



Office of the  
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# OMIG AUDIT PROTOCOL PRESCHOOL & SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAMS

**Revised 02/11/2016**

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

# OMIG AUDIT PROTOCOL PRESCHOOL & SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAMS

**Revised 02/11/2016**

<b>I.</b>	<b>AUDIOLOGICAL EVALUATIONS</b>
<b>1.</b>	<b>No Written Order/Referral for Evaluation</b>
<b>OMIG Audit Criteria</b>	If the written order/referral is not provided, the claim will be disallowed.
<b>Regulatory References</b>	NYSED Medicaid Unit website, (SSHSP) Questions and Answers (1) 42 CFR Section 440.110(c)(1)

<b>1a.</b>	<b>AUDIOLOGICAL EVALUATIONS</b>
	<b>Written Order is Incomplete</b>
<b>OMIG Audit Criteria</b>	<p>If the child's name is not on the order, the claim will be disallowed.</p> <p>If the written order was not written by the date of the service or the date of the order can't be determined, the claim will be disallowed.</p> <p>If the order does not indicate an audiological evaluation then the claim will be disallowed.</p> <p>If the ordering provider's contact information is not provided, then the claim will be disallowed.</p> <p>If the order is not signed by the medical professional then the claim will be disallowed.</p> <p><u>* Please note that stamped signatures are not allowable.</u></p> <p>If the medical professional is not a NYS licensed and currently registered physician, nurse practitioner, or physician assistant then the claim will be disallowed.</p> <p>The order may indicate the school year that the order covers, or the specific IEP period (not to exceed one year of coverage); or if the time period for the order is not indicated, the order shall be good for one year after the date of signature.</p> <p>If the ordering provider's National Provider Identifier (NPI#) or license number is not provided then the claim will be disallowed.</p> <p>If the order does not include either a diagnosis or a reason/need for the ordered services then the claim will be disallowed.</p>
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)

<b>2.</b>	<b>AUDIOLOGICAL EVALUATIONS</b>
	<b>No Evaluation</b>
<b>OMIG Audit Criteria</b>	If the written report is not provided as documentation for the audiological evaluation claim, the claim will be disallowed.
<b>Regulatory References</b>	NYSED Medicaid Unit website, (SSHSP) Questions and Answers (1) 42 CFR Section 440.110(c)(1) 18 NYCRR Section 504.3(a)

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<b>3.</b>	<b>AUDIOLOGICAL EVALUATIONS</b> <b>No Documentation on the Title and Credentials of the Health Care Professional</b>
<b>OMIG Audit Criteria</b>	If the audiologist who conducted the audiological evaluation was not a NYS licensed and currently registered audiologist, the claim will be disallowed.
<b>Regulatory References</b>	18 NYCRR Section 505.31(a)(3) 42 CFR Section 440.110(c)(3)

<b>4.</b>	<b>AUDIOLOGICAL EVALUATIONS</b> <b>No Provider Agreement and/or Statement of Reassignment</b>
<b>OMIG Audit Criteria</b>	If a Provider Agreement or a Statement of Reassignment is not provided by the audited billing provider, a Corrective Action will be cited but the claim will be allowed.
<b>Regulatory References</b>	Medicaid-in-Education Provider Policy and Billing Handbook – (Update 8)

<b>5.</b>	<b>AUDIOLOGICAL EVALUATIONS</b> <b>No Documentation Showing the Evaluation Was Used in the Individualized Education Program (IEP) Process</b>
<b>OMIG Audit Criteria</b>	If there is no documentation that the required audiological evaluation was used in the IEP process, the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)

<b>6.</b>	<b>AUDIOLOGICAL EVALUATIONS</b> <b>Services Delivered Prior to Obtaining a Written Order/Referral from an Appropriate Professional</b>
<b>OMIG Audit Criteria</b>	If the evaluation was completed prior to obtaining the written order/referral for the evaluation, the claim will be disallowed.
<b>Regulatory References</b>	18 NYCRR Section 505.11(e)(1)&(3) 42 CFR Section 440.110(c)(1)

<b>II.</b>	<b>MEDICAL EVALUATIONS</b>
<b>1.</b>	<b>No Evaluation Report</b>
<b>OMIG Audit Criteria</b>	If the medical evaluation report is not provided then the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) 42 CFR Section 440.130 18 NYCRR Section 504.3(a)

