

# OCDD HCBS Self-Direction Employer 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 Self Direction Employers understand documentation requirements
- Review OCDD Service Log/Progress Note for OCDD waiver in-home services to serve as **template** for documentation
- Provide description of desired documentation content
- Review of OCDD single shift for single date of service note
- Review OCDD multiple shifts for single date of service note

# Communication to SD Employers

- Memo distributed **February 28, 2025**
- Must implement notes containing required content by **June 1, 2025**.
- Web link for OCDD Waiver Service Log/Progress Note forms is:  
<https://www.ldh.la.gov/resources?cat=44&d=0&y=0&s=0&q=>
- Form names begin with “OCDD Progress Note”
- Questions can be sent to [OCDD-HCBS@LA.GOV](mailto:OCDD-HCBS@LA.GOV)

# Services Affected by this Training

- Training is for OCDD Self Direction Employers for the following services:

Waiver	Procedure Code	Service(s)
Children's Choice	S5125	Family Support
Residential Options Waiver	S5125	Community Living Supports
New Opportunities Waiver	S5125	Individual and Family Supports

# 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 a standard documentation form for use as a template 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



# HCBS SD Employer Roles and Expectations

# Employer Roles and Expectations

- Ensure documentation is prepared for every shift and is adequate and complete. **Do not use DCI for documentation unless you print it out daily and have the DSP (staff) sign the form.**
- Do not approve time for a worker 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/staff).

# SD Employer 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

# Guidelines and EVV

# Basic Guidelines

## Shift:

Continuous period of time from clock in to clock out

## Split Shift:

DSP (staff) 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 (staff) must complete a note independently for the beneficiary (no combined note).

# 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 (DCI app, FOB, or Landline)**
- Only the staff can clock in and out for themselves, no exceptions
- **Manual entry is not considered EVV except for entry of the FOB information**
- 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 time 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) on the progress note
- If EVV entry is modified after the fact, documentation of change is required including reason for change.

Template for Hand Written Notes  
without OCDD Form



# Required Elements for Hand Written Notes

- Employer Name:
- Employer Phone Number:
- Beneficiary Name:
- DSP (staff) Name and Signature
- Date of Service
- Time In and Time out
- Home or Other (if EVV not used)
- Relationship Support and Community Connections
- Education/Work/Social Activities
- Health and Medical Appointments
- Challenges
- ADLs/IADLs
- Progress Notes

# Good Note Vs Poor Note – Example 1

## Good Note

*Required elements of Service Log/Progress Note are highlighted*

*Employer: John Brown      Employer Phone Number: 225-123-4567*

*Beneficiary Name: Nancy Brown*

*Sarah Smith, DSP - 3/25/25 - 10am - 4pm      Home or Other*

*Relationship Support and Community Connections*

*I took Nancy to visit her sister Sara in the morning. They are making plans for a family reunion in April. Nancy is really excited about the family reunion and enjoyed the visit with Sara.*

*Education/Work/Social Activities*

*In the afternoon I drove Nancy to NTCC to enroll in GED classes. I helped her fill out the application. Classes are Tuesdays and Thursdays from 3pm - 5pm.*

*Health and Medical Appointments*

*None*

*Challenges*

*None*

*ADLs/IADLs*

*Assisted with picking out clothes and prompted her to brush her hair and teeth. I supervised Nancy as she prepared her breakfast of eggs and toast. Remaining daily activities were completed independently by Nancy.*

*Progress Notes*

*Nancy has a goal to learn to cook small meals and getting her GED. Both goals were worked on today. At home we started looking at recipes for small meals.*

## POOR NOTE EXAMPLE

*Required elements of Service Log/Progress Note are highlighted*

*Employer: John Brown      Employer Phone Number: 225-123-4567*

*Beneficiary Name: Nancy Brown*

*Sarah Smith, DSP - 3/25/25 - 10am - 4pm*

*Relationship Support and Community Connections*

*Nancy visited with her sister*

*Education/Work/Social Activities*

*Took Nancy to apply for GED classes*

*Progress Notes*

*Nancy had a good day*

# Good Note vs. Poor Note – Example 2

## Good Note

Employer: Kim Kennedy Employer Phone Number: 225-342-9251

Beneficiary: Mary Kennedy Staff: Amanda Jones, Amanda Jones

Date: 3/12/25 8:03am - 6:12pm

Place of Service: Other

### Relationship Support and Community Connections

Mary met her friend Sara at Chick-Fil-A for lunch. They had a good visit.

### Education/Work/Social Activities

None today

### Health and Medical Appointments

Appointment with doctor today to talk about being tired. Had blood drawn and she had low iron. Prescribed a multivitamin with 20mg of iron daily. Went to Walgreens to get the vitamins. Told Kim about the multivitamin so medication list could be updated. Return appointment scheduled for 5/1/25 at 2pm.

