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|--|--|--|--|--------------------------|--|
|  WRAPAROUND MILWAUKEE POLICY & PROCEDURE | Date Issued: 7/15/03 | Reviewed: 6/10/15 By: WA/PE Last Revision: 6/23/15 | Section: Care Coordinator, Vendor | Policy No: 048 | Pages: 1 of 3 (5 attachments) |
| | <input checked="" type="checkbox"/> Wraparound <input checked="" type="checkbox"/> Wraparound-REACH <input checked="" type="checkbox"/> FISS <input checked="" type="checkbox"/> Project O-Yeah | Effective Date: 7/1/15 | Subject: PARENT ASSISTANCE SERVICES (Service Code 5522 / HCPCS Code 5511) | | |

I. POLICY

It is the policy of Wraparound Milwaukee/FISS Services/REACH/O-YEAH that individuals in need of Parent Assistance Services receive quality care provided by a trained, **culturally responsive, trauma-informed**, authorized Provider. **This service should be structured to meet identified needs/goals within 90 days.**

II. PROCEDURE

A. Definition

A Parent Assistant is an individual whose role is to:

1. Assist client/parent/caregiver in acquiring parenting skills and/or organizing their household to be a clean and safe environment. The Parent Assistant teaches, models and monitors appropriate child rearing strategies and techniques, and models and teaches household management skills.
2. May provide information on child development, age appropriate behaviors and parental expectations, and childcare activities.
3. Assist the parent/caregiver with securing basic resources such as food, clothing, furniture, medicine, access to support groups, etc.
4. Provides training and assistance with routine household tasks and household management techniques related to the parent/caregiver/client acquiring the skills and competencies necessary to become self-sufficient.

B. Requirements

1. Agency

- a. The Agency must have submitted a 15-hour Parent Assistant Training Curriculum that was approved by the Provider Network.
- b. The Training Manual that refers to the actual materials used in providing the 15 hours of training must be readily accessible at the Agency for auditor review. **Training materials/information must include/speak to:**

- 1) Agency vision/mission/goals
- 2) Characteristics of youth/clients referred to the program
- 3) Typical needs and criteria for youth/client participants
- 4) Definition of Parent Assistant/Review of Parent Assistant Policy/Documentation Requirements in Synthesis
- 5) Expectations of Parent Assistants
 - Time commitment and duration
 - Accountability/Dependability (paperwork and direct contact)
 - Characteristics of successful Parent Assistants
 - Knowledge of Community Resources
- 6) Confidentiality and Legal Liability
 - Confidentiality within and beyond the Parent Assistant relationship
- 7) Mandatory reporting of abuse and neglect
- 8) Best Practice Ground Rules and Protocols. Provide written directives about:
 - Gift giving
 - Touching/do's and don'ts of relationship management
 - Telephone contact

- Home visits
 - Transporting youth/clients
 - Establishing boundaries / building trust
 - Family dynamics
 - Managing common dilemmas / engaging challenging youth/clients and families
 - Personal safety / community safety
 - Realistic expectations of change
 - Identifying and understanding youth/family strengths
 - Conflict resolution
 - Diversity - working with diverse groups/individuals
 - Working with clients/families presenting with mental health/substance related and addictive disorders, developmental disabilities and high-risk needs
 - Youth growth and development/human sexuality
 - Working as a team member
 - Empowering families
 - Nurturing
 - Trauma Informed Care
 - Termination of services/discharge planning
- c. Applicants/Agencies must show evidence of training/certification/education specific to Parent Assistance in the application process.

2. Provider

- a. Individual Providers of this service must possess a High School Diploma or GED.
- b. **Prior to the provision of service**, a **Criminal Background Check** must be completed on all Parent Assistants. (See *DHHS-001- Caregiver Background Check/Milwaukee County Resolution Policy*)
- c. A Parent Assistant must have a minimum of **15 hours of Agency training prior to service delivery**. For all new Parent Assistant Providers entering the Network, a copy of the **WRAPAROUND MILWAUKEE VERIFICATION OF 15 HOUR TRAINING REQUIREMENT CERTIFICATE** (see *Attachment 1*) must accompany the “Provider ADD Sheet” A copy must be kept in the Agency’s employee file.
- d. A **Department of Motor Vehicle Driving Abstract** must be completed **prior to the provision of services** (see *Provider Agency Responsibilities/Guidelines Policy #054, II. C. 8.*). A copy of a valid Wisconsin Driver’s License and a copy of the Parent Assistant’s current automobile insurance must be kept in the Agency’s employee file.

