

SERVICE VALIDATION TOOLS

Instructions

- A.**
1. Enter agency info on the Summary Tab. It will populate each validation tab (just left hand column as right hand column may vary).
 2. This is where you can see a summary of any scores collected by this workbook. Hide rows which don't apply.
- B.** Click the tab directly for the service you would like to validate or use link below to take you directly there from this page.
- C.** For each service, there may be two or three categories of documentation.
1. In each, the first category will come from the Portal/Data System.
 2. If there are only two categories, the second will exclusively be from the document named at the top of the heading.
 3. If there are three categories, the one in the middle will still come from the Provider to validate however, it is collected from other first hand documentation.
- D.** When entering durations, please make sure you are using comparable units (minutes to minutes).
- E.** If you need to reference 65E-14.021, you can either visit the next tab directly or, from any covered service tab, click the hyperlinked text on each tab and it will take you to it.
- F. Other Notes**
- Appropriate for Billing: Answer only yes or no. Any answer other than yes or no will skew scoring. You are identifying if all components are included to make this appropriate to be billed to SEFBHN. If in doubt, consult your Director.
1. Appropriate Quality: If you previously stated this is not applicable to billing, your answer to quality is N/A. Otherwise, select only Yes or No. Any answer
 2. Other Comments: If you deemed something inappropriate to be billed or as not being of an appropriate quality, please explain why.
- G. Billing Accuracy**
1. Do these match?: Answer only yes, no, or partial. Any answer other than these will skew scoring. You are identifying whether the service documentation
 2. Score: This will automatically update based upon whether you entered yes, no, or partial.
 3. Average: This will automatically calculate the average percent of accuracy between supporting documentation and information entered into the Carisk

Covered Services

[Aftercare](#)
[Assessment](#)
[Care Coordination](#)
[Case Management](#)
Community Action Treatment (CAT) Team - Validate the individual unbundled services
Comprehensive Community Service Team - Validate the individual unbundled services
[Crisis Stabilization](#)
[Crisis Support/Emergency](#)
[Day Care](#)
[Day Treatment](#)
[Drop-in/Self-Help Centers](#)
Florida Assertive Community Treatment (FACT) Team - Validate the individual unbundled services
[HIV Early Intervention Services](#)
[Incidental Expenses](#)
[Information and Referral](#)
[In-Home and On-Site](#)
[Inpatient](#)
[Intensive Case Management](#)
[Intervention - Individual](#)
[Intervention - Group](#)
[Medical Services](#)
[Medication-Assisted Treatment](#)
[MH Clubhouse](#)
[Outpatient - Individual](#)
[Outpatient - Group](#)
[Outreach](#)
[Prevention – Indicated](#)
[Prevention – Selective](#)
[Prevention – Universal Direct](#)
[Prevention – Universal Indirect](#)
[Recovery Support - Individual](#)
[Recovery Support - Group](#)
[Residential Level I](#)
[Residential Level II](#)
[Residential Level III](#)
[Residential Level IV](#)
[Respite Services](#)
[Room and Board with Supervision Level I](#)
[Room and Board with Supervision Level II](#)
[Room and Board with Supervision Level III](#)
[Room and Board with Supervision Level IV](#)
[Short-term Residential Treatment](#)
[Substance Abuse Inpatient Detoxification](#)
[Substance Abuse Outpatient Detoxification](#)
[Supported Employment](#)
[Supportive Housing/Living](#)
[Treatment Alternatives for Safer Communities \(TASC\)](#)

(a) Aftercare.

1. Description – Aftercare activities include individual participation in daily activity functions that were adversely affected by mental illness or substance abuse impairments. Relapse prevention issues are important in assisting the individual's recognition of triggers and warning signs of regression. Aftercare services help families and pro-social support systems reinforce a healthy living environment.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-paragraph (3)(a)1.a.(III) of this rule.

4. Data Elements:

a. Service Documentation – Activity Log:

- (I) Covered Service;
- (II) Staff name and identification number;
- (III) Recipient name and identification number;
- (IV) Service date;
- (V) Duration;
- (VI) Service (specify);
- (VII) Group Indicator; and,
- (VIII) Program.

b. Audit Documentation – Recipient Service Chart:

- (I) Recipient name and identification number;
- (II) Staff name and identification number;
- (III) Service date;
- (IV) Duration; and,
- (V) Service (specify).

(b) Assessment.

1. Description – This Covered Service includes the systematic collection and integrated review of individual-specific data, such as examinations and evaluations. This data is gathered, analyzed, monitored and documented to develop the person’s individualized plan of treatment and to monitor recovery. Assessment specifically includes efforts to identify the person’s key medical and psychological needs, competency to consent to treatment, history of mental illness or substance use and indicators of co-occurring conditions, as well as clinically significant neurological deficits, traumatic brain injury, organicity, physical disability, developmental disability, need for assistive devices, and physical or sexual abuse or trauma.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-paragraph (3)(a)1.a.(II) of this rule.

4. Data Elements:

a. Service Documentation – Service Ticket:

- (I) Recipient name and identification number;
- (II) Staff name and identification number;
- (III) Service date;
- (IV) Duration;
- (V) Covered Service;
- (VI) Service (specify); and,
- (VII) Program.

b. Audit Documentation – Recipient Service Chart:

- (I) Recipient name and identification number;
- (II) Staff name and identification number;
- (III) Service date;
- (IV) Duration; and,
- (V) Service (specify).

(c) Care Coordination

1. Description – Care Coordination is a time-limited service that assists individuals with behavioral health conditions who are not effectively engaged with case management or other behavioral health services and supports for a successful transition to appropriate levels of care. Once engagement in the necessary community-based services is verified, care coordination services are terminated.

2. Programs – Community Mental Health and Community Substance Abuse

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-paragraph (3)(a)1.a.(III) of this rule.

4. Data Elements:

a. Service Documentation – Activity Log:

- (I) Covered Service;
- (II) Staff name and identification number;
- (III) Recipient name and identification number;
- (IV) Service date;
- (V) Duration;
- (VI) Service (specify); and,
- (VII) Program.

b. Audit Documentation – Recipient Service Chart:

- (I) Recipient name and identification number;
- (II) Staff name and identification number;
- (III) Service date;
- (IV) Duration; and,
- (V) Service (specify).

(d) Case Management.

1. Description – Case management services consist of activities that identify the recipient’s needs, plan services, link the service system with the person, coordinate the various system components, monitor service delivery, and evaluate the effect of the services received. This covered service shall include clinical supervision provided to a service provider’s personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-paragraph (3)(a)1.a.(III) of this rule.

4. Data Elements:

a. Service Documentation – Activity Log:

- (I) Covered Service;
- (II) Staff name and identification number;
- (III) Recipient name and identification number;
- (IV) Service date;
- (V) Duration;
- (VI) Service (specify); and,
- (VII) Program.

b. Audit Documentation – Recipient Service Chart:

- (I) Recipient name and identification number;
- (II) Staff name and identification number;
- (III) Service date;
- (IV) Duration; and,
- (V) Service (specify).

(e) Community Action Treatment (CAT)

1. Description – This Covered Service, pursuant to section 394.495, F.S., provides

- a. Aftercare;
- b. Assessment;
- c. Care Coordination;
- d. Case Management;
- e. Crisis Support / Emergency
- f. Information and Referral;
- g. In-Home/On-Site;
- h. Intensive Case Management;
- i. Intervention - Individual and Group;
- j. Medical Services;
- k. Outpatient - Individual and Group;
- l. Outreach;
- m. Recovery Support - Individual and Group;
- n. Supported Employment; and,
- o. Supported Housing.