### Challenges

Mary was very scared when they drew blood and at first refused to allow it. I talked with her to keep her calm. After a few minutes she allowed the nurse to draw the blood.

### ADL/IADLs

Assisted Mary with getting ready for the day. Prompted her to brush her teeth, hair, and to wash her face. Assisted with picking out clothes for the day. Mary's mom administered her morning meds. Mary fixed her own breakfast (cereal and milk) and she ate at Chick-Fil-A for lunch. Mary selected her own meal, and gave the clerk the correct change with my help. Mary went to the store to shop for shoes. I took her to Walmart and Shoe Station. She bought 2 pairs of shoes and handed the money to the clerk. I assisted with counting out the money.

### Progress Notes

Mary was feeling tired this morning when I arrived and was in a good mood because we were going shoe shopping and she had a lunch date with her friend Sara. She is learning to pay for items and get the correct change. She fixed her own breakfast and we will start working on small meals for her to fix. Returned home at about 4:30pm and Mary talked with her friends on the phone.

## Poor Note

Employer: Kim Kennedy Employer Phone Number: 225-342-9251

Beneficiary: Mary Kennedy Staff: Amanda Jones, Amanda Jones

Date: 3/12/25 803am - 6:12pm

Place of Service: Other

### Relationship Support and Community Outings

Shoe shopping

### Education/Work/Social Activities

None today

### Health and Medical Appointments

Mary had an appointment today with her PCP and he put her on vitamins. She has to go back in 6 weeks.

### Challenges

None

### ADL/IADLs

Brushed teeth, brushed hair, washed face. Ate cereal for breakfast and fast food for lunch.

### Progress Notes

Mary had a good day. Talked to friends.

# Review of OCDD Standard Forms

# Fillable/Non-Fillable Progress Notes

- OCDD Standard Forms are not required to be used by Self-Direction Employers
- Two Forms: Single Shift Form and Multiple Shift Form
- Forms are provided in fillable and non-fillable format
- The Agency name, phone number, and beneficiary name are fillable on all forms. (Agency = Employer)
- Fillable form allows DSP (staff) to complete the form online and then print to sign
- Non-fillable form requires the form to be printed for the DSP (staff) to complete and sign

# OCDD Standard Forms

- [OCDDProgressNoteSingleShiftNotFillable021225.pdf](#)
- [OCDDProgressNoteMultipleShiftsNotFillable021225.pdf](#)
- [OCDDProgressNoteAdditionalPage021225.pdf](#)
- [OCDDServiceLogProgressNoteInstructions21225.pdf](#)



\*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)

**Check all that apply:**

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.

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




OCDD-PF-25-004  
Issued 2/12/2025  
Replaces all prior issues

**OCDD WAIVER DAILY SERVICE LOG/PROGRESS NOTE:**  
**MULTIPLE SHIFTS FOR A SINGLE DATE OF SERVICE**

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).

<b>Relationship support/building and community connections</b>	Family: <input type="checkbox"/> Call <input type="checkbox"/> Visit <input type="checkbox"/> Family event
	Friends: <input type="checkbox"/> Call <input type="checkbox"/> Visit <input type="checkbox"/> Event
<b>Education, work, and social roles</b>	<input type="checkbox"/> Participated in community event <input type="checkbox"/> Community organization meeting or activity
	<input type="checkbox"/> Participated independently or with family/friend <input type="checkbox"/> Assistance or support provided by staff
<b>Appointments</b>	<input 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
<b>Problems or challenges today</b>	<input type="checkbox"/> Individual participated independently or with assistance from family/friend
	<input 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 type="checkbox"/> Any follow-up needed
	<input type="checkbox"/> Medical symptoms <input type="checkbox"/> Critical incident <input 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: _____]

Indicate all that apply and note time that task completed with initials:						
ADL/IADL area of support	Time(s) Shift 1	Initials	Time(s) Shift 2	Initials	Time(s) Shift 3	Initials
Eating						
Dressing or picking out clothes						
Grooming personal hygiene						
Toileting						
Bathing or showering						
Mobility, lifting, or positioning						
Shopping or purchasing						
Cleaning my home or yard						
Managing finances						
Managing time or scheduling						
Medication or medical supports						

**OCDD WAIVER DAILY SERVICE LOG/PROGRESS NOTE:**  
**MULTIPLE SHIFTS FOR A SINGLE DATE OF SERVICE**

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

Progress notes, descriptions, and comments. Provide narrative of items checked and initialed on page 1 AND support towards goals included in the person's CPOC. This section must be completed for each shift.		Staff printed name and signature
<b>Shift 1</b> <input type="checkbox"/> Home <input type="checkbox"/> Other	_____ _____ _____ _____ _____ _____ _____	
<b>Shift 2</b> <input type="checkbox"/> Home <input type="checkbox"/> Other	_____ _____ _____ _____ _____ _____ _____	
<b>Shift 3</b> <input type="checkbox"/> Home <input type="checkbox"/> Other	_____ _____ _____ _____ _____ _____ _____	



