

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

**AGENCY QSP**

Client Name: Doe, John Client ID #: ND30000000 Provider: Rising Star Agency Provider #: 1423456

MM/DD/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 7:15AM \*\*Time Arrived in Client Community 7:38AM

Employee(s) Name (Print): Bob Smith Time In: 8:30AM Time Out: 10:00AM Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Employee(s) Name (Print): \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Employee(s) Name (Print): \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

**CHECK TASKS PROVIDED:**

**S5130 – HOMEMAKER** Total Units 6

<input type="checkbox"/> COMMUNICATION	<input checked="" type="checkbox"/> HOUSEKEEPING	<input checked="" type="checkbox"/> LAUNDRY	<input type="checkbox"/> MEAL PREPARATION	<input type="checkbox"/> MONEY MANAGEMENT	<input type="checkbox"/> SHOPPING
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**T1019 - PERSONAL CARES** Total Units 10

<input type="checkbox"/> APNEA MONITOR	<input type="checkbox"/> FEEDING	<input type="checkbox"/> MEDICAL GASES	<input type="checkbox"/> RIK BED
<input checked="" type="checkbox"/> BATHING	<input type="checkbox"/> FINGERNAIL	<input checked="" type="checkbox"/> MEDICATION	<input type="checkbox"/> SKIN CARE
<input type="checkbox"/> CATHETER	<input type="checkbox"/> HAIR /SHAVING	<input type="checkbox"/> MOBILITY INSIDE	<input type="checkbox"/> SUPPOSITORY
<input type="checkbox"/> COGNITIVE SUPERVISION	<input type="checkbox"/> HOYER LIFT	<input type="checkbox"/> MOBILITY OUTSIDE	<input type="checkbox"/> TED SOCKS
<input type="checkbox"/> COMMUNICATION	<input type="checkbox"/> INCONTINENCE	<input type="checkbox"/> MONEY MANGEMENT	<input type="checkbox"/> TEETH/MOUTH/ DENTURE
<input checked="" type="checkbox"/> DRESSING	<input type="checkbox"/> JOBST STOCKINGS	<input type="checkbox"/> OSTOMY	<input type="checkbox"/> TEMP/PULSE/RESPIRATION/BLOOD PRESSURE
<input type="checkbox"/> EXERCISE	<input type="checkbox"/> LAUNDRY/ SHOPPING/ HOUSEKEEPING	<input type="checkbox"/> POSTURAL/BRONCHIAL DRAINAGE	<input checked="" type="checkbox"/> TOILETING
<input type="checkbox"/> EYE	<input checked="" type="checkbox"/> MEAL PREPARATION	<input type="checkbox"/> PROTHESIS/ORTHOTICS	<input type="checkbox"/> TRANSFER/POSITIONING

**S5135 – SUPERVISION** Total Units \_\_\_\_\_

<input type="checkbox"/> SUPERVISION
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**S5135-TF- COMPANIONSHIP** Total Units \_\_\_\_\_

<input type="checkbox"/> COMPANIONSHIP
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**COMMENTS:**

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