

	Type of service	Name of individual receiving service	Medicaid ID number of individual receiving service	Name of provider	Provider identifier/contract number	Date of Service	Place of Service	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	Description and details of the services delivered that directly relate to the services specified in the approved ISP as the services to be provided	Group size in which the service was provided	Times the delivered service started and stopped	Number of units of the delivered service	Names of all passengers, including paid staff and volunteers, who were in the vehicle during any portion of the trip and/or commute	Origination and destination points of transportation provided	Name of person accepting delivery of meals, name of delivery driver who attested that delivery occurred, or the common carrier's tracking statement or returned postage-paid delivery invoice	Type of meals provided (i.e., kosher, therapeutic, or standard)	
	Assistive technology	X	X	X	X												Additional requirements for each individual component of assistive technology
	Career Planning - career exploration, job development, self-employment launch, and worksite accessibility components	X	X	X	X	X	X	X	X		X	X					
	Career Planning - benefits education and analysis, career discovery, employment/self-employment plan, and situation observation and assessment components	X	X	X	X	X	X	X	X								
	Vocational Habilitation	X	X	X	X	X	X	X	X		X	X					
	Individual Employment Support	X	X	X	X	X	X	X	X		X	X					
	Group Employment Support	X	X	X	X	X	X	X	X		X	X					
	Adult Day Support	X	X	X	X	X	X	X	X		X	X					
	Non-Medical Transportation	X	X	X	X	X	X	X - SPECIFICALLY THE DRIVER			X	For per-mile rate, number of miles in each distinct commute, as indicated by recording beginning and ending odometer readings or via tracking or mapping by a gps	X				
	Money Management	X	X	X	X	X	X	X	X		X	X or continuous amount of uninterrupted time during which the service was provided					
	Informal Respite	X	X	X	X	X	X	X	X		X						
	Community Respite	X (community respite full day billing unit, community respite partial day billing unit, or community respite fifteen-minute billing unit)	X	X	X	X	X	X	X		Date and time of the individual's arrival at and departure from the community respite service delivery location						
	Environmental Accessibility Adaptations	X	X	X	X	X	X	X	X								
	Transportation	X	X	X	X	X	X	X	X			Total Number of miles of transportation provided	Number of individuals being transported	X			
	Specialized medical equipment and supplies	X	X	X	X	X	X	X	X								
	Nutrition Services	X	X	X	X	X	X	X	X	X	X	X					
	Home-Delivered Meals	X	X	X	X	X	X	X			Time that meals were delivered	Number of meals delivered			X	X	When a provider uses a common carrier for meal delivery, the provider will verify the success of the delivery by retaining the common carrier's tracking statement or returned postage-paid delivery invoice. A provider may use an electronic system to verify delivery. If meals are delivered for a week at a time (in appropriate packaging), each meal shall be individual packaged and labeled with the words 'use before' or 'use by,' followed by the month, day, and year by which the meal is to be used.

Homemaker-Personal Care	X	X	X	X	X	X	X	X	X	X	X	X	X or continuous amount of uninterrupted time during which the service was provided						
Homemaker-personal care daily billing unit for sites where individuals in the I/O waiver share services	X	X	X	X	X	X	X	X	X	X									
Participant Directed HPC	X	X	X	X	X	X	X	X	X	X	X	X	X or continuous amount of uninterrupted time during which the service was provided						Common law employee shall prepare an accurate timesheet to be verified by the individual receiving PDHPC prior to submission to the financial management services entity
Shared Living	X	X	X	X	X	X	X	X	X	X									
Residential Respite	X	X	X	X	X	X	X	X	X										
Remote Support	X	X	X	X	X	X	X	X	X	X	X	Begin and end time of the remote support service when the backup support person is needed on site	Number of units of the delivered service per calendar day						
Interpreter Services	X	X	X	X	X	X	X	X	X	X	X	X	X						
Waiver Nursing Delegation	X (waiver nursing delegation/assessment or waiver nursing delegation/consultation)	X	X	X	X	X	X	X	X	X	X	X	X or continuous amount of uninterrupted time during which the service was provided						Additional requirements for waiver nursing delegation/assessment (5123-2-9-37 (E)(2) and waiver nursing delegation/consultation 5123-2-9-37 (E)(3))
Social Work	X	X	X	X	X	X	X	X	X	X	X	X	X						
Waiver Nursing	X	X	X	X	X	X	X	X	X	X including the individual's response to each medication, treatment, or procedure performed in accordance with the physical's orders or plan of care	X	X	X or continuous amount of uninterrupted time during which the service was provided						Additional documentation requirements 5123-9-39 (F)(2) re clinical record
Clinical/Therapeutic Intervention	X	X	X	X	X	X	X	X	X	X	X	X	X or continuous amount of uninterrupted time during which the service was provided						
Functional Behavioral Assessment	X	X	X	X	X	X	X	X	X	X									
Participant directed goods and services																			Written invoice that contains the individual's name and medicaid identification number, a description of th item or service provided, the provider's name, the date the item or service was provided, and the provider's charge for the item or services
Participant/family stability assistance	X	X	X	X	X	X	X	X	X	X	X	X	X or continuous amount of uninterrupted time during which the service was provided						
Support Brokerage	X	X	X	X	X	X	X	X	X	X	X	X	X or continuous amount of uninterrupted time during which the service was provided						
Community Transition	X	X	X	X	X	X	X	X	X										Also, detailed description of each expense AND a receipt for each expense with the individual's signature, mark, stamp or other method identified in the ISP to verify his or her receipt of the purchased item or service