



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

# OMIG AUDIT PROTOCOL TRAUMATIC BRAIN INJURY (TBI)

**Revised 07/03/15**

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Audit protocols assist the Medicaid provider community in developing programs to evaluate compliance with Medicaid requirements under federal and state statutory and regulatory law. Audit protocols are intended solely as guidance in this effort. This guidance does not constitute rulemaking by the New York State Office of the Medicaid Inspector General (OMIG) and may not be relied on to create a substantive or procedural right or benefit enforceable, at law or in equity, by any person. Furthermore, nothing in the audit protocols alters any statutory or regulatory requirement and the absence of any statutory or regulatory requirement from a protocol does not preclude the OMIG from enforcing the requirement. In the event of a conflict between statements in the protocols and either statutory or regulatory requirements, the requirements of the statutes and regulations govern.

A Medicaid provider's legal obligations are determined by the applicable federal and state statutory and regulatory law. Audit protocols do not encompass all the current requirements for payment of Medicaid claims for a particular category of service or provider type and, therefore, are not a substitute for a review of the statutory and regulatory law. The OMIG cannot provide individual advice or counseling, whether medical, legal, or otherwise. If you are seeking specific advice or counseling, you should contact an attorney, a licensed practitioner or professional, a social services agency representative, or an organization in your local community.

Audit protocols are applied to a specific provider type or category of service in the course of an audit and involve the OMIG's application of articulated Medicaid agency policy and the exercise of agency discretion. Audit protocols are used as a guide in the course of an audit to evaluate a provider's compliance with Medicaid requirements and to determine the propriety of Medicaid expended funds. In this effort, the OMIG will review and consider any relevant contemporaneous documentation maintained and available in the provider's records to substantiate a claim.

OMIG, consistent with state and federal law, can pursue civil and administrative enforcement actions against any individual or entity that engages in fraud, abuse, or illegal or improper acts or unacceptable practices perpetrated within the medical assistance program. Furthermore, audit protocols do not limit or diminish the OMIG's authority to recover improperly expended Medicaid funds and the OMIG may amend audit protocols as necessary to address identified issues of non-compliance. Additional reasons for amending protocols include, but are not limited to, responding to a hearing decision, litigation decision, or statutory or regulatory change.

# OMIG AUDIT PROTOCOL TRAUMATIC BRAIN INJURY (TBI)

**Revised 07/03/15**

<b>1.</b>	<b>Missing/Incomplete Service Plan</b>
<b>OMIG Audit Criteria</b>	If the Initial (Form C-1.2) or Revised Service Plan (Form C-4.1) is missing or incomplete, the paid claim will be disallowed.
<b>Regulatory References</b>	Social Security Act Section 1902(a)(27) of the Act, 42 U.S.C. 1396(a)(27) 42 CFR Section 441.301(b)(1)(i) CMS State Medicaid Manual Section 2497.1 CMS State Medicaid Manual Section 4442.6 18 NYCRR Section 504.3(a) and (i) 18 NYCRR Section 540.7(a)(8) 18 NYCRR Section 517.3(b)(1) and (2) NYS DOH – HCBS Provider Agreement, June 2008, Section I HCBS/TBI Waiver Manual, Policy Guidelines, Version 2005-1, Section II HCBS/TBI Waiver Provider Manual, Section IV Traumatic Brain Injury Program Manual, June 2006, Section V Traumatic Brain Injury Program Manual, April 2009, Section V
<b>2.</b>	<b>Missing Documentation of Service</b>
<b>OMIG Audit Criteria</b>	If documentation of service is missing, the paid claim will be disallowed. Documentation of service is required in addition to the Initial/Revised Service Plan.
<b>Regulatory References</b>	Social Security Act Section 1902(a)(27) of the Act, 42 U.S.C. 1396(a)(27) CMS State Medicaid Manual Section 2497.1 DOH <i>Medicaid Update</i> , January 2005, Volume 20, No. 1 18 NYCRR Section 504.3(a) and (i) NYS DOH – HCBS Provider Agreement, June 2008, Section I HCBS/TBI Waiver Provider Manual, Section VI Traumatic Brain Injury Program Manual, June 2006, Section VII Traumatic Brain Injury Program Manual, April 2009, Section VII
<b>3.</b>	<b>Service Plan Not Reviewed By Service Coordinator Within a 6 Month Period or When Otherwise Required</b>
<b>OMIG Audit Criteria</b>	If the Service Plan has not been reviewed within the specified period (6 months or as otherwise required) by the Service Coordinator, the participant, and/or any individual(s) legally responsible who participated in the development of the plan, the paid claim will be disallowed.
<b>Regulatory References</b>	Social Security Act Section 1902(a)(27) of the Act, 42 U.S.C. 1396(a)(27) CMS State Medicaid Manual Section 2497.1 18 NYCRR Section 504.3(a) and (i) NYS DOH – HCBS Provider Agreement, June 2008, Section I HCBS/TBI Waiver Manual, Policy Guidelines, Version 2005-1, Section II HCBS/TBI Waiver Provider Manual, Section IV Traumatic Brain Injury Program Manual, June 2006, Sections VI and VII Traumatic Brain Injury Program Manual, April 2009, Sections III and V

