



**Office of the
Medicaid Inspector
General**

**NEW YORK STATE
OFFICE OF THE MEDICAID INSPECTOR GENERAL**

**REVIEW OF STATEN ISLAND AID FOR RETARDED CHILDREN, INC.
CLAIMS FOR OPWDD DAY TREATMENT SERVICES
PAID FROM
JANUARY 1, 2006 – DECEMBER 31, 2008**

**FINAL AUDIT REPORT
AUDIT #: 11-2898**

**Dennis Rosen
Medicaid Inspector General**

October 22, 2015



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

October 22, 2015

[REDACTED]
Staten Island Aid for Retarded Children, Inc.
d/b/a Community Resources
for the Developmentally Disabled
3450 Victory Boulevard
Staten Island, New York 10314-6721

Re: Final Audit Report
Audit #: 11-2898
Provider ID #: [REDACTED]
NPI #: [REDACTED]

Dear [REDACTED]

Enclosed is the Office of the Medicaid Inspector General (OMIG) final audit report entitled "Review of Staten Island Aid for Retarded Children, Inc." (Provider) paid claims for OPWDD day treatment services covering the period January 1, 2006, through December 31, 2008. Since you did not respond to our revised draft audit report dated July 21, 2015, the findings in the final audit report are identical to those in the revised draft audit report.

In the attached final audit report, the OMIG has detailed our scope, procedures, laws, regulations, rules and policies, sampling technique, findings, provider rights, and statistical analysis.

The OMIG has attached the sample detail for the paid claims determined to be in error. The adjusted mean point estimate overpaid is \$4,305,295. The adjusted lower confidence limit of the amount overpaid is \$4,001,445. We are 95% certain that the actual amount of the overpayment is greater than the lower confidence limit. This audit may be settled through repayment of the adjusted lower confidence limit of \$4,001,445.

[REDACTED]

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October 22, 2015

If the Provider has any questions or comments concerning this final audit report, please contact [REDACTED] Please refer to report number 11-2898 in all correspondence.

Sincerely,

[REDACTED]

Division of Medicaid Audit, New York City
Office of the Medicaid Inspector General

[REDACTED]
Enclosure

CERTIFIED MAIL # [REDACTED]
RETURN RECEIPT REQUESTED

cc: [REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL

www.omig.ny.gov

The mission of the Office of the Medicaid Inspector General (OMIG), as mandated by New York Public Health Law § 31 is to preserve the integrity of the New York State Medicaid program by preventing and detecting fraudulent, abusive and wasteful practices within the Medicaid program and recovering improperly expended Medicaid funds.

DIVISION OF MEDICAID AUDIT

The Division of Medicaid Audit professional staff conducts audits and reviews of Medicaid providers to assess compliance and program requirements and, where necessary, to recover overpayments. These activities are done to monitor the cost-effective delivery of Medicaid services for prudent stewardship of scarce dollars; to assess the required involvement of professionals in planning care to program beneficiaries; safeguard the quality of care, medical necessity and appropriateness of Medicaid services provided; and, to reduce the potential for fraud, waste and abuse.

DIVISION OF MEDICAID INVESTIGATIONS

The Division of Medicaid Investigations (DMI) investigates potential instances of fraud, waste, and abuse in the Medicaid program. DMI deters improper behavior by inserting covert and overt investigators into all aspects of the program, scrutinizing provider billing and services, and cooperating with other agencies to enhance enforcement opportunities. Disreputable providers are removed from the program or prevented from enrolling. Recipients abusing the system are not removed from this safety net, but their access to services is examined and restricted, as appropriate. DMI maximizes cost savings, recoveries, penalties, and improves the quality of care for the state's most vulnerable population.

DIVISION OF TECHNOLOGY AND BUSINESS AUTOMATION

The Division of Technology and Business Automation will continue to support the data needs for the OMIG in the form of audit and investigative support, data mining and analysis, system match and recovery, through the use of commercial data mining products and procurement of expert service consultants.

OFFICE OF COUNSEL TO THE MEDICAID INSPECTOR GENERAL

The Office of Counsel to the Medicaid Inspector General promotes the OMIG's overall statutory mission through timely, accurate and persuasive legal advocacy and counsel.

EXECUTIVE SUMMARY

BACKGROUND

Pursuant to Title XIX of the Social Security Act, the Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The federal and state governments jointly fund and administer the Medicaid program. In New York State, the Department of Health (DOH) administers the Medicaid program. As part of this responsibility, the OMIG conducts audits and reviews of various providers of Medicaid reimbursable services, equipment and supplies. These audits and reviews are conducted to determine if the provider complied with applicable laws, regulations, rules and policies of the Medicaid program as set forth by the Departments of Health and Mental Hygiene [Titles 10, 14 and 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York] and the Medicaid Provider Manuals.