2. Programs – Community Mental Health

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-

4. Data Elements:

a. Service Documentation – Activity Log:

- (I) Staff name and identification number;
- (II) Recipient name and identification number;
- (III) Service date;
- (IV) Duration
- (V) Service (Specify), and
- (VI) Program.

b. Audit Documentation – Recipient Service Chart:

- (I) Staff name and identification number;
- (II) Service date;
- (III) Duration; and,
- (IV) Covered Service provided.

(f) Comprehensive Community Service Team.

1. Description – This Covered Service is a bundled service package designed to provide short-term assistance and guide individuals in rebuilding skills in identified roles in their environment through the engagement of natural supports, treatment services, and assistance of multiple agencies when indicated. Services provided under Comprehensive Community Service Teams may not be simultaneously reported to another Covered Service. Allowable bundled activities include the following Covered Services as defined in subsection (4) of this rule:

- a. Aftercare;
- b. Assessment;
- c. Case Management;
- d. Information and Referral;
- e. In-home/On-Site;
- f. Intensive Case Management;
- g. Intervention;
- h. Outpatient;
- i. Outreach;
- j. Prevention – Indicated;
- k. Recovery Support;
- l. Supported Employment; and,
- m. Supported Housing.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-paragraph (3)(a)1.a.(III) of this rule.

4. Data Elements:

- a. Service Documentation – Service Ticket:
 - (I) Staff name and identification number;
 - (II) Service date;
 - (III) Duration;
 - (IV) Covered Service provided; and,
 - (V) Program.
- b. Audit Documentation – Recipient Service Chart:
 - (I) Staff name and identification number;
 - (II) Service date;
 - (III) Duration; and,
 - (IV) Covered Service provided.

(g) Crisis Stabilization.

1. Description – These acute care services, offered twenty-four hours per day, seven days per week, provide brief, intensive mental health residential treatment services. These services meet the needs of individuals who are experiencing an acute crisis and who, in the absence of a suitable alternative, would require hospitalization.
2. Programs – Community Mental Health.
3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(I) of this rule.
4. Data Elements:
 - a. Service Documentation – Number of licensed bed-days.
 - b. Audit Documentation – License:
 - (I) Beginning date;
 - (II) Ending date; and,
 - (III) Number of beds

(h) Crisis Support/Emergency.

1. Description – This non-residential care is generally available twenty-four hours per day, seven days per week, or some other specific time period, to intervene in a crisis or provide emergency care. Examples include: mobile crisis, crisis support, crisis/emergency screening, crisis telephone, and emergency walk-in.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-paragraph (3)(a)1.a.(I) of this rule.

4. Data Elements:

a. Service Documentation – Duty Roster:

- (I) Staff name and identification number;
- (II) Date;
- (III) Hours on Duty – Beginning and ending time;
- (IV) Covered Service;
- (V) Program; and,
- (VI) Signature of Clinical Director.

b. Audit Documentation – Time Sheet:

- (I) Staff name and identification number;
- (II) Date;
- (III) Hours worked – Beginning and ending time;
- (IV) Program;
- (V) Covered Service; and,
- (VI) Signature of Supervisor.

(i) Day Care.

1. Description – Day care services, in a non-residential group setting, provide for the care of children of persons who are participating in mental health or substance abuse services. In a residential setting, day care services provide for the residential and care-related costs of a child living with a parent receiving residential services.
2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard –Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(II) of this rule, reimbursing a maximum of four hours in a calendar day.
4. Data Elements:
 - a. Service Documentation – Census Log:
 - (I) Covered Service;
 - (II) Program;
 - (III) Recipient (Parent) name and identification number and child’s date of birth; and,
 - (IV) Service date.
 - b. Audit Documentation – Recipient Service Chart:
 - (I) Covered Service;
 - (II) Recipient (Parent) name and identification number and child’s date of birth; and,
 - (III) Service date.

(i) Day Treatment.

1. Description – Day Treatment services provide a structured schedule of non-residential services for four or more consecutive hours per day. Activities for children and adult mental health programs are designed to assist individuals to attain skills and behaviors needed to function successfully in living, learning, work, and social environments. Activities for substance abuse programs emphasize rehabilitation, treatment, and education services, using multidisciplinary teams to provide integrated programs of academic, therapeutic, and family services.
2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard –Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(II) of this rule, reimbursing a maximum of four hours in a calendar day.
4. Data Elements:
 - a. Service Documentation – Census Log:
 - (I) Covered Service;
 - (II) Program;
 - (III) Recipient name and identification number; and,
 - (IV) Service date.
 - b. Audit Documentation – Recipient Service Chart:
 - (I) Covered Service;
 - (II) Recipient name and identification number; and,
 - (III) Service date

(k) Drop-in/Self-Help Centers.

1. Description – These centers are intended to provide a range of opportunities for persons with severe and persistent mental illness to independently develop, operate, and participate in social, recreational, and networking activities.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Non-direct staff hour as defined in subparagraph (3)(a)2. of this rule.

4. Data Elements:

a. Service Documentation:

- (I) Number of Days;
- (II) Time Sheet; and,
- (III) Staff name and identification number.

b. Audit Documentation:

- (I) Time Sheet; and,
- (II) Staff name and identification number.

(l) Florida Assertive Community Treatment (FACT) Team.

1. Description – A FACT team is comprised of slots for participants with a severe
2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Number of Enrolled Participants, notwithstanding the
4. Data Elements:
 - a. Enrollment Documentation:
 - (I) Date and weekly number of enrolled participants;
 - (II) Services provided for participant;
 - (III) Program; and,
 - (IV) Staff identification and signature.
 - b. Audit Documentation – Time Sheet:
 - (I) Staff name and identification number;
 - (II) Date;
 - (III) Hours worked – Beginning and ending time;
 - (IV) Program;
 - (V) Covered Service; and,
 - (VI) Signature of Supervisor.
5. Reimbursement for this Covered Service shall be based upon weekly
 - a. The total value of a service provider's FACT team contract shall be divided by
 - b. The annual cost per participant shall be divided by 52 weeks per year to

(m) HIV Early Intervention Services.

1. Description – This Covered Service is a bundled service package to provide Human Immunodeficiency Virus (HIV) Early Intervention Services in accordance with 65D-30.004, F.A.C. Allowable HIV Early Intervention Services may include one or any combination of the following activities:

- a. Pretest counseling,
- b. Posttest counseling,
- c. Tests to confirm the presence of HIV,
- d. Tests to diagnose the extent of the deficiency in the immune system,
- e. Tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and conditions arising from HIV, including tests for hepatitis C (when provided to individuals with HIV),
- f. Therapeutic measures for preventing and treating the deterioration of the immune system and conditions arising from HIV, and
- g. Linkages to diagnostic tests, therapeutic measures, and HIV specific support services.

2. Programs – Community Substance Abuse.

3. Measurement Standard – Cumulative allowable expenses reported in actual dollars expended, notwithstanding the requirements of paragraph (3)(a) of this rule.

4. Data Elements:

- a. Service Documentation – Census Log:
 - (I) Covered Service;
 - (II) Program;
 - (III) Recipient name and identification;
 - (IV) Receipt for incurred incidental costs;
 - (V) Authorization from the department or appropriate managing entity; and,
 - (VI) Invoice date.
- b. Audit Documentation – Recipient Service Chart:
 - (I) Covered Service;
 - (II) Recipient name and identification number;
 - (III) Invoice date;
 - (IV) Receipt for incurred incidental costs;
 - (V) Associated treatment plan goal; and,
 - (VI) Authorization documentation.

