



**Department of  
Developmental  
Disabilities**

# Service Delivery Documentation Basics

Discuss the required elements documentation must include and what specifically needs to be documented. Resources and templates will also be shared during the session.

Presented by:

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Review Manager

DODD Office of Compliance

## Homemaker Personal Care (HPC) – SERVICE DELIVERY DO

INDIVIDUAL'S NAME: \_\_\_\_\_

PLACE OF SERVICE (Address): \_\_\_\_\_

INDIVIDUAL'S MEDICAID #: \_\_\_\_\_

DATE	1	2	3	4	5	6	7	8	9	10	11	12
Time In												
Time out												
Time In												
Time out												
# of Units												
Ratio of service if other than 1:1												
Supports in Plan Duration / Frequency												



Type your questions  
in the Q&A



We will compile all questions and  
answers and upload to DODD  
website within next few weeks



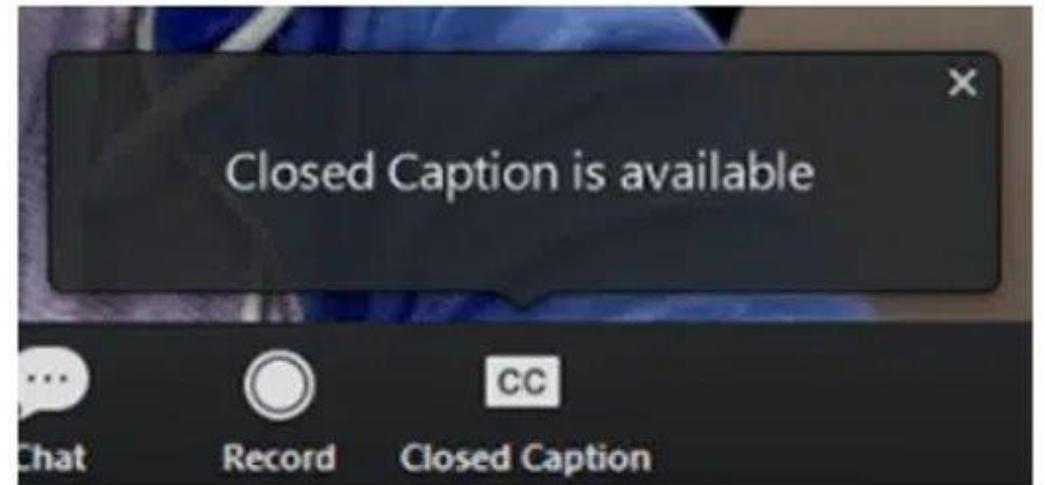
Slides and handouts will be  
uploaded to DODD website after  
the training

## Questions?

# Accessibility on Zoom

To view captions in Zoom, click on the closed captions icon. Alternatively, you may find a link in the chat to open captions in a separate window.

If an interpreter is present, they will always be spotlighted and visible.



# Other Requirements

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This training goes over the service delivery documentation requirements as of October 30, 2025

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This is not an all-inclusive list of all types of documentation a provider is responsible for having/maintaining

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Providers are responsible for knowing and being compliant with all applicable requirements and keeping up to date on changes in requirements

# What is Service Delivery Documentation?

All records and information (from rule)

- Created and maintained contemporaneously (at the same time) with the delivery of services;
- On one or more documents, including documents that may be created or maintained in electronic software programs;
- And kept in a manner as to fully disclose the nature and extent of services delivered.
- That shall include items outlined in service-specific rules in Chapter 5123-9 of the Administrative Code to validate payment for Medicaid services.



# Who Must Keep service delivery documentation?

**All** Providers, examples include:

- Shared Living
- Non-Medical Transportation (NMT) only
- Homemaker Personal Care (HPC)
- Adult Day Array Providers
- Ancillary Service Providers

**If you provide a waiver service, you must have service documentation for it**

# But I am natural support ...?

- Shared living providers cannot also act as natural support for the people to whom they provide shared living services on any day they provide the shared living service.
- Persons providing other services should also not 'clock out' to provide necessary supports as a natural support and then 'clock back in.'
- Ohio Revised Code specifically allows family delegation and for some related providers to administer medications without certification. Because this is authorized by law, it is not considered a natural support and is provided as a paid support.
  - More information about these allowances can be found on DODD website <https://dodd.ohio.gov/home/med-admin/family-medication-administration/family-medication-administration> (Updated 10/2025)
  - Documentation is required and may be on MAR, pharmacy printout, or other, such as service delivery documentation