People with developmental disabilities can enjoy meaningful relationships with family, friends and other people in their lives, experience personal health and growth, live in the home of their choice and fully participate in their communities. People with developmental disabilities may have difficulty learning as quickly as others, expressing themselves clearly, or taking care of their physical needs. But it is difficult to define the limits of people with developmental disabilities; what they need most, therefore, is not only encouragement and understanding – but an opportunity to become part of the community they live in. This is where the significance of the Home and Community Based Services (HCBS) waiver has its greatest impact. For example, in providing residential habilitation services, the HCBS waiver helps people achieve a functional connection to supports and services in the person's residence.

Outpatient services provided to persons with developmental disabilities are offered at programs licensed by the Office for People With Developmental Disabilities (OPWDD). The purpose of these programs is to offer a comprehensive system of services, which has as its primary purpose the promotion and attainment of independence, inclusion, and productivity for persons with mental retardation and developmental disabilities. These services are furnished at clinic and day treatment facilities and through a home and community based Federal waiver program. The waiver program, established under the authority of section 1915 [c] of the Social Security Act, is intended for persons with mental retardation and developmental disabilities who would otherwise need the level of care provided in an intermediate care facility. The specific standards and criteria for OPWDD services are outlined in Title 14 NYCRR Parts 635, 671, 679, and 690.

PURPOSE AND SCOPE

The purpose of this audit was to determine whether the Provider's claims for Medicaid reimbursement for OPWDD day treatment services complied with applicable federal and state laws, regulations, rules and policies governing the New York State Medicaid Program. With respect to OPWDD day treatment claims, this audit covered services paid by Medicaid from January 1, 2006, through December 31, 2008.

SUMMARY OF FINDINGS

We inspected a random sample of 100 services with \$11,300.77 in Medicaid payments. Of the 100 services in our random sample, 99 services had at least one error and did not comply with state requirements. Of the 99 noncompliant services, most contained more than one deficiency. Specifics are as follows:

<u>Error Description</u>	<u>Number of Errors</u>
No Documentation of Service	51
Duration of Service Not Documented	47
Missing Physician Review of the Individual Treatment Plan	36
Missing Individual Program Plan for Day Treatment Program	25
No Diagnosis of Developmental Disability	17
Missing Record of Attendance	5
Incorrect Rate Code Billed	1

Based on the procedures performed, the OMIG has determined that the Provider was overpaid \$10,398.35 in sample overpayments with an extrapolated adjusted point estimate of \$4,305,295. The adjusted lower confidence limit of the amount overpaid is \$4,001,445.

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INTRODUCTION

BACKGROUND

Medicaid Program

Pursuant to Title XIX of the Social Security Act, the Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The Federal and State governments jointly fund and administer the Medicaid program.

New York State's Medicaid Program

In New York State, the Department of Health (DOH) is the State agency responsible for operating the Medicaid program. Within DOH, the Office of Health Insurance Programs administers the Medicaid program. DOH uses the electronic Medicaid New York Information system (eMedNY), a computerized payment and information reporting system, to process and pay Medicaid claims, including OPWDD day treatment services claims.

As part of this responsibility, the OMIG conducts audits and reviews of various providers of Medicaid reimbursable services, equipment and supplies. These audits and reviews are conducted to determine if the provider complied with applicable laws, regulations, rules and policies of the Medicaid program as set forth by the Departments of Health and Mental Hygiene [Titles 10, 14 and 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York] and the Medicaid Provider Manuals.

New York State's OPWDD Day Treatment Program

Outpatient services provided to persons with developmental disabilities are offered at programs licensed by the Office for People With Developmental Disabilities (OPWDD). The purpose of these programs is to offer a comprehensive system of services, which has as its primary purpose the promotion and attainment of independence, inclusion, and productivity for persons with mental retardation and developmental disabilities. These services are furnished at clinic and day treatment facilities and through a home and community based Federal waiver program. The waiver program, established under the authority of section 1915 [c] of the Social Security Act, is intended for persons with mental retardation and developmental disabilities who would otherwise need the level of care provided in an intermediate care facility. The specific standards and criteria for OPWDD services are outlined in Title 14 NYCRR Parts 635, 671, 679, and 690.

