**Encounter Forms for Mobile Services**

In accordance with Medical Assistance Bulletin 99-89-05, providers must obtain accurate, complete, and truthful encounter forms for services delivered to Medical Assistance recipients. This is consistent with the ongoing need to verify services billed through Medicaid.

All encounter forms must contain a list of all dates in which services are provided. The requirement that an encounter form be signed each and every time a client is seen was waived to a *monthly signature* for the following services:

- Intensive Case Management;
- Resource Coordination;
- Blended Case Management;
- Family Based Mental Health;
- Mental Health Crisis Intervention

All other behavioral health services not included on the list above are still required to have the encounter form signed *each time* the client is seen.

The encounter form information should include:

- A Signature Verification Statement
- Date of Service (Month, Day, Year)
- The signature of the member, guardian of the member, relative or friend

It is our expectation that the above signature requirements are followed for all members in treatment as of September 1, 2015. They will be applied during any Quality or FWA review from that date forward.

Please note that the purpose of this Provider Alert is to clarify the necessary frequency of member signatures. It does not preclude the requirement to maintain encounter forms with complete listing of service dates. Failure to adhere to these encounter form requirements may result in retraction of claims and implementation of a corrective action plan. Please also note that any audit in which encounter forms are missing or are found to be incomplete may result in a report to the DHS Bureau of Program Integrity, and other additional sanctions.