EXAMPLE ONLY – NOT FOR USE

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: Doe, John **Client ID#:** ND0000000 **Provider:** Rising Star Agency **Provider #:** 0000000

MM/DD/YYYY of Service: 01/01/0000 **Service Location:** 123 Street Name, City, State, Zip Code **Total Units:** 16

****Rural Differential** ****Time Left Provider Community:** 7:15 a.m. ****Time Arrived in Client Community:** 7:38 a.m.

Employee Name: Smith, Bob **Time in:** 8:30 a.m. **Time Out:** 10:00 a.m. **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:** 6

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

☒ **T1019 – PERSONAL CARE** ☐ **S5100 – WAIVER PERSONAL CARE** ☐ **S5150 – RESPITE** **Total Units:** 10

☐ 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