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OMIG AUDIT PROTOCOL OPWDD PREVOCAATIONAL SERVICES

Revised 03/24/15

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 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. 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 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, 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 OMIG's authority to recover improperly expended Medicaid funds and 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.

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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)
2.	No Documentation of Service
OMIG Audit Criteria	If the recipient's record does not document that a prevocational service was provided, the claim will be disallowed.
Regulatory References	18 NYCRR Section 504.3(a) 18 NYCRR Section 517.3(b)(2)
3.	No Diagnosis of Developmental Disability
OMIG Audit Criteria	The claim for services provided in the absence of a clinical assessment substantiating a specific diagnosis of developmental disability will be disallowed.
Regulatory References	14 NYCRR Section 635-10.3(a) and (b)(1)
4.	Unauthorized Prevocational Services Provider
OMIG Audit Criteria	The claim will be disallowed if the individualized service plan (ISP) does not specify the category of waiver service that the agency is providing (i.e., prevocational services) or does not designate the agency as the provider of the service.
Regulatory References	14 NYCRR Section 635-10.2(a) OPWDD ADM #2006-03, p. 5
5.	Missing Copy of Individualized Service Plan (ISP)
OMIG Audit Criteria	A copy of the recipient's ISP covering the time period of the claim must be maintained by the agency. If the ISP is missing or not valid for the service date the claim will be disallowed.
Regulatory References	14 NYCRR Section 635-10.2(a) OPWDD ADM #2006-03, p. 5
6.	Missing Habilitation Plan for Prevocational Services
OMIG Audit Criteria	A relevant habilitation plan(s) must be developed within 60 days of the start of the habilitation service to conform to the requirements found in ADM #2003-03. The claim will be disallowed if the relevant habilitation plan(s) is missing for prevocational dates of service prior to and including July 15, 2010, and after March 31, 2012.
Regulatory References	14 NYCRR Section 635-99.1(bk) OPWDD ADM #2003-03, p. 2 OPWDD ADM #2006-03, p. 5 For services 4/01/12 and after , OPWDD ADM #2012-01, p. 2

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7.	Missing Required Elements of the Habilitation Plan for Prevocational Services
OMIG Audit Criteria	<p>The prevocational service plan must contain these required elements: the recipient's name and CIN; the habilitation service provider agency name and type of habilitation service; the date the habilitation plan was reviewed; the recipient's valued outcomes; a description of services and supports; safeguards provided; and, the printed name, signature and title of the person who wrote the habilitation plan. The claim will be disallowed if one or more of the required elements are missing.</p> <p>NOTE: For service dates April 1, 2012, and after, the habilitation plan for prevocational services must be reviewed at least twice annually. Additionally, for services April 1, 2012, and after, the habilitation plan requires the date that staff signed the plan.</p>
Regulatory References	<p>14 NYCRR Section 635-99.1(bk) For services prior to 4/01/2012, OPWDD ADM #2003-03, pp. 2-4 For services 4/01/12 and after, OPWDD ADM #2012-01, p. 7 For services 4/01/12 and after, OPWDD ADM #2012-01, p. 3</p>
8.	Missing Habilitation Plan Review for Prevocational Services
OMIG Audit Criteria	<p>The relevant habilitation plan must be developed, reviewed or revised as necessary at a minimum of at least twice annually. At least annually one of the habilitation plan reviews for prevocational services must be conducted at the time of the ISP meeting. The claim will be disallowed if the relevant habilitation plan for prevocational services is not reviewed or revised as necessary at a minimum of at least twice annually for dates of service prior to and including July 15, 2010, and after March 31, 2012.</p>
Regulatory References	<p>14 NYCRR Section 635-99.1(bk) OPWDD ADM #2003-03, p. 2 OPWDD ADM #2003-03, p. 3 For services 4/01/12 and after, OPWDD ADM #2012-01, p. 3</p>
9.	Failure to Write Initial Habilitation Plan for Prevocational Service Within 60 Days
OMIG Audit Criteria	<p>For prevocational services, the initial habilitation plan must be written within 60 days of the start of the habilitation service and forwarded to the service coordinator. The claim will be disallowed if the plan is not written within 60 days of the start of the prevocational service for dates of service prior to and including July 15, 2010, and after March 31, 2012.</p>
Regulatory References	<p>14 NYCRR Section 635-99.1(bk) OPWDD ADM #2003-03, p. 2 OPWDD ADM #2006-03, p. 5 For services 4/01/12 and after, OPWDD ADM #2012-01, p. 2</p>

