



# OCDD Documentation Requirements – Phase 2

Presented by Kim Kennedy, OCDD Program Manager – Provider Relations



# Phase 2 Monitoring

*Monitors will review same elements as Phase 1*

*Quality of notes will be monitored in Phase 2*



# Objectives

## *Review of:*

- *Documentation Requirements for OCDD In-Home Services*
  - *Expectations of PCA Providers*
  - *OCDD Forms for Documenting Services and Basic Guidelines*
  - *Examples of How to Document Services*
- 



# Training Audience

- Training is for in-home PCA providers of Children's Choice, Supports Waiver, Residential Options Waiver (ROW) and New Opportunities Waiver (NOW).
- This training is **NOT** for:
  - Self Direction Employers
  - Day Habilitation or Vocational Service providers in OCDD
  - OAAS services
  - EPSDT services
- Providers are responsible for ensuring they use the correct documentation forms for OAAS and EPSDT services

# 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 has issued standard documentation form to address findings
- OCDD has provided training on proper completion of the standard documentation

# Documentation of Services

- The Record Keeping section of OCDD program manuals requires that documentation of services:
  - Reflects descriptions of activities, procedures, and incidents
  - Gives picture of service provided to the beneficiary
  - Shows progress towards beneficiary's personal outcomes
  - Records any change in the beneficiary's medical condition, behavior, and home situation
  - Reflects 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
- Align 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 Expectation

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 (SCAs)
- Any subcontractor of above agencies

# Service Log Progress Note Forms Single vs. Multiple Shift



# Basic Guidelines

## Shift:

Continuous period of time from clock in to clock out

## Split Shift:

Clock in and out for one shift, and then work 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

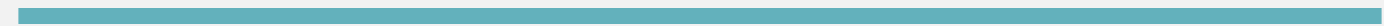
## Single Shift Note

- Printed name and signature of DSP
- “Home or Other” 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

- Printed name, signature, and initials of DSP
- “Home or Other” 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 completion of Progress Note section on page 2 for each shift

# Electronic Visit Verification vs. Manual Entry



# EVV vs. Manual Entry

- Staff is the DSP who directly provides services to the beneficiary
- **EVV means the staff clocks in and out using an electronic method**
- 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

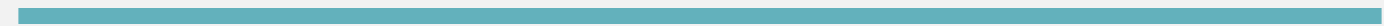
# EVV vs. Manual

- **If EVV is used for in and out:** staff is not required to write the time in and out on the note, but must write “EVV” in the in/out blank.
  - If staff uses EVV and records the time on the progress note, it must match.
- **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)

# Changes to EVV Record

- If the EVV entry is modified after the fact, documentation of change is required including reason for change.
- EVV contains the worker's signature (electronic clock in/out).
- If EVV is changed, worker must sign off on the change if time is added to the beginning or end of a shift.
- Provider is responsible for having a process/forms to document changes and reasons for the change to an EVV record.

# Basic Identifying Information



# Elements of 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, and initials if using the Multiple Shifts Note
- Start time of service (unless EVV)
- End time of service (unless EVV)
- Location of service (unless EVV)

# Single Shift Note

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)

# Multiple Shift Note

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).**

# Quality of Documentation

- Documentation should provide a description of support provided for:
  - Activities or Instrumental Activities of Daily Living
  - Relationship Support/Building Community Connections
  - Education, Work, and Social Roles
  - Appointments
  - Problems or Challenges
- Documentation should also reflect descriptions of activities of the day and give a picture of the service provided in the Progress Note section.

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

- Provide a description of assistance provided
- If 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 independent, indicate “independent”
- If additional details are required, write in Progress Notes section
- If using electronic notes, only required to document ADLs/IADLs that require support
- If using the “Multiple Shifts for Single Date of Service” note, record time of ADLs and DSP initials on page 1. Write details in Progress Note section on page 2.

