



## 24-Hour Care Calendar Instructions

A care calendar is used to understand the supports needed for a person to navigate their day. SDS may request a complete care calendar when:

1. Reviewing an initial or renewal support plan.
2. Planning teams see a need for a care calendar by looking at notes from SDS on the cover of the previously approved plan.
3. Planning teams receive a request for a service that requires a high level of support (such as Acuity).

*Please note a care calendar is not the same as service notes (a separate requirement for Acuity requests).*

A care calendar must be completed in real time and should include:

1. The person's daily routine (including rest and sleep times) and the supports needed.
2. Each person providing support must log and initial entry.
3. Plan on documenting 24 hour supports for at least two weeks.
4. Because the SDS and planning team needs complete information for service request(s), be prepared to work with the care coordinator additional directions.

### Instructions for Heading of each page:

1. **Recipient Name**
2. **Harmony ID**
3. **SP Start Date, SP End Date**
4. **Date recorded:** Week day and Date (i.e. Wednesday, November 13<sup>th</sup> 2023).

### Instructions for each entry:

1. **Calendar entries may be *Handwritten*.** Additional pages may be added if needed.
2. **Time:** Indicate the start time and end time of each activity.
  - a. Each line of the calendar equals a one-hour block. Please write down what you do to help the person, each fifteen minutes of each hour.
  - b. Rounding to quarter-hour units is acceptable.
  - c. **The total hours for the day must account for 24 hours.**
3. **Activity:**
  - a. Be brief, but specific. Detail daily activities and the supports needed to accomplish them. Please note when the activity is sleep, a nap, "down-time," or rests as well.
  - b. Detail when multiple activities occur within an hour time block in activity description (See example below.)
  - c. If the recipient receives PCS/CFC and residential habilitation services, be clear to list each task those providers accomplish during each time period on the calendar.
4. **Funding Source:** Identify service type or if a natural support.
5. **Setting:** Indicate whether the activity occurs in the home, or outside the home:
6. **Provider Information:** list provider's full name, their relationship, and have them initial:



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24-Hour Care Calendar

Recipient Name: John Doe

Harmony ID: 23456

SP Start Date: 11/20/23

SP End Date: 11/19/2024

Date Recorded: 12/05/2023

**NOTE: Written instructions are provided for how to complete this calendar.**

This Care Calendar represents a 24-hour period: (Complete a separate calendar for each day type requested by SDS).

Time	Activity	Setting	Funding Source	Provider Information (Name, Relationship, and Initials)
12am-1 am	<i>Sleeping Monitored for Safety woke at 12:20, used bathroom &amp; went back to bed.</i>	<i>Group Home</i>	<i>Waiver</i>	<i>Mikey Cela, DSP, MC</i>
1 am - 6 am	<i>Sleeping. Monitored for Safety.</i>	<i>Group Home</i>	<i>Waiver</i>	<i>Mikey Cela, DSP, MC</i>
6-10am	<i>Sleeping when staff arrived for shift. Monitored for Safety.</i>	<i>Group Home</i>	<i>Waiver</i>	<i>Deb Mills, DSP, DM</i>
10-11am	<i>Woke up at 10:15 morning routine completed. Needed prompts to shower, crush teeth, etc.</i>	<i>Group Home</i>	<i>Waiver</i>	<i>Deb Mills, DSP, DM</i>
11-11:30 am	<i>John needed 3 prompts to pick an outfit and get dressed. Cursed at staff.</i>	<i>Group Home</i>	<i>Waiver</i>	<i>Deb Mills, DSP, DM</i>
11:30-12	<i>John independently cooked eggs and Toast. Promp to turn off Stove.</i>	<i>Group Home</i>	<i>Waiver</i>	<i>Deb Mills, DSP, DM</i>
12-2 pm	<i>Shopping trip. John began to escalate by shouting, walking away., required 5 prompts.</i>	<i>Store</i>	<i>Waiver</i>	<i>Deb Mills, DSP, DM</i>
12-2pm (cont)	<i>To use coping skills. After a 20 minute break to de-escalate, was able to finish shopping.</i>	<i>Store</i>	<i>Waiver</i>	<i>Deb Mills, DSP, DM</i>



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Time	Activity	Setting	Funding Source	Provider Information (Name, Relationship, and Initials)
<i>12-1 am</i>				
	<i>Started G-Tube Feed. Repositioned.</i>			