(n) Incidental Expenses.

1. Description – This Covered Service reports temporary expenses incurred to facilitate continuing treatment and community stabilization when no other resources are available. All incidental expenses shall be authorized by the Managing Entity. Allowable uses of this Covered Service include: transportation, childcare, housing assistance clothing, educational services, vocational services, medical care, housing subsidies, pharmaceuticals and other incidentals as approved by the department or Managing Entity.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Cumulative allowable expenses reported in actual dollars expended, notwithstanding the requirements of paragraph (3)(a) of this rule.

4. Data Elements:

a. Service Documentation – Census Log:

- (I) Covered Service;
- (II) Program;
- (III) Recipient name and identification;
- (IV) Receipt for incurred incidental costs;
- (V) Authorization from the department or appropriate managing entity; and,
- (VI) Invoice date.

b. Audit Documentation – Recipient Service Chart:

- (I) Covered Service;
- (II) Recipient name and identification number;
- (III) Invoice date;
- (IV) Receipt for incurred incidental costs;
- (V) Associated treatment plan goal; and,
- (VI) Authorization documentation.

(o) Information and Referral.

1. Description – These services maintain information about resources in the community, link people who need assistance with appropriate service providers, and provide information about agencies and organizations that offer services. The information and referral process involves: being readily available for contact by the individual; assisting the individual with determining which resources are needed; providing referral to appropriate resources; and following up to ensure the individual's needs have been met, where appropriate.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-paragraph (3)(a)1.a.(I), of this rule.

4. Data Elements:

a. Service Documentation – Duty Roster:

- (I) Staff name and identification number;
- (II) Date;
- (III) Hours on Duty – Beginning and ending time;
- (IV) Covered Service;
- (V) Program; and,
- (VI) Signature of Clinical Director.

b. Audit Documentation – Time Sheet:

- (I) Staff name and identification number;
- (II) Date;
- (III) Hours worked – Beginning and ending time;
- (IV) Program;
- (V) Covered Service; and,
- (VI) Signature of Supervisor.

(p) In-Home and On-Site.

1. Description – Therapeutic services and supports, including early childhood mental health consultation, are rendered in non-provider settings such as nursing homes, assisted living facilities, residences, school, detention centers, commitment settings, foster homes, daycare centers, and other community settings.
2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-paragraph (3)(a)1.a.(III) of this rule.
4. Data Elements:
 - a. Service Documentation – Activity Log:
 - (I) Covered Service;
 - (II) Staff name and identification number;
 - (III) Recipient name and identification number;
 - (IV) Service date;
 - (V) Duration;
 - (VI) Service (specify); and,
 - (VII) Program.
 - b. Audit Documentation – Recipient Service Chart:
 - (I) Recipient name and identification number;
 - (II) Staff name and identification number;
 - (III) Service date;
 - (IV) Duration; and,
 - (V) Service (specify).

(g) Inpatient.

1. Description – Inpatient services provided in psychiatric units within hospitals licensed under Chapter 395, F.S. as general hospitals and psychiatric specialty hospitals. They are designed to provide intensive treatment to persons exhibiting violent behaviors, suicidal behaviors, and other severe disturbances due to substance abuse or mental illness.

2. Programs – Community Mental Health.

3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II), of this rule.

4. Data Elements:

a. Service Documentation – Census Log:

- (I) Name of hospital;
- (II) Recipient name and identification number;
- (III) Clinical diagnosis;
- (IV) Service date; and,
- (V) Program.

b. Audit Documentation – Recipient Service Chart:

- (I) Name of hospital;
- (II) Recipient name and identification number;
- (III) Clinical diagnosis;
- (IV) Service date.

(r) Intensive Case Management.

1. Description – Case management services consist of activities aimed at assessing recipient needs, planning services, linking the service system to a recipient, coordinating the various system components, monitoring service delivery, and evaluating the effect of services received. These services are typically offered to persons who are being discharged from a hospital or crisis stabilization unit who are in need of more professional care and who will have contingency needs to remain in a less restrictive setting.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-paragraph (3)(a)1.a.(III) of this rule.

4. Data Elements:

a. Service Documentation – Activity Log:

- (I) Covered Service;
- (II) Staff name and identification number;
- (III) Recipient name and identification number;
- (IV) Service date;
- (V) Duration;
- (VI) Service (specify); and,
- (VII) Program.

b. Audit Documentation – Recipient Service Chart:

- (I) Recipient name and identification number;
- (II) Staff name and identification number;
- (III) Service date;
- (IV) Duration; and,
- (V) Service (specify).

(s) Intervention.

1. Description – Intervention services focus on reducing risk factors generally associated with the progression of substance abuse and mental health problems. Intervention is accomplished through early identification of persons at risk, performing basic individual assessments, and providing supportive services, which emphasize short-term counseling and referral. These services are targeted toward individuals and families. This covered service shall include clinical supervision provided to a service provider’s personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service.
2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard –Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(III) of this rule.
4. Data Elements:

a. Service Documentation – Activity Log:

- (I) Covered Service;
- (II) Staff name and identification number;
- (III) Recipient name and identification number;
- (IV) Service date;
- (V) Duration;
- (VI) Service (specify);
- (VII) Group Indicator; and,
- (VIII) Program.

b. Audit Documentation – Recipient Service Chart:

- (I) Recipient name and identification number;
- (II) Staff name and identification number;
- (III) Service date;
- (IV) Duration; and,
- (V) Service (specify).

(t) Medical Services.

1. Description – Medical services provide primary psychiatric care, therapy, and medication administration provided by an individual licensed under the state of Florida to provide the specific service rendered. Medical services are designed to improve the functioning or prevent further deterioration of persons with mental health or substance abuse problems, including psychiatric mental status assessment. For adults with mental illness, medical services are usually provided on a regular schedule, with arrangements for non-scheduled visits during times of increased stress or crisis.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard –Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(I) of this rule.

4. Data Elements:

a. Service Documentation – Service Ticket:

- (I) Recipient name and identification number or, if non-recipient, participant's name, address, and relation to recipient;
- (II) Staff name and identification number;
- (III) Service date;
- (IV) Duration;
- (V) Clinical diagnosis;
- (VI) Covered Service;
- (VII) Service (specify);
- (VIII) Group Indicator; and,
- (IX) Program.

b. Audit Documentation – Recipient Service or Non-Recipient Chart:

- (I) Recipient name and identification number or if non-recipient, participant's name, address, and relation to recipient;
- (II) Staff name and identification number;
- (III) Service date;
- (IV) Duration; and,
- (V) Service (specify).

(u) Medication-Assisted Treatment.

1. Description – This Covered Service provides for the delivery of medications for the treatment of substance use or abuse disorders which are prescribed by a licensed health care professional. Services must be based upon a clinical assessment and provided in conjunction with substance abuse treatment.
2. Programs – Community Substance Abuse.
3. Measurement Standard – Dosage, as defined in sub-subparagraph (3)(a)4.a. of this rule.
4. Data Elements:
 - a. Service Documentation – Medication Administration Record:
 - (I) Recipient name and identification number;
 - (II) Dosage date;
 - (III) Prescribed dosage;
 - (IV) Clinical diagnosis;
 - (V) Covered Service;
 - (VI) Service (specify); and,
 - (VII) Program.
 - b. Audit Documentation – Recipient Service Chart:
 - (I) Individual name and identification number;
 - (II) Dosage date;
 - (III) Dosage received; and,
 - (IV) Covered Service.

(v) Mental Health Clubhouse Services.

