

LOVE RESPECT AND CARE HOME HEALTH AIDE

EMPLOYEE/STAFF SEMI-ANNUAL TRAINING BILLING (TSADF)

I, \_\_\_\_\_, have received training on the following by Love Respect and Care Home Health Aide on \_\_\_\_\_.

- Type- means that the provider is qualified and enrolled with the Department to provide the particular waiver service.
- Scope- means that the specific services to be delivered math the service definition.
- Amount-means that the number of units ordered and documented on the service plan are delivered to the participant.
- Duration-means that services are provided in the amount of time scheduled.
- Frequency-means that services are provided the scheduled number of times and days.

I understand that the purpose of this training is to clarify the meaning of type, scope, amount, duration and frequency of services. I have been trained on the Office of Long Term Living Bulletin number 05-13-05, 08-13-05, 11-13-05, 17-13-05, 19-13-05, 25-13-05, 25-13-05, 26-13-05, 41-13-05,51-13-05, 54-13-05, and 59-13-05. I also understand that this training is required by State Regulation to be done semi-annually. My signature indicates that I will abide by this state Regulation as long as I'm employed by Love Respect and Care Home Health Aide.

Signature \_\_\_\_\_

Date \_\_\_\_\_