EXAMPLE ONLY – NOT FOR USE

INDIVIDUAL QSP

DOCUMENTATION FOR SERVICES PROVIDED: PROCEDURE CODES:
S5130, T1019, T1020, S5100, S5102, S5135, S5135-TF, S5150
Homemaker, Personal Care, Waiver Personal Care (Unit & Daily),
Respite, Supervision, & Companionship

Client Name: DOE, JOHN **Client ID#:** ND0000000 **Provider:** DOE, JANE **Provider #:** 0000000

MM/DD/YYYY of Service: 01/01/0000 **Service Location:** 123 STREET NAME, CITY, STATE, ZIP CODE **Total Units:** 16

****Rural Differential (RD)** ****Time Left Provider Community:** 7:15 A.M. ****Time Arrived in Client Community:** 7:38 A.M.

Time In: 8:00 A.M. **Time Out:** 10:00 A.M. **Time in:** 12:10 p.m. **Time Out:** 2:15 p.m. **Time In:**_____ **Time Out:**_____

Time In: _____ **Time Out:**_____ **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 & T1020 – PERSONAL CARE** ☐ **S5100 – WAIVER PERSONAL CARE** ☐ **S5102 – 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