**Ohio Department of Mental Retardation and Developmental Disabilities**

**Ted Strickland, Governor** **John L. Martin, Director**

**HCBS Waiver Homemaker/Personal Care Daily Billing Unit Documentation: Interpretive Guidelines**

As a result of some recent questions, the purpose of this memo is to clarify the meaning of O.A.C. 5123:2-13-07(G)(1), that prescribes the manner in which a provider of homemaker/personal care that uses the daily billing unit must document the services it delivers.

O.A.C. 5123:2-13-07(G)(1) states: "Notwithstanding paragraphs (B) and (E) of rule 5123:2-9-05 of the Administrative Code, service documentation for HPC shall include each of the following to validate Medicaid reimbursement:"

1. Date of service
2. Place of service
3. Name of recipient(s) receiving services each day
4. Description and details of the services delivered that directly relate to the services specified on the individual's approved ISP as the services to be provided
5. Medicaid identification number of the recipient(s)
6. Name of provider
7. Provider identifier/contract number
8. Signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider, or an electronic process approved by ODMRDD

The "notwithstanding clause" in O.A.C. 5123:2-13-07(G)(1) means that the provisions of O.A.C. 5123:2-13-07(G)(1) ***override*** any conflicting provisions in paragraphs (B) and (E) of O.A.C. 5123:2-9-05.

As a consequence, a provider of homemaker/personal care that uses the daily billing unit is **not** required to maintain the items of information described in O.A.C. 5123:2-9-05(B)(8) – (11) and may use an electronic process approved by the department instead of the signature or initials of the person delivering the service

**O.A.C. 5123:2-9-05(B)(8) – (11) require a provider to maintain the following additional items of information that are <u>not</u> required by O.A.C. 5123:2-13-07(G)(1):**

1. Type of service (for homemaker/personal care, type must include if routine, on-site/on-call, or level one emergency);
2. Number of units of the delivered service or continuous amount of uninterrupted time during which the service was provided;
3. Group size in which the services were delivered as defined in paragraph O.A.C.5123:2-9-06(D)(12); and
4. Arrival and departure times of the provider of service's site visit to the recipient's location or of the recipient's visit to the provider of service's location.

Please contact Brian Harrigan at Brian.harrigan@dmr.state.oh.us or (614) 387-0580 with any questions regarding this subject. Thank you very much.