1. Description – Structured, evidence-based services designed to both strengthen and/or regain the individual’s interpersonal skills, provide psycho-social therapy toward rehabilitation, develop the environmental supports necessary to help the individual thrive in the community and meet employment and other life goals and promote recovery from mental illness. Services are typically provided in a community-based program with trained staff and members working as teams to address the individual’s life goals and to perform the tasks necessary for the operations of the program. The emphasis is on a holistic approach focusing on the individual’s strengths and abilities while challenging the individual to pursue those life goals. This service would include, but not be limited to, clubhouses certified under the International Center for Clubhouse Development.

2. Programs – Community Mental Health.

3. Measurement Standard –Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(III) of this rule.

4. Data Elements:

a. Service Documentation – Duty Roster:

- (I) Staff name and identification number;
- (II) Date;
- (III) Hours on Duty – Beginning and ending time;
- (IV) Covered Service;
- (V) Program; and,
- (VI) Signature of Program Manager.

b. Audit Documentation.

- (I) Staff name and identification number;
- (II) Date;
- (III) Hours worked – Beginning and ending time;
- (IV) Program;
- (V) Covered Service;
- (VI) Clubhouse Schedule;
- (VII) Daily consumer sign-in sheet with date; and,
- (VIII) Signature of Program Manager.

(w) Outpatient.

1. Description – Outpatient services provide a therapeutic environment, which is designed to improve the functioning or prevent further deterioration of persons with mental health and/or substance abuse problems. These services are usually provided on a regularly scheduled basis by appointment, with arrangements made for non-scheduled visits during times of increased stress or crisis.

Outpatient services may be provided to an individual or in a group setting. The group size limitations applicable to the Medicaid program shall apply to all Outpatient services provided by a SAMH-Funded Entity. This covered service shall include clinical supervision provided to a service provider's personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-paragraph (3)(a)1.a.(II) of this rule.

4. Data Elements:

a. Service Documentation – Service Ticket:

(I) Recipient name and identification number or, if non-recipient, participant's name, address, and relation to recipient;

(II) Staff name and identification number;

(III) Service date;

(IV) Duration;

(V) Covered Service;

(VI) Service (specify);

(VII) Clinical Diagnosis;

(VIII) Group Indicator; and,

(IX) Program.

b. Audit Documentation – Recipient Service or Non-Recipient Chart:

(I) Recipient name and identification number or, if non-recipient, participant's name, address, and relation to recipient;

(II) Staff name and identification number;

(III) Service date;

(IV) Clinical diagnosis;

(V) Duration; and,

(VI) Service (specify).

(x) Outreach.

1. Description – Outreach services are provided through a formal program to both individuals and the community. Community services include education, identification, and linkage with high-risk groups. Outreach services for individuals are designed to: encourage, educate, and engage prospective individuals who show an indication of substance abuse and mental health problems or needs.

Individual enrollment is not included in Outreach services.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Non-Direct Staff Hour, as defined in subparagraph (3)(a)2. of this rule.

4. Data Elements:

a. Service Documentation – Time Sheet:

- (I) Staff name and identification number;
- (II) Description of activity, including time to plan and prepare;
- (III) Duration;
- (IV) Activity date;
- (V) Program; and,
- (VI) Covered Service.

b. Audit Documentation:

- (I) Activity list;
- (II) Duration; and,
- (III) Supervisor's staff schedule.

(y) Prevention – Indicated.

1. Description – Indicated prevention services are provided to at-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing mental disorders or substance use disorders. Target recipients of indicated prevention services are at-risk individuals who do not meet clinical criteria for mental health or substance abuse disorders. Indicated prevention services are designed to preclude, forestall, or impede the development of mental health or substance abuse disorders. These services shall address the following specific prevention strategies, as defined in Rule 65D-30.013, F.A.C.: education, alternative and problem identification and referral services.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-paragraph (3)(a)1.a.(II) of this rule, measured at a maximum of eight hours per calendar day.

4. Data Elements:

a. Service Documentation – Time Sheet:

- (I) Staff name;
- (II) Staff identifier number;
- (III) Name of Program;
- (IV) Activity Name;
- (V) Activity Description;
- (VI) Program Group Identifier;
- (VII) Activity Date;
- (VIII) Activity duration;
- (IX) Specific Prevention Strategy provided;
- (X) Participant name and identification number;
- (XI) Number of participants served; and,
- (XII) Staff time, including separate planning, preparation and travel time details.

b. Audit documentation:

- (I) Attendances records with date;
- (II) Program Material; and,
- (III) Activity name from the program manual.

(z) Prevention – Selective.

1. Description – Selective prevention services are provided to a population subgroup whose risk of developing mental health or substance abuse disorders is higher than average. Target recipients of selective prevention services do not meet clinical criteria for mental health or substance abuse disorders. Selective prevention services are designed to preclude, forestall, or impede the development of mental health or substance abuse disorders. These services shall address the following specific prevention strategies, as defined in Rule 65D-30.013, F.A.C.: information dissemination, education, alternatives, and problem identification and referral services.
2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Non-Direct Staff Hour, as defined in subparagraph (3)(a)2. of this rule.
4. Data Elements:

a. Service Documentation – Time Sheet:

- (I) Covered Service;
- (II) No change.
- (III) Program name and program group identifier;
- (IV) Description of activity, including time to plan and prepare;
- (V) Duration;
- (VI) Activity Date;
- (VII) Specific Prevention Strategy provided;
- (VIII) Number served; and,
- (IX) Staff time, including separate planning, preparation and travel time details.

b. Audit Documentation:

- (I) Attendance records with date;
- (II) Program Material; and,
- (III) Activity name from the program manual.

(aa) Prevention – Universal Direct.

1. Description – Universal direct prevention services are provided to the general public or a whole population that has not been identified on the basis of individual risk. These services are designed to preclude, forestall, or impede the development of mental health or substance abuse disorders. Universal direct services directly serve an identifiable group of participants who have not been identified on the basis of individual risk. This includes interventions involving interpersonal and ongoing or repeated contact such as curricula, programs, and classes. These services shall address the following specific prevention strategies, as defined in Rule 65D-30.013, F.A.C.: information dissemination, education, alternatives, or problem identification and referral services.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Non-Direct Staff Hour, as defined in subparagraph (3)(a)2. of this rule.

4. Data Elements:

a. Service Documentation – Time Sheet:

- (I) Staff name and identification number;
- (II) Program name and program group identifier;
- (III) Description of activity, including time to plan and prepare;
- (IV) Duration;
- (V) Activity Date;
- (VI) Specific Prevention Strategy provided;
- (VII) Number served; and,
- (VIII) Staff time, including separate planning, preparation and travel time details.

b. Audit Documentation:

- (I) Attendance records with date;
- (II) Program Material; and,
- (III) Activity name from the program manual.

(bb) Prevention – Universal Indirect

1. Description – Universal indirect prevention services are provided to the general public or a whole population that has not been identified on the basis of individual risk. These services are designed to preclude, forestall, or impede the development of mental health or substance use disorders. Universal indirect services support population-based programs and environmental strategies such as changing laws and policies. These services can include programs and policies implemented by coalitions. These services can also include meetings and events related to the design and implementation of components of the strategic prevention framework, including needs assessments, logic models, and comprehensive community action plans. These services shall address the following specific prevention strategies, as defined in Rule 65D-30.013, F.A.C.: information dissemination, community-based processes, and environmental strategies.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Non-Direct Staff Hour, as defined in subparagraph (3)(a)2. of this rule.

