

# OCDD HCBS Provider Waiver Documentation Requirements

# Purpose of HCBS Waivers

**Support individuals with disabilities to live in the community and make choices to:**

- Live in the setting of their choosing
- Have meaningful relationships outside family and the individuals that support them
- Engage in community life, including the opportunity to work in competitive integrated settings.

# Objectives of this training

- Ensure HCBS agencies understand documentation requirements
- Provide standard documentation note for OCDD waiver in-home services
- Provide description of desired documentation content
- Review of single shift for single date of service note
- Review multiple shifts for single date of service note

# Communication to Providers

- Informational Bulletin distributed January 17, 2025
- OCDD Waiver Service Log/Progress Note forms and instructions posted in LaSRS
- Web link for OCDD Waiver Service Log/Progress Note forms is:  
<https://www.ldh.la.gov/assets/docs/OCDD/waiver/OCDDPF25FourCombinedFiles.pdf>

# Service Exceptions to this Training

- Training is for OCDD in-home HCBS provider agencies for the following services:

Waiver	Procedure Code	Service(s)
Children's Choice	S5125, H2011	Family Support, Crisis Services
Supports Waiver	S5125	In Home Respite
Residential Options Waiver	S5125	Community Living Supports
New Opportunities Waiver	S5125	Individual and Family Supports

- Training is not applicable to OCDD vocational provider agencies
- Training is not applicable to Office of Aging and Adult Services (OAAS)

# Documentation Requirements

# History of Documentation

- Centers for Medicare and Medicaid Services (CMS) requires services to be documented
- **No documentation = no services**
- Louisiana Legislative Auditor (LLA), LDH Program Integrity, Periodic Error Rate Measurement (PERM) audits:
  - Continually report non-compliance with documentation requirements
  - LLA has issued a finding 23 out of 24 years regarding inadequate documentation
- OCDD is issuing standard documentation form to address findings

# Documentation of Services

- The Record Keeping section of OCDD program manuals require that documentation of services:
  - Reflect descriptions of activities, procedures, and incidents
  - Give picture of service provided to the beneficiary
  - Show progress towards beneficiary's personal outcomes
  - Record any change in the beneficiary's medical condition, behavior, and home situation
  - Reflect each entry in the service log or timesheet
- Services billed must be clearly related to the current plan of care



# Service Logs vs. Progress Notes

## Service Log

- Chronological listing of contacts and services
- Reflects services delivered (i.e. ADLs, IADLs, social activities, etc.)
- Identifies who, when, where and what was delivered to whom
- Identifies personal outcomes and other issues addressed

## Progress Notes

- Description of activities
- Picture of service provided
- Progress towards personal outcomes
- Changes in medical, behavioral or home situations
- Reflects each entry in service log

# OCDD Combined Service Log and Progress Note

## Service logs:

- Identify who, when, where, and what services were delivered to the beneficiary
- Required for every shift worked

## Progress notes:

- Provide description of activities, procedures, and incidents
- Identify how the personal outcomes of the individual were achieved
- Record any changes in medical, behavior, or home situation
- Aligns with the service logs

## Checklists alone are not adequate

- Both service log and progress note elements are required for adequate documentation

# HCBS Provider Agency Roles and Expectations

# Agency Roles and Expectations

- Ensure documentation is prepared for every shift and is adequate and complete
- Do not bill for services if documentation is missing or incomplete
- Retain documentation for a minimum of six years or as required by CMS, whichever is longer
- Provide ongoing training and coaching to direct service professionals (DSPs) and supervisory staff

# Agency Roles and Expectations

Provide documentation when requested to:

- Louisiana Department of Health (LDH)
- Centers for Medicare and Medicaid Services (CMS)
- Louisiana Legislative Auditor (LLA)
- Local governing entities (LGEs)
- Support coordination agencies
- Any subcontractor of above agencies

# Single Shift vs. Multiple Shift Service Log Progress Note

# Basic Guidelines

## Shift:

Continuous period of time from clock in to clock out

## Split Shift:

DSP clocks in and out for one shift, and then works another shift the same day with a new clock in and out (i.e. morning shift and afternoon shift)

- If providing Shared Supports, a separate note is required for each beneficiary
- If providing two-on-one support, each DSP must complete a note independently for the beneficiary (no combined note).

