



**Office of the
Medicaid Inspector
General**

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

**REVIEW OF YOUNG ADULT INSTITUTE, INC.
CLAIMS FOR OPWDD DAY HABILITATION, PREVOCATIONAL,
AND SUPPORTED EMPLOYMENT SERVICES
PAID FROM
JANUARY 1, 2008 – JUNE 30, 2012**

**FINAL AUDIT REPORT
AUDIT #: 13-1237**

**Dennis Rosen
Medicaid Inspector General**

September 22, 2015



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 22, 2015



Young Adult Institute, Inc.
460 West 34th Street
New York, New York 10001

Re: Final Audit Report
Audit #: 13-1237
Provider ID #: [REDACTED]

Dear [REDACTED]:

Enclosed is the Office of the Medicaid Inspector General (OMIG) final audit report entitled "Review of Young Adult Institute, Inc.'s" (Provider) paid claims for OPWDD day habilitation, prevocational, and supported employment services covering the period January 1, 2008, through June 30, 2012. Since you did not respond to our draft audit report dated July 17, 2015, the findings in the final audit report are identical to those in the 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 \$181,420. The adjusted lower confidence limit of the amount overpaid is \$104,938. 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 lower confidence limit of \$104,938.

[REDACTED]

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September 22, 2015

If the Provider has any questions or comments concerning this final audit report, please contact me at [REDACTED]. Please refer to report number 13-1237 in all correspondence.

Sincerely,

[REDACTED]

Division of Medicaid Audit, Albany Office
Office of the Medicaid Inspector General

[REDACTED]

Enclosure

CERTIFIED MAIL # [REDACTED]
RETURN RECEIPT REQUESTED

[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 habilitation, prevocational, and supported employment services complied with applicable federal and state laws, regulations, rules and policies governing the New York State Medicaid Program. With respect to OPWDD day habilitation, prevocational, and supported employment services, this audit covered services paid by Medicaid from January 1, 2008, through June 30, 2012.

SUMMARY OF FINDINGS

We inspected a random sample of 100 services with \$12,630.77 in Medicaid payments. Of the 100 services in our random sample, 25 services had at least one error and did not comply with state requirements. Of the 25 noncompliant services, none contained more than one deficiency. Specifics are as follows:

<u>Error Description</u>	<u>Number of Errors</u>
Missing Day Habilitation Service Documentation (Group/Supplemental Group)	5
Missing Required Elements of the Day Habilitation Plan	3
Missing Day Habilitation Plan Review	3
Unauthorized Day Habilitation Service Provider	2
Missing Day Habilitation Monthly Summary Note	1
Missing Day Habilitation Plan	1
Missing Required Elements of the Habilitation Plan For Prevocational Services	2
No Documentation of the Prevocational Service	2
Missing Habilitation Plan Review for Prevocational Services	2
Unauthorized Prevocational Services Provider	2
Failure to Meet Minimum Number of Face-to-Face Prevocational Services – Half Unit	2

Based on the procedures performed, the OMIG has determined the Provider was overpaid \$2,300.56 in sample overpayments with an extrapolated adjusted point estimate of \$181,420. The adjusted lower confidence limit of the amount overpaid is \$104,938.

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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 habilitation, prevocational, and supported employment 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 Habilitation, Prevocational, and Supported Employment Services Programs

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 habilitation, prevocational, and supported employment 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 habilitation, prevocational, and supported employment services paid by Medicaid from January 1, 2008, through June 30, 2012. Our audit universe consisted of 13,236 claims totaling \$1,554,530.36.

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 habilitation, prevocational, and supported employment service programs;
- ran computer programming application of claims in our data warehouse that identified 13,236 paid OPWDD day habilitation, prevocational, and supported employment service claims, totaling \$1,554,530.36;
- selected a random sample of 100 services from the population of 13,236 services; and,
- estimated the overpayment paid in the population of 13,236 services.

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

- Medicaid electronic claim information
- Patient record, including, but not limited to:
 - List of all other affiliates and related parties
 - Operating certificate-during audit period and current
 - Training and Supervision policy for Day Habilitation, Prevocational, and Supported Employment Services
 - Notification of any self-disclosures
 - Notification of any audits of subject area by other federal/state agencies.
 - List of staff members involved in recipient care, including license numbers or other credentials, signatures, and initials
- 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, Mental Hygiene and Social Services [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, 14 NYCRR Part 635; and OPWDD Administrative Memoranda #2003-03, #2006-01, #2006-02, #2006-03 and #2012-01.
- 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 Draft Audit Report dated July 17, 2015.

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

EXTRAPOLATED FINDINGS DETAIL

The OMIG's review of Medicaid claims paid to the Provider from January 1, 2008, through June 30, 2012, identified 15 claims with at least one error, for a total sample overpayment of \$1,363.58 (Attachment C). This audit report incorporates consideration of any additional documentation and information presented in response to the Draft Audit Report dated July 17, 2015.