PURPOSE, SCOPE, AND METHODOLOGY

Purpose

The purpose of this audit was to determine whether the Provider's claims for Medicaid reimbursement for OPWDD day treatment services complied with applicable Federal and State laws, regulations, rules and policies governing the New York State Medicaid Program and to verify that:

- Medicaid reimbursable services were rendered for the dates billed;
- appropriate rate or procedure codes were billed for services rendered;

- patient related records contained the documentation required by the regulations; and,
- claims for payment were submitted in accordance with DOH regulations and the appropriate Provider Manuals.

Scope

Our audit period covered payments to the Provider for OPWDD day treatment services paid by Medicaid from January 1, 2006, through December 31, 2008. Our audit universe consisted of 44,825 claims totaling \$5,064,842.64.

During our audit, we did not review the overall internal control structure of the Provider. Rather, we limited our internal control review to the objective of our audit.

Methodology

To accomplish our objective, we:

- reviewed applicable federal and state laws, regulations, rules and policies;
- held discussions with the Provider's management personnel to gain an understanding of the OPWDD day treatment services program;
- ran computer programming application of claims in our data warehouse that identified 44,825 paid OPWDD day treatment services claims, totaling \$5,064,842.64;
- selected a random sample of 100 services from the population of 44,825 services; and,
- estimated the overpayment paid in the population of 44,825 services.

For each sample selection we inspected, as available, the following:

- Medicaid electronic claim information
- Patient record, including, but not limited to:
 - Individual Program Plan
 - Individual Treatment Plan
 - Comprehensive Functional Assessment
 - Record of Attendance
 - Progress Notes
 - Transportation Logs
 - Medical Prescription
- Any additional documentation deemed by the Provider necessary to substantiate the Medicaid paid claim

LAWS, REGULATIONS, RULES AND POLICIES

The following are applicable Laws, Regulations, Rules and Policies of the Medicaid program referenced when conducting this audit:

- Departments of Health and Mental Hygiene [Titles 10, 14, and 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (10 NYCRR, 14 NYCRR, 18 NYCRR)].
- Medicaid Management Information System and eMedNY Provider Manual.
- Specifically, Title 18 NYCRR Section 540.6, and Title 14 NYCRR Part 690.
- In addition to any specific detailed findings, rules and/or regulations which may be listed below, the following regulations pertain to all audits:

Regulations state: "By enrolling the provider agrees: (a) to prepare and to maintain contemporaneous records demonstrating its right to receive payment . . . and to keep for a period of six years from the date the care, services or supplies were furnished, all records necessary to disclose the nature and extent of services furnished and all information regarding claims for payment submitted by, or on behalf of, the provider . . . (e) to submit claims for payment only for services actually furnished and which were medically necessary or otherwise authorized under the Social Services Law when furnished and which were provided to eligible persons; (f) to submit claims on officially authorized claim forms in the manner specified by the department in conformance with the standards and procedures for claims submission; . . . (h) that the information provided in relation to any claim for payment shall be true, accurate and complete; and (i) to comply with the rules, regulations and official directives of the department."
18 NYCRR Section 504.3

Regulations state: "Fee-for-service providers. (1) All providers . . . must prepare and maintain contemporaneous records demonstrating their right to receive payment . . . All records necessary to disclose the nature and extent of services furnished and the medical necessity therefor . . . must be kept by the provider for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later. (2) All information regarding claims for payment submitted by or on behalf of the provider is subject to audit for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later, and must be furnished, upon request, to the department . . . for audit and review."
18 NYCRR Section 517.3(b)

Regulations require that bills for medical care, services and supplies contain patient name, case number and date of service; itemization of the volume and specific types of care, services and supplies provided; the unit price and total cost of the care, services and supplies provided; and a dated certification by the provider that the care, services and supplies itemized have been in fact furnished; that the amounts listed are in fact due and owing; that such records as are necessary to disclose fully the extent of care, services and supplies provided to individuals under the New York State Medicaid program will be kept for a period of not less than six years from the date of payment; and that the provider understands that payment and satisfaction of this claim will be from Federal, State and local public funds and that he or she may

be prosecuted under applicable Federal and State laws for any false claims, statements or documents, or concealment of a material fact provided.

18 NYCRR Section 540.7(a)(1)-(3) and (8)

Regulations state: "An overpayment includes any amount not authorized to be paid under the medical assistance program, whether paid as the result of inaccurate or improper cost reporting, improper claiming, unacceptable practices, fraud, abuse or mistake."

18 NYCRR Section 518.1(c)

Regulations state: "Vendor payments for medical care and other items of medical assistance shall not be made unless such care or other items of assistance have been furnished on the basis of the appropriate authorization prescribed by the rules of the board and regulations of the department."

18 NYCRR Section 540.1

Regulations state: "The department may require repayment from the person submitting an incorrect or improper claim, or the person causing such claim to be submitted, or the person receiving payment for the claim."