## Why do I have to document?

- To validate your payment
- For evidence you provided the service billed when requested

## How long do I have to keep documentation?

Records necessary to disclose fully the extent of the services provided must be kept for a period of **six years from the date of receipt of payment or, if an audit has been initiated, until the audit is resolved, whichever is longer**



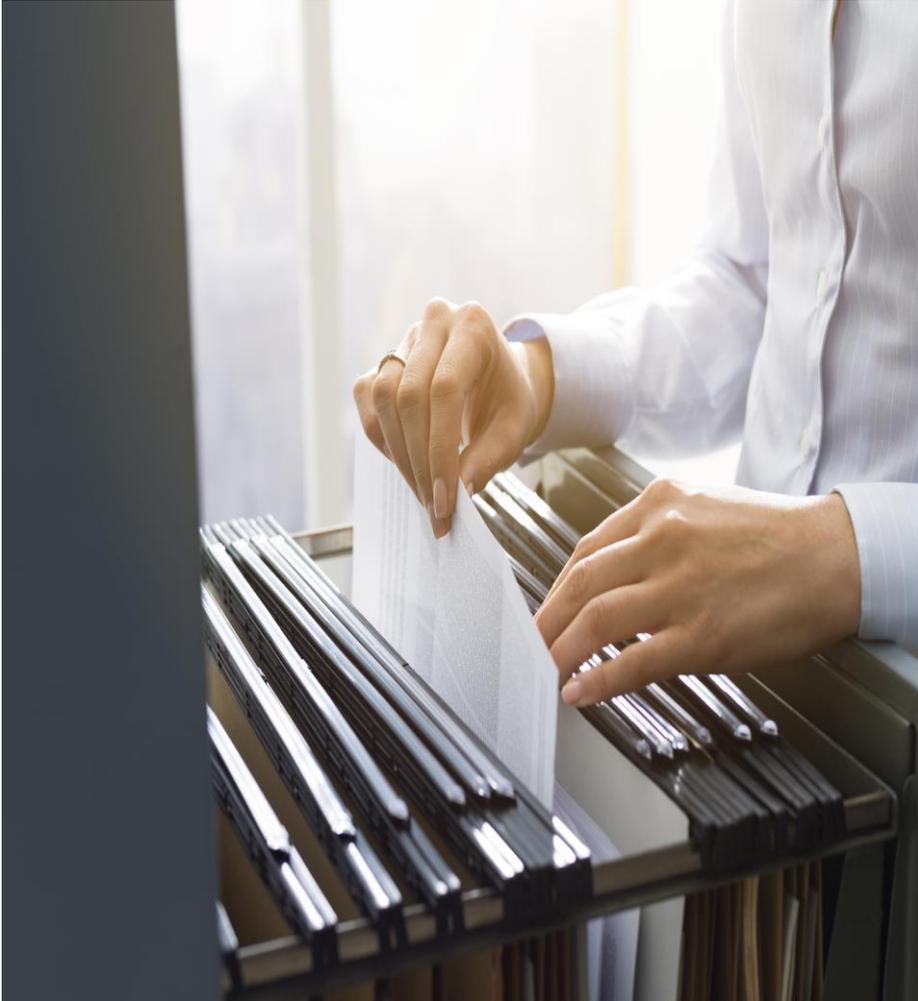
## Service Documentation vs Billing Documentation

- Claims for payment a provider submits to the department for services delivered shall not be considered service documentation
- Any information contained in the submitted claim for payment may not and shall not be substituted for any required service documentation that a provider is required to maintain to validate payment for Medicaid services

## Electronic Documentation

- Electronic documentation systems/signatures should be secured in a manner that ensures no one else can 'sign' on behalf of another person
- Still needs to include all required elements
- Does not need printed out for compliance reviews, only accessible

# Confidentiality



- Agency providers must have a written policy and procedure addressing their management practices regarding confidentiality of a person's records
- Service documentation is to be maintained in an accessible location
- Documentation shall be made available upon request for review by:
  - DODD
  - Ohio Department of Medicaid (ODM)
  - Centers for Medicare & Medicaid (CMS)
  - County board/councils of government (CB/COG) that submits payment authorization for the service to the department
  - Those designated or assigned authority by the department or ODM to review service documentation

# How do I know what to document?

- All DODD rules can be found at <https://dodd.ohio.gov/forms-and-rules/rules-in-effect/administrative-rules-list>
  - Go to [dodd.ohio.gov](https://dodd.ohio.gov), click on Rules & Forms, then Rules in Effect to get to the same place.
- Within each service specific rule, there is a section titled '**Documentation of Services**' that outlines what needs to be included on the service delivery documentation for that service.
- As a provider, you are responsible to know the requirements for each service you provide.