1. Missing Day Habilitation Service Documentation (Group/Supplemental Group)

Regulations state, "Unit of service for reimbursement of group day habilitation and supplemental group day habilitation...(a) The agency may bill a full unit of service when the agency delivers and documents at least two face-to-face services delivered in accordance with the individual's day habilitation plan and provides a program day duration of four to six hours ...(b) The agency may bill a half unit of service when the agency delivers and documents at least one face-to-face service delivered in accordance with the individual's day habilitation plan and provides a program day duration of at least two hours."

14 NYCRR Section 635-10.5 (c)(6)(i)(a) and (b)

OPWDD Administrative Memorandum #2006-01 states, "...services are billed as either a Full Unit or a Half Unit. A Full Unit may be billed when staff deliver and document at least two individualized face-to-face Group Day Habilitation services to a consumer during the program day, and the program day duration is four to six hours in duration. A Half Unit of Group Day Habilitation or Supplemental Group Day Habilitation may be billed when staff deliver and document at least one individualized face-to-face Group Day Habilitation service to a consumer during the program day, and the program day duration is at least two hours."

OPWDD Administrative Memorandum #2006-01, p. 3

In 5 instances pertaining to 3 recipients, a group or supplemental group day habilitation service was not documented. This finding applies to Sample #'s 37, 49, 59, 73, and 94.

2. Unauthorized Day Habilitation Services Provider

Regulations state, ". . . Specific services and the intensity with which they are delivered will be set forth in an individualized service plan"

14 NYCRR Section 635-10.2(a)

OPWDD Administrative Memorandum #2006-01 states, ". . . the ISP should identify the category of waiver service as 'Day Habilitation.' The ISP . . . must also identify your agency as the provider of the service."

OPWDD Administrative Memorandum #2006-01, p. 6

OPWDD Administrative Memorandum #2006-02 states, ". . . the ISP should identify the category of waiver service as 'Day Habilitation.' The ISP must also identify your agency as the provider of the service."

OPWDD Administrative Memorandum #2006-02, p. 6

In 2 instances pertaining to 1 recipient, the provider of the day habilitation service was not listed on the ISP as the provider for the specific service. This finding applies to Sample #'s 30 and 57.

3. Missing Day Habilitation Monthly Summary Note

OPWDD Administrative Memorandum #2003-03 states, “. . . at least monthly, . . . a narrative note is written that: a) summarizes the implementation of person’s Habilitation Plan, b) addresses the person’s response to the services provided, . . .”.

OPWDD Administrative Memorandum #2003-03, p. 4

OPWDD Administrative Memorandum #2006-01 and #2006-02 both state that if a checklist or chart format is used “...a monthly summary note is also required.” If a [daily service] narrative note format is used and the daily note does not include the consumer’s response to the service, a monthly summary note is required.

OPWDD Administrative Memorandum #2006-01, p. 5

OPWDD Administrative Memorandum #2006-02, p. 6

In 1 instance, the required monthly summary note was not available for review. This finding applies to Sample # 13.

4. Missing Day Habilitation Plan

Regulations state: “If habilitation services are provided (i.e., residential habilitation, day habilitation, community habilitation [5/26/10 and after], supported employment, pre-vocational services), the relevant habilitation plan(s) must be developed, and on a semiannual basis thereafter, reviewed and revised as necessary by the habilitation service provider. The service coordinator shall attach the relevant habilitation plan(s) to the ISP.”

For services prior to 8/01/07, 14 NYCRR Section 635-99.1(bf)

For services 8/1/07 to 12/31/07, 14 NYCRR Section 635-99.1(bi)

For services 1/1/08 to 1/31/09, 14 NYCRR Section 635-99.1(bg)

For services 2/01/09 to 5/31/10, 14 NYCRR Section 635-99.1(bi)

For services 6/01/10 to 1/24/12, 14 NYCRR Section 635-99.1(bj)

For services 1/25/12 and after, 14 NYCRR Section 635-99.1(bk)

OPWDD Administrative Memorandum #2003-03 states, “The initial Habilitation Plan is written by the Habilitation Service Provider in collaboration with the person, their advocate and service coordinator within 60 days of the start of the Habilitation Service and is forwarded to the service coordinator.”

OPWDD Administrative Memorandum #2003-03, p. 2

OPWDD Administrative Memorandum #2006-01 states, “In addition to the service note(s) supporting . . . Day Habilitation billing claims, your agency must maintain the following documentation: . . .

- The **Group Day Habilitation Plan** developed by your agency that conforms to the Habilitation Plan requirements found in ADM 2003-03. . . . The Group Day Habilitation Plan must ‘cover’ the time period of the Group Day Habilitation service claim.”

OPWDD Administrative Memorandum #2006-01, p. 6

OPWDD Administrative Memorandum #2006-02 states, "In addition to the service note(s) supporting the Individual Day Habilitation billing claim, your agency must maintain the following documentation: . . .

- The **Individual Day Habilitation Plan** developed by your agency that conforms to the Habilitation Plan requirements found in ADM 2003-03. . . . The Individual Day Habilitation Plan must 'cover' the time period of the Individual Day Habilitation service claim."

OPWDD Administrative Memorandum #2006-02, pp.6- 7

In 1 instance, the day habilitation plan valid for the service date was not available. This finding applies to Sample # 79.

