

ERROR/UPDATE REPORT

Please fill all the following required information:

Consumer Name: _____

Site No: _____ Site Name: _____

Provider No: _____ Provider Name: _____

Service Type: _____

Consumer's Waiver Status: Waiver Non-waiver

Operational Month & Year: _____

Please select type of error or reason for update and provide correct information if applicable:

<input type="checkbox"/> Incorrect Site – Date: __/__/__	<input type="checkbox"/> Incorrect MA#	<input type="checkbox"/> Consumer no longer served – Date: __/__/__
<input type="checkbox"/> New To Agency – Date: __/__/__	<input type="checkbox"/> Incorrect Matrix Level	<input type="checkbox"/> Reimbursable Day Adjustment
<input type="checkbox"/> Incorrect SSN	<input type="checkbox"/> End Date Change Request	<input type="checkbox"/> Other: _____

Agency Comments:

DDA Comments:

Attendance Codes By Service	Days of Attendance								Attendance (Total of P)	Absent (Total of V,A,I,W,O)	Allowable (Total of P,V,A,I,W)	Non-Allowable (Total of O,X)
Residential: P,V,A,O	1	2	3	4	5	6	7	8				
Day: P,V,A,I,W,O,X	9	10	11	12	13	14	15	16				
Supported Employment: P,V,A,O,X	17	18	19	20	21	22	23	24				
CSLA: P,N,H,J,F,R,B,X,Z (X: Use for entire month)	25	26	27	28	29	30	31					

Changes requested by: _____ Date: __/__/__ Phone No: ____-____-____ Date Received by Regional Office: __/__/__

(Agency Staff)

Signature: _____

(Agency Executive Staff)

Date: __/__/__

Approved: _____

(Regional Office Staff)

Date: __/__/__

Changes made by: _____

(DDA-HQ Staff)

Date received by DDA-HQ: __/__/__

Date: __/__/__