

**Directions for Completing the Supervised IRA or CR Residential Habilitation
Daily Narrative Note**

Preparing the "Checklist" for Service Staff	
Agency:	Name of Residential Habilitation agency
Date of Service (mth/dy/yr):	Enter the month, day and year that services are being documented. Services delivered during different days cannot be combined on a single form.
Individual's Name:	"First Name Last Name" of person receiving Residential Habilitation services.
Medicaid ID:	The individual's Medicaid ID Number or CIN (an 8-digit number in the following format, AA12345A).
TABS ID #	Individual's Tracking and Billing System ID #
Primary Service Location:	Street address where Residential Habilitation services are commonly provided

Service Staff Document Services	
Presence Status:	<p>For each day, staff must indicate with the following codes whether a person is present in the residence: P=Present in the IRA or CR, T=Therapeutic Leave Day, or R=Retainer Day</p> <ul style="list-style-type: none"> • A day present in the IRA is the unit of measure denoting lodging and services rendered to the individual on a given day. The code "P" should also be used when 'off-site' services are provided (i.e., an emergency relocation, or staff deliver off-site services of the same scope duration and frequency as occurs when the person is at the residence). • A Therapeutic leave day is a day when the individual is away from the supervised residence and is not receiving services from paid Residential Habilitation staff and the absence is for the purpose of a visiting with family or friends, or a vacation. • A Retainer day is a day when an individual is on medical leave from the IRA, and is receiving services from a hospital, or another institutional or in-patient setting. (All such days should be documented although there are Medicaid payment limits for such days.)
Description of Services:	Write a brief description of the services and staff actions that are drawn from the individual's Residential Habilitation Plan that a staff person delivers during that day.

Staff Signature:	<i>This section <u>must</u> be completed on each Narrative Note.</i>
Staff Signature:	Service staff sign on available space.
Date Note Written (mth/dy/yr):	Enter the month, day and year that the staff person completed the daily narrative note.
Staff Name:	Service staff print his/her name on available space.
Staff Title:	Service staff enter his/her title on the available space.