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| **Agency Name:** |  |
| **Fiscal Year:** |  |

**DEPARTMENT OF BEHAVIORAL HEALTH (DBH)**

**QUARTERLY INVOICE FORMS CHECKLIST-MH**

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| **DBH MH FORMS** | **SUBMITTED (X)** | **N/A (X)** |
| Fiscal Submission Form/ Invoice Certification Statement |  |  |
| Program Activity Invoice Summary |  |  |
| Revenue Summary |  |  |
| Source of Other Revenue |  |  |
| Managed Care Fee Schedule |  |  |
| Expenditure Summary |  |  |
| Residential Site Schedule |  |  |
| Personnel Invoice Schedule |  |  |
| M.A. Fee for Service Schedule |  |  |
| ICM/RC/FB Client Emergency Costs Form |  |  |
| Over-allocation Narrative Schedule |  |  |
| Administrative Cost Distribution Schedule |  |  |
| Retained Revenue Allowance Schedule |  |  |
| Miscellaneous Item Detail Schedule |  |  |
| Provider Supplier Diversity Report |  |  |
| Minority Women’s Disabled Residency Survey |  |  |
| Quarterly Progress Report |  |  |