18 NYCRR Section 518.3(a)

Regulations state: "The department may require repayment for inappropriate, improper, unnecessary or excessive care, services or supplies from the person furnishing them, or the person under whose supervision they were furnished, or the person causing them to be furnished...."

18 NYCRR Section 518.3(b)

Regulations state: "Medical care, services or supplies ordered or prescribed will be considered excessive or not medically necessary unless the medical basis and specific need for them are fully and properly documented in the client's medical record."

18 NYCRR Section 518.3(b)

AUDIT FINDINGS

This audit report incorporates consideration of any additional documentation and information presented in response to the Revised Draft Audit Report dated July 21, 2015.

Since you did not respond to the Revised Draft Audit Report, the findings remain the same.

AUDIT FINDINGS DETAIL

The OMIG's review of Medicaid claims paid to the Provider from January 1, 2006, through December 31, 2008, identified 99 claims with at least one error, for a total sample overpayment of \$10,398.35 (Attachment C).

1. No Documentation of Service

Regulations require that the Medicaid provider agrees, "to prepare and to maintain contemporaneous records demonstrating its right to receive payment under the medical assistance program and to keep for a period of six years . . . all records necessary to disclose the nature and extent of services furnished . . ."

18 NYCRR Section 504.3(a)

Regulations also require that bills for medical care, services and supplies contain a certification that such records as are necessary to disclose fully the services provided to individuals under the New York State Medicaid program will be kept for a period of not less than six years. These records must be furnished to the Department upon request.

18 NYCRR Section 540.7(a)(8)

Regulations state, "All information regarding claims for payment submitted by or on behalf of the provider is subject to audit for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later, and must be furnished, upon request, to the department, the Secretary of the United States Department of Health and Human Services, the Medicaid Fraud Control Unit or the New York State Department of Health for audit and review."

18 NYCRR Section 517.3(b)(2)

In 51 instances pertaining to 32 recipients, recipient records did not document that a service was provided. This finding applies to Sample #'s 1, 5, 7, 9, 10, 11, 13, 14, 19, 20, 24, 29, 31, 33, 34, 35, 37, 40, 43, 44, 48, 52, 53, 55, 56, 57, 58, 59, 60, 61, 62, 63, 68, 70, 72, 76, 78, 79, 80, 81, 84, 86, 88, 90, 91, 92, 93, 96, 97, 98 and 99.

2. Duration of Service Not Documented

Regulations state, "The administrator shall maintain or cause to be maintained . . . a daily census record, including daily census and cumulative census for each month and year, accompanied by records which document and fully detail the extent of services provided and the length of each service"

14 NYCRR Section 690.5(b)(2)(xv)(b)

Regulations state, "OMRDD shall verify that individual program plans of persons admitted to the day facility include . . . an activity and attendance schedule."

14 NYCRR Section 690.6(s)(4)

In 47 instances pertaining to 36 recipients, the duration of the day treatment service was not documented. The full day visit rate was reduced to a half day visit rate. This finding applies to Sample #'s 2, 3, 4, 6, 12, 15, 16, 17, 18, 21, 22, 23, 25, 26, 27, 30, 32, 36, 38, 39, 41, 42, 45, 46, 47, 49, 50, 51, 54, 64, 65, 66, 67, 69, 71, 73, 74, 75, 77, 82, 83, 85, 87, 89, 94, 95 and 100.

3. Missing Physician Review of the Individual Treatment Plan

Regulations require that each day treatment facility have a licensed physician responsible for "reviewing each person's treatment plan or any substantial revisions within 30 days of its implementation, and indicating by signature that said treatment plan . . . is appropriate and not medically contraindicated."

14 NYCRR Section 690.5(b)(3)(ii)

In 36 instances pertaining to 28 recipients, the treatment plan or substantial revisions lacked the required physician signature. Also, the recipient record did not clearly demonstrate physician involvement in the individual program plan formulation and clinical program of the recipient. This finding applies to Sample #'s 4, 5, 6, 7, 8, 11, 12, 16, 18, 21, 29, 35, 36, 38, 42, 45, 46, 58, 59, 64, 65, 66, 67, 69, 71, 74, 79, 82, 83, 86, 87, 89, 90, 98, 99 and 100.

4. Missing Individual Program Plan for Day Treatment Program

Regulations state, "The administrator of the facility shall be responsible for: ... keeping records as follows: maintaining individual program plans, as required in this Part;"

14 NYCRR Section 690.5(b)(2)(xiii)(a)

Regulations also state, "Each person in a day treatment facility shall have an individual program plan."

