

**Instructions for Completing the Daily Checklist for  
State Sponsored Family Care Residential Habilitation  
(EFFECTIVE 7/1/15, REVISED 5/2019)**

The information provided in the daily checklist is documentation required to demonstrate that Medicaid billable services were provided to the individual listed on the document.

This information is used by the DDSO to bill Medicaid on behalf of the Family Care Provider and accuracy is verified by the Family Care Provider when initialing for services, as well as by the Family Care Home Liaison by signing the statement at the bottom of the sheet. The information is also used by the DDSO to determine the method of payment calculation for the Family Care Provider, if appropriate (e.g., FCRH results in TABS calculated payment).

**1. Complete the Family Care Identifying Information:**

OPWDD-DDSO:            Name of DDSO.

[Note: In order to comply with the format required for state-operated services, "OPWDD" has been identified before the DDSO name].

Month/Year of Service Delivery:    Calendar Month and Year of service provision.

Individual's Name:        First Name and Last Name of individual receiving Family Care Residential Habilitation Services.

TABS ID:                 Code which identifies the individual in TABS. For assistance in obtaining the TABS ID number, contact the DDSOO TABS Coordinator.

Family Care Provider:    Print the name of the certified Family Care Provider providing services for the individual.

Family Care Provider Address:    Print the address of the certified Family Care Home.

Family Care Co-Provider:        Print the name of the certified Family Care Co-Provider (if applicable) providing services for the individual.

Family Care Provider / Co-Provider Signature:    The Family Care Provider (and Co-Provider if applicable) signs in the designated space.

Initials:                 The Family Care Provider (and Co-Provider if applicable) initial in the designated space; this creates the key for service provision on the daily checklist.

**2. Complete the appropriate information under the “Description of the Individualized Service/Action Provided”.**

Description of the Individualized Service/Action Provided: The Family Care Home Liaison writes a description of services/actions which are drawn from the individual’s Family Care Residential Habilitation Plan/Staff Action Plan.

Calendar Area The Family Care Provider/Co-Provider initials the space beneath the appropriate service date, documenting the provision of the service identified in the first column. By entering the initials, the Family Care Provider/Co-Provider is attesting that the service or action was provided on that particular day. Initialing must occur at the time of service delivery.

**3. Family Care Provider completes the “Exceptions” Box in the lower right quadrant.**

Exceptions: This area should be used to note any time the individual was hospitalized, in a nursing home, ICF/IID, on any temporary leave from the home, or when service was provided in an uncertified setting.

**4. Family Care Home Liaison completes the bottom rows of the checklist.**

The Family Care Home Liaison reviews the exceptions (listed by the Family Care Provider) and then reviews each column of the checklist and places a mark (“X”) in the appropriate space for each calendar day. It is expected that TABS activity recording will occur for each day the individual is enrolled in the Family Care program (one “X” per column must be marked).

**Medicaid Billable Day (HCBDF)**

HCBDF is the TABS billing activity code that is used for each day that services are provided, and the service requirements are met to allow OPWDD to bill Medicaid for that day.

**For each Medicaid billable day**, the Family Care Home Liaison will mark an “X” in the HCBDF box for that day. This will reflect the appropriate TABS billing activity code that will be entered into TABS for that day.

**Non-Billable Day (HCBNF)**

**For each Non-billable day**, the Family Care Home Liaison will mark an “X” in the HCBNF box for that day. This will reflect the appropriate TABS billing activity code that will be entered into TABS for that day.

**5. Information for TABS Data Entry: The Family Care Home Liaison or other designated staff verifies any Exceptions noted on the form and then completes the remaining information for data entry.**

The top set of check-boxes are used to identify countable days for which the certified Family Care Provider will be paid.

Remember, any Family Care Residential Habilitation payment error, first final, or second final reports generated through data entry must be maintained for a period of one year in a designated office at the DDSOO.

- Op Cert # of the Family Care Home: Enter the Operating Certificate number that has been assigned to the Family Care Home where the individual was enrolled during the month. If the individual was enrolled in two homes during the month, a FCRH form must be completed for each home with the service activities noted in the checklist area for the appropriate home. (Note: for assistance in obtaining the Op Cert #, contact the DDSOO TABS Coordinator.)
- FCRH: Check this code when:
- The documentation demonstrates the residency and service requirements for 22 or more countable service days during the month; or
  - The documentation demonstrates the residency and service requirements for countable service days during the month and days the individual was on leave, temp out or trial placement status (in a hospital, nursing home, or ICF/IID during the month as defined by TABS Census reporting) totaling 22 or more days; or
  - The individual was permanently enrolled in two homes during the month and received services in both homes.
- No Payment: Check this code when the individual was not in the home during the month or received no billable face-to-face Family Care Residential Habilitation Services.
- Off Line Payment: Check this code when the documentation demonstrates that the residency and service requirements were met for at least 1 day in the service month, but the total service days do not reach the 22-day level for Family Care Residential Habilitation (e.g. temp out of the Family Care home). A copy of the checklist is sent to the Family Care Home Liaison or designee for off-line processing.
- Data Entered By: Enter the initials of the DDSOO staff member who is entering the daily activity reporting codes into TABS.
- Date Entered: Enter the date the service reporting information was entered into TABS.

## **6. Verification Statement must be completed by the Family Care Home Liaison.**

Verification Statement: The Family Care Home Liaison prints their name and title and then signs and dates the form (mm/dd/yy) in the spaces provided. By signing and dating, the Family Care Home Liaison is attesting that the Family Care Residential Habilitation Daily Checklist and the information for TABS Data Entry section has been completed accurately to the best of his/her knowledge.

## **7. Family Care Home Liaison completes the required Monthly Summary Note**

The Monthly Summary Note must be attached to the checklist to complete the documentation of services. The monthly note is written by the Family Care Home Liaison, and must include the following elements:

1. The DDSO, individual's name and Medicaid Client Identification Number (CIN). Note that the CIN does not need to be included on the Monthly Summary Note; rather, it can appear in the individual's Family Care Residential Habilitation Plan/Staff Action Plan.
2. Identification of category of waiver service provided as Family Care Residential Habilitation.
3. Month and year of summary note.
4. A summary of the individual's response to services, implementation of the Residential Habilitation Plan/Staff Action Plan and any issues or concerns. The note should also reflect instances where the individual was away from the Family Care Home (i.e. in the hospital or SNF).
5. Signature and title of the Family Care Home Liaison.
6. Date (Month/Day/Year) the monthly summary note was written (must be written by the end of the month following the month of service, e.g. the November monthly summary note must be written by the end of December).