

## SWMBH SUD Block Grant Claims Review

<b>Provider:</b>				
<b>Date of Review:</b>				
<b>Reviewer:</b>				
<b>Section 1: Block Grant Claims</b>				
		<b>Possible</b>	<b>Actual</b>	<b>Percent</b>
A	The consumer is eligible for the block grant that paid for this service.	0	0	#DIV/0!
B	Block grant funds were used as a payment of last resort.	0	0	#DIV/0!
C	The code billed is an eligible code for payment under block grant.	0	0	#DIV/0!
C.1	If services were denied by Medicaid is the allocation under block grant appropriate. I.e. Billing rules were followed.	0	0	#DIV/0!
D	An ability to pay form (ATP) was completed at initial intake for services.	0	0	#DIV/0!
E	FFS Provider entered the initial and subsequent ATP determination information into the customer's record and only billed for the contracted service fee, minus the applicable ATP amount.	0	0	#DIV/0!
F	ATP has been completed annually or as financial information changed.	0	0	#DIV/0!
G	Consumers seeking block grant fund coverage also applied for Medicaid/Healthy Michigan Plan, MICHild programs unless they can show documentation of recent ineligibility.	0	0	#DIV/0!
H	There is documentation on file to support that the service was provided to the consumer.	0	0	#DIV/0!
I	The service was provided by a qualified practitioner and falls within the scope of the code billed/paid.	0	0	#DIV/0!
J	The appropriate amount was paid (Contracted rate or less).	0	0	#DIV/0!
<b>Section Total:</b>		0	0	#DIV/0!
<b>Section 3: Treatment Plan</b>				
P	There is an active treatment plan for the time period being reviewed	0	0	#DIV/0!
Q	The service provided has an active goal and objective in the treatment plan.	0	0	#DIV/0!
<b>Section Total</b>		0	0	#DIV/0!
<b>Overall Total</b>		0	0	#DIV/0!