# ADL Example – Adequate Note

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>I helped guide the selection of clothes for outdoors</i>
Grooming personal hygiene	<i>Independently washed face, brushed teeth and hair</i>
Toileting	<i>Independent</i>
Bathing or showering	<i>n/a</i>
Mobility, lifting, or positioning	<i>n/a</i>
Shopping or purchasing	<i>Bought cookies at Walmart. Paid without assistance.</i>
Cleaning my home or yard	<i>Independently cleaned kitchen after breakfast</i>
Managing finances	<i>We reviewed her checkbook 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>

If additional details are needed, write it in the “Progress Note” section, especially if there are signs of independence in meeting a goal.

# Adequate Note to a Good Note

- If ADL independence is a goal, then note in Progress Notes
- Examples:

Eating	<i>Nancy fixed her own breakfast, eggs and toast.</i>
Cleaning my home or yard	<i>Independently cleaned kitchen after breakfast</i>

- If goal is for beneficiary to be more independent in these areas, then add the following additional information to Progress Notes section.

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

*Nancy fixed her own breakfast by scrambling eggs and putting bread in the toaster. I supervised her cooking on the stove. She washed the dishes and put them in the dishrack, and wiped the table. Nancy has a goal to learn to cook and to independently clean her kitchen.*

# ADL Example – Poor Note

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>

# ADLs/IADLs for Multi-Shift Note

**LOUISIANA DEPARTMENT OF HEALTH**  
Office for Citizens with Developmental Disabilities

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

Agency: My Provider Agency Agency Phone Number: 225-123-4567  
Beneficiary Name: Nance James Date of Service: 5/1/26

Staff	Printed Name	Signature	Initials	Time in*	Time out*
Shift 1:	Kim Kennedy	<i>Kim Kennedy</i>	<i>kk</i>	EVV	EVV
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 <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>Education, work, and social roles</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 <input type="checkbox"/> Individual participated independently or with assistance from family/friend
<b>Appointments</b>	<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"/> Any instructions provided (see notes from MD/medical provider) <input type="checkbox"/> Any follow-up needed
<b>Problems or challenges today</b>	<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: _____ ]

**Check 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	7:45	kk				
Dressing or picking out clothes	9:20	kk				
Grooming personal hygiene	Independent	kk				
Toileting	Independent	kk				
Bathing or showering	N/A	kk				
Mobility, lifting, or positioning	N/A	kk				
Shopping or purchasing	10:30	kk				
Cleaning my home or yard	8:15	kk				
Managing finances	10:00	kk				
Managing time or scheduling	7:00 - 10:00	kk				
Medication or medical supports	7:30	kk				

**LOUISIANA DEPARTMENT OF HEALTH**  
Office for Citizens with Developmental Disabilities

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

Beneficiary Name: Nancy James Date of Service: 5/1/26

Shift	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
Shift 1 <input type="checkbox"/> Home <input type="checkbox"/> Other	<p><i>Nancy cooked her breakfast, eggs and toast, and independently cleaned the kitchen. I helped her pick out her clothes for the family reunion. I reminded her to take her morning meds. Throughout my shift I made sure she stayed on task so she would not be late to her brother house. We reviewed the money she had in her checking account for shopping later. On the way to her brother's house we stopped and bought cookies at Walmart. She paid for the cookies without assistance.</i></p>	Kim Kennedy <i>Kim Kennedy</i>
Shift 2 <input type="checkbox"/> Home <input type="checkbox"/> Other	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
Shift 3 <input type="checkbox"/> Home <input type="checkbox"/> Other	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

# Relationship Support and Community Connections

- Designed to capture activities with other people or in the community
  - Visits with friends or relatives inside or outside of the home
  - Attending community events (farmers market, theatre performance, sporting events)
  - Includes activities such as:
    - Family reunions and birthday celebrations
    - Festivals and concerts
    - Holiday celebrations
    - Community events (farmers market, theatre performance, movies, sports events, etc.)
    - Activities with friends in the community (lunch date, shopping, nail salon, etc.)
- Should capture:
  - What the activity was and who it was shared with (who, what, where, how)
  - Whether the person participated independently or with a family/friend
  - What assistance or support was provided by staff

# Relationship Support / Community Connections – Good Example

## Check all that apply:

Relationship Support/Building & Community Connections:

- Family  Call  Visit  Family Event Friends  Call  Visit  Event  
 Participated in Community Event  Community organization meeting/activity  
 Participated independently or with family/friend  Assistance/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.*

Provides good detail and addresses all checkboxes.



