NEW YORK STATE | Office of the Medicaid Inspector General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

OMIG AUDIT PROTOCOL
OMH INTENSIVE PSYCHIATRIC REHABILITATION TREATMENT

REVISED 08/12/15

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

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

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

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

OMIG AUDIT PROTOCOL – OMH OUTPATIENT INTENSIVE PSYCHIATRIC REHABILITATION TREATMENT

Revised 08/12/15

1.	**Missing Recipient Record**
OMIG Audit Criteria	If the recipient record is not available for review, claims for all dates of service associated with the recipient record will be disallowed.
Regulatory References	18 NYCRR Section 504.3(a) 18 NYCRR Section 540.7(a)(8) 14 NYCRR Section 587.18(a)

2.	**No Documentation of Intensive Psychiatric Rehabilitation Service**
OMIG Audit Criteria	If recipient records do not document that a face-to-face intensive psychiatric rehabilitation service was provided, the claim will be disallowed.
Regulatory References	18 NYCRR Section 504.3(a) 18 NYCRR Section 540.7(a)(8) 18 NYCRR Section 505.25(d)(1) 18 NYCRR Section 505.25(e)(5) 18 NYCRR Section 505.25(f)(1) and (3) 18 NYCRR Section 505.25(h)(1)(ii) 14 NYCRR Section 587.13(c) and (d) 14 NYCRR Section 587.18(b)(7) 14 NYCRR Section 588.4(a) and (b)

3.	**Excessive Preadmission Visits**
OMIG Audit Criteria	Claims in excess of the maximum allowed three preadmission visits will be disallowed.
Regulatory References	14 NYCRR Section 588.5(k)(4)

4.	**Missing Individual Service Plan**
OMIG Audit Criteria	A written individual service plan must be completed within five visits after admission. Claims for services provided after the fifth visit from the admission date will be disallowed if the written individual service plan is missing.
Regulatory References	14 NYCRR Section 588.5(c) 14 NYCRR Section 588.10(e)

5.	Late Individual Service Plan
OMIG Audit Criteria	A written individual service plan must be completed within 5 days of admission. Claims for services provided on the 5th day after the admission date will be disallowed if the written individual service plan is not completed timely. Claims for services will be disallowed until an individual service plan is completed. The service plan is considered completed upon the signature of the primary counselor or supervisor.
Regulatory References	14 NYCRR Section 588.5(c) 14 NYCRR Section 588.10(e)

6.	Missing Documentation of Individual Service Plan Review
OMIG Audit Criteria	A service plan must be reviewed every month. Claims will be disallowed for billed service dates during any time for which there is no documentation of a service plan review in the recipient's record.
Regulatory References	14 NYCRR Section 588.5(c) 14 NYCRR Section 588.10(e)

7.	Duration of Visit Not Documented
OMIG Audit Criteria	There must be a record of attendance of all face-to-face contacts with the recipient, the type of service provided and the duration of the contact. If the duration of the intensive psychiatric rehabilitation treatment visit is not documented in the recipient records, the claim will be disallowed.
Regulatory References	14 NYCRR Section 587.18(b)(7) 14 NYCRR Section 588.10(a)(1)

8.	Incorrect Collateral Billings
OMIG Audit Criteria	Collateral persons are defined as (1) members of the recipient's family or household; (2) significant others … identified in the treatment plan; or, (3) significant others … identified in preadmission notes. Claims for services billed for individuals not meeting the definition of collateral persons, or if the collateral person is not listed on the recipient's treatment plan or in preadmission notes will be disallowed.
Regulatory References	18 NYCRR Section 505.25(e)(5) 14 NYCRR Section 587.4(a)(3)

9.	Failure to Meet Minimum Duration Requirements
OMIG Audit Criteria	Claims for visits of less than one hour in duration for intensive psychiatric rehabilitation treatment services will be disallowed.
Regulatory References	14 NYCRR Section 588.5(k)(2) 14 NYCRR Section 588.10(a)(1)

10.	**Incorrect Rate Code Billed**
OMIG Audit Criteria	For claims for intensive psychiatric rehabilitation treatment services that were billed using an incorrect rate code which resulted in a higher reimbursement than indicated for the proper rate code, the amount of the claim disallowed will be the difference between the incorrect rate code amount billed and the correct rate code amount.
Regulatory References	14 NYCRR Section 588.13(f)

11.	**Billing for Unauthorized Services**
OMIG Audit Criteria	Claims for services billed that are not authorized by the provider's operating certificate will be disallowed.
Regulatory References	18 NYCRR Section 505.25(d)(3) 18 NYCRR Section 505.25(f)(1) and (3) 14 NYCRR Section 587.5(b)(7) 14 NYCRR Section 587.13(c) and (d)

12.	**No Documentation of Initial Referral by a Licensed Practitioner**
OMIG Audit Criteria	Claims will be disallowed if documentation of the initial referral by a licensed practitioner is missing.
Regulatory References	14 NYCRR Section 587.13(b)(1) and (4)

13.	**No Documentation of a Renewal of Authorization**
OMIG Audit Criteria	A written renewal of authorization is needed within four months after admission and quarterly thereafter. Claims will be disallowed if documentation of the required renewal of authorization for services by the referring licensed practitioner or another licensed practitioner who is not affiliated with the intensive psychiatric rehabilitation treatment program is missing.
Regulatory References	14 NYCRR Section 588.10(d)

14.	**Reimbursement in Excess of the Allowable Hours of Service**
OMIG Audit Criteria	Claims for services provided in excess of 72 hours per recipient per month and/or in excess of 720 hours per recipient per year will be disallowed.
Regulatory References	14 NYCRR Section 588.10(a)(2) and (3) 14 NYCRR Section 588.12(f)