INSTRUCTIONS FOR COMPLETING CASE MANAGEMENT ACTIVITY LOG
FORM MA 400
PLEASE COMPLETE USING BLACK IN OR TYPE

If more than one log is submitted, number pages appropriately in the right hand corner.

Submitted by: - Enter full name of case manager.

Provider ID Number: - Enter thirteen digit ID number assigned to provider by Office of Medical Assistance Programs.

For Period: - Enter month, day, year for beginning date of service; enter month, day, year for service period ended. All dates must pertain to the same calendar month.

Client's Name: - Enter client's full name. Use separate activity log for each client receiving services.

Recipient Number: - Enter the ten digit recipient number of the client, as it appears on the client's Pennsylvania ACCESS card.

USE AS MANY LINES AS NEEDED TO DESCRIBE AN ACTIVITY

Date of Service: - Enter day, month, year service was provided.

Time of Service: - Enter time of day service began to time of day service ended.

Minutes: - Enter total number of minutes service was provided.

Place of Service: - Enter location where service was provided "ie" office, client's home, hospital outpatient area.

Description of Nature of Service: - Give a brief description of purpose of service.

Total Minutes this Report Period: - Enter total number of minutes services were provided for report period designated in "for period".

Cumulative Units This Report Period: - One unit is defined as 15 minutes. Divide total number of minutes for report period by 15 to obtain number of cumulative units for report period.

Signature of Case Manager/Date: - Must be signed and dated by case manager providing services to client.

Forward DPW copy with invoice at the end of the month. Maintain case manager copy in client's file.

CASE MANAGEMENT ACTIVITY LOG

SUBMITTED BY - CASE MANAGER'S NAME

PROVIDER ID NUMBER

FOR PERIOD

| MM | DD | YY | | MM | DD | YY |

TO

CLIENT'S NAME

RECIPIENT NUMBER

DATE OF SERVICE	TIME OF SERVICE			PLACE OF SERVICE	Describe Nature of Service; e.g., Phone, Meeting, Travel, etc. Identify Person(s) Contacted and Decision Made, If Any
	FROM	TO	MINUTES		

TOTAL MINUTES THIS REPORTING PERIOD		CUMULATIVE UNITS THIS REPORTING PERIOD	

CASE MANAGER'S SIGNATURE	DATE

MA 400   3/04