Waiver Documentation for HOMEMAKER/PERSONAL CARE SERVICES

Waiver Recipient: Mickey Mouse	Provider Name: I	Disney World	Service Location: 45 Cheese St., Tallmadge					
Medicaid #: 100900500500	Provider #: 77123	County: Summit						
*Staffing ratio is 1:1 (staff to recipient) unless of	herwise noted	*All services provided in the home (service location) unless otherwise noted						
Month/Year: October 2012		*All services are routine HPC unless noted otherwise						

Initial boxes when services are provided or write: A-Absent, S-Sick, R-Refused

Services Description										1	1	1	1	1	1	1	1	1	1	2	2	2 2	2	2	2 5	2 6	2 7	2 8	2	3	3
Identify Frequency and Duration	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	2	2	2 3	2 4	5	6	7	8	9	0	1
	X		X		X																										
Provide general supervision and																															
transportation on outings																															
Encourage exercise 1x/week			X																												
Encourage eating slowly at each meal/snack	х	х	X	X	Х																										
Assist with dressing for the weather and/or activity appropriately as needed	х		X		х																										
Assist w/tooth brushing by guiding him to brush top and bottom teeth	х	х	Х	Х	X																										
Assist with scheduling and attending and follow ups to all medical appts.					Х																										
Monitor if any incident reports were written and enter them on UI Log.																															

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Billing per 15 minutes

billing pe	1 13 111	mutes																													
Date	1	2	3	4	5	6	7	8	9	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	3	3
										0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1
Start Time	2:00 pm	2:15 pm	2:00 pm	11:30 am			12:30 pm																								
End Time	5:30 pm	3:00 pm	4:00 pm	1:30 pm			2:30 pm																								
#HPC Units	14	3	8	8			8																								

Observations/Comments/Unusual Occurrences-UIR/MUI written/Service Refusals/Absences/Location changes/Ratio Changes/Use of On Site-On Call or Emergency Level One Services

DATE	Initials	Entry:
10-1-12	LW	He chose to go to the library then McD's for dinner.
10-3-12	LW	We walked the neighborhood.
10-5-12	LW	Attended family dr appt for regular check up. Dr Kitson

I certify that I provided the services as noted in this record in accordance with this waiver recipient's ISP.

Signature:	Initials:
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