

The Office for Citizens with Developmental Disabilities (OCDD) is issuing a standard “OCDD Waiver Daily Service Log/Progress Note” form for direct support professionals (DSP) employed by OCDD HCBS provider agencies to use. If a provider agency currently uses an electronic service log/progress note, they are responsible for ensuring it contains all of the elements of the OCDD Waiver Daily Service Log/Progress Note.

There are two “OCDD Waiver Daily Service Log/Progress Note” forms available for use for a single beneficiary:

- “Single Shift for a Single Date of Service”
- “Multiple Shifts for a Single Date of Service”
 - If a DSP works a split shift in a single day, then a separate note is required for each shift (i.e., Shift 1, Shift 2, etc.).
 - If multiple DSPs work with a single beneficiary on the same day, each DSP will complete a note for each shift they work.
 - A shift is defined as a continuous period of time from clock in to clock out with no breaks in service time.

The DSP must complete a daily note for each shift worked with the beneficiary, which must be prepared on the date they work the shift. Providers must require DSPs to prepare notes before the end of every shift.

Below are the instructions for completing the “OCDD Waiver Daily Service Log/Progress Note” forms.

Basic Information for Note:

- **Agency/Agency Phone Number** – The DSP should identify both the name of the agency and the phone number. This can be typed in prior to copying the service log/progress note for distribution to employees. Individuals in Self-Direction should enter the employer’s name and phone number.
- **Beneficiary Name** – Record the beneficiary’s name who received the service; only list one beneficiary. If the DSP provided shared supports, a separate note is required for each beneficiary.
- **Date of Service** – Record the date of service. If a shift is **overnight**, the DSP will enter the date the shift started **and** the date the shift ended, and check “yes” for “Overnight Shift.”
 - The documentation of an overnight shift is only available on the “Single Shift for a Single Date of Service” note. This lets the DSP document their entire single shift on one service log/progress note. There can be no break in service (additional clock in/clock out) when using the overnight designation.

- The “Multiple Shifts for a Single Date of Service” note does not allow an overnight shift to be documented. The DSP must start a new note at midnight if working an overnight shift.
- **Staff Printed Name/Signature** – The DSP(s) providing support must print their name and sign each log.
 - If using the “Multiple Shifts for Single Date of Service” log, each DSP must also provide their initials in the appropriate box. This is due to initialing the “ADL/IADL Area of Support” section of the note.
- **Time in/Time out -**
 - If a DSP electronically clocks in and out using the EVV system, they can write “EVV” in the time in and time out box. This will eliminate discrepancies between paper documentation and EVV.
 - If the DSP does **not** electronically clock in or clock out, then the DSP must hand record the exact time they started and ended their shift (whichever is not EVV).
 - If any hand written time is recorded on the note, the DSP must also indicate the service delivery’s location by checking the appropriate box (home or other). For the “Multiple Shifts for a Single Date of Service” note, the location box is on page 2 with the narrative.

Relationship Support/Building & Community Connections

This section identifies if the beneficiary attended or participated in any family, friend, or community activity and is intended to capture activities with friends and relatives.

- If the beneficiary participated in these activities, check the appropriate boxes. More than one box can be checked (i.e., attending multiple activities or attending an activity with multiple individuals).
- If the DSP drops off or picks up the beneficiary from any of these activities, check the appropriate boxes and indicate that they picked up/dropped off the beneficiary from (activity name).
- Provide details of the activity in the narrative portion of the note.
- If using the “Multiple Shifts for Single Date of Service,” the DSP should initial all relevant boxes instead of checking, and provide the details of the activity in the narrative on page 2.

Education/Work/Social Roles

This section identifies if the beneficiary attended or participated in any education, work, or social activities. Work also includes taking an individual to apply for a job, going to a job interview, attending a job fair, and self-employment activities. Education activities include any type of activity that provides instruction (university, school, GED classes, cooking classes to become a chef, etc.). Social role activities include attending an activity for an organization of which the beneficiary is a member (i.e. Rotary Club, church choir, DD Council, community organizations, etc.).

