

Instructions for Consumer-Directed Attendant Care Daily Service Records

UnitedHealthcare Community Plan wants to make it easier for you to track and complete Daily Service Record forms for home- and community-based Consumer-Directed Attendant Care (CDAC) services provided to our members. Please complete a CDAC Daily Service Record form for each day of service provided. Follow the instructions below to help you track tasks performed while providing CDAC services.

Completing the Daily Service Record Form

You can download the Daily Service Record form at UHCommunityPlan.com > For Health Care Professionals > Iowa > [Provider Forms](#) > Consumer-Directed Attendant Care (CDAC) Daily Service Record. Here are details about what to enter in each box on the form.

1. **Provider name:** Enter your name – first, middle initial, and last name. This should match the name on claims you submit to UnitedHealthcare Community Plan.
2. **Agency name** (if an agency): Only complete if you are providing services through an enrolled CDAC agency.
3. **Daily date of service:** Enter the month, day, and year that services were provided. You may only enter one date per form.
4. **Consumer name:** Enter the name of the person you are providing services for, as listed on the member's UnitedHealthcare Community Plan health care identification (ID) card.
5. **Consumer's Medicaid ID number:** Enter the Medicaid ID number as it is listed on the member's Medicaid ID card.
6. **Location(s) where service was given:** Enter all applicable locations where services or assistance was provided (e.g., the member's home, a grocery store, a bank or school).
7. **Time I was with the consumer:** Enter the exact beginning and ending time spent with the member and ensure a.m. (morning) or p.m. (evening) is noted. Do not enter times for each service provided in this space.
8. **Service codes:** Enter the service code from the bottom of the page that corresponds with the services provided. Multiple service codes can be listed in this section if needed. Example: N2, N6, N3, N7.
9. **Actual hours of CDAC services:** Enter the exact length of time each service was provided to the member (e.g., N2 –15 minutes, N6 – 30 minutes, N3 – 47 minutes, N7 – 20 minutes).
10. **Description of the services I performed for the consumer:** This needs to be specific by explaining in detail what was performed. For example, during housekeeping – vacuumed kitchen floor, mopped bathroom, utility, dusted furniture in living room and bedroom; meal preparation – baked pork chops, made a garden salad, steamed white rice.
11. **Describe the consumer's response to services provided in box 10:** Explain in detail how the member responded to services. Examples include:
 - Member appreciated the freshly mopped floors
 - Member mentioned how the pork chops reminded him/her about growing up
 - Member requested soy sauce for the rice and enjoyed the taste
 - Member was relieved when lotion was put on her hands to sooth the dryness.
12. **Total hours:** Add the actual hours indicated in box 9 and enter the total in box 12. If you need to use more than one form, only put the total number of hours provided for each separate form.
13. **Provider's signature:** Sign the form acknowledging services reported are accurate and true.
14. **Date:** Enter the date the form is signed. The date in box 3 and 14 must match.

Maintaining and Submitting Daily Service Records

- Daily Service Records must be maintained during the time the member is receiving services and for a **minimum of five years** from the last date you submitted a claim, even if you are no longer providing services.
- If you receive a request from UnitedHealthcare Community Plan to provide supporting documentation for services you provided, please send copies of the requested documents and maintain original copies for your records.
- We recommend storing completed forms electronically or in another safe place where they can't be destroyed.

Important Reminders

- Please follow the list of approved CDAC services according to the signed CDAC agreement.
- The CDAC service you provide must match the daily service record.
- Time can't be transferred among service codes authorized in the agreement. For example, if 120 minutes of the N6 code are authorized per month, you can't move authorized remaining time from N1 to N6 for additional time.
- Don't bill for services during the times a member is not under your direct care (e.g., when they are in a nursing facility or a hospital).
- Only track and bill time spent providing service only to the member. If you provide services to the member and other people at the same time, it is not eligible for payment or tracking.
- Don't bill for wait time or include it in your record. For example, wait time for laundry and wait time for appointments can't be included on the record. Time spent driving can be recorded according to the agreement and is included as transportation services.
- If you need a review of approved services in your agreement, contact the member's Community-Based Case Manager by calling Provider Services at **888-650-3462**.

Online Resources

- You can find training on the claim submission process and the CMS-1500 form at **UHCCommunityPlan.com** > For Health Care Professionals > Iowa > [Provider Training](#) > Claims Submission Overview for CDAC and Waiver Care Providers.
- Tips for submitting claims, appropriate claim forms and receiving payment can be found at **UHCCommunityPlan.com** > For Health Care Professionals > Iowa > [Bulletins](#) > Billing Reminder for CDAC Service Providers.

We're Here to Help

If you have questions, please call Provider Services at **888-650-3462** or contact your Provider Advocate. For a list of Provider Advocates, go to **UHCCommunityPlan.com** > For Health Care Professionals > Iowa > [Provider Information](#) > Provider Advocate Look Up. Choose "HCBS Provider Advocate Map."

Thank you.