

**Directions for Completing the Community Habilitation
Documentation Record – Individual Summary**

Preparing the “Checklist” for Service Staff	
Agency Name:	Name of Community Habilitation agency
Location of Services	Street address where Community Habilitation services are commonly provided (or “in the community” if no common service address exists).
Individual’s Name:	“First Name Last Name” of person receiving Community Habilitation services.
Individual’s Medicaid ID:	The individual’s Medicaid Number or CIN (an 8-digit number in the following format, AA12345A).
Services for Calendar Month/Year:	Services delivered during different months cannot be combined on a single form.

Service Staff Document Services		
A	Service Delivery Date:	Service staff enter date of service.
B	Description of Service:	Write a brief description of services/staff actions that are drawn from the individual’s Community Habilitation Plan.
	Service Description:	Service staff initial in the space across from a service description, documenting the provision of that service (at least 1 service must be “initialed” per “session”). By entering initials, staff are attesting that the service or action was provided on that day. Initialing must occur at the time of service delivery.
C	Service Start Time:	Service staff enter the time at which face-to-face services begin (e.g., 10:00 a.m.).
D	Service Stop Time:	Service staff enter the time at which face-to-face services end (e.g., 2:15 p.m.).
E	Total Duration per “Session”:	Service staff calculate the duration of time spent delivering face-to-face services (HH:MM), if services started at 10:00 am and ended at 2:15 pm, staff would enter a duration of “4:15” A “session” is a continuous service period on a given day. For example, if services are delivered from 9:00 a.m. to 11:00 a.m., and again later in the day from 1:00 p.m. to 3:00 p.m., two sessions are delivered during the day. Each “session” must be reported in a separate column of the “checklist.”
F	If served in a group, circle the total number in that group including the identified individual	Circle the number of individuals served during the “session.” The total should have all individuals including the individual for which this individual summary sheet is being completed.

Billing Staff Report Services	
Billing Tally: Date of Service (DOS), At least one service delivered for each session, & Total Duration for Day:	This space is available for agency billing staff to assist with billing for Community Habilitation Services. Note: although there may be multiple sessions on a single day, the agency will “roll-up” the service information and report the total service information for the day, if the sessions have the same staff-to-individual ratio. These columns can be used to “sum” the number of services “initialed” on a given day and the total duration of services.

Staff Signature Log:	<i>This section must be completed on each checklist (even when multiple checklists are submitted for a single month).</i>
Signature:	Service staff sign on available space.
Print Name:	Service staff print name on available space.
Initials:	Service staff initial on available space
Title:	Service staff enter his/her title on the available space