

Alabama Department of Senior Services Medicaid Waiver Programs  
**Missed/Attempted Visit Report**

Name of Service Provider	Name of AAA/COG/RPC	Name of Case Manager

Date of Visit	Name of Client	# Units Missed	Type of Visit	Type of Service
			<input type="checkbox"/> Missed <input type="checkbox"/> Attempted	<input type="checkbox"/> Homemaker <input type="checkbox"/> Personal Care <input type="checkbox"/> Companion <input type="checkbox"/> Unskilled Respite <input type="checkbox"/> Skilled Respite <input type="checkbox"/> Skilled Nurse LPN <input type="checkbox"/> Skilled Nurse RN <input type="checkbox"/> Adult Day Care
<b>Reason/Explanation and/or Comments</b>			Check Box if Client is at Risk!  <input type="checkbox"/>	

Date of Visit	Same as above	# Units Missed	Type of Visit	Type of Service
			<input type="checkbox"/> Missed <input type="checkbox"/> Attempted	<input type="checkbox"/> Homemaker <input type="checkbox"/> Personal Care <input type="checkbox"/> Companion <input type="checkbox"/> Unskilled Respite <input type="checkbox"/> Skilled Respite <input type="checkbox"/> Skilled Nurse LPN <input type="checkbox"/> Skilled Nurse RN <input type="checkbox"/> Adult Day Care
<b>Reason/Explanation and/or Comments</b>			Check Box if Client is at Risk!  <input type="checkbox"/>	

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<b>Reason/Explanation and/or Comments</b>			Check Box if Client is at Risk!  <input type="checkbox"/>	

Waiver Case Manager must be notified immediately when a missed visit and/or two (2) consecutive attempted visits occur. Complete a separate form for each client (multiple missed visits/services for the same client may be placed on one form) and send to Waiver Case Manager every Monday.

**From:** \_\_\_\_\_

**Date:** \_\_\_\_\_