AGENCY QSP

DOCUMENTATION FOR SERVICES PROVIDED: PROCEDURE CODES: S5130, T1019, S5100, S5135, S5135-TF, S5150 Homemaker, Personal Care, Waiver Personal Care (Unit), Respite, Supervision & Companionship

Client Name:_____ **Client ID#:**_____ **Provider:**_____ **Provider #:**_____

MM/DD/YYYY of Service:_____ **Service Location:**_____ **Total Units:**_____

****Rural Differential** ****Time Left Provider Community:**_____ ****Time Arrived in Client Community:**_____

Employee Name:_____ **Time in:**_____ **Time Out:**_____ **Time In:**_____ **Time Out:**_____

Employee Name: _____ **Time In:**_____ **Time Out:**_____ **Time In:**_____ **Time Out:**_____

Employee Name: _____ **Time In:**_____ **Time Out:**_____ **Time In:**_____ **Time Out:**_____

CHECK TASKS PROVIDED:

☐ **S5130 – HOMEMAKER** **Total Units:**_____

☐ **COMMUNICATION**	☐ **HOUSEKEEPING**	☐ **LAUNDRY**	☐ **MEAL PREPARATION**	☐ **MONEY MANAGEMENT**	☐ **SHOPPING**

☐ **T1019 – PERSONAL CARE** ☐ **S5100 – WAIVER PERSONAL CARE** ☐ **S5150 – RESPITE** **Total Units:**_____

☐ **APNEA MONITOR**	☐ **FEEDING**	☐ **MEDICAL GASES**	☐ **RIK BED**
☐ **BATHING**	☐ **FINGERNAIL**	☐ **MEDICATION**	☐ **SKIN**
☐ **CATHETER**	☐ **HAIR/SHAVING**	☐ **MOBILITY INSIDE**	☐ **SUPPOSITORY**
☐ **COGNITIVE SUPERVISION**	☐ **HOYER LIFT**	☐ **MOBILITY OUTSIDE**	☐ **TED SOCKS**
☐ **COMMUNICATION**	☐ **INCONTINENCE**	☐ **MONEY MANAGEMENT**	☐ **TEETH/MOUTH/DENTURE**
☐ **DRESSING**	☐ **JOBST STOCKINGS**	☐ **OSTOMY**	☐ **TEMP/PULSE/RESPIRATION/BLOOD PRESSURE**
☐ **EXERCISE**	☐ **LAUNDRY/SHOPPING/HOUSEKEEPING**	☐ **POSTURAL/BRONCHIAL DRAINAGE**	☐ **TOILETING**
☐ **EYE**	☐ **MEAL PREPARATION**	☐ **PROTHESIS/ORTHOTICS**	☐ **TRANSFER/POSITIONING**
☐ **HOMEMAKER**	☐ **SUPERVISION**		

☐ **S5135 – SUPERVISION** **Total Units:**_____

☐ **S5135 – TF COMPANIONSHIP** **Total Units:**_____

COMMENTS:

Rural Differential documentation only needs to be completed if you are authorized a Rural Differential rate for this client

TW 10/25