

## **Streamlining Daily Documentation for DD Waiver Providers**

Balancing service delivery with proper documentation can be challenging. This document provides an option to assist Direct Support Professionals (DSPs) to more easily complete daily documentation for DD waiver services. Daily documentation that reflects the ISP is essential to show that Medicaid-funded services have been provided (per 12VAC30-122-120) and that promises to individuals are kept. The Developmental Disabilities (DD) Waivers allow for service notes supplemented by checklists. This document outlines updates designed to simplify documentation, reduce DSP stress, and enhance overall service quality. This document focuses on documentation completed by DSPs and does not replace other service documentation requirements under the DD waivers. For service-specific requirements view the [DD Waivers Manual Chapter 4](#) online.

### **This document applies to the following DD Waiver services:**

Community Coaching  
Community Engagement  
Community Guide  
Companion Services  
Crisis Support Service  
Group Day  
Group Home  
Group and Individual Supported Employment  
In-home Support  
Independent Living  
Sponsored Residential  
Supported Living  
Workplace Assistance

## The Importance of the Daily Note

For the services listed above, on days when services are provided, a minimum of one daily note is required. A strong daily note communicates:

- **What's unique** about the individual's circumstances, support needs, and any significant events
- **What worked well** and what might be improved
- **What was learned** about the person
- **Who was involved** with the person
- **The individual's responses**, reactions, and engagement
  - How did you know they enjoyed or disliked an activity?
  - What did you observe? What did they say or do?
- **Signature and date of the note** documented **on the date of service delivery**:
  - On the rare occasions when a late entry needs to be made If entered after the date of service, include both the date of documentation and the date of service within the note. Late entries should be signed and dated as soon as is practicable, but no longer than one week after the referenced service.

### What to avoid....

- Standardized or formulaic notes
  - Notes copied from previous service dates and simply redated
- Notes that are not signed and dated by staff who delivered the service with the date services were rendered
- Person-centered progress notes that do not document the individual's unique opinions or observed responses to supports

When the outlined conditions are met in a daily note, supporting documentation may be completed using a checklist tailored to the individual. Certain types of support—such as “yes/no” skill demonstrations (e.g., Did John program the microwave with no more than two spoken reminders? Yes/No), bathing, and other daily activities—can be documented solely via checklists for billing purposes, provided the daily note meets Medicaid requirements. The daily note captures any new, relevant information about the person related to activities, skill-building, risks, and routine supports, while the checklist ensures proper documentation when no new information is present. Each Direct Support Professional (DSP) must record the supports they provide. If multiple DSPs deliver services on the same day, each must complete a separate note to fulfill documentation requirements. The next page provides a note template followed by an example that illustrates the components of daily documentation. The example combines relevant information captured in a daily note with checklist entries to ensure compliance with Medicaid standards.

Writing a summary doesn't need to be difficult. While a person is doing many of the same activities each day, there are opportunities to learn something new about the person. What DSPs learn provides valuable information about how to improve supports. Notes are a way to share this learning with individuals, families, co-workers, supervisors, and plan writers. A simple template like below can be helpful:

**Summary of Support:** Today, [Individual's name] received support with:

- [Briefly list activities or tasks, e.g. preparing lunch, going for a walk, practicing laundry skills].
- [Note any changes or skipped tasks, and the reason, e.g. "did not prepare lunch today—chose to eat out instead"].

[Individual's name] responded by:

- [Describe how they acted or felt during activities, e.g. smiled often, talked with staff, showed frustration but calmed down with support].

Other details:

- [Mention any social interactions, interests expressed, or plans shared].
- [Note anything related to their ISP goals, safety, or personal development].
- [Describe any significant events that occurred related to health, or any other event considered significant to the individual].

Evening summary:

- [Include routine activities like bathing, relaxing, going to bed, etc.]

**Signature:** [DSP name] **Date Signed:** [Insert date]

See an example on the next page. **This example is intended for reference only and should not be reproduced or used as plan content.** Note that data collected in this example for skill-building under "Target Met" relies on Yes/No data collection (e.g. Did John program the microwave with no more than two spoken reminders?) Initials may be used for individual checklist rows when multiple DSPs are providing supports in a given day and a signature with initials reference sheet is available in the record or on site for all DSPs providing support. **Signatures, initials, and dates must be handwritten or met through Medicaid electronic signature requirements.**

## Daily Support Summary 7/22/25

All supports were provided today except for lunch preparation, as John chose to dine out. We visited his favorite restaurant, Pizza Zone, where he was visibly happy - smiling and laughing often with Joe, his server, who greeted him by name.

After lunch, John expressed interest in visiting a pet store. I learned that he likes fish and is considering getting one as a pet. He enjoyed exploring the options but ultimately decided to take more time to make a choice. While in the community, John said "thank you" to my offering an arm, so that he could get safely up and down stairs to help prevent falling.

In the evening, John practiced using the microwave. He experienced some frustration with setting the timer, but a gentle reminder that "there's no rush" helped him relax and continue.

He shared that he's looking forward to seeing his brother tomorrow to attend a ball game together. After his bath, he chose to go to bed early.

Signature:  Date: 7.22.25

## Daily checklist for John 7/22/25 (see Part V for how to support)

| Skill building                      | Provided | Target met?                                                                                                                                                                                                       |
|-------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cleaning bedroom (2x week)          | √        | Yes                                                                                                                                                                                                               |
| Setting the microwave (3x week)     | √        | No                                                                                                                                                                                                                |
| Introducing himself (2x week)       | √        | Yes                                                                                                                                                                                                               |
| Identifying jobs (3x week)          | √        | Yes                                                                                                                                                                                                               |
| Non-skill-building/Routine          |          | When skill-building is being attempted, consider writing the instruction for Direct Support Professionals in a Yes/No format. e.g. Did John set the time on the microwave with no more than two spoken reminders? |
| Morning routine (daily)             | √        |                                                                                                                                                                                                                   |
| Preparing meals (daily)             | √        |                                                                                                                                                                                                                   |
| Grocery shopping (1x week)          | No       |                                                                                                                                                                                                                   |
| Dressing (daily)                    | √        |                                                                                                                                                                                                                   |
| Essential Supports                  |          | Add a column for initials when multiple DSPs are providing support on the same day and keep a signature/initials page available for review.                                                                       |
| Seizures (daily)                    | √        |                                                                                                                                                                                                                   |
| Fall with injury (daily)            | √        |                                                                                                                                                                                                                   |
| Bowel obstruction (daily)           | √        |                                                                                                                                                                                                                   |
| Safety Awareness (daily)            | √        |                                                                                                                                                                                                                   |
| Restroom support (daily)            | √        |                                                                                                                                                                                                                   |
| Communication (daily)               | √        |                                                                                                                                                                                                                   |
| Banking (2x month)                  | √        |                                                                                                                                                                                                                   |
| Medical appointments (as scheduled) | √        |                                                                                                                                                                                                                   |
| Meal planning (1x week)             | No       |                                                                                                                                                                                                                   |
| Bathing (daily)                     | √        |                                                                                                                                                                                                                   |
| Transportation (3x week)            | √        |                                                                                                                                                                                                                   |
| Other: wound care (per protocol)    | √        |                                                                                                                                                                                                                   |

Adding the frequency can help track completion.

Signature:  Date: 7.22.25