3. Client File

- a. **Every Client** should have his/her own file. Files must be maintained as outlined in the Provider Agency Responsibilities & Guidelines Policy #054.
- b. The Agency **must** receive a **PROVIDER REFERRAL FORM** (Wraparound Milwaukee, REACH, O-YEAH and FISS Services each have their own) from the Care Coordinator/FISS Manager **prior to the provision of services**. The Referral Form must be filled out in its entirety. A copy or original must be kept in the client’s file.
- c. **CONSENT FOR SERVICE** form must be completed on every client **prior to the provision of services**. The consent **must be dated and signed by the client (if age 14 or older) and the legal guardian**. If the client/enrollee is a legal adult only the client’s signature is necessary. The Consent must specify the Agency providing the service, the service being provided and any other special requirements set forth by the Agency/client. All Consents authorize service for one year from the date of signing. As services should, on average, last 90 days or less, one signed Consent should be sufficient. In very rare occasions, if services go beyond the one-year (12 months) timeframe, another Consent must be signed. The Consent for Service must be kept in the client’s file.

NOTE: The Agency is expected to create their own “Consent for Service” form.

- d. If a client is going to be transported, a **completed TRANSPORTATION CONSENT FORM** (see Attachment 2) must be in the client's file prior to the first transport. The Consent must be filled out in its entirety, including the signature/date of the parent/legal guardian. The client should also sign if **age 14 or older** but if he/she does not, this would not preclude the transportation from being rendered. If the client is a legal adult, only the client's signature is necessary.
4. **Synthesis Progress Notes** (see Attachment 3 – Synthesis Progress Note Entry Tutorial).
 - a. An Application for Synthesis Login ID Form (see Attachment 4) must be completed and approved prior to the Parent Assistant having access to Synthesis (Wraparound Milwaukee's IT System/electronic client medical record).
 - b. There must be a Note entry for every time the client is seen face-to-face, when phone contact is made or attempted with the client or a collateral contact, or when there is a "No Show" situation. Documentation must be accurate and thorough and be reflective of this service, as described on the previous page.
 - c. All notes must be approved by the designated Supervisory staff as noted in Attachment 3.
 - d. As all client information is securely stored in Synthesis, it is not necessary to print out a hard copy progress note unless otherwise directed by the Provider Agency.
 5. **Service Verification Log**

The Service Verification Log (see Attachment 5) must be signed/dated by the recipient of service, the legal guardian/parent, or a designated responsible caregiver at the **closure of each session**. Completing the Log(s) in its/their entirety at the end of the month or several months after the session(s) have occurred is **not acceptable**. The log must be completed in its entirety before being submitted to the employer. The Log must be kept in the client hard copy chart or can be uploaded to the client file store in Synthesis. The Log does not need to be submitted to the Care Coordinator unless requested. One Log per month should be maintained.

Note: Pre-signing or altering the Logs in any way is considered fraudulent behavior and may be grounds for termination from the Wraparound Provider Network and any future contractual/fee-for-service arrangements with Milwaukee County.
 6. **Billing**
 - a. **Face-to-face** contact with the client **IS billable**. This includes Child & Family Team meetings, Plan of Care meetings and any other meeting in which the youth/family is being discussed and **is present**. The time spent at such meetings should be billed at the established hourly rate.
 - b. **Phone contact and "No Shows" must be documented, but are NOT billable.**
 - c. Transportation time to and from the client contact is **NOT billable**.
 - d. The Provider Agency must have the completed and signed **Service Verification Log** in their possession before they bill for services. **Dates on the Log should be cross-checked with the dates on the Progress Notes before Supervisory approval and invoicing occurs.**
 7. **Miscellaneous**
 - a. It is expected that the Parent Assistant be invited to all Team/POC meetings and that he/she attend. If he/she is unable to attend, a verbal update of the status of service provision must be provided to the Care Coordinator/FISS Manager/Transition Specialist.

Any/all of the above requirements may be audited by Wraparound Milwaukee/FISS, the State of Wisconsin, Milwaukee County and/or any program-affiliated auditing body.