# Relationship Support / Community Connections – Poor Example

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

<b>Progress notes, descriptions, and comments. Provide additional details of items checked above AND support towards goals included in the person's CPOC.</b>
<i>Dropped Nancy off at sister's house at 1pm.</i>

There were other activities related to the family reunion that were not captured; i.e., which sister, what family event, who is providing supports, does she need to pick her up later, etc.

# Multiple Shift Note with Community and ADL Activities

**LOUISIANA DEPARTMENT OF HEALTH**  
Office for Citizens with Developmental Disabilities

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

Agency: My Provider Agency Agency Phone Number: 225-123-4567  
 Beneficiary Name: Nancy James Date of Service: 5/1/26

Staff	Printed Name	Signature	Initials	Time in*	Time out*
Shift 1:	Kim Kennedy	Kim Kennedy	kk	EVV	EVV
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 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
<b>Education, work, and social roles</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 <input type="checkbox"/> Individual participated independently or with assistance from family/friend
<b>Appointments</b>	<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"/> Any instructions provided (see notes from MD/medical provider) <input type="checkbox"/> Any follow-up needed
<b>Problems or challenges today</b>	<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: _____]

Check 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	7:45	kk				
Dressing or picking out clothes	9:20	kk				
Grooming personal hygiene	Independent	kk				
Toileting	Independent	kk				
Bathing or showering	n/a	kk				
Mobility, lifting, or positioning	n/a	kk				
Shopping or purchasing	10:30	kk				
Cleaning my home or yard	8:15	kk				
Managing finances	10:00	kk				
Managing time or scheduling	7:00-10am	kk				
Medication or medical supports	7:30	kk				

# Multiple Shift Note with Community and ADL Activities



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

Beneficiary Name: Nancy James Date of Service: 5/1/26

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	<i>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. Nancy cooked her breakfast of scrambled eggs and toast with my supervision and then cleaned the kitchen by washing the dishes and putting them in the dish drainer. I helped her pick out her clothes for the outdoor reunion.</i>	Kim Kennedy Kim Kennedy



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

Beneficiary Name: Nancy James Date of Service: 5/1/26

Additional progress notes, descriptions, or comments	Staff printed name and signature
I reminded Nancy to take her meds that morning. I made sure she stayed on task so we could leave on time for the reunion. We reviewed the money she had in her checking account because we were going to buy cookies and drinks for the family reunion. Nancy paid for the groceries independently. We arrived at Sara's house around noon. Sarah will provide supports for Nancy the rest of the day. I clocked out when I left Sara's house.	Kim Kennedy Kim Kennedy

# Education, Work, and Social Roles



# Education, Work, Social Roles

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

<b>Education:</b>	universities, school, GED classes, classes taken for future employment, i.e. cooking classes to become a chef
<b>Work activities:</b>	applying for a job, going on an interview, attending a job fair, self-employment activities
<b>Social role activities:</b>	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

# Education, Work, and Social Roles – Good Example

<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 by guiding what he should write in each blank on the form. He will attend on Tuesdays and Thursdays from 3pm -5pm. John's classes start on 8/4/26. His staff will transport him to and from classes. He has a goal to get his GED.*

# Education, Work, and Social Roles – Adequate Example

Education, work, and social roles

Assistance getting to/from location

Support provided to participate

Individual participated independently or with assistance from family/friend

Assistance in accessing/applying for opportunities

Individual participated with assistance from another provider

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 the tech college to enroll in GED classes. He filled out the application. Classes are Tuesdays and Thursdays.

There is enough detail to know the activity, but more detail could have been provided.

# Education, Work, and Social Roles – Poor Example

<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 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.**

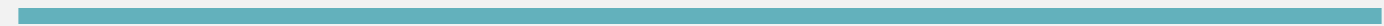
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*I took John to apply for GED classes.*

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There were other activities related to the applying for GED classes that were not captured. This note needs more detail.

