To All BRS Providers: The following sections are to be completed before submitting your monthly attendance reports. There are inconsistencies with reports being submitted and we need to work together to get these completed.

Heading information

    1) Name of facility
    2) Physical address of facility
    3) City and zip code
    4) Employer Identification Number assigned by the Feds.
    5) Phone number of person responsible for submitting report
    6) Grantee Name
    7) Grant Number in upper left Corner (Fiscal Year grant number)
    8) Date the month, which you are reporting.

Body of the Report

    1) Complete Last and First Name
    2) Date of Birth
    3) Social Security Number
    4) Medicaid Number
    5) Level of Service
    6) Admit Date
    7) Attendance codes
    8) OCS/DJJ Custody Placement
    9) DSM-IV Codes
    10) Sending Office
    11) Goal status

OCS should receive the Monthly attendance report by the 5th of each month per provider's agreement. The monthly reports must be Password protected according to HIPAA regulations. The reports also have locked totals columns. This is to reduce any errors related to hard coded numbers.

Please call 465-5280 if you have any questions.

Thank you for your time and patience regarding these issues.