Reviewed & Approved by: _____



Bruce Kamradt, Director

Wraparound Milwaukee

VERIFICATION OF 15 HOUR TRAINING REQUIREMENT

CHECK THE SERVICE(S) TO BE PROVIDED BELOW

Employee Name: _____
(print employee name)

This is a statement of verification that the above named employee has completed in full **ALL TRAINING REQUIRED BY WRAPAROUND MILWAUKEE TO PROVIDE THE FOLLOWING SERVICE(S)**.

(Check those that apply)

- Mentoring: _____
(List Training Dates Above - Month/Day/ Year)
- Parent Assistance: _____
(List Training Dates Above - Month/Day/ Year)
- Tutoring: _____
(List Training Dates Above - Month/Day/ Year)

Detailed information related to all training sessions is on file with:

(agency name)

and includes: the date, duration, topic(s) covered; training method (ie: video; written material; workshop, etc) and name of the trainer for each training module or session.

(Wraparound Milwaukee may request this information at any time for quality assurance purposes.)

| <u>Agency Director or Designee Signature</u> | <u>Employee Signature</u> |
|--|-----------------------------|
| _____ Agency Director/Designee Signature | _____ Employee Signature |
| _____ Print Name | _____ Print Name |
| _____ Date Signed | _____ Date Signed |

TRANSPORTATION CONSENT FORM

YOUTH/CLIENT NAME: _____ DOB: _____
(Print)

_____ OF _____
(Provider's Name) (Name of Provider Agency)

HAS PERMISSION TO PICK UP AND TRANSPORT _____
(Name of Youth/Client)

FROM _____ THROUGH THE TERMINATION OF SERVICES FROM THIS AGENCY.
(Effective Date)

SPECIAL CONSIDERATIONS/MEDICAL-MEDICATION ISSUES/LIMITATIONS:

Signature of Legal Guardian Relationship to Youth Date

Signature of Youth (should sign if age 14 or over) Date

WITNESSED BY:

Print Name of Witness

Signature of Witness Date Witnessed

Agency Address Agency Phone

EMERGENCY CONTACT:

Name: _____

Address: _____

State: _____ Zip: _____ Phone: _____

Unless otherwise specified, this consent will expire 12 months from the date it was signed. This consent or any part of this consent may be canceled at any time with written notification.

Synthesis Progress Note Entry Tutorial

(Parent Assistance, Mentoring, Tutoring)

(Revised: 6/10/15)

PROCESS STEPS

- 1) Entering the Note
- 2) Linking Note to a Service Line and Signing the Note
- 3) Supervisory Approval
- 4) Printing Notes (OPTIONAL)

STEP 1: Entering the Note

Select "Provider Notes" from the Table of Content (TOC) area

| Select | Last Name | First Name | DOB | Program |
|--------|-----------|------------|------------|------------|
| | Anderson | Helga | 11/11/1997 | Wraparound |
| | Cleveland | Joe | 2/22/2000 | Wraparound |
| | Feinstein | Jim | 2/2/1988 | Wraparound |
| | Pulliam | Candace | 5/15/2001 | Wraparound |
| | Wegher | Janet | 5/5/1975 | Wraparound |
| | Zipple | Eva | 1/1/1990 | Wraparound |

Select the Youth's Name.
To look up the youth's name - type part of the last name in the Search box and click "Search." Click on the envelope to open that record.

A screen similar to the one below will appear. (If no notes exist for the youth - a blank data entry screen appears.)

Click on **Add Note**.

The screen below will appear. It lists all of the Service Authorizations for that youth for the past 3 months. Select which Service Line this Note relates to, and press "Select." (If no Service Line yet exists, simply press "Select Without SAR." You will link this note to a SAR Line later in the process.)

| Select | Service Month | Service Recipient | Physician | Provider | Units Auth'd | Units Entered |
|----------------------------------|---------------|-------------------|---------------|-------------|--------------|---------------|
| <input checked="" type="radio"/> | December-2009 | Annie Anderson | Peter Pan | Better Conc | 4 | |
| <input type="radio"/> | November-2009 | Annie Anderson | MANUELA EVANS | Better Conc | 9 | |