# Single Shift Note vs. Multiple Shift Note

## Single Shift Note

- One DSP for one beneficiary for one shift
- Allows a DSP that works an overnight shift to document services on one note

## Multiple Shift Note

- Only used for one date of service for one beneficiary
- Allows up to three DSPs to document on the same note
- Allows a single DSP to document a split shift for the same day on one note
- Does not allow an overnight shift



# Single Shift Note vs. Multiple Shift Note

## Single Shift Note

- Requires printed name and signature
- Requires “Home or Other” to be checked in Basic Information Section if in/out time is manually entered
- Allows checkmarks for top four sections
- Requires description of assistance with ADL/IADLs in same section
- Requires completion of Progress Note section on page 1
- Page 2 not required

## Multiple Shift Note

- Requires initials of DSP in addition to printed name and signature
- Requires Home or Other to be checked on page 2 if time is manually entered
- Requires initials vs. checkmarks for top four sections.
- Requires times and initials for ADL support with description in Progress Note section
- Requires Progress Note section on page 2 to be completed for each shift

# Electronic Visit Verification (EVV) vs. Manual

- Staff is the DSP who directly provides services to the beneficiary
- **EVV means the staff clocks in and out using an electronic method (LaSRS, Third Party EVV)**
- Only the staff can clock in and out for themselves, no exceptions
- **Manual entry is not considered EVV**
- If EVV entry is modified after the fact, documentation of the change is required

# EVV vs. Manual

- **If EVV is used for in and out:** the staff is not required to write the time in and out on the note, can write “EVV” in the in/out blank
- **If EVV is NOT used:** staff must record exact time in and/or time out on note, with “a.m./p.m.” designation
- EVV also collects location of service delivery
- Manual entry requires identification of service location (Home or Other)
- If EVV entry is modified after the fact, documentation of change is required including reason for change.

# Basic Identifying Information

# Basic Identifying Information

- Agency name and phone number
- Beneficiary name
- Date of service – date the shift begins
- Identify if an overnight shift and date shift ends
- Staff providing service, printed name, and signature
- Start time of service (unless EVV)
- End time of service (unless EVV)
- Location of service (unless EVV)

Agency: \_\_\_\_\_ Agency Phone Number: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_ Overnight Shift:  Yes  No

Staff Printed Name	Staff Signature	*Time in	*Time out

**\*If EVV is used, write "EVV" in Time in/Time Out columns. If manual entry, record the exact Time in /Time out.**

Location of Service:  Home  Other (Required for Manual Entries Only)

Agency: \_\_\_\_\_ Agency Phone Number: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Staff	Printed Name	Signature	Initials	Time in*	Time out*
Shift 1:					
Shift 2:					
Shift 3:					

**\*If EVV is used, write "EVV" in Time in/Time Out columns. If manual entry, record the exact Time in /Time out. If manual entry, also identify location on page 2 (Home or Other).**

# Relationship Support and Building Community Connections

# Relationship Support and Community Connections

**Identify any activities with family and friends or other events that the beneficiary participated in:**

- Family call, visit, or family event
- Friend call, visit, or friend event
- Events such as community event, community organization meeting/activity

**How did the beneficiary participate:**

- Independently or with family or friend
- Assistance from staff

**Document specifics of these activities in the Progress Notes section of the note**

- If using the “Multiple Shift for Single Date of Service” note, use initials



# Good Example for Relationship Support and Community Connections Section

Relationship support/building and community connections	Family:	<input type="checkbox"/> Call	<input checked="" type="checkbox"/> Visit	<input checked="" type="checkbox"/> Family event
	Friends:	<input type="checkbox"/> Call	<input type="checkbox"/> Visit	<input type="checkbox"/> Event
		<input type="checkbox"/> Participated in community event		<input type="checkbox"/> Community organization meeting or activity
		<input checked="" type="checkbox"/> Participated independently or with family/friend		<input checked="" type="checkbox"/> Assistance or support provided by staff

Progress notes, descriptions, and comments. Provide additional details of items checked above AND support towards goals included in the person's CPOC.

*Nancy was in a good mood when I arrived because she is going to her family reunion in Clinton for the first time in 3 years. She is going with her sister Sara. I drove her to Sara's house, and stopped on the way at Walmart to pick up cookies for the reunion. Arrived at Sara's around noon. Sara will provide supports for the rest of the day. I clocked out when I left Sara's house.*



# Education, Work, and Social Roles

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Identify any activities with education (school), work, or social roles

## Education:

universities, school, GED classes, classes taken for future employment, i.e. cooking classes to become a chef

## Work activities:

applying for a job, going on an interview, attending a job fair, self-employment activities

## Social role activities:

attending activity for an organization where the beneficiary is a member such as a rotary club, church choir, DD Council, other community organizations

