

1925

INDIVIDUALIZED DAY SUPPORTS SERVICES

1925.22 Individualized day supports may be authorized as either a **one-to-one service for a person, or in in small group settings not to exceed 1:2** based upon the person's assessed needs; and for limited times, as approved by DDS, based on the ability to match the participant with an appropriate peer to participate with for small group IDS.

1925.23 Individualized day supports shall be billed at the unit rate established for the staffing ratio noted in the service authorization. **There shall be a Medicaid reimbursement rate for 1:1 staffing ratio and 1:2 staffing ratio.** For persons who live independently or with family and select to receive a meal, the rate is increased by a dollar amount per day that the person receives a meal. This service shall not exceed one thousand, five hundred and sixty (1,560) hours per year or six thousand two hundred and forty (6,240) units annually. A standard unit of service is fifteen (15) minutes and the provider shall provide at least eight (8) continuous minutes of services to bill for one (1) unit of service.

Task(s)	
1	Did the person attend programming today?
2	Were there any transportation issues to report? If yes, what were the issues? Has an incident report been completed?
3	Did the person actively participate in the outlined ISP activities for the day? If yes, which activities did they participate in?
4	What did the person like about today's activities?
5	What did the person dislike about today's activities?
6	Did the person express any interest other than what is listed on their person centered tool? If so please indicate the interest?
7	 How many people received programming support today in the group with this person? Indicate the ratio (i.e. 4:1, 2:1, and 1:1)
8	What interactions did the person have in the community with others (especially non-staff, and other persons without disabilities)?
9	Were there any incidents to report during programming? If yes, what was the incident/s? Has an incident report been completed?
	Were there any health issues related to HCMP or any safety issues during programming? (Refer to Risk

Staffing ratio 2:1, but service authorization is for 1:1

Date:	12/20/2019	Begin Time:	09:50 AM	End Time:	03:00 PM	Duration (hh:mm):	05:10
Location:	Gwendolyn Britt Senior Activity Center.		Service Provider:	R [] Direct Support Professional			
Task	Score	Scoring Comments					
1	DI	Yes, she did.					
2	DI	No issues.					
3	DI	Yes.					
4	DI	He liked all her activities today but particularly relished listening to Christmas songs via YouTube.					
5	DI	She expressed NO dislikes.					
6	DI	She did not express any thing to the contrary.					
7	DI	2:1					
8	DI	She talked with staff.					
9	DI	There were neither any incidents nor accidents.					
10	DI	No.					
11	DI	No.					
12	DI	N/A.					
13	DI	Yes. She had her eyeglasses.					
14	DI	Yes and ran through it together again.					
15	DI	Yes and staff ran through it with her again.					
16	DI	Yes and still ran through it together.					
Comment:	Ms. [] arrived Gwendolyn Britt Senior Activity Center at 9.50am for her activities today. She walked in in apparent excitement and readiness for her activities. Also, she appeared neat and well groomed. When she walked in, she clearly stated the activities she would like to engage in. So, chose to listen to xmas songs, make Xmas tree in arts and crafts and color. And so, she started her day with a cup of tea between 9.55am and 10.05am. Soon after this, she did her arts and crafts: making and designing Xmas trees and cards between 10.05am and 12noon. She had her about 12noon and 12.30pm. After lunch, she colored different pictures that represented Christmas season between 12.30pm and 2.00pm. Then, came her favorite moment; listening to Christmas songs on YouTube. She did this activity from 2.00pm until her pickup arrived at 3.00pm. [] had a great time today.						

Date:	12/20/2019	Begin Time:	10:00 AM	End Time:	02:50 PM	Duration (hh:mm):	04:50
Location:	Gwendolyn Britt Senior Activity Center.		Service Provider:	R [] Direct Support Professional			
Task	Score	Scoring Comments					
1	DI	Yes, she did.					
2	DI	No.					
3	DI	Yes. She did arts and crafts: making and designing Xmas tree and cards, listened to xmas songs and danced, colored images that connoted xmas season.					
4	DI	[] likes to be engaged with activities she enjoys doing and so, she liked all her activities, especially coloring pictures that represented xmas.					
5	DI	She did not express any dislikes.					
6	DI	No, she did not.					
7	DI	2:1					
8	DI	She interacted with staff and other seniors.					
9	DI	No incidents or accidents occurred.					
10	DI	No health issues.					