14 NYCRR Section 690.5(d)(3)

Regulations further state, "As part of the day treatment facility's reimbursement, allowable services shall be provided . . . to person(s)/people attending the day treatment facility in accordance with an individual program plan . . ."

14 NYCRR Section 690.3(a)(3)

In addition, regulations require that "Within the 21 working days after the date of admission, the following shall have completed . . . at least a preliminary individual program plan, which shall then be finalized within the next 30 days."

14 NYCRR Section 690.5(d)(5)(iii)(d)

In 25 instances pertaining to 19 recipients, the facility record did not contain an individual program plan. This finding applies to Sample #'s 1, 9, 10, 17, 19, 20, 31, 32, 33, 34, 39, 43, 44, 47, 50, 52, 56, 57, 75, 77, 92, 93, 94, 95 and 96.

5. No Diagnosis of Developmental Disability

Regulations state, "Day treatment facilities shall admit only persons who have a diagnosis of developmental disability. . . ."

14 NYCRR Section 690.5(c)(1)(i-iii)

In 17 instances pertaining to 9 recipients, the medical record did not contain a diagnosis of developmental disability. This finding applies to Sample #'s 18, 20, 21, 34, 35, 57, 64, 67, 72, 83, 87, 92, 95, 96, 97, 98 and 99.

6. Missing Record of Attendance

Regulations state, "The administrator shall maintain . . . a daily census record, including daily census and cumulative census for each month and year, accompanied by records which document and fully detail the extent of services provided and the length of each service"

14 NYCRR Section 690.5(b)(2)(xv)(b)

Regulations state, "OMRDD shall verify that individual program plans of persons admitted to the day facility include . . . an activity and attendance schedule."

14 NYCRR Section 690.6(s)(4)

In 5 instances pertaining to 5 recipients, no daily census record was available. This finding applies to Sample #'s 2, 4, 10, 37 and 71.

7. Incorrect Rate Code Billed

Regulations state, "Persons provided day treatment services in a free-standing certified site or approved satellite . . . site, will attend for periods in excess of three hours if reimbursement is to be claimed. A reimbursable half-day visit covers a period of three to five hours. A full-day reimbursable visit covers a period of five hours or more."

14 NYCRR Section 690.1(d)(1)

In 1 instance, an incorrect rate code was billed which resulted in a higher reimbursement than indicated for the proper rate code. This finding applies to Sample # 8.

PROVIDER RIGHTS

In accordance with 18 NYCRR Part 518 which regulates the collection of overpayments, your repayment options are described below. If you decide to repay the adjusted lower confidence limit amount of \$4,001,445, one of the following repayment options must be selected within 20 days from the date of this letter:

OPTION #1: Make full payment by check or money order within 20 days of the date of the final audit report. The check should be made payable to the New York State Department of Health and be sent with the attached Remittance Advice to:

[REDACTED]
New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
File #11-2898
Albany, New York 12237

OPTION #2: Enter into a repayment agreement with the Office of the Medicaid Inspector General. If your repayment terms exceed 90 days from the date of the final audit report, recoveries of amounts due are subject to interest charges at the prime rate plus 2%. If the process of establishing the repayment agreement exceeds 20 days from the date of the final audit report, the OMIG will impose a 50% withhold after 20 days until the agreement is established. OMIG acceptance of the repayment agreement is based on your repaying the Medicaid overpayment as agreed. The OMIG will adjust the rate of recovery, or require payment in full, if your unpaid balance is not being repaid as agreed. In addition, if you receive an adjustment in your favor while you owe funds to the State, such adjustment will be applied against any amount owed. If you wish to enter into a repayment agreement, please contact the Bureau of Collections Management within 20 days at the following:

Bureau of Collections Management
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, New York 12204
[REDACTED]

If you choose not to settle this audit through repayment of the adjusted lower confidence limit, you have the right to challenge these findings by requesting an administrative hearing where the OMIG would seek and defend the adjusted point estimate of \$4,305,295. As allowed by state regulations, you must make your request for a hearing, in writing, within sixty (60) days of the date of this report to:

General Counsel
Office of Counsel
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, NY 12204

Questions regarding the request for a hearing should be directed to Office of Counsel, at [REDACTED]

Issues you may raise shall be limited to those issues relating to determinations contained in the final audit report. Your hearing request may not address issues regarding the methodology used to determine the rate, or any issue that was raised at a proceeding to appeal a rate determination.

At the hearing you have the right to:

- a) be represented by an attorney or other representative, or to represent yourself;
- b) present witnesses and written and/or oral evidence to explain why the action taken is wrong; and
- c) cross examine witnesses of the Department of Health and/or the OMIG.