# Health and Medical Appointments



# Health and Medical Appointments

## Identify the type of appointment attended:

- Doctor visit
- Dental 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.

# Appointments – Good Example

<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 dr. appt today with Dr. Jones (PCP) because she has been tired lately. He drew blood and her iron level is low. Put her on Nature Made multivitamin with 18mg iron. Picked up vitamins at Walgreens. Janie has a followup appt. on 4/25/26. Dr. visit summary is in binder. Contacted supervisor to update the medication list.*

# Appointments – Adequate Example

Appointments	<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.

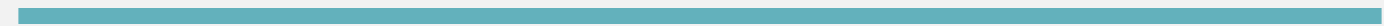
*Janie had dr. appt today with Dr. Jones (PCP). Blood test showed her iron level is low. Put her on a multivitamin with iron. Janie has a followup appt. on 4/25/26.*

# Appointments – Poor Example

<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
<b>Progress notes, descriptions, and comments. Provide additional details of items checked above AND support towards goals included in the person's CPOC.</b>	
<i>Janie had an appointment with her PCP today and he put her on vitamins. She has to go back in a few months.</i>	

Details are missing. Why did she go to the doctor? What kind of vitamins? Were the vitamins picked up? Was there a visit summary and where is it? Who will make the follow-up appointment?

# Challenges



# Identify Challenges Experienced by the 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.

# Challenges – Good Example

<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 checked="" type="checkbox"/> Plan followed and documentation available to support
	<input checked="" type="checkbox"/> Contacted supervisor or professional for assistance [Specify contact: <u>Susan Ford, RN</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 medication this morning and did not feel well after breakfast and lunch. He said his chest hurt and he felt like he was going to throw-up. During lunch he threw his food at me because he did not want to eat. I notified the nurse who came and did an assessment. The nurse contacted the doctor to get instructions on adjusting meds for the day.

# Challenges – Adequate Example

<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>Susan Ford, RN</u> _____]
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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 this morning. He felt bad all day. RN contacted the doctor to get instructions on adjusting meds for the rest of the day.

# Challenges – Poor Example

<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.*

Not enough information provided for the challenge.

1. What kind of behavior problem?
2. Was a plan followed?
3. Who was contacted?
4. Why did he feel bad?

# 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 ADL/IADL support, if needed
- Will contain additional information about support provided towards goals or objectives contained in the plan of care and should give a picture of the services provided to the individual that day
- If using the “Multiple Shifts for a Single Date of Service” note, details are reported on page 2 of the note.

# Progress Note – Good Example

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	Dan fixed Oatmeal for breakfast and ate Wendy's for lunch
Dressing or picking out clothes	Independent
Grooming personal hygiene	Independent
Toileting	Independent
Bathing or showering	n/a
Mobility, lifting, or positioning	n/a
Shopping or purchasing	Dan purchased groceries for the week at Rouses from his list
Cleaning my home or yard	Independent
Managing finances	I assisted with counting money at Rouses and Wendys
Managing time or scheduling	I kept Dan on track with time to look at apartments
Medication or medical supports	I reminded Dan to take his morning meds

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

*I arrived for my shift and Dan was still asleep. I woke Dan up at 7:30am. He was excited about looking for a new apartment. He fixed his breakfast of oatmeal and cleaned his dishes. Dan got dressed and ready to go look at apartments. At 10am I drove Dan to Woodcrest Apartments on Lobdell. I helped Dan complete the application by telling him what to write.*



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

Beneficiary Name:   Dan Romero  

Date of Service:   8/1/26  

Additional progress notes, descriptions, or comments	Staff printed name and signature
<p><i>We were able to look at one of the apartments. He really liked it. We went to Wendy's for lunch and Dan ordered his own lunch and I helped him count out the money to pay for it. After lunch we went to Savoy Apartments on Wooddale. I helped Dan complete an application. We were not able to see an apartment at that time but can go back later on Saturday at 10am to see one. Both apartment complexes are close to his work, Rouse's on Florida Blvd. After we left Savoy's Apartments we went to Rouse's to buy groceries for the week. Dan had a list that he used and he bought some additional things. We went back to his apartment in Baker and Dan and I put the groceries up. Dan sat in his recliner for a bit and watched Bonanza. At 4:00pm my relief, Layla, showed up to work with Dan.</i></p>	<p><i>Kim Kennedy</i> Kim Kennedy</p>

