**FOR****-PROFIT ELIGIBILITY by Attendance for October 20****\_\_\_\_\_ through September 20****\_\_\_\_\_ – Adult Care**

1. List **all** eligible adults in attendance during the month. Adults living in residential facilities (assisted living/retirement centers/nursing homes) and adults that attend the center on a 3-day or less trial basis, and adults that are tube fed (when the formula is provided by the adult participant) are **not** eligible.
2. Put an X in the Title XIX – Medicaid Recipient column based on the eligible adult’s Medicaid eligibility documentation.
3. Total the number of Title XIX - Medicaid recipients at the bottom of the column.
4. Divide the total number of eligible Title XIX - Medicaid recipients in attendance during the month by the TOTAL number of eligible adults in attendance.

The total number of eligible Title XIX - Medicaid recipients in attendance during the month is \_\_\_\_\_\_\_ divided by the TOTAL number of eligible adults in attendance of \_\_\_\_\_\_\_ = \_\_\_\_\_\_\_ %.

**EXAMPLE:** 12 (eligible Medicaid recipients in attendance) divided by the total attendance of 24 = 50%. The total % **must** meet or exceed 25% each month. You may not round up to 25%.

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| **Number** | **Name of Eligible Adult in Attendance** | **Title XIX –** **Medicaid Recipient** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** | **April** | **May** | **June** | **July** | **Aug** | **Sept** |
| 1 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 3 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 4 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 5 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 6 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 7 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 8 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 9 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 10 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 11 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 12 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 13 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 14 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 15 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 16 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| **Number** | **Name of Eligible Adult in Attendance** | **Title XIX –** **Medicaid Recipient** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** | **April** | **May** | **June** | **July** | **Aug** | **Sept** |
| 17 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 18 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 19 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 20 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 21 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 22 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 23 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 24 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 25 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 26 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 27 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 28 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 29 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 30 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 31 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 32 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 33 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 34 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 35 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 36 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 37 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 38 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 39 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 40 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |

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| **Total Medicaid** |       |       |       |       |       |       |       |       |       |       |       |       |
| **Total Attendance** |       |       |       |       |       |       |       |       |       |       |       |       |
| **Total %\*** |       |       |       |       |       |       |       |       |       |       |       |       |

**\* Percentage must meet or exceed 25% each month**