The OMIG reserves the right to conduct further reviews of your participation in the Medicaid Program, take action where appropriate, and recover monies owed through the initiation of a civil lawsuit or other legal mechanisms including but not limited to the recovery of state tax refunds pursuant to Section 206 of the Public Health Law and Section 171-f of the State Tax Law.

**NEW YORK STATE
OFFICE OF THE MEDICAID INSPECTOR GENERAL
REMITTANCE ADVICE**

NAME AND ADDRESS OF AUDITEE

[REDACTED]

Staten Island Aid for Retarded Children,
Inc. d/b/a Community Resources
for the Developmentally Disabled
3450 Victory Boulevard
Staten Island, New York 10314

PROVIDER ID # [REDACTED]

AUDIT #11-2898

AMOUNT DUE: \$4,001,445

AUDIT	<input checked="" type="checkbox"/>	PROVIDER
	<input type="checkbox"/>	RATE
	<input type="checkbox"/>	PART B
TYPE	<input type="checkbox"/>	OTHER:

CHECKLIST

1. To ensure proper credit, please enclose this form with your check.
2. Make checks payable to: *New York State Department of Health*
3. Record the Audit Number on your check.
4. Mail check to:

[REDACTED]
New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
File #11-2898
Albany, New York 12237

Thank you for your cooperation.

SAMPLE DESIGN

The sample design used for Audit #11-2898 was as follows:

- Universe - Medicaid claims for OPWDD day treatment services paid during the period January 1, 2006, through December 31, 2008.
- Sampling Frame - The sampling frame for this objective is the Medicaid electronic database of paid Provider claims for OPWDD day treatment services paid during the period January 1, 2006, through December 31, 2008.
- Sample Unit - The sample unit is a Medicaid claim paid during the period January 1, 2006, through December 31, 2008.
- Sample Design – Simple sampling was used for sample selection.
- Sample Size – The sample size is 100 services.

SAMPLE RESULTS AND ESTIMATES

Universe Size	44,825
Sample Size	100
Sample Value	\$ 11,300.77
Sample Overpayments	\$ 10,398.35
Confidence Level	90%

Extrapolation of Sample Findings

Sample Overpayments	\$ 10,398.35
Less Overpayments Not Extrapolated*	<u>(795.45)</u>
Sample Overpayments for Extrapolation Purposes	\$ 9,602.90
Sample Size	100
Mean Dollars in Error for Extrapolation Purposes	\$ 96.0290
Universe Size	44,825
Point Estimate of Total Dollars	\$ 4,304,500
Add Overpayments Not Extrapolated*	<u>795</u>
Adjusted Point Estimate of Totals Dollars	<u>\$ 4,305,295</u>
Lower Confidence Limit	\$ 4,000,650
Add Overpayments Not Extrapolated*	<u>795</u>
Adjusted Lower Confidence Limit	<u>\$ 4,001,445</u>

* The actual dollar disallowance for the following finding was subtracted from the total sample overpayment and added to the Point Estimate and Lower Confidence Limit:

- **Finding # 2 – Duration of Service Not Documented**

The dollar disallowance associated with this finding was not used in the extrapolation. However, this does not apply if an extrapolated finding was also identified for a sampled claim.

OFFICE OF THE MEDICAID INSPECTOR GENERAL
STATEN ISLAND AID FOR RETARDED CHILDREN
REVIEW OF OPWDD DAY TREATMENT SERVICES
PROJECT NUMBER: 11-2898
REVIEW PERIOD: 1/1/06 - 12/31/08