4. Data Elements:

a. Service Documentation – Time Sheet:

- (I) Staff name and identification number;
- (II) Description of activity, including time to plan and prepare;
- (III) Duration;
- (IV) Activity Date;
- (V) Specific Prevention Strategy provided, as defined in Rule 65D-30.013, F.A.C.;
- (VI) Number of attendees;
- (VII) Staff time including separate planning, preparation and travel time details; and,
- (VII) For media campaigns, identify the campaign name, number of buys, days and times, and copies of media content.

b. Audit Documentation:

- (I) Meeting minutes with date;
- (II) Meetings materials; and,
- (III) Agenda with date.

(cc) Recovery Support.

1. Description – These services are designed to support and coach an adult or child and family to regain or develop skills to live, work and learn successfully in the community. Services include substance abuse or mental health education, assistance with coordination of services as needed, skills training, and coaching. This Covered Service shall include clinical supervision provided to a service provider’s personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service. For Adult Mental Health and Children’s Mental Health Programs, these services are provided by a Certified Family, Veteran, or Recovery Peer Specialist. For Adult and Children’s Substance Abuse programs, these services may be provided by a certified Peer Recovery Specialist or trained paraprofessional staff subject to supervision by a Qualified Professional as defined in Rule 65D-30.002, F.A.C. These services exclude twelve-step programs such as Alcoholics Anonymous and Narcotics Anonymous.
2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-paragraph (3)(a)1.a.(III) of this rule.
4. Data Elements:

a. Service Documentation – Activity Log:

- (I) Covered Service;
- (II) Staff name and identification number;
- (III) Recipient name and identification number;
- (IV) Service date;
- (V) Duration;
- (VI) Service (specify);
- (VII) Clinical diagnosis;
- (VIII) Group Indicator; and,
- (IX) Program.

b. Audit Documentation – Recipient Service Chart:

- (I) Recipient name and identification number;
- (II) Staff name and identification number;
- (III) Service date;
- (IV) Duration; and,
- (V) Service (specify).

(dd) Residential Level I.

1. Description – These licensed services provide a structured, live-in, non-hospital setting with supervision on a twenty-four hours per day, seven days per week basis. A nurse is on duty in these facilities at all times. For adult mental health, these services include group homes. Group homes are for longer-term residents. These facilities offer nursing supervision provided by, at a minimum, licensed practical nurses on a twenty-four hours per day, seven days per week basis. For children with serious emotional disturbances, Level 1 services are the most intensive and restrictive level of residential therapeutic intervention provided in a non-hospital or non-crisis support unit setting, including residential treatment centers. Medicaid Residential Treatment Centers and Residential Treatment Centers are reported under this Covered Service. On-call medical care shall be available for substance abuse programs. Level 1 provides a range of assessment, treatment, rehabilitation, and ancillary services in an intensive therapeutic environment, with an emphasis on treatment, and may include formal school and adult education programs.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule.

4. Data Elements:

a. Service Documentation – Census Log:

- (I) Covered Service;
- (II) Program;
- (III) Clinical diagnosis;
- (IV) Documentation of medications, if applicable;
- (V) Recipient name and identification number;
- (VI) Service date; and,
- (VII) Residential type.

b. Audit Documentation – Recipient Service Chart:

- (I) Covered Service;
- (II) Recipient name and identification number; and,
- (III) Service date.

(ee) Residential Level II.

1. Description – Level II facilities are licensed, structured rehabilitation-oriented group facilities that have twenty-four hours per day, seven days per week, supervision. Level II facilities house persons who have significant deficits in independent living skills and need extensive support and supervision. For children with serious emotional disturbances, Level II services are programs specifically designed for the purpose of providing intensive therapeutic behavioral and treatment interventions. Therapeutic Group Home, Specialized Therapeutic Foster Home – Level II, and Therapeutic Foster Home – Level 2 are reported under this Covered Service. For substance abuse, Level II services provide a range of assessment, treatment, rehabilitation, and ancillary services in a less intensive therapeutic environment with an emphasis on rehabilitation, and may include formal school and adult educational programs.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule.

4. Data Elements:

a. Service Documentation – Census Log:

- (I) Covered Service;
- (II) Program;
- (III) Clinical diagnosis;
- (IV) Recipient name and identification number;
- (V) Service date; and,
- (VI) Residential type.

b. Audit Documentation – Recipient Service Chart:

- (I) Covered Service;
- (II) Recipient name and identification number; and,
- (III) Service date.

(ff) Residential Level III.

1. Description – These licensed facilities provide twenty-four hours per day, seven days per week supervised residential alternatives to persons who have developed a moderate functional capacity for independent living. For children with serious emotional disturbances, Level III services are specifically designed to provide sparse therapeutic behavioral and treatment interventions. Therapeutic Group Home, Specialized Therapeutic Foster Home – Level I, and Therapeutic Foster Home – Level 1 are reported under this Covered Service. For adults with serious mental illness, this Covered Service consists of supervised apartments. For substance abuse, Level III provides a range of assessment, rehabilitation, treatment and ancillary services on a long-term, continuing care basis where, depending upon the characteristics of the individuals served, the emphasis is on rehabilitation or treatment.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule.

4. Data Elements:

a. Service Documentation – Census Log:

- (I) Cost center;
- (II) Program;
- (III) Recipient name and identification number;
- (IV) Clinical diagnosis;
- (V) Service date; and
- (VI) Residential type.

b. Audit Documentation – Recipient Service Chart:

- (I) Cost center;
- (II) Recipient name and identification number; and,
- (III) Service date.

(gg) Residential Level IV.

1. Description – This type of facility may have less than twenty-four hours per day, seven days per week on-premise supervision. It is primarily a support service and, as such, treatment services are not included in this Covered Service, although such treatment services may be provided as needed through other Covered Services. Level IV includes satellite apartments, satellite group homes, and therapeutic foster homes. For children with serious emotional disturbances, Level IV services are the least intensive and restrictive level of residential care provided in group or foster home settings, therapeutic foster homes, and group care. Regular therapeutic foster care can be provided either through Residential Level IV “Day of Care: Therapeutic Foster Home” or by billing in-home/non-provider setting for a child in a foster home.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule.

4. Data Elements:

a. Service Documentation – Census Log:

- (I) Covered Service;
- (II) Program;
- (III) Recipient name and identification number;
- (IV) Clinical diagnosis;
- (V) Service date; and,
- (VI) Residential type.

b. Audit Documentation – Recipient Service Chart:

- (I) Cost center;
- (II) Recipient name and identification number; and,
- (III) Service date.

(hh) Respite Services.

1. Description – Respite care services are designed to sustain the family or other primary care giver by providing time-limited, temporary relief from the ongoing responsibility of care giving.
2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard –Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(II) of this rule.
4. Data Elements:

a. Service Documentation – Service Ticket:

- (I) Recipient name and identification number;
- (II) Staff name and identification number;
- (III) Service date;
- (IV) Clinical Diagnosis of client;
- (V) Duration;
- (VI) Covered Service;
- (VII) Service (specify); and,
- (VIII) Program.

b. Audit Documentation – Recipient Service Chart:

- (I) Covered Service;
- (II) Recipient name and identification number; and,
- (III) Service date.

(ii) Room and Board with Supervision Level I.

1. Description – This Covered Service solely provides for room and board with supervision on a twenty-four hours per day, seven days per week basis. It corresponds to Residential Level I as defined in paragraph (4)(aa) of this rule. This Covered Service is not applicable for provider facilities which meet the definition of an Institute for Mental Disease as defined by Title 42 CFR, part 435.1010.
2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule.
4. Data Elements:
 - a. Service Documentation – Census Log:
 - (I) Covered Service;
 - (II) Program;
 - (III) Recipient name and identification;
 - (IV) Clinical diagnosis;
 - (V) Service date; and,
 - (VI) Residential type.
 - b. Audit Documentation – Recipient Service Chart:
 - (I) Covered Service;
 - (II) Recipient name and identification number; and,
 - (III) Service date.