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<b>4.</b>	<b>Billed Service Not Included in the Service Plan</b>
<b>OMIG Audit Criteria</b>	If a service is not included in the Initial/Revised Service Plan, or Addendum, then the paid claim will be disallowed.
<b>Regulatory References</b>	Social Security Act Section 1902(a)(27) of the Act, 42 U.S.C. 1396(a)(27) CMS State Medicaid Manual Section 2497.1 CMS State Medicaid Manual Section 4442.6 42 CFR Section 441.301(b)(1)(i) NYS DOH – HCBS Provider Agreement, June 2008, Section I HCBS/TBI Waiver Provider Manual, Section IV HCBS/TBI Waiver Manual, Policy Guidelines, Version 2005-1, Section II Traumatic Brain Injury Program Manual, June 2006, Section V Traumatic Brain Injury Program Manual, April 2009, Sections VI and VII

<b>5.</b>	<b>Billed More Hours than Authorized in the Service Plan</b>
<b>OMIG Audit Criteria</b>	If the number of service hours billed is greater than the hours specified in the Service Plan or Addendum, then the hours exceeding the plan will be disallowed.
<b>Regulatory References</b>	CMS State Medicaid Manual Section 2497.1 CMS State Medicaid Manual Section 4442.6 42 CFR Section 441.301(b)(1)(i) HCBS/TBI Waiver Provider Manual, Section IV Traumatic Brain Injury Program Manual, June 2006, Section V Traumatic Brain Injury Program Manual, April 2009, Section VI

<b>6.</b>	<b>Billed More Hours than Documented</b>
<b>OMIG Audit Criteria</b>	If the service hours noted in the case/progress notes are less than the number of hours billed, then the excess hours will be disallowed.
<b>Regulatory References</b>	Social Security Act Section 1902(a)(27) of the Act, 42 U.S.C. 1396(a)(27) CMS State Medicaid Manual Section 2497.1 18 NYCRR Section 504.3(a) and (i) 18 NYCRR Section 517.3(b)(1) and (2) NYS DOH – HCBS Provider Agreement, June 2008, Section I DOH <i>Medicaid Update</i> , January 2005, Volume 20, No. 1 HCBS/TBI Waiver Provider Manual, Section IV Traumatic Brain Injury Program Manual, June 2006, Section VII Traumatic Brain Injury Program Manual, April 2009, Section VII

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<b>7.</b>	<b>Duplicate Billing for Service</b>
<b>OMIG Audit Criteria</b>	If a service is billed and paid more than once, each additional paid claim after the initial will be disallowed.
<b>Regulatory References</b>	CMS State Medicaid Manual Section 2497.1
<b>8.</b>	<b>Incorrect Rate Code Billed</b>
<b>OMIG Audit Criteria</b>	If a service was billed with an incorrect rate code, the difference between the correct and incorrect rate codes will be disallowed.
<b>Regulatory References</b>	Social Security Act Section 1902(a)(27) of the Act, 42 U.S.C. 1396(a)(27) CMS State Medicaid Manual Section 2497.1 18 NYCRR Section 504.3(a) and (i) 18 NYCRR Section 517.3(b)(1) and (2) 18 NYCRR Section 540.7(a)(8) NYS DOH – HCBS Provider Agreement, June 2008, Section I
<b>9.</b>	<b>Partial Service Hours Were Billed Incorrectly</b>
<b>OMIG Audit Criteria</b>	Service of less than one hour should be carried forward to the next service date and combined to accumulate billable time in whole hours. The provider must have an hour of service documented in order to bill. Claims billed that are documented for less than one hour will be disallowed.
<b>Regulatory References</b>	18 NYCRR Section 504.3(a) and (i) HCBS/TBI Waiver Provider Manual, Section V DOH <i>Medicaid Update</i> , January 2005, Volume 20, No. 1 Traumatic Brain Injury Program Manual, June 2006, Section VI Traumatic Brain Injury Program Manual, April 2009, Section VI
<b>10.</b>	<b>Failure to Meet Ongoing Service Coordination Billing Requirements</b>
<b>OMIG Audit Criteria</b>	If the Service Coordinator cannot provide evidence of at least one face to face with the participant per month, the paid claim for that month will be disallowed.
<b>Regulatory References</b>	Social Security Act Section 1902(a)(27) of the Act, 42 U.S.C. 1396(a)(27) 18 NYCRR Section 504.3(a) and (i) NYS DOH – HCBS Provider Agreement, June 2008, Section I HCBS/TBI Waiver Provider Manual, Section V Traumatic Brain Injury Program Manual, June 2006, Section VI Traumatic Brain Injury Program Manual, April 2009, Section VI

