

*****Important note for Individual CDAC Providers*****

IME staff has been reviewing the new Daily Service Record documentation forms from select CDAC providers since the requirement to use the form was implemented (effective 12/1/08). These reviews have shown some consistent problem areas where providers should pay special attention.

Remember: forms that are not completed or completed incorrectly may result in a provider being required to re-pay money that has already been paid for CDAC Services. Please consider the points below:

- **DO NOT** send the Daily Service Records in with the monthly claim forms. The Daily Service Records should be kept on file in a safe, secure place unless they are requested by a reviewer or auditor. If they are requested, **only** send photocopies of the records.
- **Only** document **one** day of service on **each** Daily Service Record.
- **Box 6, “Location”**: When indicating location, instead of only noting “home”, please specify which home (provider’s home, consumer’s home, etc). The same would apply to locations like “school” or “work”- whose school or work are the services being performed in?
- **The difference between the time in Column 7, “Time I was with the Consumer” and Column 9, “Actual Hours of CDAC Services Provided”**:
 1. **Column 7** Should always be used to note the total amount of time on that particular **day/shift** that the provider was present with the consumer at the location listed in box 6.
 2. **Column 9** is more specific. Only list the **actual amount of time within the day/shift that CDAC Services were actually being provided.**

For example: an Individual CDAC provider may live in the same residence as the consumer and spend most of their time with the consumer. In this case, the amount of time in column 7 could be a full 24-hour period (12:00 am – 11:59 pm), but the amount of time spent providing **approved CDAC Services** in column 9 may only add up to 5 total hours within that 24-hour time frame.

3. ***So, column 7 shows 24 hours, and column 9 shows 5 hours. Only the time for the services described in column 10 should be noted in column 9.**
 4. The number of hours billed on the monthly Claim for Targeted Medical Care should always be **the same or less** than the total number of hours documented on the Daily Service Records for the month in column 9.
 5. It is also very important that the numbers entered in column 9 are added correctly and totaled in **Box 12, Total Hours.**
- **Column 8, “Service Codes”**: It is required that these codes are noted correctly in column 8. They are listed at the bottom of the Daily Service Record.
 1. The service codes used on the Daily Service Record must correspond to what is approved in the Consumer’s CDAC Agreement.
 2. Each service in the CDAC Agreement has been assigned a service code.
 3. The CDAC Agreement should be referred to if the provider is not sure what service codes are approved.
 4. Providers are required to keep a copy of the CDAC Agreement on file. A copy can be requested from the consumer’s Case Manager if necessary.

- **Column 10, “Description of the Services I Performed for the Consumer”:** This is where the services given during a day/shift need to be **detailed**. This is a required field and must be completed every day/every shift. **Services that are not approved CDAC services should not be documented.**

1. Examples such as “make food,” “errands,” “clean up,” “housekeeping” are not detailed enough. Providers must describe each service beyond the label description of each component. If the provider is approved to perform housekeeping services, entering the Service Code in column 8 shows that housekeeping services were performed. Column 10 is where providers need to describe the housekeeping services provided.

For Example: Instead of “housekeeping,” the provider would need to describe the services provided, such as “vacuumed the living room”. This level of detail supports the amount of time being claimed for that day/shift and keeps a record of what was done.
If less detail is used, the documentation may not pass review or audit, putting the provider at risk of having the money that has been paid to them taken back.

2. Current findings show entries such as “gave her a lot of attention” and “provided companionship.” Companionship, monitoring, attention and leisure activities are **not covered under the CDAC Program**. The services described must be approved and listed in the CDAC Agreement. CDAC Providers may not bill the time taken to provide companionship services.
3. Taking care of a Consumer’s pet is also **not covered under the CDAC Program**. Current findings show that some providers are billing to walk a consumer’s pet, clean cages, cat litter, etc. This is not payable, and billing for these services puts the provider at risk of having the money that has been paid to them taken back.

- **Column 11, “How did it go? Did I notice anything to be concerned about?”** This is where the consumer’s **response to what is described in Column 10** needs to be noted in detail. This is a **required** field and **must be completed every day/every shift**.

1. Current findings show that providers are entering such phrases as “fine”, “ok”, “no concerns”, “good”, “everything as usual”. **This level of detail is not sufficient**. The consumer will usually have some kind of change during the course of a day, some kind of response to the services given.

For example: phrases such as “consumer was more tired today than usual”, “consumer ate more than usual”, “it took 30 minutes for dressing today and it usually takes 15 minutes” are all acceptable entries.

2. If there is truly no change in the consumer for that day or shift, there needs to be some level of description as to **what** did not change.

For example: “No change in the consumer’s appetite again today-still not eating much”, “consumer still struggles to maintain balance”, “consumer’s mood was good again today” are all acceptable entries.

Please take note that Case Managers or Social Workers can request the Daily Service Records to confirm that the consumer’s needs are being taken care of, but they **cannot** give approval for any forms- they are unable to tell a provider if the forms are filled out correctly or completely.

Providers should make sure that they are completing all required fields. The only field that is not required on the Daily Service Record is box 13, Consumer Signature. All other fields are required.