# Rules in Effect on DODD website

# What information looks like in rule

## Chapter 5123-9

### Home and Community-Based Services Waivers

Number	Effective	Title
<a href="#">5123-9-01</a>	01/01/2024	Home and community-based services waivers - enrollment, denial of enrollment, disenrollment, and reenrollment
<a href="#">5123-9-02</a>	01/26/2024	Home and community-based services waivers - ensuring the suitability of services and service settings
<a href="#">5123-9-03</a>	06/30/2023	Home and community-based services waivers - overtime and limit on number of hours in a work week an independent provider may provide services
<a href="#">5123-9-04</a>	07/01/2025	Home and community-based services waivers - waiting list
<a href="#">5123-9-05</a>	03/23/2023	Home and community-based services waivers - retention payments for direct support professionals
<a href="#">5123-9-06</a>	01/01/2024	Home and community-based services waivers - administration of the individual options and level one waivers <a href="#">Appendix A</a> - Funding ranges for individuals enrolled in the individual options waiver by cost-of-doing business categories <a href="#">Appendix B</a> - Cost-of-doing-business categories
<a href="#">5123-9-07</a>	01/01/2024	Home and community-based services waivers - request for prior authorization for individuals enrolled in the individual options waiver
<a href="#">5123-9-11</a>	01/01/2024	Home and community-based services waivers - free choice of providers
<a href="#">5123-9-12</a>	07/01/2025	Home and community-based services waivers - assistive technology under the individual options, level one, and self-empowered life funding waivers <a href="#">Appendix</a> - Billing units, service codes, and payment rates for assistive technology

### (E) Documentation of services

Service documentation for homemaker/personal care ~~shall~~ will 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) Times the delivered service started and stopped.

# Main Service Documentation Requirements

All Services but Participant directed goods and services (As of October 30, 2025)

- Name of person receiving service
- Medicaid ID number of person receiving the service
- Name of provider
- Provider identifier/contract number
- Type of service\*\*\*



## Special Note regarding Type of Service



## **Special Note-Type of Service** for Self-Directed Transportation and NMT

- **NMT**- Specify mode, per trip or per mile
- For **Self-Directed Transportation** provided by vendors of ground transportation available to the general public
  - Type of service is the mode of self-directed transportation for which voucher, card, pass, or token may be used (e.g., bus, light rail transit, livery vehicle, or ride-hailing service)
- For **Self-Directed Transportation via per-mile or per-trip** reimbursement made to a person who meets the provider qualifications in paragraph (C) of this rule and who has a written agreement for provision of self-directed transportation with the person being transported:
  - Type of service is the type of motor vehicle used to provide self-directed transportation (i.e., modified vehicle or non-modified vehicle)

# Main Service Documentation Requirements Continued

## All Services but Assistive Tech and Participant Directed Goods and Services

- Date of Service\*\*\*
- Place of Service\*\*\*
- Written or electronic signature of the person delivery 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\*\*\*

## Special Notes

NMT and HPC Transportation- Place of service is the 'license plate number of the vehicle used to provide the service'

NMT and HPC Transportation- Signature or initials (if signature on file) must come from driver

Waiver Nursing - Description and details must also include the individual's response to each medication, treatment, or procedure performed

Home Delivered Meals- If a common carrier is used, provider will verify success of delivery by keeping tracking statement or invoice; can use electronic system to verify

Community Transition – location of services not required

# Special Notes continued

- For **Self-Directed Transportation** provided by vendors of ground transportation available to the general public:
  - Date of Service is the date of purchase of voucher, card, pass, or token
  - Written signature of the person delivering the service is not required for this type of Self-Directed Transportation
  - Place of Service is not required

For all types of **Self-Directed Transportation**:

- Not required-description and details of the services delivered that directly relate to the services specified in the approved ISP as the services to be provided

