





MDS-HC Reminder!

Please completely fill out every section of the MDS assessment, even if it is just a value of "0". This is particularly important for SECTION P. SERVICE UTILIZATION

Assessment Taken Date 	Date Status Saved in Complete 	Date Submitted to State 
4/29/2016 		


20. Living Arrangement - Client or primary...

SECTION P. SERVICE UTILIZATION (IN LAST 7 DAYS)

- 1a. Formal Care - Home health aides
- 1b. Formal Care - Visiting nurses
- 1c. Formal Care - Homemaking services
- 1d. Formal Care - Meals
- 1e. Formal Care - Volunteer services
- 1f. Formal Care - Physical therapy
- 1g. Formal Care - Occupational therapy
- 1h. Formal Care - Speech therapy
- 1i. Formal Care - Day care or day hospital

1a. Formal Care - Home health aides

Extent of care or care management in **LAST 7 DAYS** (or since last assessment if less than 7 days) - Minutes rounded to even 10 minutes

(A) # of Days
0 

(B) Hours
*

(C) Mins
*

1b. Formal Care - Visiting nurses

Extent of care or care management in **LAST 7 DAYS** (or since last assessment if less than 7 days) -