5. No Documentation of the Prevocational Service

Regulations require that by enrolling, the 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 further 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 2 instances pertaining to 2 recipients, recipient records did not document a prevocational service. This finding applies to Sample #'s 77 and 82.

6. Unauthorized Prevocational Services Provider

Regulations state, ". . . Specific services and the intensity with which they are delivered will be set forth in an individualized service plan"

14 NYCRR Section 635-10.2(a)

OPWDD Administrative Memorandum #2006-03 states, "The ISP should identify the category of waiver service as "Prevocational Services." The ISP, which is the "authorization" for the waiver services, must also identify your agency as the provider of service.

OPWDD Administrative Memorandum #2006-03, p. 5

In 2 instances pertaining to 2 recipients, the provider of the prevocational services was not listed on the ISP as the provider for the specific service. This finding applies to Sample #'s 17 and 32.

6. Failure to Meet Minimum Number of Face-to-Face Prevocational Services – Half Unit

Regulations state, "... Prevocational services shall be billed on a full and half unit basis. ... (b) The agency may bill a half unit when the agency delivers and documents at least one face-to-face service delivered in accordance with the individual's prevocational services plan and provides a program day duration of at least two hours."

14 NYCRR Section 635-10.5(e)(8)(i)(b)

OPWDD Administrative Memorandum #2006-03 states, "A Half Unit of Prevocational Services may be billed when staff deliver and document at least one individualized face-to-face Prevocational Service to a consumer during the program day, and the program day duration is at least two hours."

OPWDD Administrative Memorandum #2006-03, p. 2

In 2 instances pertaining to 2 recipients, the number of face-to-face visits for prevocational services for half unit billing was less than the required minimum. This finding applies to Sample #'s 14 and 20.

NOT EXTRAPOLATED FINDINGS DETAIL

The OMIG's review of Medicaid claims paid to the Provider from January 1, 2008, through June 30, 2012, identified 10 claims with at least one error, for a total sample overpayment of \$936.98 (Attachment C-1). This audit report incorporates consideration of any additional documentation and information presented in response to the Draft Audit Report dated July 17, 2015. Appropriate adjustments were made to the findings. The findings below are not included in the extrapolation calculation.

1. Missing Required Element of the Day Habilitation Plan

Regulations state: "If habilitation services are provided (i.e., residential habilitation, day habilitation, community habilitation [5/26/10 and after], supported employment, pre-vocational services), the relevant habilitation plan(s) must be developed, and on a semiannual basis thereafter, reviewed and revised as necessary by the habilitation service provider. The service coordinator shall attach the relevant habilitation plan(s) to the ISP."

For services prior to 8/01/07, 14 NYCRR Section 635-99.1(bf)
For services 8/1/07 to 12/31/07, 14 NYCRR Section 635-99.1(bi)
For services 1/1/08 to 1/31/09, 14 NYCRR Section 635-99.1(bg)
For services 2/01/09 to 5/31/10, 14 NYCRR Section 635-99.1(bj)
For services 6/01/10 to 1/24/12, 14 NYCRR Section 635-99.1(bj)
For services 1/25/12 and after, 14 NYCRR Section 635-99.1(bk)

OPWDD Administrative Memorandum #2003-03 states, "The Habilitation Plan Must Contain the Following Seven Elements:

1. The person's (a) name and (b) Medicaid Identification Number (CIN), if the person is a Medicaid enrollee.
2. The **Habilitation Service Provider agency name and type of Habilitation Service provided . . .**
3. The **date on which the Habilitation Plan was last reviewed. . . .**
4. The person's **valued outcome(s)** that will be addressed through the Habilitation Service. . . .
5. A description of the **services and supports** the Habilitation Service Provider staff will provide to the person. . . .
6. The **safeguards** (health and welfare) that will be provided by the Habilitation Service Provider. . . .
 - a. Safeguards for persons receiving IRA Residential Habilitation are addressed in the individual's Plan of Protective Oversight in accord with 14 NYCRR Section 686.16. The individual's Plan of Protective Oversight is *attached* to the IRA Residential Habilitation Plan.
 - b. For all other Habilitation Services . . .
 - c. As required in 14 NYCRR Part 633, the medication records stand-alone from the Habilitation Plan.
 - d. Providers of residential habilitation . . . must have written procedures for providing back-up supports to consumers when the absence of the provider's regularly scheduled staff would pose a serious threat to the person's health or safety.
7. The **printed name, signature and title** of the person who wrote the Habilitation Plan and the **date** it was written or revised."

OPWDD Administrative Memorandum #2003-03, pp. 2-4

In 3 instances pertaining to 3 recipients, one or more of the required elements were missing in the day habilitation plan. In 2 instances pertaining to 2 recipients, the necessary safeguards to be taken by the provider to ensure the person's health and safety were missing from the Day Habilitation Plan. This finding applies to Sample #'s 3, and 26. In one instance the date the plan was written was missing. This finding applies to Sample #64.

