Manual entries/edits in EVV System should be minimal.
 - ALL manual entries/edits require a descriptive reason for the manual entry/edit.
- ▶ Units will be blocked for services manually entered over the set allowance.
 - Refer to Memo [OAAS-P-19-003](#) for specifics.
 - Additional Concerns or questions contact evvhelp@la.gov.

References

- ▶ [OAAS-PF-11-015. Community Choices Waiver Service Log with Instructions. Reissued March 12, 2018.](#)
- ▶ [OAAS-PF-10-010. Long Term-Personal Care Services Weekly Services Log with Instructions. Reissued March 12, 2018.](#)
- ▶ [Community Choices Waiver Manual. Section 7.5 Service Access and Authorization Issued January 1, 2019.](#)
- ▶ [Community Choices Waiver Manual. Section 7.7 Record Keeping. Issued January 16, 2019.](#)
- ▶ [Community Choices Waiver Manual. Section 7.8 Reimbursement. Issued January 16, 2019.](#)
- ▶ [OAAS-P-19-003. Electronic Visit Verification \(EVV\) Compliance Memo. Issued March 20, 2019.](#)

References

- ▶ [Chapter Thirty of the Medicaid Services Manual. Personal Care Services Provider Manual. Section 30.7 LT-PCS Services Delivery. Issued March 29, 2018.](#)
- ▶ [Chapter Thirty of the Medicaid Services Manual. Personal Care Services Provider Manual. Section 30.8 LT-PCS Record Keeping. Issued March 29, 2018.](#)
- ▶ [Chapter Nine of the Medicaid Services Manual. Adult Day Health Care Provider Manual. Section 9.4 Service Access and Authorization. Issued January 16, 2019.](#)