

MEMORANDUM

To: MSSAC Contracted Outpatient and Residential Programs

From: Gerrie Roeser, Finance Manager
Jill K Gawronski, Finance Assistant

Subject: Medicaid Verification Documentation

Date: September 17, 2007

Effective October 1, 2007, outpatient and residential programs contracting with MSSAC will no longer be required to keep Medicaid/ABW verification in the client's file, as long as, the program uses the 270/271 on the Carenet system on a monthly basis. **If the program uses its own Medicaid eligibility system and not the 270/271 on Carenet, documentation will be required to be filed in the client's file.**

During the financial site review, MSSAC staff will be using the log from the 270/271 to verify there has been monthly verifications done. We strongly encourage programs to use the Carenet 270/271 in case after the client's discharge there are changes to their county of residency during their treatment.

Thank you.

jkg

cc: MSSAC Staff