

TARC Self-Determination (SD) **Attendance Record for Day and Residential** for Beneficiary (first & last) \_\_\_\_\_

MONTH: \_\_\_\_\_ 2020

Pay Period From: \_\_\_\_\_ through \_\_\_\_\_ Personal Administrator's First & Last Name: \_\_\_\_\_

DATE (mm/dd/yy)	Description of RESIDENTIAL Service provided
EXAMPLE: 11/01/11	C, M, H

Day Services Time In & Out (AM/PM)	Total Day Service Hours	Description of Day Service activity <small>V = Volunteer R= Recreation W = Work S= Social SH=Shopping</small>	Location of Day Service(s)
7:00 AM 9:00 AM	2	R & SH	example: Library
<b>TOTAL HOURS:</b>			

**KEY:**  
**RESIDENTIAL:** In order to bill Medicaid for the daily rate a service/support must be physically provided at the residence of the person supported and documented. Below is a list of approved description codes:  
 C = Cleaning      M = Meal Prep      H = Hygiene  
 MM = Money Mgmt      SH = Shopping  
 MA = Med. Appt or Administration

**Day -**  
 In order to bill for portions of the daily rate, the beneficiary must have been out of the home , unless they have an approved day services exception or operate a home business, participating in activities consistent with the Person Centered Support Plan (PCSP).

**THIS ATTENDANCE RECORD IS FOR MEDICAID BILLING PURPOSES ONLY!  
 THIS IS NOT A TIMESHEET**

*Effective 10/01/16*

Personal Administrator Signature \_\_\_\_\_ Date: \_\_\_\_\_

<b>SD ONLY:</b> Residential units _____
SD Signature: _____
SD Date: _____ Day units _____