



Revised: October 13, 2020

HABILITATIVE SERVICE DOCUMENTATION GUIDE

This guide was created as a training tool to assist CDCN caregivers in understanding habilitative service documentation requirements. The guide and its contents are the property of CDCN and may not be duplicated or used for any other purpose without the agency's express written consent.

WHAT TO KNOW ABOUT HABILITATIVE TIMESHEETS

Employee Name (Please Print) John Smith **Employee ID** A1122445 **Client Name (Please Print)** Jane Doe **Client ID** B9878168 **Sunday that started your work week** 01/21/18

Location of Service MM/DD/YY 01/21/18

Service Codes: In-Home Support (IHS): T2017U4 Supported Living (SL): T2017 Day Habilitation (DH): T2021

Service Date Month (MM) Day (DD) 01/21 **Time In** Hour (HH) Min (MM) 09:00 **Time Out** Hour (HH) Min (MM) 01:00 **IHS** AM PM **SL** AM PM **DH** AM PM **Location of Service** H=Home C=Community H C

Objective Number 1.1 **Number of Times Addressed** V3J2 **PS** / 1 **R** / 1 **P** / 3 **P** / 2 **Skill Number** K1278111214 **Number** 15161821222325

Case Notes: Discuss the service provided during the shift, as outlined in the Habilitative Service Documentation Guide. You may also mark down additional objectives (must include support codes/numbers of times addressed).

Jane seemed confused and lost track of conversation several times. When I asked her how she was feeling, she stated she felt "worn out." I will follow up with her parents about why she may be feeling that way. Also, she refused to complete one of her chores (taking out the trash), and when I was not able to redirect her after a few minutes, we moved on to another activity.

Service Date Month (MM) Day (DD) 01/21 **Time In** Hour (HH) Min (MM) 01:00 **Time Out** Hour (HH) Min (MM) 05:00 **IHS** AM PM **SL** AM PM **DH** AM PM **Location of Service** O=H C=C O C

Objective Number 1.1 **Number of Times Addressed** V3/2 **PC2** / 2 **PC1** / 1 **V3** / 2 **V5** / 3 **V2** / 2 **V3** / 2 **Skill Number** 12457910 **Number** 11131520262728

Case Notes: Discuss the service provided during the shift, as outlined in the Habilitative Service Documentation Guide. You may also mark down additional objectives (must include support codes/numbers of times addressed).

Even though Jane was tired and having a little trouble with conversation, she was still excited to visit the senior center as her first activity. She smiled and said "Hi" to every senior we met and handed out her treat packages with only a few physical cues. It's clear that Jane really enjoys these types of activities. I kept very close to Jane as we continued to spend time in the community (the library, candy store, and lake). Jane responded well to direction but was not as independent in some of her activities because of being so tired. We also addressed objective 3.3 - V4/5.

Mark the support and teaching strategies used during the shifts recorded above:

Administered Encouraged Instructed Praised Role Played
 Coached Explored Participated Pre-Taught Used Adaptive Equipment
 Coordinated Followed Up Practiced Redirected Used Visual Learning Aids

Attestation: I certify that the hours and services recorded on this timesheet were provided to the client by the employee; that the client was not in a hospital, nursing home, or institution when services were provided, and that original entries for each recorded shift, including associated entries on any related service documents, were completed within 72 hours of the date on which each shift ended. I understand that submitting false or misleading service documentation is considered Medicaid fraud and may result in dismissal, criminal prosecution, and/or other penalties.

Employee Signature *John Smith* **Date (MM/DD/YY)** 01/21/18

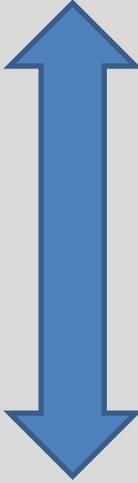
Client/Representative Signature *Jenny Doe, Legal Guardian* **Date (MM/DD/YY)** 01/22/18