# Education, Work, and Social Roles

## What type of assistance was provided:

- Getting to or from location
  - Assistance accessing or applying for opportunities
  - Support provided to participate
  - Participated with assistance from another provider
  - Participated independently or with assistance from family or friend
- Only required to document the activities that occurred while on shift
  - Document specifics of these activities in the Progress Notes section of the note
  - If using the “Multiple Shift for Single Date of Service” note, use initials

# Good Example for Education, Work, Social Roles

<b>Education, work, and social roles</b>	<input checked="" type="checkbox"/> Assistance getting to/from location <input type="checkbox"/> Support provided to participate <input type="checkbox"/> Individual participated independently or with assistance from family/friend	<input checked="" type="checkbox"/> Assistance in accessing/applying for opportunities <input type="checkbox"/> Individual participated with assistance from another provider
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**Progress notes, descriptions, and comments. Provide additional details of items checked above AND support towards goals included in the person's CPOC.**

*I drove John to NTCC to enroll in GED classes. I helped him fill out the application. He will attend on Tuesdays and Thursdays from 3pm - 5pm. He has a goal to get his GED.*

# Poor Example of Education, Work, Social Roles

<b>Education, work, and social roles</b>	<input checked="" type="checkbox"/> Assistance getting to/from location	<input type="checkbox"/> Assistance in accessing/applying for opportunities
	<input type="checkbox"/> Support provided to participate	<input type="checkbox"/> Individual participated with assistance from another provider
	<input type="checkbox"/> Individual participated independently or with assistance from family/friend	

**Progress notes, descriptions, and comments. Provide additional details of items checked above AND support towards goals included in the person's CPOC.**

*I took John to apply for GED classes.*

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# Health and Medical Appointments



# Health and Medical Appointments

## Identify the type of appointment attended:

- Doctor visit
- Labs or tests
- Scheduled procedure
- Behavioral health visit
- Therapy or home health visit

## Identify if:

- Any instructions were provided (check the notes from the MD/medical provider)
- Any follow-up needed (next appointment, schedule bloodwork, referral to another specialist, etc.)

## Document specifics of these activities in the Progress Notes section of the note

- If using the “Multiple Shift for Single Date of Service” note, use initials

# Good Example of Appointments

<b>Appointments</b>	<input checked="" type="checkbox"/> Doctor Visit	<input checked="" type="checkbox"/> Lab or test	<input type="checkbox"/> Scheduled Procedure	<input type="checkbox"/> Behavioral Health Visit
	<input type="checkbox"/> Therapy or home health visit	<input checked="" type="checkbox"/> Any instructions provided (see notes from MD/medical provider)		
	<input checked="" type="checkbox"/> Any follow-up needed			

**Progress notes, descriptions, and comments. Provide additional details of items checked above AND support towards goals included in the person's CPOC.**

*Janie had a dr. appt. today with Dr. Jones (PCP) because she has been tired lately. He drew blood and she has low iron level. Dr. put her on vitamins with 25mg of iron once a day. Picked up vitamins at Walgreens. Janie has a follow up appt on 4/25/25. Dr. visit summary is in the binder. Contacted supervisor to update the medication list.*

# Poor Example of Appointments

<b>Appointments</b>	<input checked="" type="checkbox"/> Doctor Visit	<input type="checkbox"/> Lab or test	<input type="checkbox"/> Scheduled Procedure	<input type="checkbox"/> Behavioral Health Visit
	<input type="checkbox"/> Therapy or home health visit	<input type="checkbox"/> Any instructions provided (see notes from MD/medical provider)		
	<input checked="" type="checkbox"/> Any follow-up needed			

**Progress notes, descriptions, and comments. Provide additional details of items checked above AND support towards goals included in the person's CPOC.**

*Janie had an appointment with her PCP today and he put her on vitamins.  
 She has to go back in a few months.*

# Challenges

# Identify Challenges Experienced by Individual

- Challenges
  - Were there medical symptoms?
  - Was there a critical incident?
  - Was there a behavioral incident?
  - Was there a medication error or problem?
- Was a plan followed and documented?
- Was a supervisor or professional contacted for assistance (include name)?
- Document specifics of these activities in the Progress Notes section of the note.
- If using the “Multiple Shift for Single Date of Service” note, use initials.

