

## Documentation

### OAC 5123:2-9-06 (H) Service documentation

- (1) Providers shall maintain service documentation in accordance with this rule and service-specific rules in Chapter 5123:2-9 of the Administrative Code.
- (2) Invoices a provider submits to the department for payment for services delivered shall not be considered service documentation. Any information contained in the submitted invoice may not and shall not be substituted for any required service documentation information that a provider is required to maintain to validate payment for Medicaid services.
- (3) Each provider shall maintain all service documentation in an accessible location. The service documentation shall be available, upon request, for review by the centers for Medicare and Medicaid services, the Ohio department of Medicaid, the department, a county board or regional council of governments that submits to the department payment authorization for the service, and those designated or assigned authority by the Ohio department of Medicaid or the department to review service documentation.
- (4) If a provider discontinues operations, the provider shall, within seven days of discontinuance, notify the county boards for the counties in which individuals to whom the provider has provided services reside, of the location where the service documentation will be stored, and provide the county board with the name and telephone number of the person responsible for maintaining the service documentation.

**Requirements for documentation can be found in service specific rules available on the [dodd.ohio.gov](http://dodd.ohio.gov) website under '[Rules in Effect](#)'.**

**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.

# Sample Homemaker/Personal Care Documentation Sheet

OAC 5123:2-9-30(E)

(Designed for an Independent Provider by DODD 1/1/2014)

<b>Name of provider (6) :</b>	<b>Name of Individual receiving service (4) :</b>
<b>DODD Contract Number (7) :</b>	<b>Medicaid number of individual (3) :</b>
<b>Signature of Provider (8) :</b>	
My signature on this documentation sheet signifies that I have supported the individual as identified in the Individual Service Plan (ISP) and the time in/out and services provided are accurate.	

<b>Type of Service (Routine HPC or HPC/OS/OC) (1)</b>							
<b>Date of Service (2)</b>							
<b>Place of Service (3)</b>							
<b>Description of service as specified in the ISP (10)</b>							
<b>Group Size (9)</b>							
<b>Time in (Begin Time) (12)</b>							
<b>Time out (End Time) (12)</b>							
<b>Number of units of service (11)</b>							

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Sample Situation

Beth Johnson is an independent provider who provides Homemaker/Personal Care (HPC) services to John Smith, who is enrolled on the Individual Options Waiver. Beth delivers routine HPC services after John gets home from his day program on Mondays, Tuesdays, and Thursdays, typically 20-25 units each day. She also delivers up to 32 units of routine HPC services if John's day program is closed during the week. She also provides limited routine HPC and HPC On-site/On-call services on Friday nights. Beth is authorized for up to 85 units of routine HPC and 32 units of onsite/on-call each week. John also has another independent provider who provides routine HPC services and overnight supervision on the days Beth does not work.

John's Individual Service Plan (ISP) requires Beth to provide auditory supervision and the following tasks:

- Meal preparation each day she works
- Assistance with dressing, if John requests help
- Assistance with grocery shopping, particularly with staying within his food budget
- Assistance with laundry, specifically sorting darks and lights
- Community safety- using crosswalks and looking both ways before crossing streets
- Vacuuming and dusting weekly before John gets home from his day program - on behalf of service due to extreme dust allergies
- Overnight Supervision on Fridays- HPC On-site/On-call

**The next page is an example of how Beth might document her services.**

# Sample Homemaker/Personal Care Documentation Sheet

OAC 5123-2-9-30(E)

(Designed for an Independent Provider by DODD 1/1/2014)

Name of provider (6): <b>Beth Johnson</b>	Name of Individual receiving service (4): <b>John Smith</b>
DODD Contract Number (7): <b>6206543</b>	Medicaid number of individual (5): <b>102678432199</b>
Signature of Provider (2): <i>Beth Johnson</i>	
My signature on this documentation sheet signifies that I have supported the individual as identified in the Individual Service Plan (ISP) and the time in/out and services provided are accurate.	



Type of Service (Routine HPC or HPC/OSOC) (1)	Routine HPC	Routine HPC	Routine HPC	Routine HPC	HPC/OSOC	HPC/OSOC	
Date of Service (2)	12/9/13	12/10/13	12/12/13	12/13/13	12/13/13	12/14/13	
Place of Service (3)	John's house & the park	John's house & Kroger	John's house	John's house	John's house	John's house	
Description of service as specified in the ISP (10)							
Meal preparation assistance daily	✓	✓	✓				
Assistance with dressing as needed			✓	✓			
Assistance with shopping at least once per week		✓					
Laundry assistance at least once per week	✓						
Assistance with safety in the community	✓	✓					
Overnight supervision					✓	✓	
On behalf of services - for vacuuming & dusting		✓					
Group Size (2)	1	1	1	1	1	1	
Time in (Begin Time) (11)	4:00 p.m.	3:00 pm.	8:00 am.	9:00 pm.	11:00 p.m.	12:00 a.m.	
Time out (End Time) (12)	9:00 p.m.	9:15 pm.	4:00 pm.	11:00 p.m.	11:59 p.m.	7:00 a.m.	
Number of units of service (11)	20	26	32	8	4	28	

NOTES: Day activity center was closed on Thursday, 12/12/2013, due to weather.

Arrived at 3 p.m. on Tuesday, 12/10/2013 to vacuum and dust prior to John returning home at 4 p.m. per caregiver's instruction.