STEP-BY-STEP TIMESHEET INSTRUCTIONS

A	Enter your name and ID number.
B	Enter your client's name and ID number.
C	Enter the Sunday that started your work week.
D	Enter the date you delivered service.
E	Enter the time you started your shift. You must start on a quarter hour—:00, :15, :30, or :45.
F	Enter the time you stopped your shift. You must end on a quarter hour—:00, :15, :30, or :45.
G	Fill in the circle for the type of service you provided during your shift.
H	Fill in the circle for the location the service was provided, and, if you provided services in the community, note the location(s) where service was provided. If you provided day habilitation, you may submit a mileage log instead of filling in locations, but you must mark down "See mileage log." Remember! Day habilitation may only be provided in a community setting , unless otherwise authorized by the State of Alaska and CDCN. In-home support or supported living may be provided in either a home or community setting , if the location is appropriate for service delivery, as outlined in your client's support plan.
I	Enter the objective number for each objective you addressed during your shift. Objectives should be written lowest number to highest number, just like on a cue sheet. If you run out of space, you may use the <i>Case Notes</i> section to enter additional objective numbers.
J	Record support codes and frequencies for each objective you addressed during your shift. Remember to review the support code instructions provided later in this guide as you fill in the information.
K	Enter the skill number for each skill you addressed during your shift. Remember to review your client's goals, objectives, and methodologies (located on the cue sheet) as you consider appropriate skills, as well as to review the skill instructions provided later in this guide (or the <i>Alaska Habilitative Timesheet Packet coversheet</i>) as you fill in the information.
L	Complete a case note for your shift. Remember to review the case notes instructions provided later in this guide as you complete your note.
M	Fill in the bubble(s) for the support and teaching strategies you used during all shifts documented on the timesheet. Remember to review your client's goals, objectives, and methodologies (located on the cue sheet) as you consider appropriate strategies, as well as to review the support and teaching strategies information provided later in this guide as you fill in the information.
N	Review the attestation. Remember! State law requires service documentation to be completed within 14 days of the date on which service was provided.
O	When your timesheet is complete , sign and date the document. Your signature and date must be original—digital signatures/dates are not acceptable.
P	After you have signed your completed timesheet , have your client/client's representative sign and date the document. The signature and date must be original—digital signatures/dates are not acceptable, unless specifically authorized by the agency.

WHAT TO KNOW ABOUT SUPPORT CODES

The chart below provides information about the support codes that appear on CDCN’s habilitative service timesheet. You must be familiar with the codes, as well as how to use them, to ensure that the support your client receives is delivered properly and the progress your client makes is accurately recorded and reported. **Remember, a support code captures the highest level of support you provided while working on a specific objective during a specific shift.**

Support Code Description		Prompt frequency required before slash (/)	Number of times objective addressed required after slash (/)	Example
<p>CODES TO USE WHEN AN OBJECTIVE IS COMPLETED</p> <p>More Support</p>  <p>Less Support</p>	<p>P: Physical assistance - the caregiver provided direct physical help while the client completed the objective.</p>	No	Yes	P/1
	<p>M: Modeling - the caregiver provided physical demonstrations to prompt the client to complete, or to guide the client through completing, the objective.</p>	Yes	Yes	M3/1
	<p>V: Verbal cues - the caregiver provided spoken reminders or directions to prompt or assist the client to complete the objective.</p>	Yes	Yes	V3/1
	<p>PC: Physical cues - the caregiver provided gentle touches (for example, on the client’s hand or shoulder), pointed, or showed objects (for example, a picture book) to prompt the client to complete the objective.</p>	Yes	Yes	PC3/1
	<p>PS: Protective supervision - the caregiver provided close observation or oversight of the client, <u>while the client otherwise independently completed the objective</u>, to ensure that the objective was performed safely, correctly, and successfully.</p>	No	Yes	PS/1
	<p>I: Independent/no assistance required - the caregiver observed the client complete the objective but did not provide assistance of any sort.</p>	No	Yes	I/1
<p>CODES TO USE WHEN AN OBJECTIVE IS NOT COMPLETED</p>	<p>N/A: Not attempted/unable to attempt - the caregiver did not provide assistance of any sort, and the client did not attempt, or was unable to attempt, to complete the objective.</p>	No	No	N/A
	<p>U: Attempted but unable to complete - the caregiver provided assistance of some sort (for example, physical or verbal cues) while the client attempted to complete the objective, but the client was unable to complete the objective.</p>	No	Yes	U/1
	<p>R: Refused/non-compliant - the caregiver provided assistance of some sort (for example, physical or verbal cues), but the client refused to attempt to complete the objective or was non-compliant with directions. A refusal should be carefully explained in case notes.</p>	No	Yes	R/1

WHAT TO KNOW ABOUT SKILLS

The chart below provides information about the skills codes that appear on CDCN’s habilitative service timesheet. You must be familiar with the codes, as well as how to use them, to ensure that the support your client receives is delivered properly and recorded accurately.