Sample Number	Date of Service	Rate Code		Amount		Overpayment		DETAILED AUDIT FINDINGS						
		Billed	Derived	Paid	Derived	Extrapolated	Not-Extrapolated	1. No Documentation of Service	2. Duration of Service	3. Missing Physician Review of Individual Treatment Plan	4. Missing Individual Program Plan for Day Treatment Program	5. No Diagnosis of Developmental Disability	6. Missing Record of Attendance	7. Incorrect Rate Code Billed
1	01/14/08	4170		\$ 127.59	\$ -	\$ 127.59	\$ -	X			X			
2	06/22/06	4170		106.92	-	106.92	-		X				X	
3	06/01/07	4170	4171	110.42	55.21	-	55.21		X					
4	06/06/06	4170		106.92	-	106.92	-		X	X			X	
5	10/25/06	4170		109.54	-	109.54	-	X		X				
6	03/01/07	4170		110.42	-	110.42	-		X	X				
7	07/21/06	4170		106.95	-	106.95	-	X		X				
8	05/24/07	4170		110.42	-	110.42	-			X				X
9	01/22/07	4170		118.36	-	118.36	-	X			X			
10	06/22/06	4170		106.92	-	106.92	-	X			X		X	
11	08/16/07	4170		117.68	-	117.68	-	X		X				
12	08/15/07	4170		117.68	-	117.68	-		X	X				
13	03/23/07	4170		110.42	-	110.42	-	X						
14	04/10/07	4170		110.42	-	110.42	-	X						
15	10/15/07	4170	4171	117.68	58.84	-	58.84			X				
16	04/21/06	4170		106.92	-	106.92	-		X	X				
17	04/26/06	4170		106.92	-	106.92	-		X		X			
18	10/30/06	4170		109.54	-	109.54	-		X	X		X		
19	10/10/07	4170		117.68	-	117.68	-	X			X			
20	05/09/08	4170		119.67	-	119.67	-	X			X	X		
21	09/25/06	4170		106.95	-	106.95	-		X	X		X		
22	05/21/07	4170	4171	110.42	55.21	-	55.21		X					
23	06/28/07	4170	4171	110.42	55.21	-	55.21		X					
24	03/02/07	4170		110.42	-	110.42	-	X						
25	07/11/06	4170	4171	106.95	53.48	-	53.47		X					

OFFICE OF THE MEDICAID INSPECTOR GENERAL
STATEN ISLAND AID FOR RETARDED CHILDREN
REVIEW OF OPWDD DAY TREATMENT SERVICES
PROJECT NUMBER: 11-2898
REVIEW PERIOD: 1/1/06 - 12/31/08

Sample Number	Date of Service	Rate Code		Amount		Overpayment		DETAILED AUDIT FINDINGS						
		Billed	Derived	Paid	Derived	Extrapolated	Not-Extrapolated	1. No Documentation of Service	2. Duration of Service	3. Missing Physician Review of the Individual Treatment Plan	4. Missing Individual Program Plan for Day Treatment Program	5. No Diagnosis of Developmental Disability	6. Missing Record of Attendance	7. Incorrect Rate Code Billed
26	12/20/06	4170	4171	\$ 109.54	\$ 54.77	\$ -	\$ 54.77		X					
27	08/07/06	4170	4171	106.95	53.48	-	53.47		X					
28	07/26/06	4170	4170	106.95	106.95	-	-							
29	10/22/07	4170		117.68	-	117.68	-	X		X				
30	08/16/07	4170	4171	117.68	58.84	-	58.84		X					
31	12/23/05	4170		108.74	-	108.74	-	X			X			
32	01/24/06	4170		106.92	-	106.92	-		X		X			
33	03/28/08	4170		118.67	-	118.67	-	X			X			
34	10/17/06	4170		109.54	-	109.54	-	X			X	X		
35	07/19/07	4170		117.68	-	117.68	-	X		X		X		
36	01/18/07	4170		118.36	-	118.36	-		X	X				
37	06/14/06	4170		106.92	-	106.92	-	X					X	
38	05/31/06	4170		106.92	-	106.92	-		X	X				
39	03/13/06	4170		106.92	-	106.92	-		X		X			
40	12/18/07	4170		117.68	-	117.68	-	X						
41	01/29/07	4170	4171	118.36	59.18	-	59.18		X					
42	03/24/06	4170		106.92	-	106.92	-		X	X				
43	02/08/08	4170		118.67	-	118.67	-	X			X			
44	04/19/06	4170		106.92	-	106.92	-	X			X			
45	07/05/06	4170		106.95	-	106.95	-		X	X				
46	08/07/07	4170		117.68	-	117.68	-		X	X				
47	02/08/06	4170		106.92	-	106.92	-		X		X			
48	03/31/08	4170		118.67	-	118.67	-	X						
49	10/10/07	4170	4171	117.68	58.84	-	58.84		X					
50	04/26/06	4170		106.92	-	106.92	-		X		X			

OFFICE OF THE MEDICAID INSPECTOR GENERAL
STATEN ISLAND AID FOR RETARDED CHILDREN
REVIEW OF OPWDD DAY TREATMENT SERVICES
PROJECT NUMBER: 11-2898
REVIEW PERIOD: 1/1/06 - 12/31/08

