

LAKE COUNTY ALCOHOL, DRUG ADDICTION AND  
MENTAL HEALTH SERVICES (ADAMHS) BOARD



**YOU.ME.US.**

**We're in this together. There is no them.**

**KIMBERLY FRASER, LPCC**  
*Executive Director*

• One Victoria Place, Suite 205  
• Painesville, OH 44077

• 440.350.3117 or 440.918.3117  
• Toll free: 1.800.899.5253 ext. 3117  
• Fax: 440.350.2668

Attachment IX

Date

Agency  
Address

Re: Medicaid Eligible Audit

To Whom It May Concern:

We are conducting an audit on your current non-Medicaid clients for the period of xx/xx/xxxx until xx/xx/xxxx. We have pulled information from the enrollment form and based on financial information collected, we believe the attached list of clients are eligible for Medicaid.

We need your agency to verify financial information and check if a Medicaid application has been filed. If the financial information is not correct, please update information immediately by updating the client's enrollment form and indicating on the attached spreadsheet which category the client falls into. If a Medicaid application has been filed, please let us know the status by faxing a copy of the application to our office (440) 350-5870. If the client has filed an application and received a denial, please fax a copy of the denial immediately.

Please complete the above-mentioned within 2 weeks of this letter. If we do not receive any information on the clients, we will reverse all non-Medicaid claims for the time period immediately.

Sincerely,

Carla Reynolds  
Enrollment Specialist

Enclosure

[www.HelpThatWorks.us](http://www.HelpThatWorks.us)