SKILL GROUP	SKILL NUMBER AND SKILL	DEFINITION
Communication	1. Verbal	Communicating using speech (by voice).
	2. Non-verbal	Communicating without using speech (by signs, gestures, head or eye movements, grunts, or similar).
	3. Communication device	Communicating using an assistive device (Dynavox, iPad, tablet, or similar).
Community Living	4. Selecting community activities	Choosing community activities related to personal interests or needs and determining when and where those activities will take place.
	5. Accessing the community	Arranging for and completing travel to and from community activities.
	6. Participating in community activities	Taking part, to the greatest extent possible, in community activities (for example, dancing at a party, rather than just watching).
Daily Living	7. Activities of Daily Living (ADLs)	Completing positioning, transfers, locomotion, dressing, eating, toileting, hygiene, or bathing.
	8. Instrumental Activities of Daily Living (IADLs)	Completing meal preparation, housework, laundry, or shopping.
Learning	9. Acquiring information	Collecting information from many sources (for example, other people, educational courses, books, magazine, or websites) in order to develop new, or modify existing, knowledge, behaviors, skills, values, or preferences.
	10. Problem solving	Systematically working through the details of challenges to reach solutions.
	11. Paying attention	Listening to, watching, or considering something or someone very carefully.
Personal Living	12. Understanding routines	Breaking down daily schedules to establish the structure and organization needed to accomplish personal aims, manage stress levels, increase quality of sleep, and improve overall quality of life.
	13. Managing time/money	Organizing and planning how to divide time or funds between specific activities or expenses.
	14. Maintaining a living space	Understanding the role of, and arranging for, mortgage, rent, utilities, furnishings, appliances, or other services and items needed for a personal living space.

SKILL GROUP	SKILL NUMBER AND SKILL	DEFINITION
Mobility/Motor Skills	15. Ambulation/locomotion	Moving about by walking, or with the aid of a caregiver, cane, walker, or wheelchair.
	16. Fine/gross motor control	Fine: Coordination of nerves, muscles, and bones to produce small, exact movements, such as picking up a small item with the index finger (pointer finger or forefinger) and thumb. Gross: Coordination of nerves, muscles, and bones to produce large, general movements, such as waving an arm or lifting a leg.
	17. Physical exercises	Weightlifting, stretching, walking, or other physical activities designed to improve physical health or functioning, often as prescribed or directed by a medical professional.
Self-Care	18. Emotional needs	Feeling emotions without self-judgment, including finding things that bring personal joy, laughing, complimenting self, crying when sad, appreciating loved ones, reading a book, watching a movie, or similar.
	19. Physical needs	Making healthy diet choices, getting regular exercise or being physically active, wearing appropriate and desirable clothes, taking time out to get hair or makeup done, or similar.
	20. Spiritual needs	Getting in touch with self (spirit or soul) or a greater community by contributing to favorite causes (donating money or volunteering), meditating, spending time in nature, watching or reading inspirational videos or literature, or similar.
Self-Direction	21. Advocating	Speaking up for self, finding others who are supportive, knowing personal rights, and practicing self-determination.
	22. Recognizing boundaries	Setting and enforcing emotional, physical, social, or spiritual limits, or recognizing and respecting those limits set by others, to protect against being harmed or causing harm, maintain a positive self-concept, improve the quality of interpersonal relationships, and increase feelings of peace and safety.
	23. Following rules	Understanding directive statements about what to do or not to do in specific situations.
	24. Processing challenges	Recognizing and using information collected through sight, smell, hearing, taste, and touch to manage external stimulation and work through emotional, physical, social, or spiritual challenges.
Socialization	25. Family	-
	26. Friends	-
	27. Acquaintances	People who are known slightly, but who are not close friends.
	28. Others/general public	People who are not known, but who are encountered in the community or elsewhere.

