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#:** ND30000000 **Provider:** DOE, JANE **Provider#:** 1423456

DD/MM/YYYY of Service: 01/01/9999 **Service Location:** Client Home 100 1ST STREET APT 2 **Total Units** 16

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

Time In: 8:00 AM **Time Out:** 10:00 AM **Time In:** 12:10 PM **Time Out:** 2:15 PM **Time In:** _____ **Time Out:** _____

Time In: _____ **Time Out:** _____ **Time In:** _____ **Time Out:** _____ **Time In:** _____ **Time Out:** _____

CHECK TASKS PROVIDED:

☒ **SS130 - HOMEMAKER** **Total Units** 6

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

☐ **S5102- Waiver Personal Care (Daily)** ☐ **S5150- Respite** ☐ **T1019 & T1020 – PERSONAL** Total Unit 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 MANGEMENT	☐ 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**

COMMENTS:

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

TW 10/2025