Sample Number	Date of Service	Rate Code		Paid	Amount		Overpayment		1. No Documentation of Service	2. Duration of Service	3. Missing Physician Review of the Individual Treatment Plan	4. Missing Individual Program Plan for Day Treatment Program	5. No Diagnosis of Developmental Disability	6. Missing Record of Attendance	7. Incorrect Rate Code Billed
		Billed	Derived		Derived	Extrapolated	Not-Extrapolated								
51	02/16/07	4170	4171	\$ 110.42	\$ 55.21	\$ -	\$ 55.21		X						
52	02/04/08	4170		118.67	-	118.67	-	X				X			
53	06/20/08	4170		119.67		119.67	-	X							
54	01/30/07	4170	4171	118.36	59.18	-	59.18		X						
55	05/12/08	4170		119.67	-	119.67	-	X							
56	06/24/08	4170		119.67	-	119.67	-	X				X			
57	12/19/07	4170		117.68	-	117.68	-	X				X	X		
58	06/10/08	4170		119.67	-	119.67	-	X			X				
59	06/12/07	4170		110.42	-	110.42	-	X			X				
60	12/13/07	4170		117.68	-	117.68	-	X							
61	05/30/08	4170		119.67	-	119.67	-	X							
62	01/31/07	4170		118.36	-	118.36	-	X							
63	01/23/08	4170		127.59	-	127.59	-	X							
64	03/06/07	4170		110.42	-	110.42	-		X	X			X		
65	03/12/07	4170		110.42	-	110.42	-		X	X					
66	08/14/06	4170		106.95	-	106.95	-		X	X					
67	04/05/07	4170		110.42	-	110.42	-		X	X			X		
68	05/31/06	4170		106.92	-	106.92	-	X							
69	11/13/06	4170		109.54	-	109.54	-		X	X					
70	08/01/07	4170		117.68	-	117.68	-	X							
71	06/07/06	4170		106.92	-	106.92	-		X	X				X	
72	06/30/06	4170		106.92	-	106.92	-	X					X		
73	01/30/07	4170	4171	118.36	59.18	-	59.18		X						
74	11/10/06	4170		109.54	-	109.54	-		X	X					
75	04/07/06	4170		106.92	-	106.92	-		X			X			

OFFICE OF THE MEDICAID INSPECTOR GENERAL
STATEN ISLAND AID FOR RETARDED CHILDREN
REVIEW OF OPWDD DAY TREATMENT SERVICES
PROJECT NUMBER: 11-2898
REVIEW PERIOD: 1/1/06 - 12/31/08

Sample Number	Date of Service	Rate Code		Amount		Overpayment		DETAILED AUDIT FINDINGS						
		Billed	Derived	Paid	Derived	Extrapolated	Not-Extrapolated	1. No Documentation of Service	2. Duration of Service Not Documented	3. Missing Physician Review of the Individual Treatment Plan	4. Missing Individual Program Plan for Day Treatment Program	5. No Diagnosis of Developmental Disability	6. Missing Record of Attendance	7. Incorrect Rate Code Billed
76	10/05/06	4170		\$ 109.54	\$ -	\$ 109.54	\$ -	X						
77	07/19/06	4170		106.95	-	106.95	-		X		X			
78	04/13/07	4170		110.42	-	110.42	-	X						
79	04/20/06	4170		106.92	-	106.92	-	X		X				
80	01/30/07	4170		118.36	-	118.36	-	X						
81	05/14/08	4170		119.67	-	119.67	-	X						
82	03/07/06	4170		106.92	-	106.92	-		X	X				
83	01/10/07	4170		118.36	-	118.36	-		X	X		X		
84	05/10/07	4170		110.42	-	110.42	-	X						
85	07/17/07	4170	4171	117.68	58.84	-	58.84		X					
86	05/31/06	4170		106.92	-	106.92	-	X		X				
87	12/13/06	4170		109.54	-	109.54	-		X	X		X		
88	12/19/07	4170		117.68	-	117.68	-	X						
89	04/05/07	4170		110.42	-	110.42	-		X	X				
90	03/07/08	4170		118.67	-	118.67	-	X		X				
91	05/28/08	4170		119.67	-	119.67	-	X						
92	05/02/08	4170		119.67	-	119.67	-	X			X	X		
93	10/17/07	4170		117.68	-	117.68	-	X			X			
94	01/26/06	4170		106.92	-	106.92	-		X		X			
95	07/13/06	4170		106.95	-	106.95	-		X		X	X		
96	12/05/07	4170		117.68	-	117.68	-	X			X	X		
97	05/14/08	4170		119.67	-	119.67	-	X				X		
98	06/03/08	4170		119.67	-	119.67	-	X		X		X		
99	06/01/07	4170		110.42	-	110.42	-	X		X		X		
100	01/11/07	4170		118.36	-	118.36	-		X	X				
Totals				\$ 11,300.77	\$ 902.42	\$ 9,602.90	\$ 795.45	51	47	36	25	17	5	1