11	DI	N/A					
12	DI	N/A					
13	DI	She had her eyeglasses on but was without dentures.					
14	DI	Yes and had it recapped.					
15	DI	Yes. It was also recapped.					
16	DI	Yes.					
Comment:	[] was dropped off for her activities at 10.00am today. She appeared to be apparent good health. She looked neat and dressed up for the weather. She walked in smiling, and responded to those who greeted her upon arrival. Then, she properly away her belongings and sat down. Immediately, staff went through her rights with her, including the need to refuse and report abuse, neglect and exploitation, using hypothetical scenarios for explanations between 10.05am and 10.40am. After this, she had her cup of coffee between 10.40am and 10.50am. Then she made her choice of activities for the day. So, 10.50am and 12noon, she made and designed Xmas card and trees. Between 12noon and 12.30pm, she ate lunch. Between 12.30pm and 2.25pm, she colored pictures representing Xmas season. Thereafter, she listened to xmas songs and danced between 2.25pm and 2.50pm. She was picked up by 2.50pm.						

1925.11 In order to be eligible for Medicaid reimbursement, each Provider approved to provide individualized day supports services shall comply with Section 1908 (Reporting Requirements); Section 1909 (Records and Confidentiality of Information), except that quarterly reports shall meet the requirements within Subsection 1925.10, above; and Section 1911 (Individual Rights) of Chapter 19 of Title 29 DCMR.

1909 RECORDS AND CONFIDENTIALITY OF INFORMATION

Progress notes, as set forth in each service rule, containing the following information:

The start time and end time of each shift for any services received including the signature of the Direct Support Professional (DSP) (Note that, where progress notes are written using an electronic record system, an electronic signature meets the requirement for signature.);

Other supporting documentation confirms that services did not begin until 10am.

Date:	12/11/2019	Begin Time:	09:30 AM	End Time:	02:45 PM	Duration (hh:mm):	05:15
Location:	lds	Service Provider:	<input type="text"/> Direct Support Professional				
Task	Score	Scoring Comments					
1	DI	Yes					
2	DI	None					
3	DI	Yes					
4	DI	No likes					
5	DI	No dislikes					
6	DI	None					
7	DI	1:1					
8	DI	None					
9	DI	None					
10	DI	None					
11	DI	None					
12	DI	Yes					
13	DI	Yes					
14	DI	Yes					
15	DI	Yes					
16	DI	Yes					
Comment:	<input type="text"/> arrived at Emery Rec at 9:30am. He was in a good mood. Staff and <input type="text"/> walked to a local library. <input type="text"/> watched videos on the computer until lunch. We ate lunch in the library. After lunch staff <input type="text"/> and staff looked in books until transport pick up. <input type="text"/> left in a good mood.						

RECORDS AND CONFIDENTIALITY OF INFORMATION

Progress notes, as set forth in each service rule, containing the following information:

- (1) The progress in meeting the specific goals in the ISP and Plan of Care that are addressed on the day of service and relate to the provider's scope of service.
- (2) The health or behavioral events or change in status that is not typical to the person;
- (3) Evidence of all community integration and inclusion activities attended by the person and related to the person's ISP goals and for each, a response to the following questions: "What did the person like about the activity?" and "What did the person not like about the activity?" DDS recommends the use of the Person-Centered Thinking Learning Log for recording this information.
- (4) The start time and end time of each shift for any services received including the signature of the Direct Support Professional (DSP) (Note that, where progress notes are written using an electronic record system, an electronic signature meets the requirement for signature.);

“What did the person like about the activity?” and “What did the person not like about the activity?”

Date:	12/30/2019	Begin Time:	10:18 AM	End Time:	02:40 PM	Duration (hh:mm):	04:22
Location:	Ids		Service Provider: [redacted], Direct Support Professional				
Task	Score	Scoring Comments					
1	DI	Yes					
2	DI	None					
3	DI	Yes					
4	DI	No likes expressed					
5	DI	No dislikes expressed					
6	DI	None					
7	DI	1:1					
8	DI	None					
9	DI	None					
10	DI	None					
11	DI	None					
12	DI	Yes					
13	DI	Yes					
14	DI	Yes					
15	DI	Yes					
16	DI	Yes					
Comment:	[redacted] arrived at Emery Rec at 10:18am. He was in a good mood. Staff and [redacted] walmart on Georgia ave. At the Wal-Mart staff and [redacted] talked and looked at things he was interested in. We departed and traveled to a local library. [redacted] watched videos on the computer until lunch. We ate lunch in the library. After lunch staff [redacted] d staff looked in books until transport arrived at 2:40pm. [redacted] left in a good mood.						

