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

INDIVIDUAL QSP

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

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

****Rural Differential (RD)** ****Time Left Provider Community** _____ ****Time Arrived in Client Community** _____

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

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

CHECK TASKS PROVIDED:

☐ **S5130 – HOMEMAKER** **Total Units** ☐

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

☐ **T1019 & T1020 - PERSONAL CARES** ☐ **S5100 – Waiver Personal Care (Unit)**

☐ **S5102- Waiver Personal Care (Daily)** ☐ **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 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** **Total Units** ☐

COMMENTS:

Rural Differential documentation only needs to be completed if you are authorized a Rural Differential rate for this client. TW 10/2025