Data Entry Screen for Provider Notes:

| | | | |
|--|----------------------------------|---|--|
| Date of Contact: <small>(mm/dd/yyyy)</small> | <input type="text"/> | Note Type: <small>Multiple Types Permitted</small> | <div style="border: 1px solid black; padding: 2px;"> Crisis Stabilization ▲ Crisis Supervision Collateral Contact Enrollee Contact Meetings No Show Recordkeeping Travel ▼ </div> |
| Recipient: | Helga Anderson ▼ | | |
| Contact Start Time: <small>(hh:mm am/pm)</small> | <input type="text"/> | <div style="border: 1px solid black; padding: 2px;"> Community Court Detention Facility Home No Show Phone School </div> | |
| Contact End Time: <small>(hh:mm am/pm)</small> | <input type="text"/> | | |
| Contact Location: | <input type="text"/> | | |
| Contact Time | 0 hrs | | <small>* Enter numbers and decimal points; no text.</small> <small>** Use the minutes to hours conversion below.</small> |
| Travel Time | <input type="text" value="0.0"/> | | 1-6 m = 0.1 h 31-36 m = 0.5 h 7-12 m = 0.2 h 37-42 m = 0.7 h 13-18 m = 0.3 h 43-48 m = 0.8 h 19-24 m = 0.4 h 49-54 m = 0.9 h 25-30 m = 0.5 h 55-60 m = 1.0 h |
| Documentation Time | <input type="text" value="0.0"/> | | |
| Total Hours | 0.0 hrs | | |
| PROVIDER NOTE TYPE | | | |

Date of Contact: The date the contact occurred. Multiple contacts for one day **CAN BE** recorded in a single note (but this is not required), as long as the text of the note covers those multiple contacts.

Recipient: Generally, this will be the youth. However, it may be a family member **OTHER THAN** the identified enrollee if that is what was authorized on the SAR.

Contact Start and End Times: These are required fields. The start time and end time is reflective of the start time and end time of the **face-to face contact** being made. The time must reference a.m. or p.m. **If you are documenting a No-Show or a phone contact you must leave both fields blank.** For phone contacts it is advisable to indicate the time of the phone contact within the text of the note.

Contact Location: Select the location where the contact occurred. Self-explanatory. "Facility" references locations such as a group home, residential center, shelter care.

Service Type: Select what type of contact was made (Enrollee, Collateral, Travel, etc.). You can select multiple types for one note.

- **Enrollee Contact:** ANY type of contact with the identified enrollee alone or with collaterals.
- **Collateral Contact:** ANY type of contact with **COLLATERALS ONLY**. Collaterals may be family members, caregivers, other team members, the care coordinator, school personnel, etc. If the enrollee was a part of the contact, use the "Enrollee Contact" code. Coincidental collateral contacts where a planned contact with the enrollee resulted in a "No Show" should be documented as a "No Show"
- **Meetings:** Used to document the monthly Child and Family Team meetings and/or Plan of Care meetings or other meetings in which the provider's attendance is requested, i.e., IEP meetings, staffings. The service recipient and/or identified enrollee must be present.
- **No Show:** Use this code when no covered service was provided, i.e. - the youth/service recipient was not available when the provider arrived at the place of contact.
- **Other:** Use this code if service time you are documenting cannot be identified as any other service type

DO NOT use the following Service Type Codes:

- 1. Crisis Supervision
- 2. Crisis Stabilization
- 3. Recordkeeping
- 4. Release of Information
- 5. Travel

Service Hour Reporting:

Contact Time: This will auto-calculate based on the Start and End Times entered.

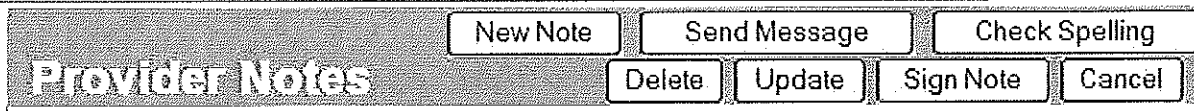
Travel Time: Leave blank.

Documentation Time: Leave blank.

NOTE: Areas will eventually be eliminated.

Provider Note Text: Activity/conversation engaged in, service recipients' mood/any significant behaviors or verbalizations/reactions, plans for future interventions/contacts.

After you're done entering the note, click on Insert. The blue bar area at the top changes to the following:



You can use the Spell Check feature at any time during data entry. However, **Spell Check DOES NOT SAVE YOUR ENTRY.** You must always click "Update" to save your note. If you insert your note first and then do a Spell Check - you must click "Update" to save any changes.