2. Missing Day Habilitation Plan Review

Regulations state: "If habilitation services are provided (i.e., residential habilitation, day habilitation, community habilitation [5/26/10 and after], supported employment, pre-vocational services), the relevant habilitation plan(s) must be developed, and on a semiannual basis thereafter, reviewed and revised as necessary by the habilitation service provider. The service coordinator shall attach the relevant habilitation plan(s) to the ISP."

*For services prior to 8/01/07, 14 NYCRR Section 635-99.1(bf)
For services 8/1/07 to 12/31/07, 14 NYCRR Section 635-99.1(bi)
For services 1/1/08 to 1/31/09, 14 NYCRR Section 635-99.1(bg)
For services 2/01/09 to 5/31/10, 14 NYCRR Section 635-99.1(bi)
For services 6/01/10 to 1/24/12, 14 NYCRR Section 635-99.1(bj)
For services 1/25/12 and after, 14 NYCRR Section 635-99.1(bk)*

OPWDD Administrative Memorandum #2003-03 states, "Subsequent revised Habilitation Plans, which are also written by the Habilitation Service Provider, are given to the person's service coordinator no more than 30 days after either: (a) the six-month ISP review date, or (b) the Habilitation Service Provider makes a significant change in the Habilitation Plan as agreed upon by the person, their advocate and service coordinator.

OPWDD Administrative Memorandum #2003-03, p. 2

OPWDD Administrative Memorandum #2003-03 states, "The **date on which the Habilitation Plan was last reviewed** . . . At least annually, the Habilitation Plan must be reviewed at the ISP meeting with the service coordinator, consumer, advocate, and with all other major service providers in attendance."

OPWDD Administrative Memorandum #2003-03, p. 3

In 3 instances pertaining to 2 recipients, the required day habilitation plan review was not found. This finding applies to Sample #'s 58, 78, and 91.

3. Missing Required Elements of the Habilitation Plan for Prevocational Services

Regulations state: "If habilitation services are provided (i.e., residential habilitation, day habilitation, community habilitation [5/26/10 and after], supported employment, pre-vocational services), the relevant habilitation plan(s) must be developed, and on a semiannual basis thereafter, reviewed and revised as necessary by the habilitation service provider. The service coordinator shall attach the relevant habilitation plan(s) to the ISP."

14 NYCRR Section 635-99.1(bk)

OPWDD Administrative Memorandum #2003-03 states, "**The Habilitation Plan Must Contain the Following Seven Elements:**

1. The person's (a) name and (b) Medicaid Identification Number (CIN), if the person is a Medicaid enrollee.
2. The **Habilitation Service Provider agency name and type of Habilitation Service provided . . .**
3. **The date on which the Habilitation Plan was last reviewed. . . .**
4. The person's **valued outcome(s)** that will be addressed through the Habilitation Service. . . .
5. A description of the **services and supports** the Habilitation Service Provider staff will provide to the person. . . .
6. The **safeguards** (health and welfare) that will be provided by the Habilitation Service Provider. . . .
 - a. Safeguards for persons receiving IRA Residential Habilitation are addressed in the individual's Plan of Protective Oversight in accord with 14 NYCRR Section 686.16. The individual's Plan of Protective Oversight is *attached* to the IRA Residential Habilitation Plan.
 - b. For all other Habilitation Services . . .
 - c. As required in 14 NYCRR Part 633, the medication records stand-alone from the Habilitation Plan.
 - d. Providers of residential habilitation . . . must have written procedures for providing back-up supports to consumers when the absence of the provider's regularly scheduled staff would pose a serious threat to the person's health or safety.
8. The **printed name, signature and title** of the person who wrote the Habilitation Plan and the **date** it was written or revised."

OPWDD Administrative Memorandum #2003-03, pp. 2-4

OPWDD Administrative Memorandum #2012-01 states, "For every habilitation service, an individual must have a Habilitation Plan that contains the following elements:

1. The individual's name.
2. The individual's Medicaid Identification Number (CIN), if the person is a Medicaid enrollee.
3. The habilitation service provider's agency name.
4. Identification of the habilitation service(s) outcome.
5. The date on which the Habilitation Plan was reviewed.
6. Identification of at least one valued outcome that is derived from the individual's ISP
7. Description of the services and supports the habilitation staff will provide to the person.
8. The safeguards (health and welfare) that will be provided by the habilitation service provider.
9. The printed name, signature and title of the staff who wrote the Habilitation Plan.
10. The date that staff signed the Habilitation Plan.

For services 4/01/2012 and after, OPWDD Administrative Memorandum #2012-01, p. 7

OPWDD Administrative Memorandum #2012-01 states, "Once the Habilitation Plan has been implemented, the Habilitation Plan must be reviewed at least twice annually."

For services 4/01/2012 and after, OPWDD Administrative Memorandum #2012-01, p. 3

In 2 instances pertaining to 2 recipients, the safeguards (health and welfare) that will be provided by the provider were missing in the prevocational service plan. This finding applies to Sample #'s 1 and 90.

