

Direct Support Service Billing Instructions

- You must have Adobe Reader v. 9.1 or greater to complete billing form.
- Download the free program at www.adobe.com/products/reader.html
The most current version is Adobe Acrobat Reader DC.
- Click the link Direct Support Service Log on www.solutionspbs.com .
- Download document to your computer. Do not open in web browser.
- Once form is completed, save to your computer. Attach the document to an e-mail and send to billing@solutionspbs.com

DIRECT SUPPORT SERVICE LOG

(To be used with Traditional Agency with Choice Service Models)

Line 1:

Type in the first and last name of the client.



MEMBER NAME Mary Smith		PROVIDER AGENCY Solutions PBS			MONTH OF SERVICE May		YEAR OF SERVICE 2016
Service Name		Service Code			January February March April May June July August September		Total Units For This Log 0
*If training was provided, Task Analysis must be							
Date	Identifier	Start Time	Stop Time	TOTAL TIME (Hours)	Staff Initials		
	1	:	:				X
	1	:	:				X
	1	:	:				X
	1	:	:				X
	1	:	:				X
	1	:	:				X
	1	:	:				X
	1	:	:				X
	1	:	:				X
	1	:	:				X
	1	:	:				X
	1	:	:				X

Use Tab key to move to month of service. Click on drop down box to choose the correct month.

Tab to year of service field and type in correct year.

DIRECT SUPPORT SERVICE LOG

(To be used with Traditional Agency with Choice Service Models)

MEMBER NAME	PROVIDER AGENCY	MONTH OF SERVICE	YEAR OF SERVICE		
Mary Smith	Solutions PBS	May	2016		
Service Name	Service Code	Identifier	Total Time For This Log	Total Units For This Log	
Family PCS (1:1)	S5125U5	1		0	
Services provided, Task Analysis must be completed*					
Family PCS (1:1) Home Based PCS (1:1) In Home Respite (1:1)		Stop Time	TOTAL TIME (Hours)	Was Training provided?	Provider / Staff Initials
	1	:			X
	1	:			X
	1	:			X
	1	:			X
	1	:			X
	1	:			X
	1	:			X
	1	:			X
	1	:			X
	1	:			X

Line 2:
Click on drop down box to choose the correct service.



Entering Time:

You may type in date or use drop down box to choose date.

Tab to time field. Enter Start Time. You must choose AM or PM in order for the time-sheet to calculate time and units.

Enter Stop Time. You must choose AM or PM for the time-sheet to calculate.

Tab and enter Yes or No in Was Training provided field.

Finish the row with your initials.

DIRECT SUPPORT SERVICE LOG

(To be used with Traditional Agency with Choice Service Models)

Page 1 of 1

MEMBER NAME Mary Smith		PROVIDER AGENCY Solutions PBS		MONTH OF SERVICE May	YEAR OF SERVICE 2016
Service Name Family PCS (1:1)		Service Code S5125U5		Identifier 1	Total Time For This Log 0

If training was provided, Task Analysis must be completed

Date	Identifier	Start Time	Stop Time	TOTAL TIME (Hours)	Was Training provided?	Provider / Staff Initials
4/15	1	11:15 AM	:			X
		:	:			X
		:	:			X
		:	:			X
		:	:			X
		:	:			X
	1	:	:			X

April, 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Today: 4/19/2016

Transportation:

You may type in date or use drop down box to choose date.

Tab to Travel From field. Enter starting location. The field will expand to fit address.

Tab to Travel To field. Enter ending location.

Tab to Reason for Travel. Enter reason.

Tab to Total Miles. Enter mileage.

Finish the row with your initials.

At the bottom of the page **type** your name in the Provider/Staff Signature Line

TRANSPORTATION LOG

(To be used with Traditional and Agency with Choice Service Delivery Models and if applicable)

Service Code (Use separate pages for miles and trips): A0160HI (Miles) A0121HI (Trip) Page 1 of 1

MEMBER NAME		PROVIDER AGENCY		MONTH OF SERVICE	YEAR OF SERVICE	
Mary Smith		Solutions PBS		May	2016	
Date	Travel From (Starting location)	Travel To (Ending location)	Reason for Travel (must correspond to an objective on the member's IPP)	Total Miles or Trips	Provider/ Staff Initials	
4/15	325 6th Avenue So. Chas	1200 RHL Blvd. So. Chas		5	MS	
	L Blvd. So.	325 6th Avenue So. Chas		5	MS	

April, 2016						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7
Today: 4/19/2016						

Total Miles for this Page: 10

Provider/Staff Signature	Provider/Staff Signature	Service Name
	Signature on File	Family PCS (1:1)
	Signature on File	Family PCS (1:1)

Direct Support Progress Notes:

This form is NOT required.

If you choose to use please complete all required areas of the form.

Finish the sheet by **typing** your name in the Provider/Staff Signature line. There is no need to print and sign if we have your signature on file.

Save the file to your computer. Attach file to email and send to:

billing@solutionspbs.com

DIRECT SUPPORT PROGRESS NOTES

(To be used with Traditional and Agency with Choice Service Models and if something out of the ordinary occurs while providing services)

MEMBER NAME		PROVIDER AGENCY Solutions PBS		MONTH OF SERVICE	YEAR OF SERVICE
Date:		Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Provider/Staff Initials:	
Were there any parts of the goal in which the member did especially well or poor? Did anything out of the ordinary occur (such as illness, behaviors, etc.)? Did the member require more support than usual? How did the member respond to support and services provided?					
Date:		Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Provider/Staff Initials:	
Date:		Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Provider/Staff Initials:	
Date:		Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Provider/Staff Initials:	
Date:		Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Provider/Staff Initials:	
Provider/Staff Signature		Provider/Staff Signature		Service Name	
		Signature on File		Family PCS (1:1)	
		Signature on File		Family PCS (1:1)	