

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

AGENCY 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 _____

Employee(s) Name (Print): _____ Time In: _____ Time Out: _____ 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 _____

<input type="checkbox"/> COMMUNICATION	<input type="checkbox"/> HOUSEKEEPING	<input 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 _____

<input type="checkbox"/> APNEA MONITOR	<input type="checkbox"/> FEEDING	<input type="checkbox"/> MEDICAL GASES	<input type="checkbox"/> RIK BED
<input type="checkbox"/> BATHING	<input type="checkbox"/> FINGERNAIL	<input 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 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 type="checkbox"/> TOILETING
<input type="checkbox"/> EYE	<input type="checkbox"/> MEAL PREPARATION	<input type="checkbox"/> PROTHESIS/ORTHOTICS	<input type="checkbox"/> TRANSFER/POSITIONING

S5135 – SUPERVISION Total Units _____

<input type="checkbox"/> SUPERVISION

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.