4. Missing Habilitation Plan Review for Prevocational Services

Regulations state: "If habilitation services are provided (i.e., residential habilitation, day habilitation, community habilitation [5/26/10 and after], supported employment, prevocational services), the relevant habilitation plan(s) must be developed, and on a semiannual basis thereafter, reviewed and revised as necessary by the habilitation service provider. The service coordinator shall attach the relevant habilitation plan(s) to the ISP."

14 NYCRR Section 635-99.1(bk)

OPWDD Administrative Memorandum #2003-03 states, "Subsequent revised Habilitation Plans, which are also written by the Habilitation Service Provider, are given to the person's service coordinator no more than 30 days after either: (a) the six-month ISP review date, or (b) the Habilitation Service Provider makes a significant change in the Habilitation Plan as agreed upon by the person, their advocate and service coordinator.

OPWDD Administrative Memorandum #2003-03, p. 2

OPWDD Administrative Memorandum #2003-03 states, "**The date on which the Habilitation Plan was last reviewed . . . At least annually**, the Habilitation Plan must be reviewed at the ISP meeting with the service coordinator, consumer, advocate, and with all other major service providers in attendance."

OPWDD Administrative Memorandum #2003-03, p. 3

OPWDD Administrative Memorandum #2012-01 states, "Once the Habilitation Plan has been implemented, the Habilitation Plan must be reviewed at least twice annually."

For services 4/01/2012 and after, OPWDD Administrative Memorandum #2012-01, p. 3

In 2 instances pertaining to 2 recipients, the required prevocational services plan review was not found. This finding applies to Sample #'s 31 and 89.

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 \$104,938, 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 #13-1237
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 \$104,938. 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]

Young Adult Institute, Inc.
460 West 34th Street
New York, New York 10001

PROVIDER ID # [REDACTED]

AUDIT #13-1237

AMOUNT DUE: \$104,938

AUDIT

TYPE

PROVIDER

RATE

PART B

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 #13-1237
Albany, New York 12237

Thank you for your cooperation.

SAMPLE DESIGN

The sample design used for Audit #13-1237 was as follows:

- Universe - Medicaid claims for OPWDD day habilitation, prevocational, and supported employment services paid during the period January 1, 2008, through June 30, 2012.
- Sampling Frame - The sampling frame for this objective is the Medicaid electronic database of paid Provider claims for OPWDD day habilitation, prevocational, and supported employment services paid during the period January 1, 2008, through June 30, 2012.
- Sample Unit - The sample unit is a Medicaid claim paid during the period January 1, 2008, through June 30, 2012.
- Sample Design – Simple sampling was used for sample selection.
- Sample Size – The sample size is 100 services.

SAMPLE RESULTS AND ESTIMATES

Universe Size	13,236
Sample Size	100
Sample Value	\$ 12,630.77
Sample Overpayments	\$ 2,300.56
Confidence Level	90%

Extrapolation of Sample Findings

Sample Overpayments	\$ 2,300.56
Less Overpayments Not Extrapolated*	<u>(936.98)</u>
Sample Overpayments for Extrapolation Purposes	\$ 1,363.58
 Sample Size	 100
 Mean Dollars in Error for Extrapolation Purposes	 \$ 13.6358
 Universe Size	 13,236
Point Estimate of Total Dollars	\$ 180,483
Add Overpayments Not Extrapolated*	<u>937</u>
Adjusted Point Estimate of Totals Dollars	<u>\$ 181,420</u>
 Lower Confidence Limit	 \$ 104,001
Add Overpayments Not Extrapolated*	<u>937</u>
Adjusted Lower Confidence Limit	<u>\$ 104,938</u>

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

- **Finding #1 – Missing Required Elements of the Day Habilitation Plan**
- **Finding #2 – Missing Day Habilitation Plan Review**
- **Finding #3 – Missing Required Elements of the Habilitation Plan for Prevocational Services**
- **Finding #4 – Missing Habilitation Plan Review for Prevocational Services**

The dollar disallowance associated with these findings 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
YOUNG ADULT INSTITUTE, INC.
REVIEW OF DAY HABILITATION, PREVOCATIONAL & SUPPORTED EMPLOYMENT SERVICES
PROJECT NUMBER: 13-1237
REVIEW PERIOD: 01/01/08 - 06/30/12