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<b>11.</b>	<b>No Identification of Service Plan Goals Under Current Pursuit</b>
<b>OMIG Audit Criteria</b>	All Service Plans must contain current goals, which are being pursued by the participant and the provider. Failure to document the pursuit of these goals will result in a disallowance of paid claims.
<b>Regulatory References</b>	Social Security Act Section 1902(a)(27) of the Act, 42 U.S.C. 1396(a)(27) 42 CFR Section 441.301(b)(1)(i) CMS State Medicaid Manual Section 4442.6 18 NYCRR Section 504.3(a) and (i) NYS DOH – HCBS Provider Agreement, June 2008, Section I DOH <i>Medicaid Update</i> , January 2005, Volume 20, No. 1 HCBS/TBI Waiver Provider Manual, Section IV Traumatic Brain Injury Program Manual, June 2006, Sections V and VI Traumatic Brain Injury Program Manual, April 2009, Sections V, VI and VII
<b>12.</b>	<b>Overlapping of Services Not Authorized in Service Plan</b>
<b>OMIG Audit Criteria</b>	If more than one service is provided during the same time frame, and overlapping services are not authorized in either the Service Plan or the Addendum, then the overlapping paid claims will be disallowed.
<b>Regulatory References</b>	Social Security Act Section 1902(a)(27) of the Act, 42 U.S.C. 1396(a)(27) 42 CFR Section 441.301(b)(1)(i) 18 NYCRR Section 504.3(a) and (i) NYS DOH – HCBS Provider Agreement, June 2008, Section I HCBS/TBI Waiver Provider Manual, Section IV Traumatic Brain Injury Program Manual, June 2006, Sections V and VII Traumatic Brain Injury Program Manual, April 2009, Section V
<b>13.</b>	<b>Services Performed by Unqualified Service Coordinator Staff</b>
<b>OMIG Audit Criteria</b>	If the Service Coordinator does not meet the requirements for qualification of the position (education/experience) at the date of service, all paid claims provided by the unqualified Service Coordinator will be disallowed.
<b>Regulatory References</b>	HCBS/TBI Waiver Provider Manual, Section V Traumatic Brain Injury Program Manual, June 2006, Section VI Traumatic Brain Injury Program Manual, April 2009, Section VI
<b>14.</b>	<b>Services Performed by Unqualified Independent Living Skills Training (ILST) and Development Staff</b>
<b>OMIG Audit Criteria</b>	If the provided service was performed by staff that did not meet the standards required for the ILST position (education/experience) at the date of service, the paid claims provided by the unqualified staff will be disallowed.
<b>Regulatory References</b>	HCBS/TBI Waiver Provider Manual, Section V Traumatic Brain Injury Program Manual, June 2006, Section VI Traumatic Brain Injury Program Manual, April 2009, Section VI

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<b>15.</b>	<b>Services Performed by Unqualified Behavioral Specialist</b>
<b>OMIG Audit Criteria</b>	If the provided service was performed by staff that did not meet the standards required for the Behavioral Specialist position (education/experience) at the date of service, the paid claims provided by the unqualified staff will be disallowed.
<b>Regulatory References</b>	HCBS/TBI Waiver Provider Manual, Section V Traumatic Brain Injury Program Manual, June 2006, Section VI Traumatic Brain Injury Program Manual, April 2009, Section VI
<b>16.</b>	<b>Services Performed by Unqualified Community Integration Counseling (CIC) Staff</b>
<b>OMIG Audit Criteria</b>	If the provided service was performed by staff that did not meet the standards required for the CIC position (education/experience) at the date of service, the paid claims provided by the unqualified staff will be disallowed.
<b>Regulatory References</b>	HCBS/TBI Waiver Provider Manual, Section V Traumatic Brain Injury Program Manual, June 2006, Sections VI and VIII Traumatic Brain Injury Program Manual, April 2009, Section VI
<b>17.</b>	<b>TBI Training Not Completed – Service Coordinator</b>
<b>OMIG Audit Criteria</b>	The HCBS/TBI Waiver Program Manual states that there are three components of required training: Basic Orientation Training, Service Specific Training, and Annual Training. If the Service Coordinator has not received or is not current on any of these trainings at the time service is rendered, then all sampled claims provided within that time frame will be disallowed.
<b>Regulatory References</b>	HCBS/TBI Waiver Provider Manual, Section V Traumatic Brain Injury Program Manual, June 2006, Section VIII Traumatic Brain Injury Program Manual, April 2009, Section VIII
<b>18.</b>	<b>TBI Training Not Completed – Behavioral Specialist</b>
<b>OMIG Audit Criteria</b>	The HCBS/TBI Waiver Program Manual states that there are three components of required training: Basic Orientation Training, Service Specific Training, and Annual Training. If the Behavioral Specialist provider has not received or is not current on any of these trainings at the time service is rendered, then all paid claims provided within that time frame will be disallowed.
<b>Regulatory References</b>	HCBS/TBI Waiver Provider Manual, Section V Traumatic Brain Injury Program Manual, June 2006, Sections VI and VIII Traumatic Brain Injury Program Manual, April 2009, Sections VI and VIII

