

CERTIFICATION OF RECEIPT OF SERVICES – CHILDREN'S TREATMENT SERVICES (CS-108) INSTRUCTIONS

Purpose:

This form is to be used to document the delivery of the actual units of service being invoiced on the CS-65A (Service eligibility and Authorization Generic Invoice), for all Children's Treatment Services (CTS). The County Payment Designee will compare the units entered on the CS-65A with the corresponding CS-108 to assure that all services billed were delivered. This form is also to be used when a CS-65A is not generated and the provider must handbill. The CS-108 must be attached to the CS-65 sent to State Office for entry.

The CS-108 form is required by the Children's Treatment Services (CTS) contract. The completed CS-108 must be attached to CTS invoices submitted to the Division local office for payment and certifies delivery of each unit of service for which a claim is made under the CTS contract. (Reference: CTS contract; the CS-108 is referred in the contract as "Certification of Receipt of Services" or "Attachment #2").

Instructions for completion by contract provider:

Contracted Provider Name – The provider enters name as it appears on the contract. This may be the name of the individual providing the service, or of the corporation under which the service is billed.

Contract and/or Vendor Number – The provider enters the Contract Number and/or the Vendor Number.

Name Of Individual Who Performed Direct Service And Licensing Credentials (Example: LPC, LCSW...etc.) – The provider enters the name of the individual who actually performed the direct service including the individuals licensing credentials (if applicable). **If this field is not filled out, the provider's invoice may be returned to the provider by the Division.**

Case/Family Name – The provider enters the name of actual service recipient. This is to reflect the name of the individual, or head of household, identified in the Authorization Letter received at the time of authorization.

For Month Of – The provider enters the month of service applicable to this invoice.

The provider will have the client receiving the services complete the following:

Date – The client enters the date of actual service.

Client Signature* - The client will sign the form in the space provided.

Service Description – The client will enter the type of service being delivered (i.e., counseling, family therapy, group counseling).

Service Location – The client will enter the location of the service provided (i.e., at home, at office, etc.)

Time In – The client enters the time the session begins.

Time Out – The client enters the time the session ends.

The provider is to make a photocopy of the CS-108 to for his/her records and attach the original CS-108 to the CS-65A and send it to the Children's Division County Office.

NOTE: The parent-substitute, who signs for a child unable to sign for themselves, may not be the provider or an employee of the provider.

Instructions for Review by the County Office

The County Payment Designee will review these forms as they are submitted by a provider to ensure each client identified as a line item on the CS-65A has a CS-108 attached.

If the CS-65A is submitted with one or more CS-108's missing the County Payment Designee may use another method of verification, such as personal contact with the client to ensure that authorized services were delivered. This type of verification must be documented and attached to the office copy of the CS-65A. This type of verification should be rarely used as providers are expected to attach the CS-108.

Instructions for Retention:

This form should remain attached to the office copy of the appropriate CS-65A's, and be retained for five (5) years.

Memoranda History: CD07-71