

## Monthly Summary Note

**Individual's Name:**

Last name

First Name

**Date:** (month/year of service delivery) \_\_\_\_\_

**Individual's Medicaid CIN:**

**Fiscal Intermediary (FI) Agency:** Person Centered Care Services, Inc

This form is completed monthly **by you** with help, as needed, from your designee or staff. The Monthly Summary Note includes:

- 1. Service** – check the service(s) you participated in this month. This service should relate to your valued outcomes.
- 2. Progress** - describe what progress you made towards your personal goals and valued outcomes.
- 3. Follow-up** – state whether you would like any changes to your services and supports or whether you have any service-related concerns.
4. Sign and date the form once it's complete.
5. Send the complete form to your Fiscal Intermediary by the date agreed upon within your FI Memorandum of Understanding (MOU).

**Service(s) (check all that apply):**  Community Habilitation  Supported Employment (SEMP)  Other:

### Progress

**These services and supports helped me:**  Improve my independence at home and in my community  
 Live safely at home  
 Be more involved in my community  
 Improve my health  
 Engage in meaningful activities such as:  
 Work towards the following goals/valued outcomes:

**Brief summary of implementation of the Habilitation Plan(s) (if applicable):**

### Follow-up

**Would you like to change anything about your services and supports?**  No  Yes

If yes, please describe here:

**Do you have any service-related concerns that need to be addressed?**  No  Yes

If yes, please describe here:

### Signing and submitting false information may lead to a charge of Medicaid fraud.

By signing this document, I confirm that I received the services and supports described above and that statements made about them are true:

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date (Mo/Day/Yr)

\_\_\_\_\_  
Print name

The person identified below helped me to complete this form:

\_\_\_\_\_  
Signature of Designee/Staff

\_\_\_\_\_  
Date (Mo/Day/Yr)

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title