

**INSTRUCTIONS FOR COMPLETING  
SUPPLEMENTAL GROUP DAY HABILITATION DAILY SUMMARY SHEET**

**AGENCY** = Enter the name of your agency that is providing the Supplemental Group Day Habilitation service.

**MONTH/YEAR OF SERVICE** = Enter the month and year in which the Supplemental Group Day Habilitation service(s) was provided (e.g., 02/06).

**CONSUMER NAME** = Enter the name of the consumer who is receiving the Supplemental Group Day Habilitation service.

**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*].

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

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

**PRGM DAY/NOT PRGM DAY** = Enter "P" if the service/staff action is delivered during the "program day duration" and "N" if the service is delivered during time that does not qualify as part of the "program day duration" (e.g., mealtime, to/from transportation and time at another Medicaid service).

**DESCRIPTION OF THE INDIVIDUALIZED STAFF SERVICE/ ACTION PROVIDED** = List key individualized services or actions by staff drawn from the Group Day Habilitation Plan.

**STAFF PROVIDING SERVICE/ACTION MUST INITIAL THE DATE THE SERVICE/ACTION WAS PROVIDED** = 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 (e.g., the service is provided on the 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 12<sup>th</sup>, 13<sup>th</sup>, 21<sup>st</sup>, 25<sup>th</sup> and 28<sup>th</sup> day of a given month. In the box for each one of those days, the staff member providing the service should place his/her initials to verify that the service or action was provided.).

**TOTAL # OF SERVICES** = Enter the total number of "P-program day" services delivered for the day.

**TOTAL PRGM DAY DURATION** = Circle "F" for full if the consumer received four or more hours of service provision for the day. Circle "H" for half if the consumer received more than two hours of service but less than four hours of service provision for the day. Circle "L2" if the consumer received less than two hours of service provision for the day. (note: *mealtime, time at another Medicaid service and the*

transportation to and from the other Medicaid service, and time spent transporting the consumer to and from the day habilitation site does not count toward the program day duration).

**SERVICE START TIME** = Enter the time Supplemental Group Day Habilitation services start.

**SERVICE END TIME** = Enter the time Supplemental Group Day Habilitation services end.

**IF CONSUMER RECEIVED OTHER MA SERVICE** = If the consumer receives another Medicaid service during the Supplemental Group Day Habilitation program day (e.g., a clinic service), staff must record the time the consumer leaves the Supplemental Group Day Habilitation program (Time left Day Hab) and the time the consumer returns to the Supplemental Group Day Habilitation program (Time Rtrn Day Hab).

**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.

**BY SIGNING BELOW STAFF ARE VERIFYING THAT ON EACH SERVICE DATE RECORDED ON THIS FORM, THE PROGRAM DAY DURATION IS ACCURATELY DOCUMENTED** = The total Program day duration entries recorded on the individual Summary Sheet for the month must be verified. The staff person verifying the individual summary sheet should sign their name on the *signature* line, print their name on the *Print Name* line, and put their title on the *title* line.

**SUPPLEMENTAL GROUP DAY HABILITATION MONTHLY SUMMARY NOTE**

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

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

**CONSUMER NAME** = Enter the name of the consumer who is receiving the Supplemental Group 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).

**SUPPLEMENTAL GROUP DAY SITE 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 individual's Group 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.