

Procedure codes: 00010, T1019, T1020, S5135

Services: Homemaker (HMKR), Personal Care (PC) (Unit & Daily), Supervision (SUPV)

This document must be completed for each day you provide care to your client.

- Client Name – Write the client’s full name. Example: Smith, John
- Client ID – Write client ID number, found on authorization to provide services. Example: ND3000100
- Provider Name & ID – Write your full name and provider ID. Example: Smith, Jane
- Date Services Provided – Date format must include full day, month and year. Incomplete dates will not be accepted as proof of documentation. Example: 01/25/2019
- Service Location – Write where the service was provided. If provided in more than one place, you must document both places. Example: Client home and laundromat, include address of all places cares were provided.
- Total Units – Total units you provided care on this day.
 - A unit for 00010, T1019 & S5135 is equal to 15 minutes.
 - A unit for T1020 is equal to one day.
- Rural Differential (RD) - This must be completed if you are receiving an RD rate, specific to your client. RD rates are higher rates authorized for specific clients. Please refer to your Authorization to Provide Services to determine if you have been authorized a Rural Differential rate.
 - If you do not travel to or from the client’s home on the date of service, you cannot charge the higher Rural Differential rate. Therefore, this section would not be completed for the days you do not travel.
 - Time Left Community must be documented with the time you left your community.
 - Time Arrive in Community must be documented with the time you arrive in your client’s community.
- Time In/Time Out – Actual time you began providing authorized services in the client home and actual time you stopped providing authorized services in the client home.
 - If you live with your client, include the time you started care and the time you ended care with no break.
 - Your times must include AM and PM.
 - Example: Time in: 9:05 AM Time Out: 10:55 PM
 - If you provide care one time per day with no breaks, complete one time in and one time out.
 - If you provide care to the client more than one time in the same day, with a break in between, document your times in and times out on the same sheet, on different lines, for each time you provided care.
 - Example:

Time In 9:05 AM	Time Out 10:30 AM
Time In 12:30 PM	Time Out 1:15 PM
Time In 3:30 PM	Time Out 5:00 PM
Time In 8:30 PM	Time Out 9:15 PM
- Check the Tasks Provided
 - Refer to your Authorization to see what codes and services you are approved for your client.
 - Check the box in front of each of the procedure codes/services that you provided that day.
 - Document total units that you provided for each procedure code/service on this day.
 - Check all tasks under each procedure code/service that you actually provided on this day, not just what was authorized.
 - The example listed below is shown on attached example documentation:

Time in – 9:05 AM	Time Out – 10:55 AM	
00010 – HMKR	Total Units = 2	Check Meal Preparation
T1019 – PC	Total Units = 4	Check Dressing, Mobility Outside
S5135 – Supervision	Total Units = 2	Check Supervision as your task provided
- Comments
 - Include any information pertaining to unusual circumstances for the client during the day.
 - Example: Client just returned from a recent hospitalization; The client had a doctor’s appointment this day; include times of appointment if possible; Client refused bathing today; Client not feeling well; Client fell today, etc.
 - If a critical incident, such as a fall occurs that you witness, an incident report must be completed.

Home & Community Based Services

Explanation of Billing Code & Service Log Example

00010 - Unit Rate Homemaker

What is a Unit Rate?
15 Minutes of Service = One (1) Billing Unit
You must bill each day of services on a separate line, day by day

- **00010** is used to bill for in-home homemaker provided under SPED, Ex-SPED & the HCBS Waiver.
- **00010** must also be used to bill for homemaker provided to clients served under the MW for the Intellectual/ Developmentally Disabled.
- Tasks must be performed in the client's home, except for laundry and shopping. Laundry may be performed in the client's home, or at a Laundromat.
- Shopping may be provided if there is no other service provider available or informal network to do the shopping or assist the client with shopping.
- The client cannot accompany the QSP when completing shopping or laundry outside the home under Homemaker Services.
- You cannot provide services in the clients home without the client being present.



If you bill for services provided in 15 minute units, you must deliver at least 8 minutes of service before you can bill for the first 15 minute unit.

Providers cannot bill for services performed for less than 8 minutes.

The amount of time you must work to bill for a larger number of units are as follows:

- * 2 Units — Work at least 23 minutes
- * 3 units — Work at least 38 minutes
- * 4 units — Work at least 53 minutes
- * 5 Units — Work at least 68 minutes
- * 6 Units — Work at least 83 minutes
- * 7 Units — Work at least 98 minutes
- * 8 Units — Work at least 113 minutes

POINTS OF INTEREST

- **All services MUST be prior-authorized**
- **All Prior Authorization information must be entered into the system before payment can be made**
- **The forms listed below are different types of authorizations that you may receive. You may be given only one or a combination of any of these forms:**
 - * SFN 1699 — Authorization to Provide Services
 - * SFN 4 10-Authorization to Provide Waivered Services
- **If you provide services before you receive one of these forms from the Case Manager, you may not receive payments from the Department**

DOCUMENTATION IS REQUIRED!

Dv#d# xddilng# /huyfhn# surylghu#
 #T VS, #/ rx# duh# hvsrqvle d# ru#
 nhhs lqj # ulwhq# hfrugv# ru# dfk#
 fchqw# grfexp hqwlqj #
 wkh# hdyul# r# fdu# ru#
 z klfk# rx# hhn# d|p hqw#

YOUR DOCUMENTATION MUST INCLUDE:

- QSP's Name and ID#
- Client's Name and ID#
- Date Service was Provided
- Time Service Task Started
- Time Service Task Ended
- Number of Units for each Service Performed
- Description of the Task Performed
- Failure to keep the required records can result in your termination as a QSP. Your records must be saved for 42 months from the last date of service. You need to keep these records even if you stop providing care to the client!