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10.	Failure to Forward Revised Habilitation Plan for Prevocational Service Within 30 Days to the Service Coordinator
OMIG Audit Criteria	A revised prevocational service plan must be given to the recipient's service coordinator no more than 30 days after either the six month ISP review date or if the plan's provider makes a significant change as agreed to by the recipient, their advocate and service coordinator. The claim will be disallowed if the revised plan was not forwarded within 30 days to the service coordinator for prevocational dates of service prior to and including July 15, 2010, and after March 31, 2012. For service dates April 1, 2012, and after, a revised prevocational service plan must be sent to the recipient's service coordinator no more than 30 days after either (a) an ISP review date, or (b) the date on which the habilitation service provider makes a significant change to the plan.
Regulatory References	14 NYCRR Section 635-99.1(bk) OPWDD ADM #2003-03, p. 2 For services 4/01/12 and after , OPWDD ADM #2012-01, p.3
11.	Missing Required Elements in Prevocational Service Documentation
OMIG Audit Criteria	The claim will be disallowed in the absence of one or more of the required 10 elements in the prevocational service documentation as listed in OPWDD ADM #2006-03 (checklist or narrative note): 1) recipient's name and CIN; 2) identification of category of waiver service provided; 3) a daily description of at least one face-to-face service; 4) documentation that minimum service duration was met; 5) recipient's response to the service; 6) the date the service was provided; 7) the primary service location; 8) verification of service provision by prevocational staff delivering the service; 9) signature and title of prevocational staff person documenting the service; and, 10) the date the service was documented.
Regulatory References	OPWDD ADM #2006-03, pp. 3-4
12.	Missing Response in Prevocational Monthly Summary Note or Daily Note
OMIG Audit Criteria	The claim will be disallowed if the required response to service, whether written in the daily note or the monthly note format, that: a) summarizes the implementation of the recipient's habilitation plan and b) addresses the recipient's response to the services provided is absent.
Regulatory References	OPWDD ADM #2003-03, p. 4 OPWDD ADM #2006-03, pp. 4-5
13.	Missing Prevocational Services Daily Checklist/Chart
OMIG Audit Criteria	The acceptable format for the service documentation is either a narrative note or a checklist/chart with an entry made at the same time each prevocational service is delivered and billed. If the provider chooses the checklist/chart format, the claim will be disallowed in the absence of the prevocational service daily checklist or chart.
Regulatory References	OPWDD ADM #2006-03, pp. 4-5

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14.	Incorrect Rate Code Billed for Prevocational Services
OMIG Audit Criteria	The claim will be reduced if a full unit of service (of at least four hours) was billed when a half unit of service (of at least two hours) was documented for a prevocational service. The disallowance will be the difference between the amount of the incorrect full unit of service billed and the amount of the half unit of service.
Regulatory References	14 NYCRR Sections 635-10.5(e)(8)(i)(a) and (b) OPWDD ADM #2006-03, p. 2
15.	Failure to Meet Minimum Duration Requirement for Half Unit of Prevocational Service
OMIG Audit Criteria	A claim for a prevocational service of less than 2 hours in duration will be disallowed.
Regulatory References	14 NYCRR Section 635-10.5(e)(8)(i)(b) OPWDD ADM #2006-03, p. 2
16.	Failure to Meet Minimum Number of Face-to-Face Prevocational Services – Full Unit
OMIG Audit Criteria	The claim will be reduced if less than two face-to-face services were documented for a full unit of prevocational service. The disallowance will be the difference between the amount of the incorrect full unit of service billed and the amount of the half unit of service.
Regulatory References	14 NYCRR Section 635-10.5(e)(8)(i)(a) OPWDD ADM #2006-03, p. 2
17.	Failure to Meet Minimum Number of Face-to-Face Prevocational Services – Half Unit
OMIG Audit Criteria	The claim will be disallowed if there was not at least one individualized face-to-face service documented for a half unit of prevocational service.
Regulatory References	14 NYCRR Section 635-10.5(e)(8)(i)(b) OPWDD ADM #2006-03, p. 2
18.	Billing for Non-reimbursable Service Time
OMIG Audit Criteria	The claim will be disallowed if non-reimbursable program day duration events as specified in OPWDD ADM #2006-03 were counted towards the prevocational billable service time.
Regulatory References	14 NYCRR Sections 635-10.5(e)(8)(ii)(a)–(d) OPWDD ADM #2006-03, pp. 2-3
19.	Billing for Services by Ineligible Provider/Provider Employee
OMIG Audit Criteria	The claim will be disallowed if the prevocational services billed were performed by providers or provider staff who were not authorized by either NYS Department of Health or OPWDD.
Regulatory References	14 NYCRR Section 635-10.1(b)

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20.	Missing Prevocational Daily Service Note or Monthly Summary Note
OMIG Audit Criteria	The claim will be disallowed if the required daily service note or monthly narrative note is missing.
Regulatory References	OPWDD ADM #2003-03, p. 4 OPWDD ADM #2006-03, pp. 4-5

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