



RESIDENTIAL PROVIDER'S GUIDE FOR DOCUMENTATION

Outcomes & Services

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HAMILTON COUNTY DD SERVICES

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Overview

Providers shall maintain service documentation in accordance with rule 5123:2-9-06 and service-specific rules in Chapter 5123:2-9 of the Administrative Code. Each provider shall maintain all service documentation in an accessible location. The service documentation shall be made available upon request for review by DODD, the Ohio Department of Medicaid, the Centers for Medicare and Medicaid Services, a county board or regional council of governments that submits to the department payment authorization for the service, and those designated or assigned authority by the department or the Ohio Department of Medicaid to review service documentation.

Documenting Outcomes & Action Steps—Required

Steps to successful documentation of Outcomes & Action Steps

1. Determine the **services** the provider is responsible for.
 - a. This information is located in the **ISP**, in the section titled **My Plan | My Outcomes**. It is at the beginning of the ISP document. See the example below.
 - b. Read the outcomes thoroughly. There may be more than one outcome in the ISP. Look for provider’s name in the action steps to determine which action steps the provider is responsible for.

My Plan My Outcomes				
My Name: <u>Geoffrey Jay Jackson, Jr.</u>	Plan Period: <u>03/01/2019</u>	To: <u>02/29/2020</u>	Rev #. <u>0</u>	Effective: <u>03/01/2019</u>
Section: Outcomes - Services				
Service Needed				
Outcome #1: I will live on the West side of Cincinnati so that I am closer to my parents.				
Action Steps:				
1. Direct Supports Inc. - Staff will help me identify apartment complexes within 10 miles from my parent's home using apartment magazines and the internet (1 or more times/week).				
2. Direct Supports Inc. - Staff will drive me to and from potential apartment complexes to see if I like them. We will participate in apartment walk-throughs when possible. we will take notes to share with my parents (1 or more times/month).				
3. Geoffrey and Parents - We will decide together if a potential apartment is right for me; price, space, quality, pets, etc. (1 or more times/year).				
4. Parents/Payee - My parents will start putting back \$25/week to put towards my new apartment deposit (1 x/week).				
5. Direct Supports Inc. - My staff and I will start collecting boxes for me to pack my belongings (2-4 x/Month).				
Provider / Provider Type	Effective Dates	Service	Frequency & Duration	Funding Source
Direct Supports, Inc. - HPC	03/01/2019 - 02/29/2020	Housing	See Action Steps for the Frequency	I/O Waiver
Direct Supports, Inc. -HPC Transportation	03/01/2019 - 02/29/2020	Housing	See Action Steps for the Frequency.	I/O Waiver
Self/Family - Community/Family Services	03/01/2019 - 02/29/2020	Housing	See Action Steps For The Frequency	Self/Family

2. Determine the **frequency** at which the provider is to provide services.

3. **Transfer** the outcome and action steps onto an outcomes documentation sheet.
 - a. Providers may create their own documentation form or may use the form created by HCDDS located at: <http://hamiltondds.org/services/providers/compliance>. Each waiver services has specific documentation requirements. To ensure that the documentation meets the requirements, please reference rules at <https://dodd.ohio.gov/wps/portal/gov/dodd/forms-and-rules> for specifics based on service(s) provided.

4. In a narrative fashion, providers will log an individual's progress when they assist with an associated action step.
 - a. Remember providers do not need to record other provider's action steps that may be listed, nor are they responsible for them.
 - b. Ensure assistance with the action steps are being done at the frequency indicated in the My Plan. If there is a reason something is not being done per the frequency, then list the reason. Ensure that documentation is being updated as it occurs and when services are provided.

Example of Completed Outcome & Action Step Documentation

Individual: Geoffrey King	Month & Year: May 2019	Type of Service: HPC
Medicaid #: 111111111	Provider: Direct Supports INC	Provider #: 22222222

<u>Outcome</u>	<u>Action Steps & Frequency/Duration for Each Step</u>
<u>I will live on the West Side of Cincinnati so that I am closer to my parents</u>	<ol style="list-style-type: none"> 1. Direct Supports INC-Staff will help me identify apartment complexes within 10 miles from my parent’s home using apartment magazines and the internet (1 or more times a week). 2. Direct Supports INC- Staff will drive me to and from potential apartment complexes to see if I like them. We will participate in apartment walk-throughs and take notes to share with my parents (1 or more x a month) 3. Direct Supports INC- My staff and I will start collecting boxes for me to pack my belongings (2-4x month).

<u>Date</u>	<u>Location</u>	<u>Progress</u>	<u>Initials</u>
5/1/10	Geoffrey’s home	Geoff and I used the website Zillow and searched for apartments close to his parents for over an hour.	JD
5/10/2019	Community	Geoff and I drove to several apartment complexes. We walked through one complex called Better Care Apartments and we took notes to share with his parents.	JD
5/15/2019	Kroger	Geoff and I went to Kroger to collect boxes for moving.	JD

Documenting Time—Required

Providers are also required to document the time for which they are billing the waiver/Medicaid. This documentation must include the following:

1. Type of service
2. Date service was provided
3. Location where the service was provided
4. Name of the individual
5. Individual’s Medicaid number
6. Provider name and number
7. Group size
8. Units
9. Begin and end times for service provided
10. Signatures for staff providing services
11. Details of services being provided

On our website (<http://hamiltondds.org/services/providers/compliance>), we have a template for an HPC timesheet that can be used to capture these required elements.

