

**AFFIRMATIVE STATEMENT ABOUT INCENTIVES**

**For Staff That Make Organizational Determinations<sup>1</sup>**

As a part of the BHRS' Utilization Management Program, I certify that all clinical decision making is based only on appropriateness of care, service, and the existence of coverage; I have not received nor taken any incentive in the course of this work. Behavioral Health and Recovery Services does not reward, influence, and/or coerce practitioners or others for issuing denials; and financial incentives do not encourage decisions that result in underutilization.

\_\_\_\_\_  
Clinician Name (Print)

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Reviewed/Audited

\_\_\_\_\_  
Name of Auditor

\_\_\_\_\_  
Signature

<sup>1</sup> Approve or deny requests for service by beneficiary or provider.

