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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.
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 service 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

<table>
<thead>
<tr>
<th>Individual: Geoffrey King</th>
<th>Month &amp; Year: May 2019</th>
<th>Type of Service: HPC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid #: 1515151515151</td>
<td>Provider: Direct Supports INC</td>
<td>Provider #: 222222222</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Action Steps &amp; Frequency/Duration for Each Step</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will live on the West Side of Cincinnati so that I am closer to my parents.</td>
<td>1. Direct Supports INC Staff will help me identify apartments 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).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Progress</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/1/10</td>
<td>Geoffrey’s home</td>
<td>Geoff and I used the website Zillow and searched for apartments close to his parents for over an hour.</td>
<td>JD</td>
</tr>
<tr>
<td>5/10/2019</td>
<td>Community</td>
<td>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.</td>
<td>JD</td>
</tr>
<tr>
<td>5/15/2019</td>
<td>Kroger</td>
<td>Geoff and I went to Kroger to collect boxes for moving</td>
<td>JD</td>
</tr>
</tbody>
</table>

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

| 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 | 4:00 PM | 11:00 AM | 11:00 AM | 4:00 PM | 4:00 PM | 4:00 PM | 4:00 PM | 4:00 PM |
| Time Out         | 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   | 6:00 PM   | 6:00 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**

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.

![ISP Example](image)

**Documentation of Services and Supports**

Agency providers and independent providers keep track of their services in this section.

There is a blank form located on HCDDS’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
3. Be sure to complete tasks per the frequency in the plan. Below is an example of a completed assessment documentation form.

4. If for some reason a provider is not completing a task as indicated in the plan then this should be indicated on the documentation form and the reasoning.
   a. For example, you could indicate “individual refused services” or “individual hospitalized.”

**Helpful forms are located at http://hamiltondds.org/providers**