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**Revised 02/11/2016**

<b>2.</b>	<b>MEDICAL EVALUATIONS</b> <b>No Documentation on the Title and Credentials of the Health Care Professional</b>
<b>OMIG Audit Criteria</b>	If the evaluation was completed by an individual who was not a licensed and currently registered physician, physician assistant or nurse practitioner then the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) 18 NYCRR Section 505.11(a)

<b>3.</b>	<b>MEDICAL EVALUATIONS</b> <b>No Provider Agreement and/or Statement of Reassignment</b>
<b>OMIG Audit Criteria</b>	If a Provider Agreement or a Statement of Reassignment is not provided by the audited billing provider a Corrective Action will be cited, but the claim will be allowed.
<b>Regulatory References</b>	Medicaid-in-Education Provider Policy and Billing Handbook – (Update 8)

<b>4.</b>	<b>MEDICAL EVALUATIONS</b> <b>No Documentation Showing the Evaluation Was Used in the IEP Process</b>
<b>OMIG Audit Criteria</b>	If there is no documentation showing that the evaluation was used in the IEP process, the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) 18 NYCRR Section 505.11(e)(5)

<b>III.</b>	<b>OCCUPATIONAL THERAPY SERVICES</b>
<b>1.</b>	<b>No Written Order</b>
<b>OMIG Audit Criteria</b>	If there is no written order for the services, (or a recommendation from an occupational therapist), the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) 18 NYCRR Section 505.11(a) 18 NYCRR Section 505.11(c)(1)(iv)

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**Revised 02/11/2016**

<b>1a.</b>	<b>OCCUPATIONAL THERAPY SERVICES Written Order is Incomplete</b>
<b>OMIG Audit Criteria</b>	<p>If the child's name is not on the written order, the claim will be disallowed.</p> <p>If the written order was not written by the date of the service or the date of the order can't be determined, the claim will be disallowed.</p> <p>If the order does not indicate occupational services, then the claim will be disallowed.</p> <p>If the ordering provider's contact information can't be determined, then the claim will be disallowed.</p> <p>If the order is not signed by the medical professional, then the claim will be disallowed.</p> <p><u>* Please note that stamped signatures are not allowable.</u></p> <p>If the medical professional is not a NYS licensed and currently registered physician, nurse practitioner, or physician assistant then the claim will be disallowed.</p> <p>The order may indicate the school year that the order covers, or the specific IEP period (not to exceed one year of coverage); or if the time period for the order is not indicated, the order shall be good for one year after the date of signature.</p> <p>If the ordering provider's National Provider Identifier (NPI#) or license number is not provided, then the claim will be disallowed.</p> <p>If the order does not include either a diagnosis or a reason/need for the ordered services, then the claim will be disallowed.</p>
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)

<b>2.</b>	<b>OCCUPATIONAL THERAPY SERVICES Services Were Delivered Prior to Obtaining a Written Order from an Appropriate Professional</b>
<b>OMIG Audit Criteria</b>	If the occupational therapy service was delivered prior to the date of the written order, or recommendation, the claim will be disallowed.
<b>Regulatory References</b>	18 NYCRR Section 505.11(e)(1)&(3)

<b>3.</b>	<b>OCCUPATIONAL THERAPY SERVICES No IEP or Occupational Therapy Services Not Indicated on the IEP</b>
<b>OMIG Audit Criteria</b>	If the billing provider does not provide the IEP or a copy of the IEP with the documentation for the claim or the IEP does not recommend occupational therapy services for the child, then the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) 18 NYCRR Section 505.11(a)

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<b>4.</b>	<b>OCCUPATIONAL THERAPY SERVICES No Session Note</b>
<b>OMIG Audit Criteria</b>	If the billing provider does not provide the session note, or a copy of the session note, with the documentation for the claim, then the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) 18 NYCRR Section 504.3(a)