(ii) Room and Board with Supervision Level II.

1. Description – This Covered Service solely provides for room and board with supervision on a twenty-four hours per day, seven days per week basis. It corresponds to Residential Level II as defined in paragraph (4)(bb) of this rule. This Covered Service is not applicable for provider facilities which meet the definition of an Institute for Mental Disease as defined by Title 42 CFR, part 435.1010.
2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule.
4. Data Elements:
 - a. Service Documentation – Census Log:
 - (I) Covered Service;
 - (II) Program;
 - (III) Recipient name and identification;
 - (IV) Clinical diagnosis;
 - (V) Service date; and,
 - (VI) Residential type.
 - b. Audit Documentation – Recipient Service Chart:
 - (I) Covered Service;
 - (II) Recipient name and identification number; and,
 - (III) Service date.

(kk) Room and Board with Supervision Level III.

1. Description – This Covered Service solely provides for room and board with supervision on a twenty-four hours per day, seven days per week basis. It corresponds to Residential Level III as defined in paragraph (4)(cc) of this rule. This Covered Service is not applicable for provider facilities which meet the definition of an Institute for Mental Disease as defined by Title 42 CFR, part 435.1010.
2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule.
4. Data Elements:

a. Service Documentation – Census Log:

- (I) Covered Service;
- (II) Program;
- (III) Recipient name and identification;
- (IV) Clinical diagnosis;
- (V) Service date; and
- (VI) Residential type.

b. Audit Documentation – Recipient Service Chart:

- (I) Covered Service;
- (II) Recipient name and identification number; and,
- (III) Service date.

(II) Room and Board with Supervision Level IV.

1. Description – This Covered Service solely provides for room and board with supervision on a twenty-four hours per day, seven days per week basis. It corresponds to Respite Services as defined in this rule.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule.

4. Data Elements:

a. Service Documentation – Census Log:

(I) Covered Service;

(II) Program;

(III) Recipient name and identification;

(IV) Clinical diagnosis;

(V) Service date; and

(VI) Residential type.

b. Audit Documentation – Recipient Service Chart:

(I) Covered Service;

(II) Recipient name and identification number; and,

(III) Service date.

(mm) Short-term Residential Treatment.

1. Description – These individualized, stabilizing acute and immediately sub-acute care services provide short and intermediate duration intensive mental health residential and habilitative services on a twenty-four hours per day, seven days per week basis. These services shall meet the needs of individuals who are experiencing an acute or immediately sub-acute crisis and who, in the absence of a suitable alternative, would require hospitalization.

2. Programs – Community Mental Health.

3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(I) of this rule.

4. Data Elements:

a. Service Documentation:

- (I) Number of licensed days; and,
- (II) Clinical diagnoses of clients.

b. Audit Documentation – License:

- (I) Beginning date;
- (II) Ending date; and,
- (III) Number of beds.

(nn) Substance Abuse Inpatient Detoxification.

1. Description – These programs utilize medical and clinical procedures to assist adults, children, and adolescents with substance abuse problems in their efforts to withdraw from the physiological and psychological effects of substance abuse. Residential detoxification and addiction receiving facilities provide emergency screening, evaluation, short-term stabilization, and treatment in a secure environment.

2. Programs – Community Substance Abuse.

3. Measurement Standard –Day, as defined in sub-sub-subparagraph (3)(a)3.a.(I) of this rule.

4. Data Elements:

a. Service Documentation:

- (I) Number of Days; and,
- (II) Clinical diagnoses and age of clients.

b. Audit Documentation – License:

- (I) Beginning date;
- (II) Age of clients;
- (III) Documentation of children’s Crisis Stabilization Unit license, if applicable;
- (IV) Ending date; and,
- (V) Number of beds.

(oo) Substance Abuse Outpatient Detoxification.

1. Description – These services utilize medication or a psychosocial counseling regimen that assists recipients in their efforts to withdraw from the physiological and psychological effects of the abuse of addictive substances.
2. Programs – Community Substance Abuse.
3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-paragraph (3)(a)1.a.(I) of this rule, to a maximum of four hours in a calendar day.
4. Data Elements:
 - a. Service Documentation – Census Log:
 - (I) Covered Service;
 - (II) Program;
 - (III) Recipient name and identification;
 - (IV) Clinical diagnosis;
 - (V) Service date; and,
 - (VI) Residential type.
 - b. Audit Documentation – Recipient Service Chart
 - (I) Covered Service;
 - (II) Recipient name and identification number;
 - (III) Service date and duration; and,
 - (IV) Staff name and identification number.

(pp) Supported Employment.

1. Description – Supported employment services are evidence-based community-based employment services in an integrated work setting which provides regular contact with non-disabled co-workers or the public. A job coach provides longer-term, ongoing support for as long as it is needed to enable the recipient to maintain employment.
2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(III) of this rule.
4. Data Elements:

a. Service Documentation – Time Sheet:

- (I) Covered Service;
- (II) Staff name and identification number;
- (III) Recipient name and identification number;
- (IV) Clinical diagnosis;
- (V) Service date;
- (VI) Duration; and,
- (VII) Service (specify).

b. Audit Documentation – Recipient Service Chart:

- (I) Recipient name and identification number;
- (II) Staff name and identification number;
- (III) Service date;
- (IV) Duration; and,

- (VI) Service (specify).

(qq) Supportive Housing/Living.

1. Description – Supported housing/living is an evidence-based approach to assist persons with substance abuse and mental illness in the selection of permanent housing of their choice. These services also provide the necessary services and supports to assure continued successful living in the community and transitioning into the community. For children with mental health problems, supported living services are a process which assists adolescents in housing arrangements and provides services to assure successful transition to independent living or with roommates in the community. Services include training in independent living skills. For substance abuse, services provide for the placement and monitoring of recipients who are participating in non-residential services; recipients who have completed or are completing substance abuse treatment; and those recipients who need assistance and support in independent or supervised living within a “live-in” environment.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard –Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(II) of this rule.

4. Data Elements:

a. Service Documentation – Time Sheet:

- (I) Covered Service;
- (II) Staff name and identification number;
- (III) Recipient name and identification number;
- (IV) Clinical diagnosis;
- (V) Service date;
- (VI) Duration; and,
- (VII) Service (specify).

b. Audit Documentation – Recipient Service Chart:

- (I) Recipient name and identification number;
- (II) Staff name and identification number;
- (III) Service date;
- (IV) Duration; and,
- (V) Service (specify).

(rr) Treatment Alternatives for Safer Communities (TASC).

1. Description – TASC provides for identification, screening, court liaison, referral and tracking of persons in the criminal justice system with a history of substance abuse or addiction.
2. Programs – Community Substance Abuse.
3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(II) of this rule.
4. Data Elements:

a. Service Documentation – Time Sheet:

- (I) Covered Service;
- (II) Staff name and identification number;
- (III) Recipient name and identification number;
- (IV) Service date;
- (V) Duration;
- (VI) Clinical Diagnosis;
- (VII) Service (specify); and,
- (VIII) Program.

b. Audit Documentation – Recipient Service Chart:

- (I) Recipient name and identification number;
- (II) Staff name and identification number;
- (III) Service date;
- (IV) Duration; and,
- (V) Service (specify).

Provider: 0
Contract #(s): 0
Sample Month(s): 0
Today's Date: 1/0/1900

Program(s):
Unit of Measure: Non-Direct Staff Hour
Covered Service: Drop-In/Self-Help Center
Completed by:

65E-14.021: Drop-in/Self Help Centers

From Data								From Onsite Files Calendar		From Onsite Files Staff Time Sheets				Other Notes			Billing Accuracy							Average						
Staff Name/ID	Staff Edu. Level	Service Date	Service Time	County	Activity	Program	Duration	Scheduled Service Date?	Activities	Staff Name/ID	Service Date	Covered Service	Duration	Appropriate for Billing? (Yes or No ONLY)	Appropriate Quality? Only if Billing allowable (Yes, No, N/A)	Other Comments (Explain any No Answers)	Client Name/ID	Staff Name/ID	Service Date	Service Time	Activity	Duration	Client Name/ID Score		Staff Name/ID Score	Service Date Score	Service Time Score	Activity Score	Duration Score	
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Total Amount Reviewed	-
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Total Amount Reviewed	-
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Percent of Validated Services in Portal	Percent of Service Events Appropriate for Billing	Percent of Service Events Appropriate for Billing, Percent of Appropriate Service Quality	Average Percent of Billing Accuracy
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Provider: Program(s):
 Contract #(s): Unit of Measure:
 Sample Month(s): Covered Service:
 Today's Date: Completed by:

65E-14.021: [Incidental Expenses](#)

From Data				From Onsite Files Audit Documentation				Other Notes			Billing Accuracy					Average			
Client Name/ID	Service Date	Activity	Amount	Client Name/ID	Service Date	Activity	Amount	Appropriate for Billing? (Yes or No ONLY)	Appropriate Quality? Only if Billing allowable (Yes, No, N/A)	Other Comments (Explain any No Answers)	Do these match: Yes, No, Partial?				Score				
											Client Name/ID	Service Date	Activity	Amount	Client Name/ID Score	Service Date Score	Activity Score	Amount	
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Total Amount Reviewed		Total Amount Reviewed	
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Percent of Validated Services in Portal	Percent of Service Events Appropriate for Billing	Of Service Events Appropriate for Billing, Percent of Appropriate Service Quality	Average Percent of Billing Accuracy
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Provider: 0
Contract # (s): 0
Sample Month(s): 0
Today's Date: 1/0/1900

Program(s):
Unit of Measure: Direct Staff Hour
Covered Service: Mental Health Clubhouse Services
Completed by:

65E-14.021: Mental Health Club House

Main data table with columns: From Data, Audit Documentation, From Onsite Files Duty Roster, Other Notes, Billing Accuracy (Client Name, Staff Name, Service Date, Service Time, Activity, Duration, Client Name, Staff Name, Service Date, Service Time, Activity, Duration, Score, Average). Rows contain multiple entries with 'FALSE' values.

Total Amount Reviewed

Total Amount Reviewed

Summary table with columns: Percent of Validated Services in Portal, Percent of Service Events Appropriate for Billing, Of Service Events Appropriate for Billing, Percent of Appropriate Service Quality, Average Percent of Billing Accuracy. Values are #DIV/0!

Provider: 0
 Contract #:(s): 0
 Sample Month(s): 0
 Today's Date: 1/0/1900

Program(s):
 Unit of Measure: Non-Direct Staff Hour
 Covered Service: Outreach
 Completed by:

65E-14.021: Outreach

From Data Non-Client Specific Service Event							From Onsite Files Audit Documentation			From Onsite Files Staff Time Sheets							Other Notes			Billing Accuracy							Average								
Staff Name/ID	Staff Edu. Level	Service Date	County	Number of Participants	Program	Covered Service	Duration	Activity List? (Y/N)	Supervisors Staff Schedule? (Y/N)	Duration	Staff Name/ID	Service Date	Description (with Plan/Prep)	Number of Participants	Program	Covered Service	Duration	Appropriate for Billing? (Yes or No ONLY)	Appropriate Quality? Only if Billing allowable (Yes, No, N/A)	Other Comments (Explain any No Answers)	Client Name/ID	Staff Name/ID	Service Date	Service Time	Activity	Duration		Client Name/ID Score	Staff Name/ID Score	Service Date Score	Service Time Score	Activity Score	Duration Score		
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Score #DIV/0!

Percent of Validated Services in Portal	Percent of Service Events Appropriate for Billing	Of Service Events Appropriate for Billing, Percent of Appropriate Service Quality	Average Percent of Billing Accuracy
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Provider:
 Contract #s):
 Sample Month(s):
 Today's Date: 1/9/1900

Program(s):
 Unit of Measure: Direct Staff Hour
 Covered Service: Recovery Support - Group
 Completed by:

65E-14.021: Recovery Support

From Data								From Onsite Files Activity Log								From Onsite Files Audit Documentation								Other Notes				Billing Accuracy							Average																			
Client NameID	Staff NameID	Staff Edu. Level	Service Date	Service Time	Activity/Group Identifier	Program	Duration	Client NameID	Staff NameID	Service Date	Service Time	Clinical Diagnosis	Activity/Group Identifier	Program	Duration	Client NameID	Staff NameID	Service Date	Service Time	Activity/Group Identifier	Program	Duration	Appropriate for Billing? (Yes or No ONLY)	Appropriate Quality? Only if Billing allowable (Yes, No, NA)	Other Comments (Explain any No Answers)	Client NameID	Staff NameID	Service Date	Service Time	Activity	Duration	Client NameID Score	Staff NameID Score	Service Date Score	Service Time Score	Activity Score	Duration Score																	

Total Amount Reviewed		Total Amount Reviewed		Total Amount Reviewed	
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Percent of Validated Services in Portal	Percent of Service Events Appropriate for Billing	Of Service Events Appropriate for Billing, Percent of Appropriate Service Quality	Average Percent of Billing Accuracy
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Score #DIV/0!

[Home](#)

Provider: 0
 Contract #(s): 0
 Sample Month(s): 0
 Today's Date: 1/0/1900

Program(s):
 Unit of Measure: Day
 Covered Service: Residential Level I
 Completed by:

65E-14.021: [Residential Level I](#)

From Data				From Onsite Files					Other Notes			Billing Accuracy												
				Audit Documentation								Do these match: Yes, No, Partial?						Score						
Consumer Name/ID	Date of First Billing in Sample	Date of Last Billing in Sample	Duration (Total in 2nd column, if split stay)	Consumer Name/ID	Date of First Billing in Sample	Date of Last Billing in Sample	# of Days Consumer Not Present at All	# of Eligible Billing Days (Excluding Day of Dx and Passes for Days Consumer is Absent Entire Day)	Appropriate for Billing? (Yes or No ONLY)	Appropriate Quality? Only if Billing allowable (Yes, No, N/A)	Other Comments (Explain any No Answers)	Client Name/ID	Staff Name/ID	Service Date	Service Time	Activity	Duration	Client Name/ID Score	Staff Name/ID Score	Service Date Score	Service Time Score	Activity Score	Duration Score	Average
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Total Amount Reviewed	0.00	Total Amount Reviewed	0.00
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Percent of Validated Services in Portal	Percent of Service Events Appropriate for Billing	Of Service Events Appropriate for Billing, Percent of Appropriate Service Quality	Average Percent of Billing Accuracy
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Provider: 0
 Contract #(s): 0
 Sample Month(s): 0
 Today's Date: 1/0/1900

Program(s):
 Unit of Measure: Day
 Covered Service: Residential Level II
 Completed by:

65E-14.021: [Residential Level II](#)

