Waiver Documentation for HOMEMAKER/PERSONAL CARE SERVICES- Shared Living 5123:2-9-33

Waiver Recipient: Mickey Mouse	Provider Name: Disney	World	Service Location: 45 Cheese St., Tallmadge
Medicaid #: 100900500500	Provider #: 7712345		County: Summit
*Staffing ratio is 1:1 (staff to recipient) unless otherwise noted		*All services provided in the home (ser	rvice location) unless otherwise noted
Month/Year: October 2012			

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

ISP Services Description					_			_		1	1	1	1	1	1	1	1	1	1	2	2	2 2	2 3	2 4	2 5	2 6	2	2 8	2 9	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	1	2	3	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	Х	х	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	X	Х	X	Х																										
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 Daily Rate**

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Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Daily	1	1	1	1	1																										

Codes- 1-Billable day (unit), NB-Non billable because received HPC services from another provider, NSP-No Services Provided-Non billable day because person was away for full 24 hours.

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:	
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