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# OMIG AUDIT PROTOCOL TRAUMATIC BRAIN INJURY (TBI)

Revised 07/03/15

<b>19.</b>	<b>TBI Training Not Completed – Home and Community Support Services (HCSS)</b>
<b>OMIG Audit Criteria</b>	The HCBS/TBI Waiver Program Manual states that there are three components of required training: Basic Orientation Training, Service Specific Training, and Annual Training. If the HCSS provider has not received or is not current on any of these trainings at the time service is rendered, then all paid claims provided within that time frame will be disallowed.
<b>Regulatory References</b>	HCBS/TBI Waiver Provider Manual, Section V Traumatic Brain Injury Program Manual, June 2006, Section VIII Traumatic Brain Injury Program Manual, April 2009, Section VI – <b>Effective December 31, 2009</b> Traumatic Brain Injury Program Manual, April 2009, Section VIII– <b>Effective December 31, 2009</b>
<b>20.</b>	<b>Patient Excess Income (Spend-down) Not Applied Prior to Billing Medicaid</b>
<b>OMIG Audit Criteria</b>	The spend-down amount should be applied beginning with the first service rendered in the month and each service thereafter until the spend-down is exhausted. Each sampled claim subject to spend-down application billed to Medicaid before the spend-down is met will be disallowed.  <b>NOTE:</b> This finding only applies where the relevant county has assigned responsibility for the spend-down to the provider and the sample claim must be impacted by the spend-down.
<b>Regulatory References</b>	18 NYCRR Section 360-4.8(c)(1) and (c)(2)(ii) 18 NYCRR Section 504.3(e)
<b>21.</b>	<b>Services Performed by Unqualified Home and Community Support Services (HCSS) Staff</b>
<b>OMIG Audit Criteria</b>	If services were performed by staff that did not meet the standards required for the HCSS position, then the paid claims provided by the unqualified staff will be disallowed.  <b>Effective December 31, 2009, HCSS staff must successfully complete a 40 hour training program for Level II PCA or PCA Alternate Competency Demonstration equivalency testing that is approved by DOH.</b>
<b>Regulatory References</b>	HCBS/TBI Waiver Provider Manual, Section V Traumatic Brain Injury Program Manual, June 2006, Section VI Traumatic Brain Injury Program Manual, April 2009, Section VI - <b>Effective December 31, 2009</b>

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# OMIG AUDIT PROTOCOL TRAUMATIC BRAIN INJURY (TBI)