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**Revised 02/11/2016**

<b>5.</b>	<b>OCCUPATIONAL THERAPY SERVICES Session Note Incomplete</b>
<b>OMIG Audit Criteria</b>	<p>If the child’s name is not on the session note, the claim will be disallowed.</p> <p>If the session note does not indicate the service provided in the session, then the claim will be disallowed.</p> <p>If the session note does not indicate the number of children in the session, then the claim will be disallowed.</p> <p>If the group size exceeds the maximum allowed by NYSED (8 students for NYCDOE; 5 students for the rest of the State), then the claim will be disallowed.</p> <p>If the IEP only recommends group services, but the service was provided individual (one on one) then the claim will be disallowed, because the individual service was not recommended on the IEP.</p> <p>If the IEP only recommends individual services, but the service was provided in a group then the claim will be disallowed, because the group service was not recommended on the IEP.</p> <p>If the session note does not indicate if the service was provided at either the child’s school, Board Of Cooperative Educational Services (BOCES) or at a third party’s location, then the claim will be disallowed.</p> <p>If the session note does not indicate the date of the service, then the claim will be disallowed.</p> <p>If the session note does not indicate the length of time of the session, then the claim will be disallowed. The billed session should be consistent with the IEP and the session note. Claims where the service provided does not meet at least 90% of the required time, will be disallowed. Effective for dates of services of January 1, 2013 and after, session notes must include the session start and end times or the claim will be disallowed.</p> <p>If the session note does not indicate either the progress the child made in the session or a description of the service provided, then the claim will be disallowed.</p> <p>If the service provider’s title and credentials are not provided, then the claim will be disallowed.</p> <p>If the session note does not include the signature of the provider of the service, and if the service was provided “under the direction of”- the signature of the supervising therapist, then the claim will be disallowed.</p>
<b>Regulatory References</b>	<p>NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)&amp;(2)</p> <p>18 NYCRR Section 504.3(a)</p>

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**Revised 02/11/2016**

<b>6.</b>	<b>OCCUPATIONAL THERAPY SERVICES No Documentation on the Title and Credentials of the Health Care Professional</b>
<b>OMIG Audit Criteria</b>	If documentation of the occupational therapist provider's NYS license and current registration or the occupational therapy assistant's OT Assistant Certification (when the service was provided under the direction of the OT therapist) is not provided, then the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) 18 NYCRR Section 505.11(a) 18 NYCRR Section 505.11(d)(1)(i)

<b>7.</b>	<b>OCCUPATIONAL THERAPY SERVICES Incomplete Documentation of "Under the Direction of" Supervision</b>
<b>OMIG Audit Criteria</b>	<p>If documentation is not provided that the qualified occupational therapist met with the child at the beginning of service (a meeting during the IEP period that is prior to the date of service would qualify), and periodically thereafter, then the claim will be disallowed.</p> <p>For services provided January 31, 2014 and earlier, if documentation is not provided that the occupational therapist and the certified occupational therapy assistant service provider met as necessary for the occupational therapist to provide supervision and direction to the certified occupational therapy assistant, then the claim will be disallowed.</p> <p>For services on or after February 1, 2014, if the provider does not supply the written supervision plan the claim will be disallowed.</p> <p>If documentation is not provided to reflect the occupational therapist's review of the certified occupational therapy assistant's session note, then the claim will be disallowed. The OT therapist should have signed the session note.</p> <p>If no documentation is provided showing how the occupational therapist was available for consultation to provide direction to the occupational therapy assistant, then a Corrective Action will be assigned but the claim will be allowed.</p> <p>If documentation is not provided to reflect the occupational therapist's review of the student's IEP and the certified occupational therapy assistant's schedule to confirm that the child is scheduled to receive all of the occupational therapy services recommended on the child's IEP, then a Corrective Action will be assigned but the claim will be allowed.</p>
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) <b>For Services Provided on or before January 31, 2014</b> 8 NYCRR Section 76.6 <b>For Services Provided on or after February 1, 2014</b> 8 NYCRR Section 76.8(a) Medicaid in Education Alert, Issue #15-04

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**Revised 02/11/2016**

<b>8.</b>	<b>OCCUPATIONAL THERAPY SERVICES No Provider Agreement and/or Statement of Reassignment</b>
<b>OMIG Audit Criteria</b>	If a Provider Agreement or a Statement of Reassignment is not provided by the audited billing provider a Corrective Action will be cited, but the claim will be allowed.
<b>Regulatory References</b>	Medicaid-in-Education Provider Policy and Billing Handbook – (Update 8)

<b>IV. 1.</b>	<b>PHYSICAL THERAPY SERVICES No Written Order</b>
<b>OMIG Audit Criteria</b>	If there is no written order for the services, (or a recommendation from a physical therapist), the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) 18 NYCRR Section 505.11(a) 18 NYCRR Section 505.11(c)(1)(iv)

