



**SENIOR & LONG TERM CARE DIVISION  
COMMUNITY SERVICES BUREAU**

**COMMUNITY FIRST CHOICE  
Policy Manual**

**Section: FORMS**

**Subject: Agency Based  
Service Delivery Record  
SLTC-220**

**PURPOSE:**

The Service Delivery Record (SDR) documents the provision of Community First Choice/Personal Assistance Services (CFC/PAS) The SDR is used to document specific times, days and types of tasks provided by a Personal Care Attendant (PCA). In addition, the SDR serves to verify the provision of services through member, employee, and agency signatures.

The Service Delivery Record (SDR) document is a sample document provided by the Department. A provider agency may use their own SDR; but it must have all of the components captured on the sample SDR and be approved by the Department prior to use.

CFC/PAS services are intended to be provided according to the Service Plan. The SDR should be used to document daily discrepancies between the Service Plan and actual service that is delivered.

The agency should perform periodic review of the SDR to ensure that services are being delivered according to the Service Plan. If an agency discovers that services are not being delivered according to the Service Plan and/or those discrepancies are not being documented on the SDR the agency should contact the member and provide appropriate follow-up.

**PROCEDURE:**

This form is completed while services are being delivered. The form is signed by the PCA and the agency at the end of the two-week period. The member should sign the SDR form whenever possible, as well. The PAS/CFC provider representative must sign the form prior to billing Medicaid for the service. All entries must be legible, and correspond to principles of charting. CSB 306.

**Note:** All required signatures must be "full" i.e. first and last name, no initials. (Electronic or telephonic SDR must have approval from the Department. PAS/CFC provider agencies may use their own SDR if approved by the Department.)

		<b>AB-CFC/PAS 911</b>
<b>Section: Forms</b>	<b>Subject: Agency Based Service Delivery Record Instructions SLTC-220</b>	

**INSTRUCTIONS:**

Top Section: Enter the personal care attendant name, the member’s name and Medicaid identification number (optional) and the pay period.

Time and Date Section: Enter the date, and time in/out for each day of the two-week period during which services were provided. The daily total time is entered below the time out for each day.

Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) Section:

1. Enter a check mark in the appropriate box for each task performed on each day services were provided.
2. An “R” is placed into the box to the right of the task if the member refuses the task on a particular day. If the task is declined or refused by the member, provide supporting documentation.
3. Provision of services that differ from the Service Plan should be explained under comments and correspond to the Temporary Authorization process. For example “The member had incontinence on 1/1/17 that required 1 additional unit of personal hygiene”.
4. The following primary ADL tasks are grouped into categories and required to be entered on the SDR when identified on the Service Plan;
  - Bathing/showering, bathing, bed bath and/or sponge bath
  - Personal Hygiene- grooming, toileting
  - Meal Preparation and/or Eating-meal preparation
  - Exercise
  - Medication Reminder
5. Other tasks that are listed on the Service Plan must be entered under “other” on the SDR and check marks entered as appropriate. This should be based on the

		<b>AB-CFC/PAS 911</b>
<b>Section: Forms</b>	<b>Subject: Agency Based Service Delivery Record Instructions SLTC-220</b>	

tasks identified on the member's Service Plan..

6. Household Maintenance: Includes a category of tasks that include housekeeping, laundry, and yard hazard removal. These tasks must be marked if indicated on the Service Plan.
7. Correspondence Assistance: This task must be marked when indicated on the Service Plan.

Total Time Section:

Section A-C is intended to capture the time per day that was completed on the grouped tasks. These rows are highlighted in grey because they require a total time per day.

- A. ADL, Household Maintenance (HM), and Correspondence Assistance (CA) Total: The PCA should record the total time spent that day to complete all of the ADL activities, the household maintenance activities, and correspondence assistance activities listed on the SDR.
- B. Community Integration (CI)/Shopping: The PCA should record the total time spent that day to take the member shopping for essential items or for community integration activities.
- C. Skill acquisition: The PCA should record the additional time it takes to train a member to learn a task; beyond the time it takes to assist the member to complete the task.

The total time entered for A+B+C should equal the total time indicated in the Time and Date Section of the SDR.

**Note:** Correspondence Assistance, Community Integration and Skill Acquisition are only allowable for CFC eligible members. Traditional PAS members utilize homemaker, laundry and shopping only.

Bi-Weekly  
Total Section:

Enter Bi-weekly (two week) totals for each task grouping. This section can be completed by the

		<b>AB-CFC/PAS 911</b>
<b>Section: Forms</b>	<b>Subject: Agency Based Service Delivery Record Instructions SLTC-220</b>	

agency based on the information captured by the attendant on the upper portion of the form.

**HCBS Section:** Prior authorized HCBS Tasks. Enter the date, time in/out for each day of the two-week period during which services were provided. Enter a check mark in the appropriate box for each HCBS task performed.

The daily HCBS total time is entered in the "Total" space located below the "Time Out" for each day as provided.

**Comments Section:** Use the comments section to provide supporting documentation on tasks entered.

**Signature Section:** The PCA and Agency must sign and date the SDR. Whenever possible the member should sign the SDR as well. The agency representative must sign off to ensure the SDR meets criteria for Medicaid billing and services have been delivered.

**DISTRIBUTION:**

White copy – Provider Agency  
Yellow copy – Member\*

\*The Department may request copies of member SDRs for quality assurance activities.