• If laundry and shopping are authorized tasks, you can also bill for the time it takes to drive from the clients home to the Laundromat or store and back.

Home & Community Based Services

Explanation of Billing Code & Service Log Example

T1019 - Unit Rate Personal Care



If you bill for services provided in 15 minute units, you must deliver at least 8 minutes of service before you can bill for the first 15 minute unit.

Providers cannot bill for services performed for less than 8 minutes.

The amount of time you must work to bill for a larger number of units are as follows:

- * 2 Units — Work at least 23 minutes
- * 3 units — Work at least 38 minutes
- * 4 units — Work at least 53 minutes
- * 5 Units — Work at least 68 minutes
- * 6 Units — Work at least 83 minutes
- * 7 Units — Work at least 98 minutes

DOCUMENTATION IS REQUIRED!

Dv#d# xddilg#/huyifh#surylghu#
 #T VS,#rx#duh#hvsrqvleoh#ru#
 nhhs lqj # ulwhq#hfrugv#ru#hdfk#
 fdngw#grfxp hqwlqj #
 wkh#ghdyhu|#r#fdh#ru#
 zklfk#|rx#hnh#sd|p hqw#

YOUR DOCUMENTATION MUST INCLUDE:

- QSP's Name and ID #
- Client's Name and ID#
- Date Service was Provided
- Time Service Started
- Time Service Ended
- Number of Units for each Service
- Description of the Task Performed
- Failure to keep the required records can result in your termination as a QSP. Your records must be saved for 42 months from the last date of service. You need to keep these records even if you stop providing care to the client!

What is a Unit Rate? 15 Minutes of Service = One (1) Billing Unit You must bill each day of services on a separate line, day by day

Personal Care Service may be performed outside the client's home in lieu of the same tasks being performed in the client's home. Billing for tasks provided outside of the local trade area is permitted but you should check with the County Case Manager to discuss limitations.

You cannot bill in blocks of time on one line of the claim for example, per week, per month etc.

Personal Care Services may be provided for a client in their home on the day of "admission" to a Hospital, Nursing Home, Swing Bed, and Intermediate Care Facility and on the day of "discharge".

Personal Care Services cannot be provided and billed for while the client is a patient in a Hospital, Nursing Home, Swing Bed, and Intermediate Care Facility.

T1019 is used for both SPED & MSP unit rate personal care services.

POINTS OF INTEREST

- All services **MUST** be prior-authorized
- All Prior Authorization information must be entered into the system before payment can be made
- The forms listed below are different types of authorizations that you may receive. You may be given only one or a combination of any of these forms:
 - * SFN 1699 — Authorization to Provide Services
 - * SFN 663 — Authorization to Provide Personal Care Services
- If you provide services before you receive one of these forms from the Case Manager, you may not receive payments from the Department

SUPERVISION SERVICE UNIT RATE

EXPLANATION OF BILLING CODE S5135

WRITTEN DOCUMENTATION IS REQUIRED: As a Qualified Service Provider (QSP) you are responsible for keeping written records for each client documenting the delivery of care for which you seek payment. The written record **must** include the QSP's name and ID#, the client's name and ID#, and the date the service was provided, the time the service was started and the time it ended (including AM & PM), the number of units for each service provided and a description of the task (s) performed.

Failure to maintain the required documentation can result in your termination as a QSP. The documentation (records) must be saved for 42 months from the Federal Fiscal year which begins September 30 of the year in which the service/care was delivered. **You need to keep the records even if you stop providing care to the client.**

PROCEDURE CODE S5135 SUPERVISION SERVICE UNIT RATE

S5135 is the code used to bill for SUPERVISION SERVICE, UNIT RATE:

This service is provided on a 15 minute unit basis.

- Payment for supervision cannot be claimed while ADL or IADL supports or homemaker services are being provided. Those tasks must be authorized and billed under personal care or homemaker services.
- Supervision may not be performed outside the client's home/ grounds.
- 15 minutes of service equals one (1) billing unit
- The number of units of service provided on each day of care must be shown on the billing document. Each day must be billed on a separate line.
- A day is considered one calendar day 12:01am - Midnight. A new day starts at 12:01 am.
 - For example: If you provide supervision from 8:00 pm Monday the 15th – 7:00 am Tuesday the 16th. You would bill 16 units (4 hours) on the 15th and 28 units (7 hours) on the 16th.
- Supervision providers must have the cognitive /supervision global endorsement.
- Providers, who provide supervision at night while the client is sleeping, must stay awake while providing this service.

DOCUMENTATION FOR SERVICES PROVIDED: PROCEDURE CODES: 00010, T1019, T1020, S5135
 Homemaker, Personal Care (Unit & Daily), Supervision

INDIVIDUAL QSP

Client Name: DOE, JOHN Client ID #: ND30000000 Provider: DOE, JANE Provider #: 1423456

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

Time In: 8:00 AM Time Out: 10:00 AM Time In: 12:10 PM Time Out: 2:15 PM Time In: _____ Time Out: _____

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

CHECK TASKS PROVIDED:

00010 – 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 & T1020 - 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
<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/UNDRESSING	<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

COMMENTS:

DOCUMENTATION FOR SERVICES PROVIDED: PROCEDURE CODES: 00010, T1019, T1020, S5135
 Homemaker, Personal Care (Unit & Daily), Supervision

INDIVIDUAL QSP

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

DD/MM/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:

00010 – 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 & T1020 - 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
<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

COMMENTS: