



THE CENTER FOR DISCOVERY

IRA Res Hab Billing and Claiming Internal Audit Form			
Name _____ Program _____ Location _____			
Service Date _____ Billed _____ Half Month ___ Full Month ___			
Case Record Includes:	Yes	No	Comments
1. Individual Service Plan (ISP) for the person which is effective on the date of service.			Effective Date: _____
2. An ISP which identifies The Center for Discovery as the IRA Res Hab service provider.			
3. An ISP which includes elements of questions one and two above which is signed by at least one Center for Discovery MSC staff			
a) Specific services /valued outcomes are identified.			
b) Effective date of services is after ISP effective date			
c) Frequency of service is documented correctly (month)			
d) Duration of service is documented correctly (ongoing/indefinite)			
4. A Residential Habilitation Plan for the person which is effective on the date of service.			Effective Date: _____
5. A Residential Habilitation Plan which identifies the specific services to be provided to the person.			
6. A Residential Habilitation Plan which includes the elements required in question four and five above that is signed by at least one Center for Discovery Res Hab staff member.			
a) Includes name of person served.			
b) Includes Medicaid number of person served.			
c) Res Hab service provider is identified.			
d) Plan was reviewed within last six months.			Review Date: _____
e) Valued outcomes correspond to ISP and identify needed supports and services			
f) Individual POP is attached.			
g) Includes title of staff who wrote/signed the plan and the date the plan was written/revised.			Effective Date: _____ Date of review: _____

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Case Record Includes:	Yes	No	Comments
7. Documented evidence of the required face-to-face services drawn from the residential habilitation Plan which meets the “countable service day” requirement. (Full month equals 22 days; half month equals eleven days with one service each day.)			Daily checklist
a) Daily checklist identifies services provided.			
b) Valued outcomes/services listed correspond with hab plan.			
c) Primary location of service is identified.			
d) Staff initialed the service delivery for the date of the claim.			
e) Matching initials are listed in the initial key box.			
f) Initials have corresponding signature and title.			
g) All outcomes are being implemented.			
8. Evidence presented in question seven above which is signed by the IRA staff providing the service.			
9. The IRA staff signature (or initials) date contemporaneous to the service provided			
10. Documentation of the person’s response to the service by the end of the month following the date of service.			Monthly Summary
a) Monthly note includes name of person served.			
b) Note summarizes implementation of the services in the hab plan.			
c) Note states any issues about the person or the plan.			
d) Note addresses the person’s response/progress.			
e) Note summarizes all services indicated on the hab plan.			
f) Note contains signature and title of the staff who wrote the note.			
g) Date the note was written is contemporaneous.			
TOTAL POINTS (one point per numbered question above)			