

PROVIDER INSTRUCTIONS FOR FILLING OUT "MONTHLY RESIDENTIAL OCCUPANCY REPORT AND INVOICE"

All Specialized Residential invoices are to be submitted to NLCMH for payment by the 8th day following the month of service.

- SECTION I** - PROVIDER INFORMATION: Make sure all of the information boxes including Facility Name, Address and Provider / Corporation Name are correct. Make any changes necessary to allow our Accounting Department to pay and mail payment without delay. These changes will be corrected and new forms mailed out as soon as is possible.
- SECTION II** - MONTHLY DIRECT STAFFING HOURS: Each community mental health program reports staffing under the legislative program plan. Northern Lakes CMH requires both the hours in which staff are paid to meet the specialized supports of residents, along with hours required to meet licensing requirements under section 400 rules. Both must be listed and be able to be audited back to the payroll records of the provider for each calendar month. If you have more than one report for your home, you only need to fill in this data on one page for each facility.
- SECTION III** - PROVIDER TAX IDENTIFICATION NUMBER: Make sure the Tax ID entered is the one your facility used for licensing and to report yearly income taxes with. Please check the box to define if the ID # is one attributed to the facility or is an owner's social security ID#.
- SECTION IV** - SPECIFIC CONSUMER BILLING INFORMATION: 1) Make sure the correct consumer names are listed for those individuals who reside at your facility. There will be a separate page to show consumers alphabetically by the demographic reported by NLCMH to the State of Michigan, i.e., DD or MI (see the check boxes at the upper right hand corner of this invoice). There may be more than one page to show all of the consumers in this demographic classification at your location. 2) Change/add any Medicaid ID numbers when necessary. 3) Occupancy Information = 'Days in Residence' are the days consumers are at the facility @ 12:00 AM / 'Days Absent' are when consumer has temporarily left the facility (not there at 12:00 AM / 'Total Days' are the total days in the month the consumer has been admitted or not been discharged from your facility. 4) If the Daily Rate for a consumer has changed and the contract has been signed and received by our office, cross out the old rate; write the new one in. These changes will be corrected and new forms mailed out as soon as is possible. 5) And make sure you show the calculation of the 'Days in Residence' with the correct daily rate for each consumer line. **NOTE** - It is your responsibility to present us with a completed invoice for our Accounting Department to process.
- SECTION V** - SERVICE CODE & DAILY ATTENDANCE INFORMATION: 1) The NLCMH Case # and the 'Service Codes' will be entered by NLCMH personnel. The service codes shown are related to the negotiated rate paid / not necessarily the service codes listed in the IPOS (Individual Plan Of Service) written by the consumer's case manager. 2) The Attendance Information **must be filled out** to show where the consumer is for every day they are admitted into your facility. If they have left over night (not at the facility @ 12:00 AM), place an 'O' in the corresponding box. If the consumer has been admitted into an In-Patient facility, place an 'H' in the corresponding box. Before a consumer has been admitted into your facility or has been discharged during the month of service you are reporting; leave the attendance box blank.
- SECTION VI** - ATTESTATION AND SIGNATURE: In signing the document, the provider warrants that the information contain accurately reflects attendance and staffing provided in meeting the specialized residential needs of the residents.