Task(s)	
1	Did the person attend programming today?
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4	What did the person like about today's activities?
5	What did the person dislike about today's activities?
6	Did the person express any interest other than what is listed on their person centered tool? If so please indicate the interest?
7	How many people received programming support today in the group with this person? Indicate the ratio (i.e. 4:1, 2:1, and 1:1)
8	What interactions did the person have in the community with others (especially non-staff, and other persons without disabilities)?
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	Were there any health issues related to HCMP or any safety issues during programming? (Refer to Risk

TRAINER'S NAME: TELEPHONE:

TYPE OF APPOINTMENT: FITNESS TRAINING DATE & TIME: 1-3-2020

FITNESS LOG:

The person was cooperative / uncooperative -2---3---4

Warm up - 20 toe touches, vert jumps

Stretch - passive upperbody/lowerbody

Cardio - 35 min treadmill

Strength Training - 4x10 arm lifts, stairs

Cool Down - deep breathes, 20 toe touches

Stretch - dynamic upperbody/lowerbody

RECOMMENDATIONS/COMMENTS:

PERSON'S SIGNATURE

1/3/2020
DATE

FITNESS TRAINER SIGNATURE

1-3-2020
DATE

DHCF reviewed 215 claims for Fitness Training, 122 claims were missing start/end time of services.

Chapter 19 of Title 29 of the DCMR

1915 HOST HOME WITHOUT TRANSPORTATION SERVICES

1915.19 In order to be reimbursed by Medicaid, each ID/DD Waiver provider of host home without transportation services shall maintain the following documents for monitoring and audit reviews:

- (a) Any documents required to be maintained under Section 1909 (Records and Confidentiality of Information) of Chapter 19 of Title 29 of the DCMR;

This note for Host Home does not have date to support the claim date of service paid.

HOST HOME WEEKLY PROGRESS NOTE

Person Served: [Redacted] DSP Name: [Redacted] Date: [Redacted]

Home Address: [Redacted] Weekly Service Period: 3/14/20 to 3/22/20

Person Served Ph. #: [Redacted] Authorization Period: 1/29/2019 to 1/28/2020

Service Coordinator: [Redacted] QIDP Name: Cheryl A. Williams, MSW

SECTION I. ACTIVITIES OF DAILY LIVING/HANDS-ON CARE			
Basic Daily Routine		Toileting/Changing/Lifting/Transfer/Repositioning	
Level of Assistance Key: I=Independent, D=Demonstration, V=Verbal Prompting, P=Physical Assistance, R=Refused			
P	Shower/Bath	9 :00	<input checked="" type="radio"/> AM <input type="radio"/> PM
	Shampoo/Hair Care		<input type="radio"/> AM <input type="radio"/> PM
	Shaving/Grooming		<input type="radio"/> AM <input type="radio"/> PM
P	Tooth Brushing	9 :15	<input checked="" type="radio"/> AM <input type="radio"/> PM
	Nail Care		<input type="radio"/> AM <input type="radio"/> PM
D	Clothing Choice/Dressing	1:00	<input checked="" type="radio"/> AM <input type="radio"/> PM
	Meal Preparation/Cooking		<input type="radio"/> AM <input type="radio"/> PM
PA	Bed Making	8:40	<input checked="" type="radio"/> AM <input type="radio"/> PM
PA	Laundry/Ironing	9:30	<input checked="" type="radio"/> AM <input type="radio"/> PM
PA	Housekeeping		<input type="radio"/> AM <input type="radio"/> PM
	Shopping/Money Mgmt.	1:00	<input type="radio"/> AM <input checked="" type="radio"/> PM
	Transportation (on/off)		<input type="radio"/> AM <input type="radio"/> PM

GOAL TYPE	SECTION II. GOAL DETAILS	TEACHING STRATEGIES	DESIRED OUTCOMES
Community Inclusion	<p>I will go to a beauty salon once a month for 12 consecutive months in order to enhance my appearance with verbal prompts from staff at 80% completion. I will go to the beauty salon:</p> <ol style="list-style-type: none"> To do my nails (polished) To have my hair done 	<p>With verbal prompts from staff:</p> <ol style="list-style-type: none"> I will secure the funds (if applicable) I will choose from a list of beauty salons to go. I will arrange for transportation (if applicable). I will pack my lunch (if applicable). I will be monitored for safety. I will express my likes and dislikes. 	Enhance my appearance



The same progress note (last page), showing the signature. Unfortunately, the date was missed.

