

Alternative Service Monthly Attendance Sheet

SAMPLE

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Important: The Certification of Alternative Nonresidential Services form must be submitted prior to billing alternative services.

If you are billing alternative services in September 2020 and October 2020, you must complete this attendance sheet for all persons served who receive alternative services and you must attach the completed sheet to the first person served on your invoice.

Include actual service hours regardless of the unit of service. In other words, if the rate is daily you must still include the hours of service provided.

Please remember that alternative services must meet the person's served current needs. Alternative service delivery is dependent on continued CMS approval.

Please Use Key As Noted:

Hourly Unit = On dates that services were provided, **enter the number of hours, even if the rate is daily.**

AA = Average attendance billing, **no service provided.**

9/20
Month/Year

Vendor Number: HM1234

Vendor Name: My Day Program

Actual
Service
Hours

Hourly Rate Sample

Person Served Name	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	Total		
						Holiday																												
Alternative Service Monthly Attendance Sheet																																		
Jack	AA	0.5	AA					AA	AA	AA	AA			4.75	AA	AA	AA	AA			0.5	AA	AA	4	AA			AA	AA	AA		20		
Sue		AA	AA	AA				AA	AA	AA	0.5			AA	AA	0.5	AA	AA			3.5	AA	AA	3.5				AA	AA	AA		19		
eBilling Sample																																		
Jack	6	6	6					6	6	6	6			6	6	6	6	6			6	6	6	6	6	6			6	6	6	120		
Sue		6	6	6				6	6	6	6			6	6	6	6	6			6	6	6	6	6				6	6	6	114		
																																	0	

Daily Rate Sample

Person Served Name	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	Total		
						Holiday																												
Alternative Service Monthly Attendance Sheet Sample																																		
Sam	AA	2	AA					AA	AA	AA	AA			3.75	AA	AA	AA	AA			1	AA	AA	5	AA			AA	AA	AA		20		
Judy	AA	AA	AA	AA				AA	AA	AA	2.5			AA	AA	1	AA	AA			1.75	AA	AA	0.5				AA	AA	AA		20		
eBilling Sample																																		
Sam	1	1	1					1	1	1	1			1	1	1	1	1			1	1	1	1	1	1			1	1	1	20		
Judy	1	1	1	1				1	1	1	1			1	1	1	1	1			1	1	1	1	1				1	1	1	20		