Sample Number	Date of Service	Rate Code		Amount		Over Payment Extrapolated	DETAILED AUDIT FINDINGS						
		Billed	Derived	Paid	Derived		1. Missing Day Habilitation Service Documentation (Group/Supplemental Provider)	2. Unauthorized Day Habilitation Service Provider	3. Missing Day Habilitation Service Summary Note	4. Missing Day Habilitation Monthly	5. No Documentation of the Prevocational Plan	6. Unauthorized Service Provider	7. Failure to Meet Minimum Number of Face-to-Face Prevocational Services - Half Unit
26	07/06/09	4454	4454	\$ 120.92	\$ 120.92	\$ -							
27	01/04/10	4454	4454	120.92	120.92	-							
28	11/22/10	4465	4465	56.75	56.75	-							
29	10/14/11	4454	4454	119.70	119.70	-							
30	04/29/10	4454	-	121.81	-	121.81		X					
31	05/20/10	4465	4465	55.63	55.63	-							
32	01/02/08	4465	-	50.34	-	50.34					X		
33	04/09/10	4454	4454	121.81	121.81	-							
34	08/12/10	4454	4454	120.99	120.99	-							
35	03/15/12	4465	4465	42.86	42.86	-							
36	11/11/10	4454	4454	120.99	120.99	-							
37	03/18/09	4454	-	118.03	-	118.03		X					
38	05/10/11	4465	4465	56.75	56.75	-							
39	11/04/09	4464	4464	117.66	117.66	-							
40	04/08/10	4454	4454	121.81	121.81	-							
41	06/23/08	4465	4465	46.68	46.68	-							
42	02/28/12	4454	4454	119.70	119.70	-							
43	07/14/10	4454	4454	120.99	120.99	-							
44	03/10/10	4465	4465	55.13	55.13	-							
45	06/05/12	4465	4465	42.86	42.86	-							
46	01/13/11	4454	4454	120.97	120.97	-							
47	03/29/11	4454	4454	120.97	120.97	-							
48	02/09/11	4454	4454	120.97	120.97	-							
49	07/12/10	4454	-	120.99	-	120.99		X					
50	05/16/11	4465	4465	56.75	56.75	-							

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Sample Number	Date of Service	Rate Code		Amount		Over Payment Extrapolated	DETAILED AUDIT FINDINGS						
		Billed	Derived	Paid	Derived		1. Missing Day Habilitation Service Documentation (Group/Supplemental Group)	2. Unauthorized Day Habilitation Service Provider	3. Missing Day Habilitation Service Summary Note	4. Missing Day Habilitation Monthly	5. No Documentation of the Prevocational Plan	6. Unauthorized Service Provider	7. Failure to Meet Minimum Number of Face-to-Face Prevocational Services - Half Unit
51	09/28/10	4454	4454	\$ 120.99	\$ 120.99	\$ -							
52	03/30/11	4454	4454	120.97	120.97	-							
53	10/01/10	4472	4472	525.00	525.00	-							
54	11/03/10	4454	4454	120.99	120.99	-							
55	01/06/09	4465	4465	48.33	48.33	-							
56	04/05/12	4465	4465	42.86	42.86	-							
57	02/25/10	4454	-	120.92	-	120.92						X	
58	09/23/08	4454	4454	105.58	105.58	-							
59	06/23/08	4454	-	102.64	-	102.64		X					
60	04/01/08	4472	4472	475.00	475.00	-							
61	05/10/12	4454	4454	119.70	119.70	-							
62	12/02/09	4454	4454	120.92	120.92	-							
63	06/09/11	4465	4465	56.75	56.75	-							
64	03/31/10	4454	4454	120.92	120.92	-							
65	10/01/11	4471	4471	386.00	386.00	-							
66	12/08/09	4465	4465	55.13	55.13	-							
67	06/06/12	4454	4454	119.70	119.70	-							
68	10/14/11	4454	4454	119.70	119.70	-							
69	06/01/08	4472	4472	475.00	475.00	-							
70	07/01/10	4472	4472	525.00	525.00	-							
71	03/01/09	4472	4472	490.00	490.00	-							
72	04/22/11	4465	4465	56.75	56.75	-							
73	12/17/08	4454	-	105.58	-	105.58		X					
74	05/13/11	4454	4454	120.97	120.97	-							
75	09/24/08	4465	4465	48.33	48.33	-							

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Sample Number	Date of Service	Rate Code		Amount		Over Payment Extrapolated	DETAILED AUDIT FINDINGS						
		Billed	Derived	Paid	Derived		1. Missing Day Habilitation Service Documentation (Group/Supplemental Provider)	2. Unauthorized Day Habilitation Service Provider	3. Missing Day Habilitation Service Summary Note	4. Missing Day Habilitation Monthly	5. No Documentation Plan Prevocational Service	6. Unauthorized Service Provider	7. Failure to Meet Minimum Number of Face-to-Face Prevocational Services - Half Unit
76	10/19/10	4465	4465	\$ 56.75	\$ 56.75	\$ -							
77	05/19/10	4465	-	55.63	-	55.63						X	
78	06/08/10	4454	4454	118.34	118.34	-							
79	05/27/09	4454	-	118.88	-	118.88				X			
80	01/06/11	4454	4454	120.97	120.97	-							
81	06/01/11	4454	4454	120.97	120.97	-							
82	02/22/10	4465	-	55.13	-	55.13					X		
83	11/05/08	4454	4454	105.58	105.58	-							
84	07/13/11	4454	4454	119.70	119.70	-							
85	09/07/11	4465	4465	42.86	42.86	-							
86	07/01/11	4471	4471	394.00	394.00	-							
87	08/25/10	4454	4454	120.99	120.99	-							
88	04/07/10	4454	4454	121.81	121.81	-							
89	03/23/10	4465	4465	55.13	55.13	-							
90	07/28/09	4465	4465	58.83	58.83	-							
91	08/03/10	4454	4454	120.99	120.99	-							
92	09/01/08	4471	4471	357.00	357.00	-							
93	11/09/09	4454	4454	120.92	120.92	-							
94	09/29/09	4454	-	120.92	-	120.92	X						
95	07/26/10	4454	4454	120.99	120.99	-							
96	10/04/11	4454	4454	119.70	119.70	-							
97	05/06/09	4454	4454	118.88	118.88	-							
98	02/15/11	4454	4454	120.97	120.97	-							
99	08/18/08	4454	4454	105.58	105.58	-							
100	04/26/10	4465	4465	55.63	55.63	-							
Totals				\$ 12,630.77	\$ 11,267.19	\$ 1,363.58	5	2	1	1	2	2	2