# Special Notes continued

- For **Health Care Assessment** (new January 2025)
  - Calendar month and year during which person is subscribed
  - Documentation sheet for each calendar month the person is subscribed
    - Containing date, time, and description of consultation and support provided to person and/or their caregiver
    - Or indicates that no consultation or support were provided that month
- For **Vehicle Modification** (new July 2025)
  - Year, make, model and vehicle identification number of vehicle modified
  - A description of the work performed including a drawing of the alteration made and itemized list of materials and labor with associated costs

# Group Size Needed

- Nutrition Services
- HPC (if not billed at daily rate)
- Participant Directed HPC
- Shared Living
- Remote Support
- Interpreter Services
- Social Work
- Waiver Nursing
- Transportation\*\*\*
- Non-Medical Transportation\*\*\*
- Self-Directed Transportation \*\*\*



\*\*\* See next slide

# Notes for Group Size Documentation

## Transportation

- Names of all individuals who were in the vehicle during any portion of the trip

## Non-Medical Transportation

- Names of all individuals who were in the vehicle during any portion of the trip and/or commute

## Self-Directed Transportation Via Per-Mile or Per Trip Reimbursement

- Number of individuals being transported

# Times the Delivered Service Started and Stopped

- Career Planning - career exploration, job development, self-employment launch, and worksite accessibility components
- Vocational Habilitation
- Individual Employment Support
- Group Employment Support
- Adult Day Support
- Non-Medical Transportation
- Money Management
- Informal Respite
- Community Respite\*\*\*
- Nutrition Services
- Home-Delivered Meals
- HPC (if not billed at daily rate)
- Participant Directed HPC
- Remote Support\*\*\*
- Interpreter Services
- Waiver Nursing Delegation
- Social Work
- Waiver Nursing
- Clinical/Therapeutic Intervention
- Participant/Family Stability Assistance
- Support Brokerage

# Notation on Start and Stop Times

## **Community Respite –**

Date and time of the person’s arrival and departure from the community respite service delivery location

## **Remote Support –**

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

These services specifically require the number of units. Other services allow for an alternative.

- Career Planning – career exploration, job development, self-employment launch, and worksite accessibility components
- Vocational Habilitation
- Individual Employment Support
- Group Employment Support
- Adult Day Support
- Non-Medical Transportation – Per Mile\*\*\*
- Transportation\*\*\*
- Nutrition Services
- Home-Delivered Meals\*\*\*
- Remote Support\*\*\*
- Interpreter Services
- Social Work

# Notation Regarding Number of Units



Home-Delivered Meals – Number of meals delivered



Remote Support – Number of units of the delivered service per calendar day



NMT – Per Mile - 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 global positioning system



Transportation – The number of miles in each trip, as indicated by recording beginning and ending odometer readings or via tracking or mapping by a global positioning system



Self-Directed Transportation at Per-Trip or Per-Mile Reimbursement – Total number of miles of self-directed transportation provided

Number of Units  
**OR**  
the Continuous Amount of  
Uninterrupted Time During  
Which the Service was Provided

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Money Management

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HPC (if not billed at daily rate)

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Participant Directed HPC

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Waiver Nursing Delegation

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Waiver Nursing

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Clinical/Therapeutic Intervention

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Participant/Family Stability Assistance

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Support Brokerage

# Other Required Documentation Items

**NMT and HPC Transportation** -  
Origination and destination points  
of transportation provided

**Home-Delivered Meals** – 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

**Home-Delivered Meals** – Type of  
meals provided (i.e., kosher,  
therapeutic, or standard)

**Assistive Technology** – Additional  
requirements outlined in rule for  
each person's component of  
assistive tech (Consultation,  
Equipment, Service Animal Training  
& Support)

**Participant Directed HPC** -  
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

**Self-Directed Transportation at  
the Per-Trip or Per-Mile  
Reimbursement** – Origination and  
destination points of self-directed  
transportation provided

**Self-Directed Transportation  
Provided by Vendors of Ground  
Transportation Available to the  
General Public** – Receipt indicating  
amount paid

## Other Required Documentation Items Continued

- **Waiver Nursing Delegation** - Additional requirements outlined in rule for waiver nursing delegation/assessment (5123-2-9-37 (E)(2) and waiver nursing delegation/consultation 5123-2-9-37 (E)(3)
- **Waiver Nursing** – Additional documentation requirements outlined in rule regarding clinical record 5123-9-39 (F)(2)
- **Participant Directed Goods and Services** - Written invoice that contains the person's name and Medicaid identification number, a description of the 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
- **Community Transition** - Detailed description of each expense AND a receipt for each expense with the person's signature, mark, stamp or other method identified in the ISP to verify the person's receipt of the purchased item or service