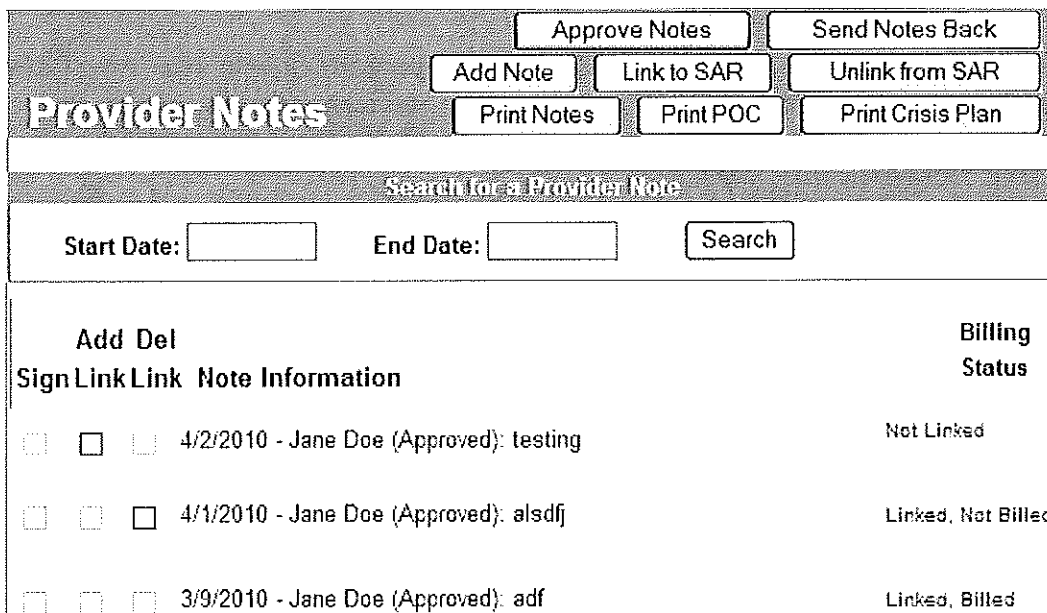
You can make any edits or corrections to the note. Simply make your changes and click "Update"

STEP 2: Linking the Note to a Service Line and Signing Notes

Both of these functions can be done from the main screen.

LINKING NOTES

If the Service Line did not exist when you entered the Note (which would occur if the Care Coordinator had not entered a Service Authorization for the enrollee for the month), you'll need to go back to any Notes that you did not link to a Service Line at the time you entered the Note. You do this from the main Provider Notes screen.



A Billing Status will appear next to each note:

- Not Linked: The note is not linked to a SAR and thus can't be billed;
- Linked, Not Billed: The Note is linked to a SAR but has not yet been billed.
- Linked, Billed: The Note has been linked to a SAR and billed for. No changes can be made.

Then just select which SAR line the Notes relate to and click "Select." Those Notes are now linked to the Service Authorization so your agency can bill for them.

| Select a SAR Line | | | | | |
|--|-------------------|---------------|-------------|--------------|---------------|
| Select Service Month | Service Recipient | Physician | Provider | Units Auth'd | Units Entered |
| <input checked="" type="radio"/> December-2009 | Annie Anderson | Peter Pan | Better Conc | 4 | |
| <input type="radio"/> November-2009 | Annie Anderson | MANUELA EVANS | Better Conc | 9 | |

SIGNING NOTES

Notes must be signed. After you sign a note - it is no longer editable by you. (NOTE: Supervisors will later Reject or Approve each note; if a note is Rejected, the note will become editable again.) Notes can be signed individually, or in a batch for an enrollee.

To sign an individual note, simply click the "Sign Note" button on the Provider Note screen.

Signing a batch of notes for an enrollee is done from the initial display screen shown after you select a specific person's name.

Provider Notes

Sign Notes
Add Note
Link to SAR
Unlink from SAR

Print Notes
Print POC
Print Crisis Plan

Search for a Provider Note

Start Date: End Date: Search

| Add Del | Sign Link Link | Note Information | Billing Status |
|--------------------------|--------------------------|---|--------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 6/1/2010 - Jane Doe (Draft): I picked up Helga from her home today and we went to ... | Linked, Not Billed |

Select which notes you want to sign by putting checkmarks in the Sign column, and then press "Sign Notes."