WHAT TO KNOW ABOUT CASE NOTES

OVERVIEW

Case notes are an essential part of your client’s service record. They capture details about your client’s status and achievements, as well as information about the quality of the services you provide. Case notes help you, your client’s care team, and CDCN provide appropriate care and comply with the law.

Case note entries should be completed in such a way that any reviewer could quickly understand your client’s day-to-day condition (including response to care), as well as understand the quality of the work you put in. **Case notes help to justify the funds that the State of Alaska and other payers spend on services. This means that you may be questioned regarding the content of your case notes by CDCN, the State of Alaska, the federal government, or other oversight entities.**



CDCN has designed its timesheet to help you write simple but complete notes, so it is important that you be diligent, accurate, and thorough. The sections below provide direction for completing case notes, as well as advice about the kinds of information you should capture in case notes.

DO!

- **Document immediately after your shift.**
- Use good grammar and write in complete sentences.
- Write neatly and legibly, in ink, or type out your notes.
- Write objectively, recording only facts, not opinions about facts (unless you make clear that your opinions are your opinions).
- Remain brief, to the point, and specific.
- Document observations, safety issues, important statements/complaints made by your client, and any unusual events.
- Record what your client tells you in your client’s words.



DON'T!

- **Create notes ahead of time—that is illegal!**
- Repeat the same notes every day. Doing so can convey that you are not focused on your client and are providing poor-quality care.
- Erase or white-out mistakes—place a single line through a mistake, then write in your first initial, last name, and date, and continue on with your note.
- Use vague descriptions like “small” or “large.” Instead, be specific (for example, “The mark was the size of a dime”).
- Use language that is disrespectful or suggests a negative attitude toward your client.
- Make up observations.



CONTENT

You must make sure that each of your case notes addresses **at least one** of the areas described below.

- **Participation in activities**

Clearly explain how your client participated in activities, including the level of assistance required (versus the usual), the reasons for objectives going unaddressed, etc.

Example: *Jenny was more interested in her community activities today—especially her outing to the lake! However, she required more verbal prompting and motivating than usual to complete her exercises.*

- **Moods and behaviors**

Clearly explain your client’s moods and behaviors (for instance, changes in thought patterns, anxiety, depression, confusion, inability to concentrate, irritability, withdrawal from activities of interest, reduced social interaction, verbally abusive behavior, disruptive behavior, etc.).

Example: *Today Cassy seemed confused and lost track of conversations several times. When I asked how she was feeling, she stated that she felt “worn-out.” I think Cassy may not be sleeping well at night, so I will discuss that with her parents.*

- **Specific areas of success and/or challenge, including refusals/non-compliance**

Clearly identify the areas where your client succeeded and/or struggled, including explanations for refusals/non-compliance.

Example: *John put away his toys when he was done using them with no prompts all day. That is improvement! However, when we talked about his chore list, he refused to choose/complete a chore—he just shook his head and said, “No!” I was not able to redirect him, so after a few minutes we moved on to another activity.*

- **Notable events or recommended service adjustments**

Clearly describe any falls/near falls, illnesses, major life changes, client complaints (in your client’s own words), safety issues, concerns, or recommendations for improving services. **Remember that many significant events, including illnesses or injuries requiring medical attention or consultation, must be reported to CDCN as critical incidents.**

Example: *Bobby seemed fatigued and would have fallen several times without my support. I kept very close to him whenever we moved around. Also, Bobby no longer seems to be interested in day hab objective 1.3 (he said that he feels too nervous at the dog park), so we may need to discuss creating a new objective.*





WHAT TO KNOW ABOUT SUPPORT AND TEACHING STRATEGIES

The chart below provides information about the support and teaching strategies that are used on CDCN’s habilitative service timesheet. You must be familiar with the strategies, as well as how to use them, to ensure that the support your client receives is delivered properly and recorded accurately.