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Sample Number	Date of Service	Rate Code		Amount		See Attachment "C" Overpayment Extrapolated	Overpayment Not Extrapolated	DETAILED AUDIT FINDINGS 1. Missing Required Elements of the Day Habilitation Plan 2. Missing Day Habilitation Plan Review 3. Missing Required Elements of the Habilitation Plan for Prevocational Services 4. Missing Habilitation Plan Review for Prevocational Services					
		Billed	Derived	Paid	Derived								
1	08/19/09	4465		\$ 58.83	\$ -	\$ -	\$ 58.83				X		
2	10/13/10	4454	4454	120.99	120.99	-	-						
3	04/13/10	4454		121.81	-	-	121.81	X					
4	04/09/09	4454	4454	118.88	118.88	-	-						
5	04/13/10	4465	4465	55.63	55.63	-	-						
6	03/30/11	4454	4454	120.97	120.97	-	-						
7	01/13/10	4454	4454	120.92	120.92	-	-						
8	01/31/11	4454	4454	120.97	120.97	-	-						
9	05/26/11	4454	4454	120.97	120.97	-	-						
10	07/14/10	4454	4454	120.99	120.99	-	-						
11	06/07/10	4454	4454	118.34	118.34	-	-						
12	04/06/11	4454	4454	120.97	120.97	-	-						
13	02/09/10	4454		120.92	-	120.92	-						
14	11/17/08	4465		48.33	-	48.33	-						
15	11/02/09	4465	4465	58.83	58.83	-	-						
16	07/02/09	4454	4454	120.92	120.92	-	-						
17	12/03/09	4465		55.13	-	55.13	-						
18	01/12/12	4454	4454	119.70	119.70	-	-						
19	04/17/12	4454	4454	119.70	119.70	-	-						
20	11/25/08	4465		48.33	-	48.33	-						
21	04/20/09	4465	4465	48.81	48.81	-	-						
22	11/18/10	4454	4454	120.99	120.99	-	-						
23	05/21/08	4454	4454	102.64	102.64	-	-						
24	04/22/08	4454	4454	102.64	102.64	-	-						
25	01/25/12	4454	4454	119.70	119.70	-	-						

OFFICE OF THE MEDICAID INSPECTOR GENERAL
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Sample Number	Date of Service	Rate Code		Amount		See Attachment "C" Overpayment Extrapolated	Overpayment Not Extrapolated	DETAILED AUDIT FINDINGS 1. Missing Required Elements of the Day Habilitation Plan 2. Missing Day Habilitation Plan Review 3. Missing Required Elements of the Habilitation Plan for Prevocational Services 4. Missing Habilitation Plan Review for Prevocational Services				
		Billed	Derived	Paid	Derived							
26	07/06/09	4454		\$ 120.92	\$ -	\$ -	\$ 120.92	X				
27	01/04/10	4454	4454	120.92	120.92	-	-					
28	11/22/10	4465	4465	56.75	56.75	-	-					
29	10/14/11	4454	4454	119.70	119.70	-	-					
30	04/29/10	4454	-	121.81	-	121.81	-					
31	05/20/10	4465	4465	55.63	-	-	55.63					X
32	01/02/08	4465	-	50.34	-	50.34	-					
33	04/09/10	4454	4454	121.81	121.81	-	-					
34	08/12/10	4454	4454	120.99	120.99	-	-					
35	03/15/12	4465	4465	42.86	42.86	-	-					
36	11/11/10	4454	4454	120.99	120.99	-	-					
37	03/18/09	4454	-	118.03	-	118.03	-					
38	05/10/11	4465	4465	56.75	56.75	-	-					
39	11/04/09	4464	4464	117.66	117.66	-	-					
40	04/08/10	4454	4454	121.81	121.81	-	-					
41	06/23/08	4465	4465	46.68	46.68	-	-					
42	02/28/12	4454	4454	119.70	119.70	-	-					
43	07/14/10	4454	4454	120.99	120.99	-	-					
44	03/10/10	4465	4465	55.13	55.13	-	-					
45	06/05/12	4465	4465	42.86	42.86	-	-					
46	01/13/11	4454	4454	120.97	120.97	-	-					
47	03/29/11	4454	4454	120.97	120.97	-	-					
48	02/09/11	4454	4454	120.97	120.97	-	-					
49	07/12/10	4454	-	120.99	-	120.99	-					
50	05/16/11	4465	4465	56.75	56.75	-	-					