For the Worker - this is the final step in the process unless your Supervisor rejects your note. If you have Notes rejected by your supervisor, you will receive a login message informing you of that Rejection, which will contain a link to the Note(s) that need to be edited. You will be able to edit those notes, and will need to re-sign them when done.

Rejected note - press "Click to View" to see which notes were rejected

Good Morning GEORGE BENZ
 You have Progress Notes Message(s) - [Click to View](#)

After "Click to View," a list of any rejected notes will appear. Click on youth name to link to note.

PROGRESS NOTES MESSAGES
Back

Aggie Hale:
 A Progress Note for Theresa Anderson was rejected by Aggie Hale.

STEP 4: Printing Notes (OPTIONAL)

To print Provider Notes, first click on Provider Notes in the Table of Contents (TOC) area.

Then, select the enrollee name you wish to print notes for:

Select Provider Notes

| Select | Last Name | First Name | DOB | Program |
|--------|-----------|------------|------------|------------|
| | Anderson | Helga | 11/11/1997 | Wraparound |
| | Cleveland | Joe | 2/22/2000 | Wraparound |
| | Feinstein | Jim | 2/2/1988 | Wraparound |
| | Pulliam | Candace | 5/15/2001 | Wraparound |
| | Wegher | Janet | 5/5/1975 | Wraparound |
| | Zipple | Eva | 1/1/1990 | Wraparound |

Select the enrollee Name. To look up a youth name - type part of the last name in the Search box and click "Search." Click on the envelope to open that name.

Click on "Print Notes"

Provider Notes

Sign Notes Add Note Link to SAR Unlink from SAR

Print Notes Print POC Print Crisis Plan

The following screen appears. Enter the date range you wish to print, and click "Print Notes."

Provider Notes Print Notes

Print Provider Notes

Starting Date:

Ending Date:

Print All Provider Notes

Printing Plans of Care (POCs) and Crisis Plans

The most current APPROVED POC and Crisis Plan can be printed from the initial display screen shown after you select a name. You can sign your notes from this screen, or print POCs and/or Crisis Plans.

Provider Notes
Sign Notes
Add Note
Link to SAR
Unlink from SAR

Print Notes
Print POC
Print Crisis Plan

Search for a Provider Note

Start Date: End Date:

| | Add Del | Sign LinkLink | Note Information | | Billing Status |
|--------------------------|--------------------------|--------------------------|---|--|--------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6/1/2010 - Jane Doe (Draft): I picked up Helga from her home today and we went to ... | | Linked, Not Billed |

Simply choose "Print POC" or "Print Crisis Plan," and a screen similar to the one displayed below will appear:

Simply click the Printer icon to send the document to your printer.

Wraparound Milwaukee
PLAN OF CARE

Youth: Anderson, Ola **Enrolled:** 4/3/04 **POC Status:** Completed
DOB: 1/1/91 **POC Date:** 12/19/06 **POC Number:** 16

Youth Address:
1234 Any Street
Milwaukee, WI 53201

Family Guardian Address(es):
Aggie Hale
4753 S. 22nd Place
Milwaukee, WI 53225

2nd Family Member (i.e. ncuu, etc.)
Street Address
City, State Zip

MILWAUKEE COUNTY

APPLICATION FOR SYNTHESIS LOGIN I.D.

To request a Login in I.D. for Synthesis, complete the following application. **PLEASE PRINT LEGIBLY!**

Agency Name: _____ Staff Name _____

Phone No. _____ Ext. _____ Email: _____

Fax (if no email listed above): _____

Type of User: (Check one or more that apply)

- Care Coord / Worker ___ Worker ___ Lead ___ Supervisor ___ Clerical
- Crisis Stabilizer ___ Worker ___ Supervisor (submit credentials)
- Vendor Billing Staff ___ View Authorizations ___ Submit Invoices ___ View Reports Only
- ___ Trip Logs/Invoices ___ Resource Guide Update ___ Bed Availability
- Progress Report Entry ___ Residential ___ Group Home ___ Day Treatment
- ___ Independent Living ___ Foster Care ___ CCC Crisis Plan
- ___ Emp Plcmt/Prep ___ Housing Assistance ___ Outpatient
- ___ Mentoring ___ Parent Assistance ___ Tutoring
- Authorization Level ___ Data Entry OR ___ Data entry and approval

(Authorization Level is required for Progress Report entry requests)

Other (describe) _____

Programs: (Check one or more that apply)

- Wraparound Milwaukee MUTT
- REACH Children’s Court
- FISS

The above named agency requests that a Synthesis Login I.D. be issued to the above named staff at their agency.