STRATEGY	DEFINITION	EXAMPLE
Administered	Dispensed or applied.	<i>I administered Frank’s sunblock before we went to the ball field.</i>
Coached	Directed or urged with instructions.	<i>I coached Jane through the process of using her house keys.</i>
Coordinated	Brought the different elements of an activity or organization together.	<i>I coordinated schedules with the transportation provider and the pool staff so that John could participate in the swim program.</i>
Encouraged	Gave support and advice to promote a behavior or outcome.	<i>I encouraged Kim to keep applying for jobs even if she wasn’t called for an interview right away.</i>
Explored	Inquired into or discussed in detail.	<i>Kevin and I explored how he feels when he thinks people aren’t listening to him.</i>
Followed Up	Continued or repeated something already started or done.	<i>I followed up with Meg to see if she had kept to her schedule and completed her stretches the night before.</i>
Instructed	Taught a subject or skill.	<i>I instructed Marshall in how to set his fly rod.</i>
Participated	Took part.	<i>I participated in the race with Fran so that she could lean on me if she started to feel unsteady.</i>
Practiced	Performed an activity or skill repeatedly or regularly in order to improve or maintain proficiency.	<i>Luke and I practiced using the cell phone to call home.</i>
Praised	Expressed warm approval or admiration.	<i>I praised Jill for speaking so politely to everybody we met in the community today.</i>
Pre-Taught	Taught something, such as an idea or a word, before using it in a real situation.	<i>I pre-taught Nola the names of all the instruments we would see so that she could point them out when the band played at the concert.</i>
Redirected	Changed the direction or focus.	<i>Kline became upset when we had to leave the gym, so I redirected him by asking him to remind me of all the other activities we had planned for the day.</i>
Role Played	Assumed the attitudes, actions, or speech of another in an effort to understand a different point of view.	<i>I role played as Billy’s baseball coach to help Billy understand the kind of direction he will receive once he joins the summer league team.</i>
Used Visual Learning Aids	Used a device which by sight assisted with practice.	<i>I used Kelly’s flash cards to help her memorize the names of her favorite zoo animals.</i>
Used Adaptive Equipment	Used a device to assist with completing life activities.	<i>Tripp used his Dynavox speech tablet to interact with the group and to communicate his ideas.</i>

WHAT TO KNOW ABOUT MEDICATION LOGS

If you provide assistance with medication-related tasks to your client during your work week, you must complete a medication log and submit it with your other service documentation. **Please keep in mind that you may not provide assistance with medication-related tasks to your client unless you have been trained by CDCN and received authorization from the agency.**

You may use one medication log to document medication-related tasks provided under multiple service types. For example, if you provide respite services on Monday and habilitative services on Tuesday, you may use one medication log to document that care, rather than submitting one log for each service type.



MEDICATION LOG

B

A Client Name: Jane Doe Sunday that started your work week: 01/21/18

INFORMATION ABOUT THIS DOCUMENT

If you provide assistance with medication-related tasks to your client during your work week, you must complete this form and submit it with your timesheet(s). Please keep in mind that you may not provide assistance with medication-related tasks to your client unless you have been trained by CDCN and received authorization from the agency.

You may use this form to document medication-related tasks provided under multiple service types. For example, if you provide respite services on Monday and habilitative services on Tuesday, you may use one *Medication Log* to document that care, rather than submitting one *Medication Log* for each service type.

Instructions: Complete the boxes below for each medication type. Use additional logs as necessary. If your client declines or refuses to take a regularly scheduled medication, you must enter that information in your log using the letter R and the time of refusal, as shown in the example below (Thursday), then make a note about the refusal on the back of the log.

Medication	Route	Dosage	Enter the time each dose was provided in the corresponding daily box below.						
			S	M	T	W	T	F	S
Example: <i>Lisinopril</i>	D <i>Oral</i>	E <i>2.0mg</i>	10:30a	10:20a 6:30p	10:45a	10:30a 6:30p	10:30a	10:15a 6:30p	10:45a
C Loratadine	Oral	10mg	9:30a	9:30a	9:30a	F	R9:30a		
Topomax	Oral	25mg	9:30a	9:30a	9:30a		R9:30a		

John Smith
Employee Name

G

John Smith
Signature

01/27/18
Date

STEP-BY-STEP MEDICATION LOG INSTRUCTIONS

A	Enter your client's name.
B	Enter the Sunday that started your work week.
C	Enter the name of each prescribed medication you helped your client to take .
D	Enter the route (how each medication was taken) for each medication listed.
E	Enter the dosage (how much of each medication was taken) for each medication listed.
F	Enter the time you assisted with each medication listed (remember, if your client declined or refused to take a regularly scheduled medication, you must enter that information in your medication log using the letter R and the time of refusal, as shown in the example line on Thursday, then make a note about the refusal on the back of the log).
G	When your medication log is complete , sign and date the document. Your signature and date must be original—digital signatures/dates are not acceptable.