SECTION VI: BEHAVIOR SUPPORT PLAN – ABC DATA COLLECTION:				
Target Behaviors		Tally of Events (indicate the number of times the person exhibited the targeted behavior with details of the circumstances listed in ABC data collection)		
1. Disruptive Behavior		NO		
2. Uncontrollable Crying		NO		

SECTION VII: VISITORS REQUIRING FOLLOW-UP (e.g. nutritionist, Physical Therapist, attorney, Service Coordinator, etc.)				
Name of Person Making Visitation	Reason for Visit	Date of Visit	Time of Visit	Necessary Follow-Up Actions (if needed)

I declare under penalty of perjury (18 U.S.C. § 1003), that all statements contained in this document and any accompanying documentation is true and correct, with full knowledge that all statements made in this document are subject to investigation and that any false or dishonest record may be grounds for denial, termination, fine or imprisonment under this statute.

Direct Support Professional (Print/Signature/Date)

QIDP (Print/Signature/Date)



In this example the date 2.9.20 will support the claim paid for same date.

HOST HOME WEEKLY FRANKNESS ISSUE

Person Served: Sharline Wheeler DSP Name: C. Wheeler/Staff Date: 2.9.20
 Home Address: 12313 Langer Drive, Port Washington, MD 20772 Weekly Service Period: 2-9-20 to 2-9-20
 Person Served Ph. #: 240-779-1622 Authorization Period: 1/29/2020 to 1/28/2021
 Service Coordinator: Sally Johnson QIDP Name: Cheryl A. Williams, MSW

SECTION I. ACTIVITIES OF DAILY LIVING/HANDS-ON CARE		Toileting/Changing/Lifting/Transfer/Repositioning	
Basic Daily Routine		Key: T=Toileting, C= Changing, L= Lifting, TR= Transfer, RE=Repositioning	
Level of Assistance Key: I=Independent, D=Demonstration, V=Verbal Prompts, P=Physical Assistance, R=Refused			
8 PA Shower/Bath	8:00 : <input checked="" type="radio"/> AM <input type="radio"/> PM	12:00 AM	12:00 PM
Shampoo/Hair Care	: <input type="radio"/> AM <input type="radio"/> PM	1:00 AM	1:00 PM
Shaving/Grooming	: <input type="radio"/> AM <input type="radio"/> PM	2:00 AM	2:00 PM
8:15 Tooth Brushing	8:15 : <input checked="" type="radio"/> AM <input type="radio"/> PM	3:00 AM	3:00 PM
Nail Care	: <input type="radio"/> AM <input type="radio"/> PM	4:00 AM	4:00 PM
8:45 Clothing Choice/Dressing	8:45 : <input type="radio"/> AM <input type="radio"/> PM	5:00 AM	5:00 PM
Meal Preparation/Cooking	: <input type="radio"/> AM <input type="radio"/> PM	6:00 AM	6:00 PM
8:50 Bed Making	8:50 : <input type="radio"/> AM <input type="radio"/> PM	7:00 AM	7:00 PM
8:55 Laundry/Ironing	8:55 : <input type="radio"/> AM <input type="radio"/> PM	8:00 AM	8:00 PM
9:00 Housekeeping	9:00 : <input type="radio"/> AM <input type="radio"/> PM	9:00 AM	9:00 PM
9:05 Shopping/Money Mgmt.	9:05 : <input type="radio"/> AM <input type="radio"/> PM	10:00 AM	10:00 PM
Transportation (on/off)	: <input type="radio"/> AM <input type="radio"/> PM	11:00 AM	11:00 PM

RELATIONSHIP: Ms. Wheeler will With support from my staff I will Ms. Wheeler will increase her

This note for Supported Living Services exhibits the emended date.



