

Bureau of Long Term Care

Night Needs Documentation

Provider Help Aid

PURPOSE

This Help Aid is intended to support Personal Assistance Agencies in the delivery of Aged and Disabled (A&D) Waiver services associated with Night Needs and to provide clarification on the documentation required for this service.

OVERVIEW

Night Needs

Night Needs are hands on care tasks (not bed checks only) that are required during the hours when a participant would normally be sleeping. Night Needs care tasks may include, but are not limited to; Toileting, Transferring, etc.

Night Needs are determined at the time of the Level of Care Assessment and are calculated into the following authorized services for participants on the A&D Waiver.

- Personal Care Service (T1019)
- Attendant Care Service (S5125)

Although the Assessment is designed to allocated additional units to these two service areas, it is understood that a member may need other care tasks associated with different functional areas during nighttime hours from time to time. For example, if a caregiver must wash soiled linens during the nighttime, a caregiver may document that a unit of Homemaker Services (S5130) was provided for that shift as long as the participant's overall care plan has authorized Homemaker Services.

RECORD REQUIREMENTS

Service delivery records must be maintained on all participants who receive Aged & Disabled (A&D) Waiver or Personal Care Services. The provider must maintain documentation of every visit made to a participant's home. Documentation of service delivery for care tasks provided during nighttime hours is not required to differ significantly from documentation of daytime care. Each service delivery record must contain, at minimum, the following elements:

- Date
- Care Tasks delivered, which must be based on the member's Assessment and Care Plan.
- Time of arrival for In Home Services. Include a.m. and p.m. designation.
- Time of departure for In Home Services. Include a.m. and p.m. designation.
- Narrative of services delivered and refusal of services, if any. Daily narrative is preferred, weekly is acceptable.

- Total hours of billable service(s) provided for each shift. Please see example below

Please note that services provided during both day and night can be recorded on a single service delivery record. The record must differentiate the nighttime services from the daytime services.

The participant must be allowed to review each element outlined above prior to signing the record.

- Participant signature and date
- Caregiver signature and date

A copy of the Service Delivery documentation (timesheets, progress notes, etc.), including all information as outlined above, must be kept in the participant's home at all times. This may be in printed or electronic format including excel, word or pdf format. It is the responsibility of the provider to ensure the documents are received by the participant and available for review at any time.

Please Note: It is recommended that the narrative or documentation method indicate the number of times the service was delivered to assist the Nurse Reviewer in assessing the participant's needs at the time of the Annual Assessment

Service Delivery Documentation Example

The following template is an example only. Personal Assistance Agencies, Certified Family Homes and Residential Assisted Living Facilities may have different formats for documenting the required elements for Night Needs.

Date	ATTENDANT CARE SERVICES									HOMEMAKER SERVICES				Time In	Time Out	Client Initials	
	Bathing	Dressing	Eating Meals	Medication	Mobility	Hygiene	Toileting	Transferring	Total Hours	Housework	Laundry	Meal Prep	Shopping				Total Hours
7/1/2018						X	X	X	5						12:00 am	5:00 am	
Comments: Linen change due soiled linen. Housekeeping (1x) = 1 hour. Toileting (3x) = 2 hours. Transferring (4 x) = 2 hours																	
7/2/2018	X		X		X	X	X	X	4	X		X		2	9:00 am	3:00 pm	
Comments: Client was in good spirits. Bathed, combed hair and clipped toenails. Client selected clothing and cg assisted client to get dressed. Assisted client in transferring from wheelchair to couch. Made a tuna sandwich for lunch with leftovers in the refrigerator. Cleaned kitchen, bathroom and living room.																	
7/2/2018						X	X	X	5.5						10:30 pm	4:00 am	
Comments: Took client to the bathroom and assisted change of clothing due to incontinence.																	