WHAT TO KNOW ABOUT MEDICATION INFORMATION APPLICATIONS

If you provide assistance with medication-related tasks to your client, you must have written information that identifies, among other things:

- How to store each medication used.
- The route of administration for each medication used.
- The potential interaction of each medication used with other medications taken.
- The potential side effects of each medication used.

CDCN will provide your client with a *Medication Information Binder* that contains the above information, but the agency strongly recommends that you also make use of a medication information application for quick and accurate reference. Such an application can be easily installed on your smartphone, as outlined below.

There's an app for that!



STEP-BY-STEP INSTRUCTIONS FOR INSTALLING MEDICATION INFORMATION APPLICATIONS

For Android

1. Open the Google Play Store app .
2. Search or browse for Drugs.com  or for Epocrates Plus .
3. Select the Drugs.com Medication Guide or the Epocrates Plus app.
4. Tap **Install**.
5. Follow the onscreen instructions to complete the transaction and get the content.
6. Epocrates may ask you to register for a subscription. If so, choose the free subscription.

For iOS

1. Open the App Store on your iPhone, iPad, or iPod Touch to browse apps .
2. Tap **Search** to use a keyword to find an app.
3. Enter Drugs.com  or Epocrates Medical References .
4. When you find the app that you want, download it to your device:
 - Tap on the app to view the app's product page.
 - To get a free app, tap **Get**.
 - To buy an app, tap the price box.
5. You may need to authenticate your Apple ID to complete your download or purchase. This might mean entering your password, or using Touch ID or Face ID if you have them set up.
6. Epocrates may ask you to register for a subscription. If so, choose the free subscription.

WHAT TO KNOW ABOUT MILEAGE LOGS

Mileage reimbursement is available if you use your personal vehicle to provide **day habilitation services**. Mileage reimbursement ensures that your client has the transportation necessary, through you, to access and integrate into the community.

Alaska Mileage Reimbursement

Mileage reimbursement is only available for day habilitation services. For the week of service, mileage forms are due the following Monday by midnight if faxed or dropped off, or postmarked by Monday if mailed. Due to the timing of the payroll cycle, late mileage forms will result in late pay. Mileage forms must be signed AFTER all work is completed. Advance mileage forms will not be accepted.

Sunday that started your work week
A 10 / 04 / 20
MM DD YY
 Service Code: MILES

Employee Name (Please Print) **B** John Smith Employee ID 8675309 Client Name (Please Print) **C** Jane Doe Client ID 1239630

All travel must be captured per day, including start location(s) and stop location(s) for each segment traveled. Entries must be detailed enough to allow CDCN to recreate travel routes and to verify the accuracy of mileage claimed.

If the space below does not allow you to capture all of your travel, you may combine mileage as needed and note clearly.

Service Date (MM/DD)	Miles: Daily Total	Start Location / Street or Community	Stop Location / Street or Community	Miles
1 10 / 05 D	054 E₂	client home/Honey Bear Lane	AK Club G /Northern Lights	15 E₁
		AK Club /Northern Lights	McDonalds /Northern Lights	1
		McDonalds /Northern Lights	Valley Moon Park /W 17th Ave	22
		Valley Moon Park/W 17th Ave	client home/Honey Bear Lane	16
2 10 / 06	30	client home/Honey Bear Lane	AK Club /Northern Lights	15
		AK Club /Northern Lights	client home/Honey Bear Lane	15
		/	/	
3 10 / 07	116	client home/Honey Bear Lane	Senior Center /Wasilla	58
		Senior Center/Wasilla	client home/Honey Bear Lane	58
		/	/	
		/	/	
4 10 / 09	90	client home/Honey Bear Lane	Wildlife Refuge/Girdwood	45
		Wildlife Refuge/Girdwood	client home/Honey Bear Lane	45
		/	/	

H I certify that the transportation recorded on this mileage log was provided to the client by the employee; that the transportation was provided solely for the purposes of delivering day habilitation services; and that original entries for each recorded transport were completed within 14 days of the date on which each transport ended. I understand that submitting false or misleading service documentation is considered Medicaid fraud and may result in dismissal, criminal prosecution, and/or other penalties.