Revised 07/03/15

<b>22.</b>	<b>TBI Training Not Completed – Structured Day Program (SDP)</b>
<b>OMIG Audit Criteria</b>	The HCBS/TBI Waiver Program Manual states that there are three components of required training: Basic Orientation Training, Service Specific Training, and Annual Training. If the SDP staff has not received or is not current on any of these trainings at the time service is rendered, then all paid claims provided within that time frame will be disallowed.
<b>Regulatory References</b>	HCBS/TBI Waiver Provider Manual, Section V Traumatic Brain Injury Program Manual, June 2006, Section VIII Traumatic Brain Injury Program Manual, April 2009, Section VIII
<b>23.</b>	<b>Failure To Complete Required HCSS In Service Training – Effective December 31, 2009</b>
<b>OMIG Audit Criteria</b>	If services were performed by HCSS staff that did not receive six hours of in-service education per year, the paid claims will be disallowed.
<b>Regulatory References</b>	Traumatic Brain Injury Program Manual, April 2009, Section VI - <b>Effective December 31, 2009</b>
<b>24.</b>	<b>Failure to Complete Health Requirements</b>
<b>OMIG Audit Criteria</b>	Services provided by HCSS staff that failed to complete health requirements will be disallowed. All health requirements that are specified in 10 NYCRR 766.11 must be met inclusive of the following: <ul style="list-style-type: none"> <li>• Health status assessment at time of hire, (prior to assuming patient care duties) or annual health status assessment (whichever pertains to the sampled claim).</li> <li>• Certificate of immunization against rubella and a certificate of immunization against measles (for all personnel born on or after January 1, 1957).</li> <li>• Record of either tuberculin skin test or Food and Drug Administration (FDA) approved blood assay for the detection of latent tuberculosis infection, prior to assuming patient care duties and no less than every year thereafter for negative findings (whichever pertains to the sampled claim).</li> <li>• For dates of service after 7/31/2013: documentation of vaccination against influenza, or wearing of a surgical or procedure mask during the influenza season, for personnel who have not received the influenza vaccine for the influenza season.</li> </ul>
<b>Regulatory References</b>	10 NYCRR Section 766.11(c) and (d)(1)(2)(4)(5)(6) Traumatic Brain Injury Program Manual, April 2009, Section VI – <b>Effective December 31, 2009</b>

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# OMIG AUDIT PROTOCOL TRAUMATIC BRAIN INJURY (TBI)

Revised 07/03/15

<b>25.</b>	<b>Missing Documentation of Nursing Supervision Visit – Effective December 31, 2009</b>
<b>OMIG Audit Criteria</b>	Home and Community Support Services (HCSS) must be provided under the direction and supervision of a Registered Professional Nurse (RN). The RN must conduct an initial home visit on the day and time HCSS staff begins providing services to the participant. Claims will be disallowed if the record does not include documentation of RN's participation in the initial home visit.
<b>Regulatory References</b>	Traumatic Brain Injury Program Manual, April 2009, Section VI – <b>Effective December 31, 2009</b>
<b>26.</b>	<b>Duration of Services Not Documented</b>
<b>OMIG Audit Criteria</b>	A record of the start and/or end time of the service is to be established by the provider through the case note, time record, or any other document used by the provider. If the start and/or end time of the service cannot be established from the case note, time record, or any other document used by the provider, the undocumented time will be disallowed.
<b>Regulatory References</b>	Social Security Act Section 1902(a)(27) of the Act, 42 USC 1396(a)(27) CMS State Medicaid Manual Section 2497.1 18 NYCRR Section 504.3(a) and (i) 18 NYCRR Section 517.3(b)(1) and (2) 18 NYCRR Section 540.7(a)(8) DOH <i>Medicaid Update</i> , January 2005, Volume 20, No. 1 NYS DOH – HCBS Provider Agreement, June 2008, Section I HCBS/TBI Waiver Provider Manual, Section VI Traumatic Brain Injury Program Manual, June 2006, Section VII Traumatic Brain Injury Program Manual, April 2009, Section VII
<b>27.</b>	<b>Services Performed by Unqualified Structured Day Program (SDP) Provider</b>
<b>OMIG Audit Criteria</b>	If the SDP Provider does not meet the requirements for qualification of the position (education/experience) at the date of service, all paid claims provided by the unqualified SDP Provider will be disallowed.
<b>Regulatory References</b>	HCBS/TBI Waiver Provider Manual, Section V Traumatic Brain Injury Program Manual, June 2006, Section VI Traumatic Brain Injury Program Manual, April 2009, Section VI
<b>28.</b>	<b>TBI Training Not Completed – Community Integration Counseling (CIC)</b>
<b>OMIG Audit Criteria</b>	The HCBS/TBI Waiver Program Manual states that there are three components of required training: Basic Orientation Training, Service Specific Training, and Annual Training. If the CIC staff has not received or is not current on any of these trainings at the time service is rendered, then all paid claims provided within that time frame will be disallowed.
<b>Regulatory References</b>	HCBS/TBI Waiver Provider Manual, Section V Traumatic Brain Injury Program Manual, June 2006, Section VIII Traumatic Brain Injury Program Manual, April 2009, Section VIII

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Revised 07/03/15

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<b>29.</b>	<b>TBI Training Not Completed – Independent Living Skills Training and Development Staff</b>
<b>OMIG Audit Criteria</b>	The HCBS/TBI Waiver Program Manual states that there are three components of required training: Basic Orientation Training, Service Specific Training, and Annual Training. If the ILST staff has not received or is not current on any of these trainings at the time service is rendered, then all paid claims provided within that time frame will be disallowed.
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