From Data				From Onsite Files Audit Documentation					Other Notes			Billing Accuracy												
Consumer Name/ID	Date of First Billing in Sample	Date of Last Billing in Sample	Duration (Total in 2nd column, if split stay)	Consumer Name/ID	Date of First Billing in Sample	Date of Last Billing in Sample	# of Days Consumer Not Present at All	# of Eligible Billing Days (Excluding Day of Dx and Passes for Days Consumer is Absent Entire Day)	Appropriate for Billing? (Yes or No ONLY)	Appropriate Quality? Only if Billing allowable (Yes, No, N/A)	Other Comments (Explain any No Answers)	Do these match: Yes, No, Partial?						Score					Average	
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Total Amount Reviewed	0.00	Total Amount Reviewed	0.00
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Percent of Validated Services in Portal	Percent of Service Events Appropriate for Billing	Of Service Events Appropriate for Billing, Percent of Appropriate Service Quality	Average Percent of Billing Accuracy
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Provider: 0
 Contract #(s): 0
 Sample Month(s): 0
 Today's Date: 1/0/1900

Program(s):
 Unit of Measure: Day
 Covered Service: Residential Level III
 Completed by:

65E-14.021: [Residential Level III](#)

From Data				From Onsite Files Audit Documentation					Other Notes			Billing Accuracy													
Consumer Name/ID	Date of First Billing in Sample	Date of Last Billing in Sample	Duration (Total in 2nd column, if split stay)	Consumer Name/ID	Date of First Billing in Sample	Date of Last Billing in Sample	# of Days Consumer Not Present at All	# of Eligible Billing Days (Excluding Day of Dx and Passes for Days Consumer is Absent Entire Day)	Appropriate for Billing? (Yes or No ONLY)	Appropriate Quality? Only if Billing allowable (Yes, No, N/A)	Other Comments (Explain any No Answers)	Do these match: Yes, No, Partial?						Score					Average		
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Total Amount Reviewed	0.00	Total Amount Reviewed	0.00
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Percent of Validated Services in Portal	Percent of Service Events Appropriate for Billing	Of Service Events Appropriate for Billing, Percent of Appropriate Service Quality	Average Percent of Billing Accuracy
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Provider: 0
 Contract #(s): 0
 Sample Month(s): 0
 Today's Date: 1/0/1900

Program(s):
 Unit of Measure: Day
 Covered Service: Residential Level IV
 Completed by:

65E-14.021: [Residential Level IV](#)

From Data				From Onsite Files Audit Documentation					Other Notes			Billing Accuracy												
Consumer Name/ID	Date of First Billing in Sample	Date of Last Billing in Sample	Duration (Total in 2nd column, if split stay)	Consumer Name/ID	Date of First Billing in Sample	Date of Last Billing in Sample	# of Days Consumer Not Present at All	# of Eligible Billing Days (Excluding Day of Dx and Passes for Days Consumer is Absent Entire Day)	Appropriate for Billing? (Yes or No ONLY)	Appropriate Quality? Only if Billing allowable (Yes, No, N/A)	Other Comments (Explain any No Answers)	Do these match: Yes, No, Partial?						Score					Average	
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Percent of Validated Services in Portal	Percent of Service Events Appropriate for Billing	Of Service Events Appropriate for Billing, Percent of Appropriate Service Quality	Average Percent of Billing Accuracy
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Provider: 0
 Contract #(s): 0
 Sample Month(s): 0
 Today's Date: 1/0/1900

Program(s):
 Unit of Measure: Day
 Covered Service: Room and Board with Supervision Level I
 Completed by:

65E-14.021: [Room and Board with Supervision Level I](#)

From Data			From Onsite Files Census Log							From Onsite Files Recipient Service Chart						Other Notes			Billing Accuracy														
Consumer Name/ID	Date of First Billing in Sample	Date of Last Billing in Sample	Duration (Total in 2nd column, if split stay)	Consumer Name/ID	Program	Clinical Diagnosis	Residential Type	Date of First Billing in Sample	Date of Last Billing in Sample	# of Days Consumer Not Present at All	# of Eligible Billing Days (Excluding Day of Dx and Passes for Days Consumer is Absent Entire Day)	Consumer Name/ID	Covered Service	Date of First Billing in Sample	Date of Last Billing in Sample	# of Days Consumer Not Present at All	# of Eligible Billing Days (Excluding Day of Dx and Passes for Days Consumer is Absent Entire Day)	Appropriate for Billing? (Yes or No ONLY)	Appropriate Quality? Only if Billing allowable (Yes, No, N/A)	Other Comments (Explain any No Answers)	Do these match: Yes, No, Partial?						Score						Average
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Percent of Validated Services in Portal	Percent of Service Events Appropriate for Billing	Of Service Events Appropriate for Billing, Percent of Appropriate Service Quality	Average Percent of Billing Accuracy
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Provider: 0
 Contract #(s): 0
 Sample Month(s): 0
 Today's Date: 1/0/1900

Program(s):
 Unit of Measure: Day
 Covered Service: Room and Board with Supervision Level III
 Completed by:

65E-14.021: [Room and Board with Supervision Level III](#)

From Data				From Onsite Files Census Log								From Onsite Files Recipient Service Chart						Other Notes			Billing Accuracy												
Consumer Name/ID	Date of First Billing in Sample	Date of Last Billing in Sample	Duration (Total in 2nd column, if split stay)	Consumer Name/ID	Program	Clinical Diagnosis	Residential Type	Date of First Billing in Sample	Date of Last Billing in Sample	# of Days Consumer Not Present at All	# of Eligible Billing Days (Excluding Day of Dx and Passes for Days Consumer is Absent Entire Day)	Consumer Name/ID	Covered Service	Date of First Billing in Sample	Date of Last Billing in Sample	# of Days Consumer Not Present at All	# of Eligible Billing Days (Excluding Day of Dx and Passes for Days Consumer is Absent Entire Day)	Appropriate for Billing? (Yes or No ONLY)	Appropriate Quality? Only if Billing allowable (Yes, No, N/A)	Other Comments (Explain any No Answers)	Do these match: Yes, No, Partial?						Score						Average
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Percent of Validated Services in Portal	Percent of Service Events Appropriate for Billing	Of Service Events Appropriate for Billing, Percent of Appropriate Service Quality	Average Percent of Billing Accuracy
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[Home](#)

Provider: 0
 Contract #(s): 0
 Sample Month(s): 0
 Today's Date: 1/0/1900

Program(s):
 Unit of Measure: Day
 Covered Service: Short-Term Residential Treatment
 Completed by:

65E-14.021: [Short-Term Residential Treatment](#)

From Data									From Onsite Files Audit Documentation					Other Notes			Billing Accuracy												
Client Name/ID	Staff Name/ID	Staff Edu. Level	Service Date	Service Time	County	Activity	Progam	Duration	License Begin Date	License End Date	Calendar Days	Beds Counted	Bed Days Avail (Cal x Lic)	Appropriate for Billing? (Yes or No ONLY)	Appropriate Quality? Only if Billing allowable (Yes, No, N/A)	Other Comments (Explain any No Answers)	Client Name/ID	Staff Name/ID	Service Date	Service Time	Activity	Duration	Client Name/ID Score	Staff Name/ID Score	Service Date Score	Service Time Score	Activity Score	Duration Score	Average
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Total Amount Reviewed	0.00	Total Amount Reviewed	0.00
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Percent of Validated Services in Portal	Percent of Service Events Appropriate for Billing	Of Service Events Appropriate for Billing, Percent of Appropriate Service Quality	Average Percent of Billing Accuracy
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