

OAC 5123:2-9-30 (E) Documentation of services Homemaker/personal care

Service documentation for homemaker/personal care shall include each of the following to validate payment for Medicaid services:

- (1)** Type of service.
- (2)** Date of service.
- (3)** Place of service.
- (4)** Name of individual receiving service.
- (5)** Medicaid identification number of individual receiving service.
- (6)** Name of provider.
- (7)** Provider identifier/contract number.
- (8)** Written or electronic 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.
- (9)** Group size in which the service was provided.
- (10)** Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided.
- (11)** Number of units of the delivered service or continuous amount of uninterrupted time during which the service was provided.
- (12)** Begin and end times of the delivered service.

Provider: Brenda Case

Contract number: 2500000

Signature: Brenda Case

Type of service: HPC

Date(s) of service: 7/1/12-7/7/12

Place of service: 30 E Broad St, Cols OH 43215

Individual(s) receiving service:

Justin Case 123456789123

Type of service as specified on the ISP	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Bathing (0-5 x per week) 5-25 min	BC		BC		BC		
Oral Hygiene (0-5 x per week) 5-10 min	BC	BC	BC	BC	BC		
Nail Care (0-5 x per week) 5-15 min	BC						
Toileting (0-30 x per week) 5-15 min	BC	BC	BC	BC	BC		
Supervision (0-7 x per week) up to 24 hours	BC	BC	BC	BC	BC		
Home activities (0-5 x per week) 5-30 min	BC	BC	BC	BC	BC		
Emergency Care (0-7 x per month) 5-30 min							
Household chores (0-7 x per week) 5-45 min	BC	BC	BC	BC	BC		
Clothing care (0-7 x per week) 5-45 min			BC				
Time in:	8:00 am	8:00 am	8:00 am	8:00 am	8:00 am		
Time out:	12:30 pm	12:00 pm	1:00 pm	1:00 pm	11:30 am		
Total number of units:	18	16	20	20	14		
Group Size:	1	1	1	1	1		

Provider Signature: Brenda Case

Notes:

Sample documentation for homemaker/personal care