<b>1a.</b>	<b>PHYSICAL THERAPY SERVICES Written Order is Incomplete</b>
<b>OMIG Audit Criteria</b>	<p>If the child’s name is not on the written order, the claim will be disallowed.</p> <p>If the written order was not written by the date of the service or the date of the order can’t be determined, the claim will be disallowed.</p> <p>If the order does not indicate physical therapy services, then the claim will be disallowed.</p> <p>If the ordering provider’s contact information is not provided, then the claim will be disallowed.</p> <p>If the order is not signed by the ordering medical professional, then the claim will be disallowed.</p> <p><u>* Please note that stamped signatures are not allowable.</u></p> <p>If the medical professional is not a NYS licensed and currently registered physician, nurse practitioner, or physician assistant the claim will be disallowed.</p> <p>The order may indicate the school year that the order covers, or the specific IEP period (not to exceed one year of coverage); or if the time period for the order is not indicated, the order shall be good for one year after the date of signature.</p> <p>If the ordering provider’s National Provider Identifier (NPI#) or license number is not provided, then the claim will be disallowed.</p> <p>If the order does not include either a diagnosis or a reason/need for the ordered services, then the claim will be disallowed.</p>
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)

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**Revised 02/11/2016**

<b>2.</b>	<b>PHYSICAL THERAPY SERVICES</b> <b>Services Were Delivered Prior to Obtaining a Written Order from an Appropriate Professional</b>
<b>OMIG Audit Criteria</b>	If the physical therapy service was delivered prior to the date of the medical order, or the recommendation, the claim will be disallowed.
<b>Regulatory References</b>	18 NYCRR Section 505.11(e)(1)&(3) 42 CFR Section 440.110(a)(1)

<b>3.</b>	<b>PHYSICAL THERAPY SERVICES</b> <b>No IEP or Physical Therapy Services Not Listed on the IEP</b>
<b>OMIG Audit Criteria</b>	If the billing provider does not provide the IEP, or a copy of the IEP, with the documentation for the claim or the IEP does not recommend physical therapy services for the child, then the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) 18 NYCRR Section 505.11(a)

<b>4.</b>	<b>PHYSICAL THERAPY SERVICES</b> <b>No Session Note</b>
<b>OMIG Audit Criteria</b>	If the billing provider does not provide the session note, or a copy of the session note, then the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) 18 NYCRR Section 504.3(a)

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**Revised 02/11/2016**

<b>5.</b>	<b>PHYSICAL THERAPY SERVICES</b>
<b>OMIG Audit Criteria</b>	<p><b>Session Note Incomplete</b></p> <p>If the child’s name is not on the session note, the claim will be disallowed.</p> <p>If the session note does not indicate the service provided in the session, then the claim will be disallowed.</p> <p>If the session note does not indicate the number of children in the session, then the claim will be disallowed.</p> <p>If the group size exceeds the maximum allowed by NYSED (8 students for NYCDOE; 5 students for the rest of the State), then the claim will be disallowed.</p> <p>If the IEP only recommends group services, but the service was provided individual (one on one) then the claim will be disallowed, because the individual service was not recommended on the IEP.</p> <p>If the IEP only recommends individual services, but the service was provided in a group then the claim will be disallowed, because the group service was not recommended on the IEP.</p> <p>If the session note does not indicate if the service was provided at either the child’s school, BOCES or at a third party’s location, then the claim will be disallowed.</p> <p>If the session note does not indicate the date of the service, then the claim will be disallowed.</p> <p>If the session note does not indicate the length of the session, then the claim will be disallowed. The billed session should be consistent with the IEP and the session note. Claims where the service provided does not meet at least 90% of the required time, will be disallowed. Effective for dates of services of January 1, 2013 and after, session notes must include the session start and end times or the claim will be disallowed.</p> <p>If the session note does not indicate either the progress the child made in the session or a description of the service provided, then the claim will be disallowed.</p> <p>If the service provider’s title and credentials are not provided, then the claim will be disallowed.</p> <p>If the session note does not include the signature of the provider of the service, and if the service was provided “under the direction of”- the signature of the supervising therapist, then the claim will be disallowed.</p>
<b>Regulatory References</b>	<p>NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)&amp;(2)</p> <p>18 NYCRR Section 504.3(a)</p>

