



March 12, 2020

Dear Choices Network Partner,

Choices values its partnership with community providers and recognizes that your contribution to helping enhance the lives of others is important to our organization. Recently Choices was audited by the Indiana Department of Child Services. During the audit process, a noted concern was related to the inconsistent submission and poor quality of the monthly reports. As we all are aware, the Department of Child Services (DCS) requires that all monthly progress reports be submitted in the specific format that is indicated by the State. In addition, DCS requires that all monthly reports be submitted by the 10th day of the month, following the service.

As Choices is committed to complying with the reporting expectations from DCS, all network providers must adhere to the Choices contractual agreements which includes monthly report submissions and requirements. It is critical that all reporting requirements be met and submitted to the Choices Care Coordinator as indicated in the Exhibit C timeline.

Therefore, this letter serves as a formal reminder and notification to all Choices Network Providers. As a provider who is contracted with Choices, you and/or your organization are contractually required to submit written documents to the Care Coordinator as indicated below:

Court Report 14 days prior to the scheduled Court Hearing (Required upon request)

Discharge Summary 30 days after the client is discharged

Monthly Report (*Clinical and Behavior Management Services*) On or before the 5th day of each month for the previous month of services rendered

Monthly Summary (*Mentoring and Case Management Services*) On or before the 5th day of each month for the previous month of services rendered

Master Treatment Plan (*Clinical Service Providers*) Within 21 days of initial contact with the client

Behavior Plan (Behavior Management Providers) Within 10-14 days of initial contact with the client

Effective April 1, 2020, Choices will rely solely on information from the monthly reports to verify rendered services that have been preauthorized by the Choices Care Coordinator. It is imperative that monthly reports include the service date, time that the service began and ended, along with details regarding the face to face interaction. In addition, the treatment note/summary should coincide with the referral and treatment goal(s). Amended reports will not be accepted after the 10th day of the month and reimbursement may be adjusted for units that are over and above the preauthorized total. If



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the required monthly report is not submitted in a timely manner, Choices reserves the right to deny payment for the services rendered.

If you have any questions regarding these requirements, please contact your Provider Relations Manager/Designee. Your cooperation in this matter is appreciated.

Sincerely,

TaWanda Dent

VP of Community and Provider Relations