## Other Required Documentation Items Continued

- **NMT at special per-trip rate for community employment**

Requirements prior to authorizing for the service:

- The employment must meet rule definition of competitive integrated employment
- Determined based on estimate of one-way trip from residence to employment
- Person must be made aware of the impact of this rate on their budget and agree to it

Documentation requirements above the NMT per mile requirements

- Name and address of the person's employer
- Number of miles in each one-way trip, as indicated by recording beginning and ending odometer readings or via tracking or mapping by a global positioning system

# Documentation for **Independent** providers providing **Participant Directed HPC (PDHPC)**

- Documentation is submitted to GT Independence, who is the financial management (FMS) service provider
- GT Independence requires these providers use a specific documentation sheet
  - This is not considered 'billing documentation' and is acceptable to use as part of your service delivery documentation
- To ensure compliance, you will need to ensure your documentation includes all the required elements

## What does evidence of ISP Implementation mean?

- ISPs are based on the assessed needs of the person served and are driven by them and the team. They should not be adjusted based on provider convenience.
- Documentation must include a description and details of the services delivered that directly relate to the services specified in the approved ISP as the services to be provided.
  - Documentation needs to support the billing
- If the plan identifies you as a responsible provider for a support and/or an outcome, you must provide this support/experience AND include it on your service delivery documentation.
  - Your consent on the person's ISP is the contract with the person/county board to provide the identified services listed in the ISP.
- Contact the SSA if:
  - You are not providing a support that lists you as the provider
  - You are providing a support that a person needs but is not identified in the ISP

# How do I know if I am listed in the plan? Where do I look?

OhioISP Word Template – Updated 4/29/2025

Assessment area	What is the risk, what it looks like, where it occurs (IT to populate from risk summaries in assessment)	What support must look like, why the person needs this support	Does this risk require supervision? (if yes, please select level)	Who is responsible:
Communication			Choose an item.	
Advocacy & Engagement			Choose an item.	
Safety & Security			Choose an item.	

## Risk Section of ISP

## Outcomes and Experiences

<b>Outcome:</b> <i>What does the person want to accomplish and why?</i>			
<b>Details to Know</b>			
<b>Experiences:</b> <i>In order to accomplish the outcome, what experiences does the person need to have?</i>			
What needs to happen	How it should happen	Who is responsible	When/How often

## Services and Supports

Paid Supports (copy/paste template for additional providers, add/delete lines as needed)

Who is responsible		PROVIDER NAME:			
Assessment area	Funding source	Service name	Scope of service/What support looks like	How often/How much?	Begin date/End date
Choose an item.	Choose an item.			Choose an item.	
Choose an item.	Choose an item.			Choose an item.	
Choose an item.	Choose an item.			Choose an item.	

- Documentation does not have to be word for word as written in ISP, but should be easily cross-referenced to ensure services are provided as outlined in ISP

More information can be found in the Go with the Flow training [Go With the Flow: A Training on OhioISP | Department of Developmental Disabilities](#)

# DODD Documentation Templates

- DODD has approved standardized documentation templates for the most commonly-provided services on our website for provider use.
  - [DODD Documentation Templates](#)
- These templates have been updated with recent rule changes and include all the required elements for that service (as of October 30, 2025).
- If rules change in the future, providers are still be responsible to update their forms if documentation requirements change.
- Providers are not required to use these templates.

# Documentation Crosswalk for all Services

DODD has a Crosswalk on our website that outlines documentation requirements for all services (current as of June 2025)

Updated 6.18.25	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
	Assistive technology	X	X	X	X			
	Consultation, equipment, service animal training, or support							
	Career Planning - career exploration, job development, self-employment launch, and worksite accessibility components	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
	Vocational Habilitation	X	X	X	X	X	X	X

## [Service Delivery Documentation Crosswalk](#)

# Compliance and Service Delivery Documentation

- Issues with or lack of service delivery documentation are some of the most issued citations for agency and independent providers.
- Providers have been suspended or revoked when numerous service documentation citations are included as part of their review.
- If you need assistance with your documentation, reach out to the provider support person at your local county board to review your documentation.
  - The county board is not required to set up your documentation but can walk through the rule and requirements with you.