# Progress Note – Adequate Example



**OCDD-WAIVER DAILY SERVICE LOG/PROGRESS NOTE: SINGLE SHIFT FOR A SINGLE DATE OF SERVICE**

Agency: My Agency Agency-Phone-Number: 225-123-4567

Beneficiary-Name: Dan Romero Date-of-Service: 8/1/26 Overnight-Shift:  Yes  No

Staff-Printed-Name	Staff-Signature	*Time-in	*Time-out
Kim Kennedy	<i>Kim Kennedy</i>	07:00am	04:00pm

\*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:

Relationship support/building and community connections	<input type="checkbox"/> Family: <input type="checkbox"/> Call <input type="checkbox"/> Visit <input type="checkbox"/> Family event <input type="checkbox"/> 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 type="checkbox"/> Participated independently or with family/friend <input type="checkbox"/> Assistance or support provided by staff
Education, work, and social roles	<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 <input type="checkbox"/> Individual participated independently or with assistance from family/friend
Appointments	<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
Challenges today	<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 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	Dan fixed oatmeal for breakfast.
Dressing or picking out clothes	Independent
Grooming personal hygiene	Independent
Toileting	Independent
Bathing or showering	n/a
Mobility, lifting, or positioning	n/a
Shopping or purchasing	Purchased groceries for the week at Rouses from his list
Cleaning my home or yard	Independent
Managing finances	I assisted with counting money at Rouse's
Managing time or scheduling	Kept Dan on track with time to look at apartments
Medication or medical supports	Independent - reminded him to take his med

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

*Dan got up and ready for the day. After breakfast, we went to look for a new apartment closer to his work. We visited two apartment complexes. He filled out applications. Dan ate lunch at Wendys. After looking at apartments we went to Rouse's to buy groceries for the week. After we got home, Dan sat in his recliner and started watching tv. Laya relieved me at 4:00pm.*

# Progress Note – Poor Example

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


*Drove Dan to two apartment complexes to put in an application for housing. I assisted him with completing the applications. He had a good day.*

# Progress Note for Low Activity Shifts – Good Example

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

*John got up at 7:20am and was in a good mood. He slept well. I made Cherrios for breakfast, John's favorite. He helped me wash the dishes. John spent most of the morning watching Law and Order. He fixed a ham and cheese sandwich for lunch with fritos. In the afternoon, we did laundry. I told John how to put the soap in the washing machine and he did it with my*

Beneficiary Name: John Landon Date of Service: 3/17/26

Additional progress notes, descriptions, or comments	Staff printed name and signature
<p><i>assistance. He also helped me fold and hang the clothes. He switched to watching Chicago PD in the afternoon. He said he would like to go to Chicago one day. The afternoon was quiet and he napped between 2pm -3:30pm because it was raining. For supper I cooked baked chicken, macaroni and cheese and green beans. He ate well for supper. At 8:00pm he took a shower and went to bed with the tv on Chicago PD. When my relief arrived at 10:00pm he was asleep.</i></p>	<p>Smoky Bear  </p>

# Progress Note for Low Activity Shifts – Adequate Example

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>John made cereal for breakfast and a sandwich for lunch</i>
Dressing or picking out clothes	<i>Independent</i>
Grooming personal hygiene	<i>Independent</i>
Toileting	<i>Independent</i>
Bathing or showering	<i>Independent</i>
Mobility, lifting, or positioning	<i>n/a</i>
Shopping or purchasing	<i>n/a</i>
Cleaning my home or yard	<i>Folded clothes</i>
Managing finances	<i>n/a</i>
Managing time or scheduling	<i>n/a</i>
Medication or medical supports	<i>Reminded John to take his meds at 8am and 7pm.</i>

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

*John stayed in today because it was raining. He watched tv most of the day. We did laundry today and John helped me fold the clothes. He napped a little in the afternoon. The day was quiet and John was in a good mood. I made his dinner at 6pm. He went to bed about 8:00pm and watched tv. He was asleep when my shift relief arrived at 10pm.*

