

## SERVICE ERROR CORRECTION FORM

This form should be used to correct services reported in error. If services were rendered but not reported, they should be reported by recording the service and the associated date on the current applicable reporting documents (ISR, SPL, etc.). If a correction is needed other than reporting additional services, send the correction in writing to the attention of the SURB Division in DDSN Central Office Finance.

**\*\*\*ONE CONSUMER AND ONE SERVICE PER SECF\*\*\***

ENTER THE CODE OF THE DOCUMENT TO BE CORRECTED: \_\_\_\_\_

Service Coordination SPL's	[SCSPL]	Residential	[RESID]
Early Intervention ISR's	[EISR]	SLPI	[RESLP] (SLPII, CTHI, CTHII or CRCF)
Day Program (Adult)	[AROLL]	Day Program (Child)	[CROLL]
Respite ISR's	[REISR]	Rehabilitation	[REHAB]
Job Coach ISR's	[JCISR]	Caregiver Services	[CRGVR]
HASCI	[HASCI]		

PROVIDER NAME: \_\_\_\_\_ PROVIDER NUMBER: \_\_\_\_\_  
 RESPONSIBLE STAFF WHO REPORTED SERVICE: \_\_\_\_\_ CASE LOAD NUMBER: \_\_\_\_\_

CONSUMER'S NAME: \_\_\_\_\_ CONSUMER'S SSN: \_\_\_\_\_  
 CONSUMER'S MEDICAID NUMBER: \_\_\_\_\_

**THE FOLLOWING SERVICES WERE REPORTED IN ERROR:**  
*(Use page 2 to record more dates of service)*

DATE OF SERVICE	REASON CODE	FOUND BY CODE	DATE OF SERVICE	REASON CODE	FOUND BY CODE
/ /	_____	_____	/ /	_____	_____
/ /	_____	_____	/ /	_____	_____
/ /	_____	_____	/ /	_____	_____
/ /	_____	_____	/ /	_____	_____

**Reason Codes:**

1. Plan out of date
2. Level of Care (LOC) out of date
3. Service not documented in plan
4. No VR letter available for supported employment
5. No medical necessity statement for Rehab Supports
6. Service was provided but was inappropriate and should not have been reported
7. No service was delivered
8. A service was indicated through fraud
9. Other (explain below: wrong service, over-reported, wrong date, etc.)

**Found By Codes:**

1. Responsible staff person who initially completed the original report
2. Supervisor Review
3. District/Central Office Review

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
*(If more room is needed, please use comments section on page 2.)*

DATE

SUPERVISOR SIGNATURE

