

INSTRUCTIONS FOR COMPLETING DAILY CHECKLIST FOR IRA OR CR RESIDENTIAL HABILITATION

AGENCY = Enter name of the Agency providing the IRA or CR Residential Habilitation service.

INDIVIDUAL NAME = Enter name of the individual who is receiving the IRA or CR Residential Habilitation service.

MEDICAID CIN # = Enter individual's Medicaid client identification number (CIN), e.g., AA12345B. It is not mandatory to include this information in the daily documentation; rather, it can appear in the Individualized Service Plan (ISP) or Residential Habilitation Plan.

MONTH / YEAR OF SERVICE DELIVERY = Enter month and year in which the IRA or CR Residential Habilitation service(s) was provided, e.g., 10/02.

PRIMARY SERVICE LOCATION = Enter address of the IRA or CR where service was provided.

STAFF SERVICE OR ACTION = List key individualized services or actions by staff drawn from the Residential Habilitation Plan.

INITIALING FOR SERVICE DELIVERY = For each day the described service or action is provided, the staff person providing the service or action should place his/her initials in the box corresponding to the day of the month the service was provided. For **Supportive sites**, services must be provided at the site, or be initiated or concluded there.

INITIALS KEY = Each staff person who provided and initialed a service or action to the individual during the month *must* be identified in the Initials Key.

- Initials = The *initials* of the staff member providing a service or action.
- Staff name = The *printed name* of the staff member providing a service or action.
- Title = The *title* of the staff member providing a service or action.
- Signature = The *signature* of the staff member providing a service or action.

BILLING DEPARTMENT DATA (Note: this box is for the billing department to use, *as needed*, to assist with determining the appropriate unit of service to bill.)

Check (✓) the box corresponding to the residential program type:

- ✓ **Supervised IRA** – staff on site or proximately available at all times when the individuals are present.
- ✓ **Supervised CR** – staff on site or proximately available at all times when the individuals are present.
- ✓ **Supportive IRA**– staff typically are not on site nor proximately available at all times when the individuals are present.
- ✓ **Supportive CR**– staff typically are not on site nor proximately available at all times when the individuals are present.

Check (✓) the box corresponding to the appropriate enrollment status of the individual during the month:

- ✓ Enrolled in program at least 22 days – check this box if the individual has been enrolled in the residential program for *22 or more days during the month*.
- ✓ Enrolled in program less than 22 days but more than 11 days – check this box if the individual has been enrolled in the residential program for *less than 22 days of the month*.

Check (✓) the appropriate unit of service box that corresponds to the individual’s “countable service days” during the month. *Countable service days* are days on which at least one face-to-face Residential Habilitation service/activity was provided and initialed by staff. **For Supportive sites**, the service or activity must be provided at the site, or be initiated or concluded there.

For individuals residing in a **Supervised IRA or CR**:

FULL MONTH BILLING – Check the appropriate box if:

- **Supervised IRA** - the individual has been enrolled for a minimum of 22 days AND has received 22 or more countable service days during the month; or
- **Supervised CR** - the individual has been enrolled for a minimum of 22 days AND has received 4 or more countable service days during the month.

HALF MONTH BILLING* – Check the appropriate box if:

- **Supervised IRA** – the individual has been enrolled for a minimum of 11 days AND has received at least 11 countable service days during the month; or
- **Supervised CR** – the individual has been enrolled for a minimum of 11 days AND has received at least 2 countable service days during the month.

For individuals residing in a **Supportive IRA or CR**:

FULL MONTH BILLING – Check the appropriate box if:

- **Supportive IRA** - the individual has been enrolled for a minimum of 22 days AND has received 4 or more countable service days during the month. No more than 2 are countable in a week; or
- **Supportive CR** - the individual has been enrolled for a minimum of 22 days AND has received 4 or more countable service days during the month. No more than 2 are countable in a week.

HALF MONTH BILLING* – Check the appropriate box if:

- **Supportive IRA** - the individual has been enrolled for a minimum of 11 days AND has received at least 2 countable service days during the month. No more than 1 is countable in a week; or

* See page 3, **Guidelines for Half Month Billing**.

- **Supportive CR** - the individual has been enrolled for a minimum of 11 days AND has received at least 2 countable service days during the month.

Guidelines for Half Month Billing (1st half of the month or 2nd half of the month) for Supervised IRA or CR and Supportive IRA or CR are as follows:

Half Month (1st half) – Check this box if the individual meets the enrollment and service provision criteria for half month billing **AND** after the last day you provided services to the individual, there were **11 or more days left** in the month. **Note:** should an individual change providers during the month, this would enable the other service provider to bill for services they provided to the individual during the remainder of the month.

Half Month (2nd half) – Check this box if the individual meets the enrollment and service provision criteria for half month billing **AND** after the last day you provided services to the individual, there were **less than 11 days remaining** in the month. **Note:** should an individual change providers during the month, this would enable the other service provider to bill for services they provided to the individual during the beginning of the month.

NO BILLING – Check this box if the individual does not meet any of the above criteria for Supervised IRA/CR or Supportive IRA/CR.