# Progress Note for Low Activity Shifts – Poor Example

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>John made cereal for breakfast and a sandwich for lunch</i>
Dressing or picking out clothes	<i>Independent</i>
Grooming personal hygiene	<i>Independent</i>
Toileting	<i>Independent</i>
Bathing or showering	<i>Independent</i>
Mobility, lifting, or positioning	<i>n/a</i>
Shopping or purchasing	<i>n/a</i>
Cleaning my home or yard	<i>Folded clothes</i>
Managing finances	<i>n/a</i>
Managing time or scheduling	<i>n/a</i>
Medication or medical supports	<i>Reminded John to take his meds at 8am and 7pm.</i>

⊕

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

*John had a good day. No concerns. Quiet.*

# Progress Note for Night Shifts – Good Example

**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>n/a</i>
Dressing or picking out clothes	<i>n/a</i>
Grooming personal hygiene	<i>n/a</i>
Toileting	<i>Assisted with wiping and putting pajamas back on</i>
Bathing or showering	<i>n/a</i>
Mobility, lifting, or positioning	<i>n/a</i>
Shopping or purchasing	<i>n/a</i>
Cleaning my home or yard	<i>n/a</i>
Managing finances	<i>n/a</i>
Managing time or scheduling	<i>n/a</i>
Medication or medical supports	<i>n/a</i>

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

*John was in bed asleep when I arrived at 10pm. He got up once to go to the bathroom at 3:10am. I checked on him at 10:00, 11:30pm, 1:30am, 3:10am, and 5:00am. He did not snore and seemed to have slept well through the night. He was still sleeping at 6:00am when my shift relief arrived.*

# Progress Note for Night Shifts – Adequate Example

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>n/a</i>
Dressing or picking out clothes	<i>n/a</i>
Grooming personal hygiene	<i>n/a</i>
Toileting	<i>Assisted with wiping and putting pajamas back on</i>
Bathing or showering	<i>n/a</i>
Mobility, lifting, or positioning	<i>n/a</i>
Shopping or purchasing	<i>n/a</i>
Cleaning my home or yard	<i>n/a</i>
Managing finances	<i>n/a</i>
Managing time or scheduling	<i>n/a</i>
Medication or medical supports	<i>n/a</i>
Progress notes, descriptions, and comments. Provide additional details of items checked above AND support towards goals included in the person's CPOC.	
<i><u>John slept all night except for getting up once to go to the bathroom. I checked on him every hour throughout the shift. He was still sleeping when my relief arrived at 6:00am.</u></i>	

# Progress Note for Night Shifts – Poor Example

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>n/a</i>
Dressing or picking out clothes	<i>n/a</i>
Grooming personal hygiene	<i>n/a</i>
Toileting	<i>n/a</i>
Bathing or showering	<i>n/a</i>
Mobility, lifting, or positioning	<i>n/a</i>
Shopping or purchasing	<i>n/a</i>
Cleaning my home or yard	<i>n/a</i>
Managing finances	<i>n/a</i>
Managing time or scheduling	<i>n/a</i>
Medication or medical supports	<i>n/a</i>

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

*John had a good night*

# Wrap Up

- Providers must use the OCDD standard Service Log/Progress Note Form
- If using electronic documentation, it must contain all of the elements of the OCDD Service Log/Progress Note
- Quality of notes will be closely monitored beginning July 1, 2026
- Multiple Shift Note requires page 2 to be completed
- Providers must respond to requests from OCDD for a monitoring visit and a corrective action plan if requested.

# Questions and Answers



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Please send questions to

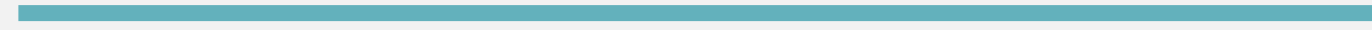
[OCDD-HCBS@la.gov](mailto:OCDD-HCBS@la.gov)

with **“Provider Documentation Training”**

in subject line of email

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# Thank you

