

**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
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CLIENT'S NAME	RECIPIENT NUMBER
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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		

<b>TOTAL MINUTES THIS REPORTING PERIOD</b>		<b>CUMULATIVE UNITS THIS REPORTING PERIOD</b>	
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CASE MANAGER'S SIGNATURE	DATE
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