- If the beneficiary participated in these activities, check the appropriate boxes. More than one box can be checked (i.e., attending multiple activities or attending an activity with multiple individuals).
- If the DSP drops off or picks up the beneficiary from any of these activities, check the appropriate boxes and indicate that the beneficiary was dropped off/picked up from (activity name).
- The DSP will provide details of the activity in the narrative portion of the note.
- If using the “Multiple Shifts for Single Date of Service,” the DSP should initial all relevant boxes instead of checking, and provide the details of the activity in the narrative on page 2.

Appointments

- If the DSP supports the beneficiary with attending any type of medical appointment while on shift, check the appropriate boxes. More than one box can be checked.
- The DSP will provide details of the appointment, including any required follow up, in the narrative portion of the note.
- If using the “Multiple Shifts for Single Date of Service,” the DSP should initial all relevant boxes instead of checking, and provide the details of the activity in the narrative on page 2.

Challenges

- The DSP should check the appropriate box if the beneficiary experienced any challenges during the DSP’s shift. If the DSP contacted a supervisor or professional due to the challenge, the DSP will record the name of the person they contacted. More than one box can be checked.
- If the challenge requires completion of a specific form (seizure log, behavior support log, incident form, medication error form, etc.), then the DSP will complete any forms required and identify the forms completed in the narrative portion of the note.
- If a form is not required, the DSP will provide details of the challenge and actions taken in the narrative portion of the note.
- If using the “Multiple Shifts for Single Date of Service,” the DSP should initial the box instead of checking it, and provide the details of the challenge, including any forms completed in the narrative on page 2.

ADL/IADL Area of Support

This section identifies any support provided for an Activity of Daily Living (ADL) or Instrumental Activity of Daily Living (IADL). If the individual, the DSP, or another person completes an ADL or IADL while the DSP is on shift, then the DSP will indicate the following:

- The DSP will provide a brief explanation for any ADL assistance they provided.
- If the DSP did not provide assistance, then:
 - Write “Independent” if the individual was able to complete the ADL or IADL independently while the DSP was on shift.

- Write “Provided by (Name or role)” if the ADL or IADL was completed by someone else while the DSP was on shift.
 - Write N/A if the ADL or IADL did not occur while the DSP was on shift.
- On the “Multiple Shifts for a Single Date of Service” note, the DSP will record the time support was provided and enter their initials in the appropriate box. The DSP will provide any details with assistance, or any independence noted in the narrative section on page 2 of the note. If an ADL or IADL did not occur while the DSP was on shift, then enter NA in the “Time(s) Shift” box.

Progress Notes/Descriptions/Comments

This section reflects how the DSP supported the beneficiary based on the goals and activities included in the plan of care. The narrative should include support provided to the individual to complete the necessary activities in the plan of care, including activities to support the goals and objectives. Any boxes checked should be further described in these notes.

- “Single Shift for a Single Date of Service”
 - Record the narrative in the blanks at the bottom of the page
- “Multiple Shifts for a Single Date of Service”
 - Record the narrative in the blanks on page 2 and also include:
 - The DSP’s printed name and signature
 - Where the support was provided (“home” or “other”) if EVV was not used for clock in or clock out.
- “Additional Notes Page”
 - An additional page is available to DSPs if the Service Log/Progress Note does not have enough space to provide the necessary information. The “Additional Notes Page” requires the beneficiary name, date of service, staff printed name, and signature.

Documentation Content

Providers are required to document services delivered; the services provided must be clearly related to the plan of care. The supervisor shall review documentation to ensure all activities are appropriate in terms of nature and time, and that the documentation is of sufficient content to:

- Reflect descriptions of activities, procedures, and incidents;
- Give a picture of the service provided to the beneficiary;
- Show progress towards the beneficiary’s personal outcomes;
- Record any change in the beneficiary’s medical condition, behavior, or home situation, which may indicate a need for reassessment and plan of care change.

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

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)

Check all that apply:

Relationship support/building and community connections	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
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
	<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 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	
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	

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

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).

Relationship support/building and community connections	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
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"/> Any instructions provided (see notes from MD/medical provider) <input type="checkbox"/> Any follow-up needed
Problems or 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: _____]

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						
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						

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
Shift 1 <input type="checkbox"/> Home <input type="checkbox"/> Other	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Shift 2 <input type="checkbox"/> Home <input type="checkbox"/> Other	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Shift 3 <input type="checkbox"/> Home <input type="checkbox"/> Other	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	



Beneficiary Name: _____ **Date of Service:** _____

[illegible]