

**Example 3    Region 3 Behavioral Health Services  
Services Purchased Verification Audit Worksheet**

<b>Provider: The Bridge, Inc.</b>		<b>Service: Therapeutic Community</b>		<b>Reviewer: Melinda Dulitz</b>		<b>Date(s):</b>	
<b>Units Needed:</b>		<b>Units Claimed:</b>		<b>Units Found:</b>			
Participant Name:				Participant Identifier:			
Month(s) Reviewed		Units Claimed		Units Verified			
Admit Date:		Units Claimed		Units Verified			
Discharge Date:		Units Claimed		Units Verified			
1. Assessment is completed.						YES	NO
2. Assessment includes staff signature.						YES	NO
3. Assessment includes license, as applicable.						YES	NO
4. <i>Individual is clinically eligible for the service provided.</i>						YES	NO
5. <i>*Proof of individual attestation of citizenship present in file.</i>						YES	NO
6. <i>**Financial eligibility documentation is present in file.</i>						YES	NO
7. <i>**Financial eligibility documentation is accurate.</i>						YES	NO
8. <i>**Individual meets financial eligibility criteria for Region funding.</i>						YES	NO
9. <i>**Financial eligibility documentation signed by personnel.</i>						YES	NO
10. <i>**Financial eligibility documentation signed by individual.</i>						YES	NO
11. <i>If the individual has insurance, an EOB/claims denial is present in the file.</i>						N/A	YES    NO
12. <i>If the individual has Medicaid, all units shall be reimbursed.</i>						Has Medicaid	Does not have Medicaid
13. Date(s) of service is indicated in file.						YES	NO
14. Date(s) of service agrees with date claimed.						YES	NO
15. Length of service is indicated in file.						YES	NO
16. Length of service agrees with date claimed.						YES	NO
17. Progress Note number of units billed is indicated.						YES	NO
18. Progress Note is legible/complete/sufficient to determine nature/content of services.						YES	NO
19. Progress Note includes staff signature.						YES	NO
20. Progress Note includes license, as applicable.						YES	NO
*No attestation of citizenship or lawful presence: EPC hold, MH or SUD Crisis Assessment, ER Psychiatric Observation, Crisis Response Teams and 24 hour Crisis Lines. If accessed involuntarily for the consumer (e.g. MHB or court ordered), ER services also include Acute Inpatient, Sub acute, Crisis Stabilization, Social Detoxification, and Hospital Diversion/Crisis							
**No proof of financial eligibility: 24 hour Crisis Lines, Crisis Response Teams, ER Community Support, Housing Related Assistance & Peer run hospital diversion programs with stays less than 24 hours only							
<i>Italicized font indicates automatic payback of all units.</i>							