

Waiver Documentation for HOMEMAKER/PERSONAL CARE SERVICES- Shared Living

Waiver Recipient: Mickey Mouse		Provider Name: Disney World		Service Location: 45 Cheese St., Tallmadge	
Medicaid #: 100900500500		Provider #: 7712345		County: Summit	
*Staffing ratio is 1:1 (staff to recipient) unless otherwise noted				*All services provided in the home (service location) unless otherwise noted	
Month/Year: October 2012					

Billing Daily Rate

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Daily	1	1	1	1	1																										

Codes- 1-Billable day (unit), NB-Non billable because received HPC services from another provider, NSP-No Services Provided-Non billable day because person was away for full 24 hours.

Observations/Comments/Unusual Occurrences-UIR/MUI written/Service Refusals/Absences/Location changes/Ratio Changes/Use of On Site-On Call or Emergency Level One Services

DATE	Initials	Entry:
10-1-12	LW	He chose to go to the library then McD's for dinner.
10-3-12	LW	We walked the neighborhood.
10-5-12	LW	Attended family dr appt for regular check up. Dr Kitson

I certify that I provided the services as noted in this record in accordance with this waiver recipient's ISP. Signature: _____