# Review Tool and Compliance Links

## DODD Provider Resources

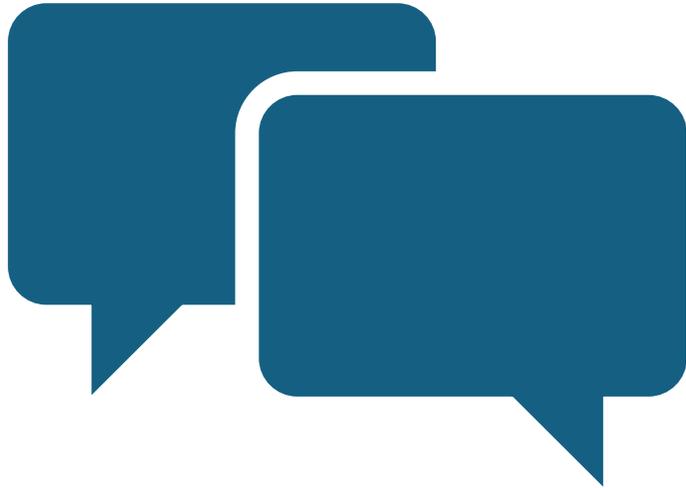
- Provider Training Series
- Agency Review Tool
- Independent Review Tool
- Other Provider Specific Resources
- Compliance Resources

SERVICE DELIVERY and DOCUMENTATION		Service Delivery Documentation Crosswalk
Question #	Question	Guidance/Additional Information
5.001	<p>Does service delivery documentation include the following elements?</p> <ul style="list-style-type: none"> <li>• Date of service,</li> <li>• Individual's name,</li> <li>• Individual's Medicaid number,</li> <li>• Provider name,</li> <li>• Provider number,</li> <li>• Signature or initials of person delivering the service,</li> <li>• Place of service, and</li> <li>• Group size?</li> </ul> <p>5123-9-06; 5123-9-40; 5123-9-37; 5123-9-39; 5123-9-20; 5123-9-24</p>	<p>See service specific rules for documentation requirements.</p> <ul style="list-style-type: none"> <li>• Required elements may be maintained on multiple documents but claims for payment a provider submits to the department for services delivered shall not be considered service documentation.</li> <li>• Place of service and group size are not required for all services.</li> <li>• For non-medical and routine transportation, location is the license plate number of the vehicle used to provide the service</li> </ul>
5.002*	<p>Does the waiver service delivery documentation for all waiver codes include the type of service?</p> <p>5123-9-06; 5123-9-40; 5123-9-37; 5123-9-39; 5123-9-20</p>	<p>See service specific rules for documentation requirements.</p> <ul style="list-style-type: none"> <li>• Required elements may be maintained on multiple documents but claims for payment a provider submits to the department for services delivered shall not be considered service documentation.</li> <li>• NMT requires-mode of NMT provided – per-trip or per-mile.</li> </ul>

# How Do I know if the Rule or Documentation Requirements Change?

## Subscribe to DODD Communications

<https://dodd.ohio.gov/your-family/all-family-resources/Subscribe>



- Rule Notifications- new rules and updates to previous rules
- Memo Monday Newsletter
- DSP Connection
- Upcoming training and other great information

## 2026 Training Topics

Please send any ideas for topics for provider training to [compliance@dodd.ohio.gov](mailto:compliance@dodd.ohio.gov). How can we help you be successful?

### Have Questions?

For questions related to your Provider Certification please call 1-800-617-6733 option 5 or email [Provider.Support@list.dodd.ohio.gov](mailto:Provider.Support@list.dodd.ohio.gov)

For questions related to OhioISP please reach out to [OhioISP@dodd.ohio.gov](mailto:OhioISP@dodd.ohio.gov)

For questions related to waiver services, authorizations, billing, WLA, and eligibility please reach out to [WaiverPolicyTA@dodd.ohio.gov](mailto:WaiverPolicyTA@dodd.ohio.gov)

For questions related to path to employment, day waiver services/outcomes and technology please reach out to the Community Life Engagement Team at [Technologyfirst@dodd.ohio.gov](mailto:Technologyfirst@dodd.ohio.gov)

For general compliance questions please reach out to [Compliance@dodd.ohio.gov](mailto:Compliance@dodd.ohio.gov)

For questions regarding EVV please contact [ODMCustomerCareEmail@Sandata.com](mailto:ODMCustomerCareEmail@Sandata.com)

# QUESTIONS?

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[DODD.OHIO.GOV](http://DODD.OHIO.GOV)



**Department of  
Developmental  
Disabilities**