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<b>6.</b>	<b>PHYSICAL THERAPY SERVICES</b> <b>No Documentation on the Title and Credentials of the Health Care Professional</b>
<b>OMIG Audit Criteria</b>	If documentation of the physical therapist provider's NYS license and current registration or the physical therapy assistant's certification is not provided, then the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) 18 NYCRR Section 505.11(a) 18 NYCRR Section 505.11(d)(1)(i)

<b>7.</b>	<b>PHYSICAL THERAPY SERVICES</b> <b>Incomplete Documentation of "Under the Direction of" Supervision</b>
<b>OMIG Audit Criteria</b>	<p>If documentation is not provided that the qualified physical therapist met with the child at the beginning of service (a meeting during the IEP period that is prior to the date of service would qualify), and periodically thereafter, then the claim will be disallowed.</p> <p>If documentation is not provided that the physical therapist and the physical therapy assistant service provider met as necessary for the physical therapist to provide supervision and direction to the physical therapy assistant, then the claim will be disallowed.</p> <p>If documentation is not provided to reflect the physical therapist's review of the physical therapy assistant's session note, then the claim will be disallowed. The physical therapist should have signed the session note, (see session note requirements).</p> <p>If no documentation is provided showing how the physical therapist was available for consultation to provide direction to the physical therapy assistant, then a Corrective Action will be assigned, but the claim will be allowed.</p> <p>If documentation is not provided to reflect the physical therapist's review of the student's IEP and the physical therapy assistant's schedule to confirm that the child is scheduled to receive all of the physical therapy services recommended on the child's IEP, then a Corrective Action will be assigned, but the claim will be allowed.</p>
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) Medicaid in Education Alert, Issue #15-04

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<b>8.</b>	<b>PHYSICAL THERAPY SERVICES</b> <b>No Provider Agreement and/or Statement of Reassignment</b>
<b>OMIG Audit Criteria</b>	If a Provider Agreement or a Statement of Reassignment is not provided by the audited billing provider, a Corrective Action will be cited, but the claim will be allowed.
<b>Regulatory References</b>	Medicaid-in-Education Provider Policy and Billing Handbook – (Update 8)

<b>V. 1.</b>	<b>SPECIAL TRANSPORTATION SERVICES</b> <b>No IEP or Special Transportation Services Not Indicated on the IEP</b>
<b>OMIG Audit Criteria</b>	If the IEP is not provided or if the IEP does not recommend special transportation, then the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)

<b>2.</b>	<b>SPECIAL TRANSPORTATION SERVICES</b> <b>No Bus/Transportation Log</b>
<b>OMIG Audit Criteria</b>	If the bus/transportation log is not provided as documentation for the Special Transportation claim, then the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)

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**Revised 02/11/2016**

<b>3.</b>	<b>SPECIAL TRANSPORTATION SERVICES Bus/Transportation Log Incomplete</b>
<b>OMIG Audit Criteria</b>	<p>If the child's name does not appear on the bus/transportation log, the claim will be disallowed.</p> <p>Origination of the trip and pick-up time – If the information is missing a Corrective Action should be assigned, but the claim will be allowed.</p> <p>Destination of the trip and time of drop off – If the information is missing a Corrective Action should be assigned, but the claim will be allowed.</p> <p>Bus number, or vehicle license plate number - if this information is missing, then the claim will be disallowed. But if the bus route is on the log and the bus company or the school transportation office can determine the bus number or the bus license plate number, the claim will be allowed.</p> <p>The full printed name of the driver providing the transportation - if this information is missing, then the claim will be disallowed.</p>
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)

<b>4.</b>	<b>SPECIAL TRANSPORTATION SERVICES Service Encounter Records Do Not Substantiate the Related Health Services Rendered On The Review Date</b>
<b>OMIG Audit Criteria</b>	<p>If the related service encounter records for the period under review cannot be located, then the claim will be disallowed.</p> <p>If the related service encounter record does not confirm a Medicaid billable service was provided on the review day, the claim will be disallowed. A Medicaid billable service must be provided on the day that transportation reimbursement was claimed. The related service must be listed on the IEP to be Medicaid billable.</p>
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)

<b>5.</b>	<b>SPECIAL TRANSPORTATION SERVICES No Provider Agreement and/or Statement of Reassignment</b>
<b>OMIG Audit Criteria</b>	If a Provider Agreement or a Statement of Reassignment is not provided by the audited billing provider a Corrective Action will be cited, but the claim will be allowed.
<b>Regulatory References</b>	Medicaid-in-Education Provider Policy and Billing Handbook – (Update 8)