SUPPORTED LIVING DAILY PROGRESS NOTE

Person Served: [Redacted] DSP Name: [Redacted] Date: 3/10/20
 Home Address: [Redacted] Weekly Service Period: 12/1/19 to 1/28/20
 Person Served Ph. #: [Redacted] Authorization Period: 12/1/19 to 1/28/20
 Service Coordinator: [Redacted] QIDP Name: [Redacted]

SECTION I. ACTIVITIES OF DAILY LIVING/HANDS-ON CARE		Toileting/Changing/Lifting/Transfer/Repositioning	
Basic Daily Routine		Key: T=Toileting, C= Changing, L= Lifting, TR= Transfer, RE=Repositioning	
Level of Assistance Key: I=Independent, D=Demonstration, V=Verbal Prompts, P=Physical Assistance, R=Refused			
K Shower/Bath	: <input type="radio"/> AM <input type="radio"/> PM	12:00 AM	12:00 PM
Shampoo/Hair Care	: <input type="radio"/> AM <input type="radio"/> PM	1:00 AM	1:00 PM
Shaving/Grooming	: <input type="radio"/> AM <input type="radio"/> PM	2:00 AM	2:00 PM
Tooth Brushing	: <input type="radio"/> AM <input type="radio"/> PM	3:00 AM	3:00 PM
Nail Care	: <input type="radio"/> AM <input type="radio"/> PM	4:00 AM	4:00 PM
Clothing Choice/Dressing	: <input type="radio"/> AM <input type="radio"/> PM	5:00 AM	5:00 PM
Meal Preparation/Cooking	: <input type="radio"/> AM <input type="radio"/> PM	6:00 AM	6:00 PM
Bed Making	: <input type="radio"/> AM <input type="radio"/> PM	7:00 AM	7:00 PM
Laundry/Ironing	: <input type="radio"/> AM <input type="radio"/> PM	8:00 AM	8:00 PM
Housekeeping	: <input type="radio"/> AM <input type="radio"/> PM	9:00 AM	9:00 PM
Shopping/Money Mgmt.	: <input type="radio"/> AM <input type="radio"/> PM	10:00 AM	10:00 PM
Transportation (on/off)	: <input type="radio"/> AM <input type="radio"/> PM	11:00 AM	11:00 PM

GOAL TYPE	SECTION II. GOAL DETAILS	TEACHING STRATEGIES	DESIRED OUTCOMES
<input type="checkbox"/> Rights & Dignity <input type="checkbox"/> Safety & Security <input type="checkbox"/> Health & Wellness <input type="checkbox"/> Choice/Decision <input checked="" type="checkbox"/> Community Inclusion <input type="checkbox"/> Relationships <input type="checkbox"/> Service Planning	GOAL(S)/OBJECTIVE(S) I will engage in activities of my interest once a week for 12 consecutive months in order to integrate in my community with verbal prompts from staff with 100% accuracy.	1. Staff will assist me in identifying activities within the local community. 2. Staff will assist me in making transportation arrangement. 3. Staff will ensure that I have the funds (if applicable) 4. Staff will ensure my safety while in the community. 5. Staff will ensure I return on time	Ms. Graham will become an integrated part of her community.
<input type="checkbox"/> Rights & Dignity <input type="checkbox"/> Safety & Security <input checked="" type="checkbox"/> Health & Wellness <input type="checkbox"/> Choice/Decision <input type="checkbox"/> Community Inclusion <input type="checkbox"/> Relationships <input type="checkbox"/> Service Planning	GOAL(S)/OBJECTIVE(S) I will follow simple recipes to prepare simple meals twice a week for 12 consecutive months with verbal prompt from staff with 100% accuracy.	1. Based on what I want to prepare my staff will: 2. Provide me with a list of simple recipes for breakfast, lunch and dinner.	Ms. Graham will be able to prepare her own meals.

Hospitalization
 Aspiration
 Physical Injury
 Burns
 Side Effect to Medication
 Ingestion of Harmful or Harmful Substance
 Declining Health; Person Notified: _____ Date: _____
 Health; Person Notified: _____ Date: _____
 Environmentally Person Notified: _____ Date: _____

Behavioral
 Self Abuse
 Suicide Attempt/Threat
 Sealing
 Eloping
 Drug/Alcohol Use
 Physical Aggression Towards Others
Alleged Abuse/Neglect
 Physical
 Sexual
 Psychological
 Self Abuse
 Exploitation
 Individual/Individual

No medical or health issues of concern
 Have you reported the incident or unusual event to the Incident Management Coordinator, Trisha Hill? (202) 417-1903, trishah@totalcare1.com Yes No Date: _____

SECTION V: ADAPTIVE EQUIPMENT NEEDS:

Adaptive Equipment Item (listed in the Individual Support Plan)	Condition (if damaged or unusable)	Repair Status	Comments/ Observations:
CPAP	usable	no repair requested	
Eyeglasses	lost		
Dentures	usable	no repair requested	
Roller Walker	usable	no repair requested	

SECTION VI: BEHAVIOR SUPPORT PLAN - ABC DATA COLLECTION:

Target Behaviors	Tally of Events (indicate the number of times the person exhibited the targeted behavior with details of the circumstances listed in ABC data collection)
Verbal Aggression	} no behaviors observed
Temper Control	
Impulsivity	

SECTION VII: VISITORS REQUIRING FOLLOW-UP (e.g. nutritionist, Physical Therapist, attorney, Service Coordinator, etc.)