# Single Shift Note vs. Multiple Shift Note

## Single Shift Note

- One DSP (staff) for one beneficiary for one shift
- Allows a DSP (staff) 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 (staff) to document on the same note
- Allows a single DSP (staff) 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 (staff) 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

# Basic Identifying Information

# Basic Identifying Information

- Agency/Employer name and phone number
- Beneficiary name
- Date of service – date the shift begins
- Identify if overnight shift and if yes, add the 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.



# Poor Example for Relationship Support and Community Connections Section

<b>Relationship support/building and community connections</b>	<p>Family: <input type="checkbox"/> Call <input type="checkbox"/> Visit <input checked="" type="checkbox"/> Family event</p> <p>Friends: <input type="checkbox"/> Call <input type="checkbox"/> Visit <input type="checkbox"/> Event</p> <p><input type="checkbox"/> Participated in community event <input type="checkbox"/> Community organization meeting or activity</p> <p><input type="checkbox"/> Participated independently or with family/friend <input type="checkbox"/> Assistance or support provided by staff</p>
<b>Progress notes, descriptions, and comments. Provide additional details of items checked above AND support towards goals included in the person's CPOC.</b>	
<p><i>Staff dropped Nancy off at sister's house around noon for family reunion.</i></p>	

# Education, Work, and Social Roles

# Education, Work, and Social Roles

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>	<table><tr><td><input checked="" type="checkbox"/> Assistance getting to/from location</td><td><input type="checkbox"/> Assistance in accessing/applying for opportunities</td></tr><tr><td><input type="checkbox"/> Support provided to participate</td><td><input type="checkbox"/> Individual participated with assistance from another provider</td></tr><tr><td colspan="2"><input type="checkbox"/> Individual participated independently or with assistance from family/friend</td></tr></table>	<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	
<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.*

# Health and Medical Appointments

# Health and Medical Appointments

## **Identify the type of appointment attended:**

- Doctor or dentist 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

Appointments	<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. He drew blood and she has low iron levels. Dr. put her on vitamins with 25mg of iron once a day. Picked up vitamins at Walgreens. Janie has a another appt on 4/25/25. Dr. visit summary was given to employer showing new vitamins for Janie and followup appt.

# 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 (i.e., seizure, fever, stomach virus, etc.)?
  - Was there a critical incident (ER, Urgent Care, broken bone, etc.)?
  - Was there a behavioral incident (Elopement, hitting, etc.)?
  - 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: <u>Dan's mom, Ms. Ford</u> ]			

**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 meds this orning and did not feel good after breakfast or lunch. Said his chest hurt and he felt like he was soing to throw up. During lunch he threw food at me because he did not want to eat. I notified his mom (my employer) who called the doctor on getting instructions on adjusting meds for the 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: _____]			

**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 (staff) 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 (staff) 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.

# Good Examples of Progress Notes

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 for housing. I assisted Leonard with completing the applications. Leonard has saved his money to pay for a deposit and getting utilities turned on. We went to the Woodcrest apartments on Lobdell and Savoy Plaza on Wooddale since he works at Rouse's on Florida Blvd. Waiting on them to contact Leonard.*

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

*I check on John every hour throughout the night. He got up once to go to the bathroom. John slept good tonight.* \_\_\_\_\_ OR

*John stayed in today and watched Law and Order and Chicago PD most of the day. He had cereal for breakfast, sandwich for lunch, and pizza for dinner. We did laundry since we stayed in. The day was quiet.*

# 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.*

**OCDD WAIVER DAILY SERVICE LOG/PROGRESS**  
**NOTE: ADDITIONAL NOTES PAGE**

[illegible]

Wrap Up



# Compliance with Documentation Requirements

- Documentation of services is a CMS requirement
- Documentation of services is a program requirement.
- **No documentation = no services delivered**
- Undocumented services are at risk of recoupment by state and federal agencies.
- All employers will be monitored to ensure compliance.
- Employers not in compliance with documentation requirements will be at risk of losing access to self direction.

# Training and Implementation

- Training was provided at quarterly statewide meeting on **3/12/25**
- SD Employers must begin using either the standard note or a format that contains all elements of the standard note by **6/1/25**
- DCI **CANNOT** be used to store electronic notes. Notes must be retained by the employer and be available if requested.
- Send questions to OCDD-HCBS@LA.GOV
- Training video and Power Point available at:  
<https://www.lhdh.la.gov/office-for-citizens-with-developmental-disabilities/self-direction>

Thank You