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# OMIG AUDIT PROTOCOL PRESCHOOL & SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAMS

**Revised 02/11/2016**

<b>6.</b>	<b>SPECIAL TRANSPORTATION SERVICES</b> <b>Transportation Not Provided on a Specially Modified Vehicle</b>
<b>OMIG Audit Criteria</b>	For dates of service on or after September 1, 2013, if the vehicle used for special transportation was not a specially modified vehicle, and there were no special circumstances as outlined in Medicaid in Education Alert, issue #13-10, the claim will be disallowed.
<b>Regulatory References</b>	Medicaid in Education Alert, Issue #13-10

<b>VI.</b> <b>1.</b>	<b>MEDICAL SPECIALIST EVALUATION</b> <b>No Written Order/Referral for Evaluation</b>
<b>OMIG Audit Criteria</b>	If the written order/referral is not provided the claim will be disallowed. If the written order/referral was not written prior to the evaluation date(s), the claim will be disallowed.
<b>Regulatory References</b>	18 NYCRR Section 505.11(a) 18 NYCRR Section 505.11(c)(1)(iv)

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# OMIG AUDIT PROTOCOL PRESCHOOL & SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAMS

**Revised 02/11/2016**

<b>1a.</b>	<b>MEDICAL SPECIALIST EVALUATION</b> <b>Written Order is Incomplete</b>
<b>OMIG Audit Criteria</b>	<p>If the child's name is not on the written order, the claim will be disallowed.</p> <p>If the written order was not written by the date of the service or the date of the order can't be determined, the claim will be disallowed.</p> <p>If the order does not indicate medical specialist evaluation, then the claim will be disallowed.</p> <p>If the ordering provider's contact information is not provided, then the claim will be disallowed.</p> <p>If the order is not signed by the ordering medical professional, then the claim will be disallowed.</p> <p><u>* Please note that stamped signatures are not allowable.</u></p> <p>If the medical professional is not a NYS licensed and currently registered physician, nurse practitioner, or physician assistant, the claim will be disallowed.</p> <p>The order may indicate the school year that the order covers, or the specific IEP period (not to exceed one year of coverage); or if the time period for the order is not indicated, the order shall be good for one year after the date of signature.</p> <p>If the ordering provider's National Provider Identifier (NPI#) or license number is not provided, then the claim will be disallowed.</p> <p>If the order does not include either a diagnosis or a reason/need for the ordered services, then the claim will be disallowed.</p>
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)

<b>2.</b>	<b>MEDICAL SPECIALIST EVALUATION</b> <b>No Evaluation Report</b>
<b>OMIG Audit Criteria</b>	If the written report is not provided as documentation for the medical specialist evaluation claim, the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) 18 NYCRR Section 504.3(a)

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# OMIG AUDIT PROTOCOL PRESCHOOL & SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAMS

**Revised 02/11/2016**

<b>3.</b>	<b>MEDICAL SPECIALIST EVALUATION</b> <b>No Documentation on the Title and Credentials of the Health Care Professional</b>
<b>OMIG Audit Criteria</b>	If documentation identifying the person(s) who performed the medical specialist evaluation or examination is not provided, and with respect to each such person, if documentation sufficient to show his or her professional title and credentials is not provided including the New York State license and current registration on the date of service, the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)

<b>4.</b>	<b>MEDICAL SPECIALIST EVALUATION</b> <b>No Provider Agreement and/or Statement of Reassignment</b>
<b>OMIG Audit Criteria</b>	If a Provider Agreement or a Statement of Reassignment is not provided by the audited billing provider a Corrective Action will be cited, but the claim will be allowed.
<b>Regulatory References</b>	Medicaid-in-Education Provider Policy and Billing Handbook – (Update 8)

<b>5.</b>	<b>MEDICAL SPECIALIST EVALUATION</b> <b>No Documentation Showing the Evaluation Was Used in the IEP Process</b>
<b>OMIG Audit Criteria</b>	If there is no documentation or the documentation is insufficient to show that the evaluation was used in the IEP process, then the claim will be disallowed. (The evaluation should be listed on the first IEP developed after the evaluation was performed.)
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)