Name of Person Making Visit	Reason for Visit	Date of Visit	Time of Visit	Necessary Follow-Up Actions (if needed)
Trisha Hill	administer meds	3/10/20	5:05pm	

I declare under penalty of perjury (18 U.S.C. § 1001), that all statements contained in this document and any accompanying documentation is true and correct, with full knowledge that all statements made in this document are subject to investigation and that any false or dishonest record may be grounds for denial, termination, fine or imprisonment under this statute.

3/10/20 _____ 3/10/20
 Director Support Professional (Print/Date) Direct Support Professional (Signature/Date)

_____ 3/14/2020
 Home Coordinator (Print/Date) Home Coordinator (Signature/Date)

EXAMPLE OF A GOOD DOCUMENTATION FOR SUPPORTED LIVING:

Date:	12/01/2017	Begin Time:	06:00 AM	End Time:	11:00 AM	Duration (hh:mm):	05:00
Location:				Service Provider:			
Task	Score	Scoring Comments					
Observatio	Y	DSP ARRIVED ON SHIFT THIS MORNING VS WAS STILL SLEEP DSP [REDACTED] WOKE <input type="checkbox"/> UP TO GET HER READY FOR THE DAY. DSP OCTAVIA PREPARED VS FOR HER DAILY GROOM SUCH AS TAKING HER SHOWER DOING HER ORAL HYGIENE ALSO GETTING HER DRESSED WHILE WAITING FOR BREAKFAST VS TOOK ALL MEDS. AS NEEDED ALSO VS LISTEN TO MICHAEL JACKSON HITS VS ALSO WATCHED HER DAILY SHOW ON THE TELEVISION FOR ABOUT 30 MINUTES BEFORE GETTING READY FOR THE DAY PROGRAM VS APPEARED TO BE HAPPY SMILING AND LAUGHING TALKING TO DSP [REDACTED] ABOUT HER GETTING HER HAIR DONE TELLING STAFF SHE LOVES HER HAIR ALSO WHILE WATCHING HER SHOW " JERRY SPRINGER" SHE STATED THAT SHE LIKE WATCHING THEM DANCE AND FIGHT ON THE SHOW SHE HAS A BALL WATCHING HER DAILY SHOWS.... VS HAD A WONDERFUL MORNING					
Behaviors	N	NO BEHAVIORS THIS MORNING WITH [REDACTED] WHILE DSP [REDACTED] WAS ON SHIFT THIS MORNING					
Medical	N	NO MEDICAL CONCERNS OR CHANGES THIS MORNING WHILE DSP BROWN WAS ON SHIFT					
Contacts	N	NO VISITORS CAME OUT THIS MORNING					
Incidents	N	NO INCIDENTS THIS WITH VS WHILE DSP OCTAVIA WAS ON SHIFT THIS MORNING					
Goals	Y	GOALS WAS DONE THIS MORNING VS IS DOING AN WONDERFUL JOB WITH HER GOALS EVERY MORNING					
Community	Y	VS WENT TO HER DAY PROGRAM THIS MORNING					
Outing-Eng	N	NA					
Intake/Eil	Y	DSP [REDACTED] DOCUMENT ALL VS INTAKE/ELIMINATION AS NEEDED WHILE ON SHIFT THIS MORNING					
Money	N	NO MONEY WAS SPEND ON THIS SHIFT THIS MORNING					
		DSP BROWN CHECKED ALL VS ADAPTIVE EQUIPMENT ISSUE ARE VS WHEEL CHAIR NEEDS TO					
Adaptive	Y	BE REPLACE VS CHAIR HAS TEARS IN THE SEAT ALSO STILL HAS AN SMELL TO IT					
Overall	Y	DSP [REDACTED] DID ALL HOUSEHOLD DUTIES AS NEEDED WHILE ON SHIFT THIS MORNING					
Comment:		DSP [REDACTED] TOOK VS TO GET HER WEIGHT DONE THIS MORNING ALSO VS WAS IN AN WONDERFUL MOOD READY TO GO TO SCHOOL					