Example of Completed HPC Timesheet

HCDDS HOMEMAKER PERSONAL CARE DOCUMENTATION / PAGE																							
Month August				Year 2015				SERVICE TYPE <input checked="" type="checkbox"/> Routine <input type="checkbox"/> On Site / On call <input type="checkbox"/> Level 1 Emergency				This documentation per Ohio											
Individual Jane Doe				Medicaid # 123456789																			
Provider Residential Provider				Provider # 12345687																			
Day of the Month:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
Time In		11:00 AM	11:00 AM	4:00 PM	4:00 PM	4:00 PM	4:00 PM	4:00 PM	11:00 AM	11:00 AM	4:00 PM	4:00 PM	4:00 PM	4:00 PM	11:00 AM	11:00 AM	4:00 PM	11:00 AM					
Time Out		6:00 PM	6:00 PM	7:00 PM	7:00 PM	7:00 PM	7:00 PM	6:00 PM	6:00 PM	7:00 PM	7:00 PM	7:00 PM	7:00 PM	7:00 PM	6:00 PM	6:00 PM	7:00 PM	7:00 PM	7:00 PM	7:00 PM	7:00 PM	7:00 PM	6:00 PM
Number of 15 min units	28	28	12	12	12	12	12	28	28	12	12	12	12	12	28	28	12	12	12	12	12	28	
Group size	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	

Reminders:

1. Every month needs a separate time sheet
2. Each individual served must have their own monthly documentation sheet
3. All required elements must be filled out and not left blank
4. Electronic documentation is acceptable as long as all the required elements are included and can be shared during a compliance review or as requested by SSA/DODD/Medicaid.

Documenting Other Items from the Assessment—Required as Applicable

The assessment is located toward the end of the ISP and contains a lot of valuable information for providers. It also includes other areas in which documentation may be required.

1. Medication Administration—**required if provider administers medications**—the medical section should be addressed and a MAR may be necessary for providers passing medications. MARs are separate documents that can be found with medication or on our website.
2. Managing Funds— **required if provider assists an individual with managing money**—if the provider is responsible for funds management there are separate documentation forms

that can be found on our website or through the Social Security office. Providers should refer to the Personal funds rule 5123:2-2-07 for more information on documentation requirements.

Documenting Services & Supports—Optional

Services and Supports—toward the end of the assessment is the services and support area. These final pages will indicate what providers are responsible for and the frequency for each of the tasks. Below is an example from an ISP of services and supports for which a provider is assisting an individual.

INFO

Services and Supports | Home Living

How I Participate/My Strengths/My Preferences

Outcome(s):

Food: Shopping/Preparing/Eating/Other Related

I absolutely love grocery shopping! I make a shopping list with my staff and we go together at least once a week. We cook together almost every night. I like to mix ingredients and cut up vegetables. We follow the low-cholesterol guide that I got from my doctor. I don't need help with eating. I do hate to drink water though, so I prefer that staff not give me a hard time about the amount of soda I drink.

Housekeeping/Cleaning/Laundry/Other Related

I like to use the vacuum and dust. I help with the dishes but sometimes have a hard time getting all of the food off baking dishes. I collect my dirty clothes and put them in a basket. When we get to the laundry room I load the washer and pour the soap in. Honestly, I hate doing laundry. When I get help with folding my laundry I really don't want someone touching my undergarments. I also prefer doing laundry during the week so my weekend doesn't get wasted at the laundromat.

Restroom/Bathing/Hygiene/Other Related

I'm really able to use the restroom and take care of keeping clean myself. I need a little assistance but not much (rinsing my hair and getting out). I like to take my baths in the evening. I really don't like to be bothered when I'm bathing. I like my water to be really warm but it's hard for me to tell how hot it is (seizure medications). I like Colgate White toothpaste only and don't want anything else. I also like to play music when I bathe.

Dressing/Other Related

I don't need any help with getting dressed. I love to pick out my clothes for the next day. I say, "brighter the colors, brighter the day will be!"

The Assistance and Type of Assistance I Require with Home Living

I don't require support in this area.
 I receive natural supports in this area, provided by:

My staff will help me write out my shopping list and go to the grocery store with me.	Who Assists: Direct Supports Inc. Provider Type: HPC: Routine Frequency: 1-3 x Week Funding: IO
My staff will help me keeping my house clean by helping me when I get too tired (vacuuming, etc.). I need my staff to do all of the cleaning in the bathroom.	Who Assists: Direct Supports Inc. Provider Type: HPC: Routine Frequency: 2-4 x Month Funding: IO
My staff will help with laundry by carrying the basket for me (its too heavy for me), helping me measure the correct amount of detergent and fabric softener, and folding/hanging my clothes.	Who Assists: Direct Supports Inc. Provider Type: HPC: Routine Frequency: 1-2 x Week Funding: IO
When bathing, my staff will check the water temperature before I get in. They will help me rinse my hair when I'm ready. They will help me get out of the bathtub by letting me hold on to their arm.	Who Assists: Direct Supports Inc. Provider Type: HPC: Routine Frequency: 5-7 x Week Funding: IO

Documentation of Services and Supports

It is not a requirement that a provider document services and supports. However, agency providers and independent providers like to keep track of their services and many choose to keep this documentation.

There is a blank form located on HCDD’s provider page that providers can choose to complete. To complete, providers should:

1. Transfer the items listed in the support area and frequency that are listed in the ISP to the blank documentation sheet
2. As tasks are completed, place initials next to the services provided on the days they are provided

