

**INSTRUCTIONS FOR COMPLETING
INDIVIDUAL HABILITATION DAILY SUMMARY SHEET**

CONSUMER NAME = Enter the name of the consumer who is receiving the Individual Day Habilitation service.

CONSUMER MEDICAID ID = The consumer's Medicaid Number or CIN (an 8-digit number in the following format, AA12345A).

CONSUMER TABS ID = Enter the Tracking and Billing System (TABS) identification number assigned to the consumer (e.g., 23456). [*note: this number is automatically assigned when the consumer is registered in TABS. For assistance in obtaining the TABS ID number please contact your DDSO TABS Coordinator*].

AGENCY NAME = Enter the name of your agency that is providing the Individual Day Habilitation service.

SERVICES FOR CALENDAR MONTH/YEAR = Enter the month and year in which the Individual Day Habilitation service(s) was provided (e.g., 02/06).

PRIMARY SERVICE LOCATION = Enter the address of the Day Hab site where the majority of service was provided or "without walls," if appropriate.

SERVICE DELIVERY DATE = Enter the date of service (DD/MM/YY).

SERVICE START TIME = Enter the time at which face-to-face services begin (e.g., 10:00 a.m.).

SERVICE STOP TIME = Enter the time at which face-to-face services end (e.g., 2:15 p.m.).

TOTAL DURATION PER "SESSION" = Calculate the duration of time spent delivering face-to-face services (HH:MM). If services started at 10:00 a.m. and ended at 2:15 p.m., 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 on a separate line of the checklist.

SERVICE DESCRIPTION = List key individualized services or actions by staff drawn from the Individual Day Habilitation Plan. Then initial in the space below a Service Description, documenting the provision of services (at least one 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.

STAFF SIGNATURE LOG = This section must be completed on each checklist (even when multiple checklists are submitted for a single month).

Signature = The staff member providing a service or action should sign his or her name.

Print name = *Print* the corresponding name of the staff member providing a service or action during the month.

Initials = The *initials* of the staff member providing a service or action during the month.

Title = The *title* of the staff member providing a service or action.

BILLING OFFICE TALLY: DOS, SVCS, & COUNTABLE DURATION = These columns can be used to sum the number of services initialed on a given day and the total duration of 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.

INDIVIDUAL DAY HABILITATION MONTHLY SUMMARY NOTE

AGENCY = Enter the name of your agency that is providing the Individual Day Habilitation service.

MONTH/YR OF SERVICE DELIVERY = Enter the month and year in which the Individual Day Habilitation service(s) was provided (e.g., 10/06).

CONSUMER NAME = Enter the name of the consumer who is receiving the Individual Day Habilitation service.

TABS ID = Enter the Tracking & Billing (TABS) identification number assigned to the consumer (e.g., 23456). [*note: this is the number automatically assigned when the consumer is registered in TABS. For assistance in obtaining the TABS ID number please contact your DDSO TABS Coordinator*].

MEDICAID # = The consumer's Medicaid Number or CIN (an 8-digit number in the following format, AA12345A).

AGENCY LOCATION = Enter the address of the Day Hab site where the service was provided or "without walls," if appropriate.

SUMMARY NOTE = Provide a narrative that summarizes the implementation of the consumer's Individual Day Habilitation plan, and addresses the consumer's response to the services provided and any issues or concerns.

SIGNATURE OF STAFF PERSON WRITING THE NOTE = This is the signature of the staff person who wrote the summary note.

TITLE = This is the title of the staff person who wrote the summary note.

DATE = Enter the date, in month, day, year format, that the summary note was written.