Employee Signature: John Smith Date (MM/DD/YY): 10 / 10 / 20

Client Representative Signature: Jenny Doe, Legal Guardian Date (MM/DD/YY): 10 / 10 / 20

STEP-BY-STEP MILEAGE LOG INSTRUCTIONS

A	Enter the Sunday that started your work week.
B	Enter your name and your ID number.
C	Enter your client's name and client ID number.
D	Enter the date you delivered day habilitation services.
E1	Enter the sub total of miles for the segment of travel, rounded to the nearest mile.
E2	Calculate all the sub totals and enter a daily total.
F	Enter your travel start location, including the names of the street or community. Remember, you must be specific! CDCN must be able to recreate your exact travel route.
G	Enter your travel stop location, including the names of the street or community. Remember, you must be specific! CDCN must be able to recreate your exact travel route.
H	Remember! State law requires service documentation to be completed within 14 days of the date on which service was provided.
I	When your mileage log is complete , sign and date the document. Your signature and date must be original—digital signatures/dates are not acceptable.
J	After you have signed your completed mileage log , have your client/client's representative sign and date the document. The signature and date must be original—digital signatures/dates are not acceptable, unless specifically authorized by the agency.



GO ONLINE!

Fillable versions of timesheets and other service documents can be found online at <https://consumerdirectak.com/resources/forms>

WHAT TO KNOW ABOUT HABILITATIVE SERVICE CUE SHEETS

Cue sheets explain how you will support your client in completing different skill-building activities. You will receive your client’s cue sheets during your service documentation training and periodically thereafter, and you will use the sheets as a reference when you complete habilitative service documentation.



HABILITATIVE SERVICE OBJECTIVE CUE SHEET

SERVICE DETAIL	Client Name: <u>Jane Doe</u> A Support Plan Start Date: <u>06/01/17</u> Support Plan End Date: <u>05/31/18</u>	Client ID: B <div style="display: flex; justify-content: space-between;"> 9878168 </div>	C SERVICE TYPE	<input checked="" type="checkbox"/> Day Habilitation <input type="checkbox"/> In-Home Support <input type="checkbox"/> Supported Living
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Objectives may be completed in the home (H) and/or community (C) as indicated below.
 Temporary (pending SDS approval)
 Final (approved by SDS)
 _____ Auditor Initials

D	Goal	<u>1</u>	Jane would like to increase her community interactions by assisting with errands and participating in social engagements within the community.
E	Objective	<u>1.1</u>	This is the skill-building activity you will work on.
F	Methodology		Jane would like to assist with errands, such as shopping or picking up the mail, 4 times a week, with no more than 2 verbal prompts 80% of the time. These are the steps you will follow as you work on the activity. 1.1.1 - Staff will verbally review with Jane a list of errands that need to be completed and encourage her to select several that interest her. 1.1.2 - Staff will verbally review with Jane the items (for example: mailbox keys, shopping list, etc.) needed to complete each selected errand. 1.1.3 - Staff will transport Jane to each location and provide assistance for Jane to complete each errand, including verbal prompts, modeling, or physical assistance as necessary. 1.1.4 - After each errand is complete, staff will verbally review with Jane what she learned and make sure to praise and thank her for her help.

STEP-BY-STEP CUE SHEET EXPLANATION

Each cue sheet will contain:

A	Your client’s name and support plan start/end dates.
B	Your client’s ID number.
C	The service type the cue sheet applies to.
D	The goals your client would like to achieve. Remember, a goal is a big-picture outcome.
E	The objectives in place for each goal. Remember, an objective is a measurable step your client can take to accomplish a goal.
F	The methodology for each objective. Remember, a methodology is a description of how you will support your client to help him/her complete an objective.





Remember! Always document the service you provide immediately after your shift.