

Community Living Supports Log Instructions
Personal Residence
Paid in 15 Minute Intervals (H2015)

General Instructions

This log is to be used to document the delivery of Medicaid funded Community Living Supports (CLS) services for people living in personal residences. CLS services must be authorized and rendered as outlined in the Individual Plan of Services (IPS). This log does not remove your responsibility to complete Incident Reports, program data, medication sheets, etc. THE PERSON PROVIDING COMMUNITY LIVING SUPPORTS MUST SIGN THE LOG WITH THEIR LEGAL SIGNATURE, TITLE AND DATE.

1. Enter Person's Name and MORC Case Number
2. For all CLS services delivered on this day, check the appropriate box(s). (See Definitions Below.)
3. If the person has a temporary need for hands on assistance with daily living skills due to illness or injury the ADL area on the Log can be checked. An appropriate explanation must be included in the comments section. If a person develops a longer-term need for hands on assistance in ADL services (more than 30 days) the Supports Coordinator should be contacted to change the Plan of Service and pursue additional home help hours.
4. Medical appointment assistance must be marked each time a staff person accompanies the individual to a medical appointment even if this is not specified in the plan.
5. Only mark transportation when it is for going to and from community activities. It **does not** include driving someone to medical appointments or driving someone to any vocational service.
6. Enter the date. This is the date that CLS time was spent **with** the individual.
7. Enter Start and Stop Time.
8. Location: The person filling out the form needs to indicate where the services were provided. It may be in more than one location. The note should include specific information on where and what community based CLS services were rendered.
9. **The note section must always include a brief description of at least one IPS-Goal implemented that day.** It should also reflect something significant the person did during that time with staff. Do not get in the habit of writing the same thing over and over in the comments section. **Note:** We should **not** see only one goal repeatedly discussed in the comments.
10. Staff must sign with their full name, title and date for each day of service. (Documentation must be completed at the end of your shift/service delivery time.)
11. FOR AUDITING PURPOSES, THIS FORM MUST BE KEPT AND BE READILY AVAILABLE FOR A MINIMUM OF 7 YEARS.

Personal Care is provided and funded through a Medicaid funded program called Adult Home Help, which is administered by the Michigan Department of Human Services. MDHS provides a form for documenting the delivery of Personal Care services. **Note: "Personal Care" is the hands on assistance with eating/feeding; toileting; bathing; dressing; grooming; transferring; ambulation/mobility; taking medication. Typically Personal Care is NOT a Mental Health Specialty Covered Service for persons in unlicensed settings. Where personal care is not covered by DHS Home Help, Personal Care should be documented as "activity of daily living".**

Community Living Support:

Reminding/Guiding/Observing, Assisting, Supporting and/or Training With:

Food Preparation – Preparing the food with the person. This may include working with the person in menu planning, checking food freshness, cooking the meal, food preparation, following a recipe, cooking, and setting the table, etc.

Laundry – Cleaning one's clothing with the person. This includes working with the person to sort clothes, all the steps in using a washer/dryer, folding clean clothes, putting clothes away, choosing detergent/bleach, etc.

Routine Household Care/Maintenance – Working with the person to clean any household areas including the person's own room, cleaning the table after meals, washing dishes, sweeping, mopping, cleaning toilets and sinks, restocking cleaning/other supplies, etc.

Activities of Daily Living - Teaching the individual skills to increase their independence in eating, toileting, bathing, dressing, grooming, transferring, and ambulation/mobility. This means you are using **verbal prompts, reminders, guidance, or observation to teach the person any of these skills. If you need to provide intermittent physical assistance, it is still considered teaching and therefore CLS.**

Shopping – Making purchases with the person for food or other items. This may also include preparing a shopping list, finding the items in the store, choosing a store, and comparison shopping/value skills, buying items at the register, etc.

Money Skills –Working with the person to learn to manage his or her own resources. This may include any or all of the following activities: making change, writing checks, completing and following a budget, paying bills, balancing a bank statement, and making deposits, etc.

Socialization and Relationship Building – Working with the person at home or in the community in learning to establish, build and maintain social relationships. This includes training on social interaction goals.

Transportation to/from Community Activities –

- Driving an individual to/from an appointment or community activity.
- Working with the person to teach them how to use/access transportation. This would include arranging for the SMART bus, calling for a taxi, how to enter/exit a bus, etc.
- Arranging a ride for an individual to/from an appointment or community activity.

Note: This does not include transporting to and from medical/dental appointments.

Leisure Choices – Working with the person in making choices for and participating in leisure activities in the home. The focus of this activity is on making choices and on the activity, not socializing with other individuals. (If Socialization is the focus, time should be captured under Socialization and Relationship Building above) Leisure choices are endless: reading a book, watching TV, coloring, arts and crafts, playing games, using their computer, swinging, playing basketball in the driveway, etc.

Participation in Community Activities – Working with the person in participating in activities in their community (as opposed to at home). These choices are also endless but include such things as bowling, taking a walk, choosing a movie to rent at the video store, going out to eat, window shopping at the mall, going to the library, etc.

Attendance at Medical Appointments – Accompanying an individual on an appointment because the individual is unable to communicate their health concerns or understand prescribed follow up care. Accompanying the individual is for the purpose of:

- **Information gathering or**
- **Assisting the individual in completing paperwork, etc.**

Note: This does not include the time spent driving to and from the appointment.

Healthcare Treatments – Working with the person to learn how to care for one's self in areas not requiring a nurse or physician, such as applying foot cream, completing prescribed exercise or ROM, positioning, oral exercises, strengthening exercises, sensory activities/diet, etc.

Self Administration of Medications – Reminding, observing, teaching or monitoring the person in taking their own medication. Note: if staff actually administer the medication and there is no "training" being performed, then the time is not to be noted on this document.

Monitoring/Supervision/Protection For:

Health and Safety – Direct (eyes-on) supervision and/or monitoring provided specifically for health and safety reasons. This could include routine supervision OR specific intervention to respond to or prevent harmful activities (to self or others.) Examples could include the implementation of a behavior plan, de-escalating aggressive behaviors, monitoring while smoking if burning self or property is a documented risk, protective supervision while engaging in activities (taking a walk, etc.), or preventing someone who is a flight risk from leaving the premises, etc. This list is not all-inclusive and many other activities may be included. These activities require direct observation ("eyes on") or intervention. This activity would include bed checks, if required.