<b>VII.</b>	<b>SPEECH THERAPY SERVICES</b>
<b>1.</b>	<b>No Written Order</b>
<b>OMIG Audit Criteria</b>	If there is no written order for the services, (or a recommendation from a speech language pathologist - SLP), the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) 18 NYCRR Section 505.11(a) 18 NYCRR Section 505.11(c)(1)(iv)

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# OMIG AUDIT PROTOCOL PRESCHOOL & SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAMS

**Revised 02/11/2016**

<b>1a.</b>	<p><b>SPEECH THERAPY SERVICES</b> <b>Written Order is Incomplete</b></p>
<b>OMIG Audit Criteria</b>	<p>If the child's name is not on the written order, the claim will be disallowed.          If the written order was not written by the date of the service or the date of the order can't be determined, the claim will be disallowed.          If the order does not indicate speech therapy services, then the claim will be disallowed.          If the ordering provider's contact information is not provided, then the claim will be disallowed.          If the order is not signed by the ordering medical professional, then the claim will be disallowed.  <u>* Please note that stamped signatures are not allowable.</u>          If the ordering medical professional is not a NYS licensed and currently registered physician, nurse practitioner, physician assistant or SLP, then the claim will be disallowed.          The order may indicate the school year that the order covers, or the specific IEP period (not to exceed one year of coverage); or if the time period for the order is not indicated, the order shall be good for one year after the date of signature.          If the ordering provider's National Provider Identifier (NPI number) or license number is not provided, then the claim will be disallowed.          If the order does not include either a diagnosis or a reason/need for the ordered services, then the claim will be disallowed.</p>
<b>Regulatory References</b>	<p>NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)</p>

<b>2.</b>	<p><b>SPEECH THERAPY SERVICES</b> <b>No IEP or Speech Therapy Services Not Indicated on the IEP</b></p>
<b>OMIG Audit Criteria</b>	<p>If the billing provider does not provide the IEP, or the IEP does not recommend speech therapy services, the claim will be disallowed.</p>
<b>Regulatory References</b>	<p>NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)</p>

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# OMIG AUDIT PROTOCOL PRESCHOOL & SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAMS

**Revised 02/11/2016**

<b>3.</b>	<b>SPEECH THERAPY SERVICES No Speech Evaluation</b>
<b>OMIG Audit Criteria</b>	For speech therapy services provided on or after September 1, 2009, this documentation is no longer required. Under the current State Plan Amendment (#09-61), a speech evaluation is not part of the speech therapy services claim.
<b>Regulatory References</b>	Not Applicable

<b>4.</b>	<b>SPEECH THERAPY SERVICES No Session Note</b>
<b>OMIG Audit Criteria</b>	If the billing provider does not provide the session note, or a copy of the session note, then the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) 18 NYCRR Section 504.3(a)

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# OMIG AUDIT PROTOCOL PRESCHOOL & SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAMS

**Revised 02/11/2016**

<b>5.</b>	<p><b>SPEECH THERAPY SERVICES</b></p> <p><b>Session Note Incomplete</b></p>
<b>OMIG Audit Criteria</b>	<p>If the child’s name is not on the session note, the claim will be disallowed.</p> <p>If the session note does not indicate the service provided in the session, then the claim will be disallowed.</p> <p>If the session note does not indicate the number of children in the session, then the claim will be disallowed. If the group size exceeds the maximum allowed by NYSED (8 students for NYCDOE; 5 students for the rest of the State) then the claim will be disallowed.</p> <p>If the IEP only recommends group services, but the service was provided individual (one on one) then the claim will be disallowed, because the individual service was not recommended on the IEP.</p> <p>If the IEP only recommends individual services, but the service was provided in a group then the claim will be disallowed, because the group service was not recommended on the IEP.</p> <p>If the session note does not indicate if the service was provided at either the child’s school, BOCES or at a third party’s location, then the claim will be disallowed.</p> <p>If the session note does not indicate the date of the service, then the claim will be disallowed.</p> <p>If the session note does not indicate the length of the session, then the claim will be disallowed. The billed session should be consistent with the IEP and the session note. Claims where the service provided does not meet at least 90% of the required time, will be disallowed. Effective for dates of services of January 1, 2013 and after, session notes must include the session start and end times or the claim will be disallowed.</p> <p>If the session note does not indicate either the progress the child made in the session or a description of the service provided, then the claim will be disallowed.</p> <p>If the service provider’s title and credentials are not provided, then the claim will be disallowed.</p> <p>If the session note does not include the signature of the provider of the service, and if the service was provided “under the direction of”- the signature of the supervising therapist, then the claim will be disallowed.</p>
<b>Regulatory References</b>	<p>NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)&amp;(2)</p> <p>18 NYCRR Section 504.3(a)</p>