# Good Example of Challenges

<b>Challenges today</b>	<input checked="" type="checkbox"/> Medical symptoms <input type="checkbox"/> Critical incident <input type="checkbox"/> Behavioral incident <input checked="" type="checkbox"/> Medication error/problem <input type="checkbox"/> Plan followed and documentation available to support <input checked="" type="checkbox"/> Contacted supervisor or professional for assistance [Specify contact: <i>Susan Ford, RN</i> ]
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**Progress notes, descriptions, and comments. Provide additional details of items checked above AND support towards goals included in the person's CPOC.**

*Dan missed his GERD medication in the morning and did not feel well after breakfast or lunch. Said his chest hurt and he felt like he was going to throw-up. During lunch, he threw food at me because he did not want to eat. I notified the provider nurse who came and did an assessment. The nurse contacted the doctor to get instructions on adjusting meds for rest of the day.*

# Poor Example of Challenges

<b>Challenges today</b>	<input checked="" type="checkbox"/> Medical symptoms <input type="checkbox"/> Critical incident <input checked="" type="checkbox"/> Behavioral incident <input type="checkbox"/> Medication error/problem <input type="checkbox"/> Plan followed and documentation available to support <input type="checkbox"/> Contacted supervisor or professional for assistance [Specify contact: _____]
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**Progress notes, descriptions, and comments. Provide additional details of items checked above AND support towards goals included in the person's CPOC.**

*Dan felt bad today. He had a behavior problem because he felt bad. He did not eat much today.*

# Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)



# Support with ADLs and IADLs

- Provide a description of assistance provided
- If independent or assisted by another person, provide name, role, and level of assistance provided
- If did not occur while DSP was on shift, indicate N/A
- If additional details are required, write in Progress Notes section.
- If using the “Multiple Shifts for Single Date of Service” note, record time of ADLs and DSP initials. Write details in Progress Note section on page 2.

# Good Example of ADLs/IADLs

Indicate what, if any, assistance was provided. If completed independently, provided by another person (name or role) or if assistance not provided, indicate this in the “Assistance Provided” section.	
ADL/IADL area of support	Assistance provided:
Eating	<i>Nancy fixed her own breakfast, eggs and toast.</i>
Dressing or picking out clothes	<i>Helped guide selection of clothes for family reunion</i>
Grooming personal hygiene	<i>Independently washed face, brushed teeth and hair</i>
Toileting	<i>Completed independently</i>
Bathing or showering	<i>n/a</i>
Mobility, lifting, or positioning	<i>n/a</i>
Shopping or purchasing	<i>Picked up cookies on way to Sara’s house</i>
Cleaning my home or yard	<i>Independently cleaned kitchen after breakfast</i>
Managing finances	<i>Reviewed checkbook with Nancy for shopping later</i>
Managing time or scheduling	<i>Prompted to stay on schedule to go to brother’s house</i>
Medication or medical supports	<i>Prompted to take morning meds</i>

# Poor Example of ADL/IADL Notes

Indicate what, if any, assistance was provided. If completed independently, provided by another person (name or role) or if assistance not provided, indicate this in the "Assistance Provided" section.	
ADL/IADL area of support	Assistance provided:
Eating	<i>Breakfast - eggs and toast</i>
Dressing or picking out clothes	
Grooming personal hygiene	<i>Brushed teeth and hair</i>
Toileting	
Bathing or showering	
Mobility, lifting, or positioning	
Shopping or purchasing	
Cleaning my home or yard	<i>Cleaned kitchen</i>
Managing finances	
Managing time or scheduling	
Medication or medical supports	<i>Took morning meds</i>

# Progress Notes, Descriptions, and Comments

# Progress Notes, Descriptions, and Comments

- **Required on every note for every shift.**
- If any top sections have checks or initials, then this area will contain additional information for each shift regarding:
  - Relationship support/building and community connections activities
  - Education, work, and social roles activities
  - Appointments
  - Challenges
- Will contain additional information about support provided towards goals or objectives contained in the plan of care.
- If using the “Multiple Shifts for a Single Date of Service” note, details are reported on page 2 of the note.



# Poor Example of Progress Note

**Progress notes, descriptions, and comments. Provide additional details of items checked above AND support towards goals included in the person's CPOC.**

*Drove Leonard to 2 apartment complexes to put in an application. I assisted with completing the application.* \_\_\_\_\_ OR

*John had a good night.* \_\_\_\_\_ OR

*John had a good day.* \_\_\_\_\_





# Wrap Up

- HCBS in-home provider agencies must begin using the standard note by **February 15, 2025**
- Electronic notes must contain the same elements as standard note
- Monitoring of notes will begin first quarter of **FY 2026: July 2025 – September 2025**
- All providers will be monitored
- Send questions or comments to **OCDD-HCBS@LA.GOV**

THANK YOU