The agency requesting a Synthesis Login I.D. for the above named individual agrees to notify the Synthesis Help Desk when this individual’s I.D. is to be inactivated because the individual’s job responsibilities no longer require access to Synthesis or the individual is no longer employed by the agency.

SYNTHESIS USER I.D. AGREEMENT

I agree to keep my Synthesis Login I.D. and password confidential and not to share it with any other individuals within or outside my agency. I understand that information provided through Synthesis is confidential and agree to protect this information, using it only as needed to perform my job duties.

I agree to report to Synthesis Help Desk staff (257-7547) any unusual activity or inappropriate access to information that occurs while using Synthesis.

NOTE: You are required to use Internet Explorer for Synthesis. If you log in with a different browser (Firefox, Chrome, etc), you will have READ-ONLY access to data.

Staff Signature _____ Date Signed: _____

Authorized by (signature) _____ Print Name: _____

Email completed requests to aggie.hale@milwaukeecountywi.gov or FAX to Synthesis Help Desk Staff at: (414) 257-7575

OFFICE USE ONLY
Reviewed/Created by: _____ Date: _____

| | | |
|---|---|----------------------------------|
| Wraparound Milwaukee Family Support Services Verification Log <small>**USE OF THIS LOG FOR FAMILY SUPPORT SERVICES ONLY**</small> | Enrollee/Client Name: _____ ID # (if applicable per the agency): _____ | Service Month/Year: _____ |
|---|---|----------------------------------|

| | |
|-----------------------------|---|
| Agency Name: _____ | Service Code (check one) : <input type="checkbox"/> 5521/H2021 Tutoring <input type="checkbox"/> 5524/H2021 Mentoring <input type="checkbox"/> 5522/S5110 Parent Assistance <input type="checkbox"/> Other (Identify service code and name of service): _____ |
| Provider Name: _____ | |

| Session Date | Service Recipient / Relationship to Enrollee (if applicable) | Actual Session (face-to-face) Time (must indicate a.m. or p.m.) | Signature of Service Recipient | Date Service Recipient Signed | Relationship to Service Recipient (Indicate relationship if it's not the enrollee/ client that has signed) | | | | | | |
|----------------------------|--|---|--------------------------------|-------------------------------|--|-----------|------------------|--|-------------------|-------------------------------|-------------|
| *SAMPLE* 03/04/2014 | John Smith | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Session Start Time</td> <td style="text-align: center;">Session End Time</td> </tr> <tr> <td style="text-align: center;">10:06a.m.</td> <td style="text-align: center;">11:42a.m.</td> </tr> <tr> <td colspan="2" style="text-align: center;">Total Units: 1.6</td> </tr> </table> | Session Start Time | Session End Time | 10:06a.m. | 11:42a.m. | Total Units: 1.6 | | <i>John Smith</i> | Today's Date: 03/04/14 | <i>Self</i> |
| Session Start Time | Session End Time | | | | | | | | | | |
| 10:06a.m. | 11:42a.m. | | | | | | | | | | |
| Total Units: 1.6 | | | | | | | | | | | |
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| Session Start Time | Session End Time | | | | | | | | | | |
| | | | | | | | | | | | |
| Total Units: | | | | | | | | | | | |
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| | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Session Start Time</td> <td style="text-align: center;">Session End Time</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td colspan="2" style="text-align: center;">Total Units: </td> </tr> </table> | Session Start Time | Session End Time | | | Total Units: | | | Today's Date: | |
| Session Start Time | Session End Time | | | | | | | | | | |
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| Total Units: | | | | | | | | | | | |

1-6 minutes = 0.1 units 25-30 minutes = 0.5 units 49-54 minutes = 0.9 units
 7-12 minutes = 0.2 units 31-36 minutes = 0.6 units 55- 60 minutes = 1.0 units
 13- 18 minutes = 0.3 units 37-42 minutes = 0.7 units
 19-24 minutes = 0.4 units 43-48 minutes = 0.8 units

NOTE: Having the service recipient pre-sign the Log is fraudulent behavior and may be grounds for termination from any/all County Provider Networks & may prohibit any future contractual arrangements with the County.