OFFICE OF THE MEDICAID INSPECTOR GENERAL
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PROJECT NUMBER: 13-1237
REVIEW PERIOD: 01/01/08 - 06/30/12

Sample Number	Date of Service	Rate Code		Amount		See Attachment "C"		DETAILED AUDIT FINDINGS 1. Missing Required Elements of the Day Habilitation Plan 2. Missing Day Habilitation Plan Review 3. Missing Required Elements of the Habilitation Plan for Prevocational Services 4. Missing Habilitation Plan Review for Prevocational Services			
		Billed	Derived	Paid	Derived	Overpayment Extrapolated	Overpayment Not Extrapolated				
51	09/28/10	4454	4454	\$ 120.99	\$ 120.99	\$ -	\$ -				
52	03/30/11	4454	4454	120.97	120.97	-	-				
53	10/01/10	4472	4472	525.00	525.00	-	-				
54	11/03/10	4454	4454	120.99	120.99	-	-				
55	01/06/09	4465	4465	48.33	48.33	-	-				
56	04/05/12	4465	4465	42.86	42.86	-	-				
57	02/25/10	4454	-	120.92	-	120.92	-				
58	09/23/08	4454	-	105.58	-	-	105.58		X		
59	06/23/08	4454	-	102.64	-	102.64	-				
60	04/01/08	4472	4472	475.00	475.00	-	-				
61	05/10/12	4454	4454	119.70	119.70	-	-				
62	12/02/09	4454	4454	120.92	120.92	-	-				
63	06/09/11	4465	4465	56.75	56.75	-	-				
64	03/31/10	4454	-	120.92	-	-	120.92	X			
65	10/01/11	4471	4471	386.00	386.00	-	-				
66	12/08/09	4465	4465	55.13	55.13	-	-				
67	06/06/12	4454	4454	\$119.70	\$119.70	-	-				
68	10/14/11	4454	4454	119.70	119.70	-	-				
69	06/01/08	4472	4472	475.00	475.00	-	-				
70	07/01/10	4472	4472	525.00	525.00	-	-				
71	03/01/09	4472	4472	490.00	490.00	-	-				
72	04/22/11	4465	4465	56.75	56.75	-	-				
73	12/17/08	4454	-	105.58	-	105.58	-				
74	05/13/11	4454	4454	120.97	120.97	-	-				
75	09/24/08	4465	4465	48.33	48.33	-	-				

OFFICE OF THE MEDICAID INSPECTOR GENERAL
YOUNG ADULT INSTITUTE, INC.
REVIEW OF DAY HABILITATION, PREVOCATIONAL & SUPPORTED EMPLOYMENT SERVICES
PROJECT NUMBER: 13-1237
REVIEW PERIOD: 01/01/08 - 06/30/12

Sample Number	Date of Service	Rate Code		Amount		See Attachment "C"		DETAILED AUDIT FINDINGS				
		Billed	Derived	Paid	Derived	Overpayment Extrapolated	Overpayment Not Extrapolated	1. Missing Required Elements of the Habilitation Plan	2. Missing Day Habilitation Elements of the Day	3. Missing Required Elements of the Habilitation Plan for Prevocational Services	4. Missing Habilitation Plan Review for Prevocational Services	
76	10/19/10	4465	4465	\$ 56.75	\$ 56.75	\$ -	\$ -					
77	05/19/10	4465	-	55.63	-	55.63	-					
78	06/08/10	4454	-	118.34	-	-	118.34		X			
79	05/27/09	4454	-	118.88	-	118.88	-					
80	01/06/11	4454	4454	120.97	120.97	-	-					
81	06/01/11	4454	4454	120.97	120.97	-	-					
82	02/22/10	4465	-	55.13	-	55.13	-					
83	11/05/08	4454	4454	105.58	105.58	-	-					
84	07/13/11	4454	4454	119.70	119.70	-	-					
85	09/07/11	4465	4465	42.86	42.86	-	-					
86	07/01/11	4471	4471	394.00	394.00	-	-					
87	08/25/10	4454	4454	120.99	120.99	-	-					
88	04/07/10	4454	4454	121.81	121.81	-	-					
89	03/23/10	4465	-	55.13	-	-	55.13					X
90	07/28/09	4465	-	58.83	-	-	58.83			X		
91	08/03/10	4454	-	120.99	-	-	120.99		X			
92	09/01/08	4471	4471	357.00	357.00	-	-					
93	11/09/09	4454	4454	120.92	120.92	-	-					
94	09/29/09	4454	-	120.92	-	120.92	-					
95	07/26/10	4454	4454	120.99	120.99	-	-					
96	10/04/11	4454	4454	119.70	119.70	-	-					
97	05/06/09	4454	4454	118.88	118.88	-	-					
98	02/15/11	4454	4454	120.97	120.97	-	-					
99	08/18/08	4454	4454	105.58	105.58	-	-					
100	04/26/10	4465	4465	55.63	55.63	-	-					
Totals				\$ 12,630.77	\$ 10,330.21	\$1,363.58	\$936.98	3	3	2	2	