

## **Michigan Service Documentation Log**

Employers are responsible for reviewing and approving all worker documentation and ensuring it meets the Medicaid standards. Workers are responsible for ensuring adequate records exist for every shift worked and paid through the self-directed program. Employers should retain copies of all shift documentation and ensure they can provide logs for all shifts to Palco or the Mental Health Center upon request. Logs should also be emailed to Palco at Michigan@palcofirst.com with every time submission. Employers should make copies of this log or save digital copies.

**REQUIRED INFORMATION** 

Participant ID

Worker Full Name			Worker ID	
Date of Service:		Location:		
Service Code:	Time In:		Time Out:	
Goal/Objective:				
Narrative: (Please include referen	ces to Individua	al Plan of Service i	in descriptive terms.)	
Worker Signature:			Signature Date:	
worker signature.		•	Signature Date:	
		Location:		
Service Code:	Time In:		Time Out:	
Goal/Objective:				
Narrative: (Please include references to Individual Plan of Service in descriptive terms.)				
Worker Signature:		!	Signature Date:	
Date Of Service: Lo		Location:	ocation:	
Service Code:	Time In:		Time Out:	
	Time in.		Time Out:	
Goal/Objective:	Time iii.		Time Out:	
Goal/Objective: Narrative: (Please include reference)		al Plan of Service i		
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<u> </u>		al Plan of Service i		
Narrative: (Please include reference		al Plan of Service i		
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Participant Full Name