

Instructions for Completing New Billing Forms:

1. The form is titled, "Community Residential Habilitation, Respite or Adult Companion Documentation Form."
2. Write in the Participant Name.
3. Write in the Service Coordinator.
4. Write in the Provider Name.
5. Write in the Month/Year.
6. The service (community residential habilitation, respite, or adult companion) has already been check marked.
7. Write in the date.
8. The code for each service (community residential habilitation, respite, or adult companion) has already been listed.
9. List the start time.
10. List the stop time.
11. List the total time. PLEASE USE 15 MINUTE UNITS TO AVOID CONFUSION. 1 HOUR=4 UNITS; 2 HOURS=8 UNITS; 3 HOURS=12 UNITS; 4 HOURS= 16 UNITS; 5 HOURS=20 UNITS; 6 HOURS=24 UNITS.
12. List the number of the training objective(s)---listed on task analysis or IPP---that you provided training on.

A. YOU DO NOT HAVE TO COMPLETE A SEPARATE ENTRY FOR EACH TASK.

EXAMPLE #1: YOU ARE PROVIDING TRAINING ON BATHING, WASHING HAIR, DRESSING, MEAL TIME, TOOTH BRUSHING.

Date: 11-1-06	Code: T2017- UA	Start Time: 6a	Stop Time: 9:15 a	Total Time: 13 units	Training/Objectives#: <u>#1, #3, #4, #5, #9</u> <input type="checkbox"/> N/A (No Training)	Transportation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Total Miles: _____
Summary: Joe required verbal prompts to gather his soap and washcloth. He washed his arms with verbal prompts, but needed physical assistance to wash his legs. He needs help with pouring the correct amount of shampoo. Joe will try to lather his hair, but tends to rub in just one area. He is not able to rinse his hair thoroughly. He was able to pick an outfit when given a choice of two outfits. Joe can put his shirt on, but is not able to button it. He offered his legs when asked to put his pants on. Joe was able to pour his own drink, but did spill some. After he ate, he took his plate to the sink. Joe needs total assistance with tooth brushing. He tends to bite down on the tooth brush and will swallow the toothpaste if not supervised.						
Mileage FROM: _____			TO: _____			
Mileage FROM: _____			TO: _____			
Signature/Title of Provider: <u>Chris Davis</u>						Community Res Hab Provider

EXAMPLE #2: YOU ARE PROVIDING TRAINING ON GROCERY SHOPPING.

Date: 11-1-06	Code: T2017- UA	Start Time: 3:00P	Stop Time: 4:30P	Total Time: 6 units	Training/Objectives#: <u>#12</u> <input type="checkbox"/> N/A (No Training)	Transportation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Total Miles: <u>20</u>
Summary: Joe helped with the grocery list by saying yes or no when asked if they needed certain items. Joe is not able to independently identify items that are needed. Traveled to the local grocery store. Joe does best when we go to the same store. He had some trouble finding items on this trip because the store remodeled and moved things. Joe cannot tell which items are cheaper. He likes to carry coupons with him, but does not understand what they are for.						
Mileage FROM: <u>Home-Dunbar</u> TO: <u>Nitro Wal-Mart</u> Mileage FROM: <u>Nitro Wal-Mart</u> TO: <u>Home-Dunbar</u> Signature/Title of Provider: <u>Chris Davis</u> Community Res Hab Provider						

NOTE: "NO TRAINING" IS ONLY AN OPTION FOR RESPITE AND ADULT COMPANION. COMMUNITY RESIDENTIAL HABILITATION PROVIDERS CANNOT CHECK THIS AND IT WAS DELETED FROM YOUR FORM TO PREVENT CONFUSION.

13. If transportation was part of the training, check "Yes" and list the total number of miles.
14. List the mileage from/mileage to that coincided with this training.
15. Summary: Write a short summary of the training you provided and how well the individual did with the training.
16. Place your signature on the line indicated.
17. Your title has already been provided.
18. ONLY ONE TYPE OF SERVICE CAN BE DOCUMENTED ON EACH FORM. (FOR EXAMPLE, YOU CANNOT DOCUMENT RESPITE AND ADULT COMPANION SERVICES ON THE SAME FORM).
19. Use as many of these forms (page 2) as you need to document the services for the month.
20. Before submitting billing, complete the monthly invoice by placing the total number of hours of service that you have billed each day, along with a monthly total.
21. List the total number of miles for the month.
22. For respite and adult companion providers: BE SURE TO HAVE THE PARENT/GUARDIAN/SFCP SIGN YOUR BILLING INVOICE BEFORE YOU TURN IT IN.
23. Continue to complete task analysis data monthly.
24. Continue to complete any behavioral data monthly.