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# OMIG AUDIT PROTOCOL PRESCHOOL & SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAMS

**Revised 02/11/2016**

<b>6.</b>	<b>SPEECH THERAPY SERVICES</b> <b>No Documentation on the Title and Credentials of the Health Care Professional</b>
<b>OMIG Audit Criteria</b>	If documentation of the speech provider's speech teacher's certificate or NYS SLP license is not provided, then the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) 18 NYCRR Section 505.11(a) 18 NYCRR Section 505.11(d)(1)(i)

<b>7.</b>	<b>SPEECH THERAPY SERVICES</b> <b>Incomplete Documentation of "Under the Direction of" Supervision</b>
<b>OMIG Audit Criteria</b>	If documentation is not provided that the qualified SLP met with the child at the beginning of service (a meeting during the IEP period that is prior to the date of service would qualify), and periodically thereafter, then the claim will be disallowed. If documentation is not provided that the SLP and the speech teacher service provider met as necessary for the SLP to provide supervision and direction to the speech teacher, then the claim will be disallowed. If documentation is not provided to reflect the SLP's review of the speech teacher's session note, then the claim will be disallowed. The SLP should have signed the session note, (see session note requirements). If no documentation is provided showing how the SLP was available for consultation to provide direction to the speech teacher then a Corrective Action will be assigned, but the claim will be allowed. If documentation is not provided to reflect the SLP's review of the student's IEP and the speech teacher's schedule to confirm that the child is scheduled to receive all of the speech therapy services recommended on the child's IEP, then a Corrective Action will be assigned, but the claim will be allowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) Medicaid in Education Alert, Issue #15-04

<b>8.</b>	<b>SPEECH THERAPY SERVICES</b> <b>No Provider Agreement and/or Statement of Reassignment</b>
<b>OMIG Audit Criteria</b>	If a Provider Agreement or a Statement of Reassignment is not provided by the audited billing provider a Corrective Action will be cited, but the claim will be allowed.
<b>Regulatory References</b>	Medicaid-in-Education Provider Policy and Billing Handbook – (Update 8)

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# OMIG AUDIT PROTOCOL PRESCHOOL & SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAMS

**Revised 02/11/2016**

<b>9.</b>	<b>SPEECH THERAPY SERVICES</b> <b>Services Were Delivered Prior to Obtaining a Written Order from an Appropriate Professional</b>
<b>OMIG Audit Criteria</b>	If the Speech Therapy service was delivered prior to the date of the written order, or recommendation, the claim will be disallowed.
<b>Regulatory References</b>	18 NYCRR Section 505.11(e)(1)&(3) 42 CFR Section 440.110(c)(1)

<b>VIII. 1.</b>	<b>OT, PT or SPEECH EVALUATION SERVICES</b> <b>No Written Order/Referral for Evaluation</b>
<b>OMIG Audit Criteria</b>	If the written order/ referral for the evaluation is not provided, the claim will be disallowed. If the referral was not written prior to the evaluation date(s) the claim will be disallowed. The written order/referral may be written by a NYS licensed and currently registered physician, physician assistant, or nurse practitioner for any of the three evaluations or a recommendation may be written by a physical therapist for PT, an occupational therapist for OT or an SLP for speech therapy services. NOTE: If the child was currently receiving the specific therapy service evaluated, in accordance with a written order for the therapy service, then no additional written order/referral is necessary for the evaluation.
<b>Regulatory References</b>	42 CFR Section 440.110(a)(1) 42 CFR Section 440.110(b)(1) 42 CFR Section 440.110(c)(1) 18 NYCRR Section 505.11(a) 18 NYCRR Section 505.11(c)(1)(iv)

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# OMIG AUDIT PROTOCOL PRESCHOOL & SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAMS

**Revised 02/11/2016**

<b>1a.</b>	<b>OT, PT or SPEECH EVALUATION SERVICES</b> <b>Written Order is Incomplete</b>
<b>OMIG Audit Criteria</b>	<p>If the child's name is not on the written order, the claim will be disallowed.</p> <p>If the written order was not written by the date of the service or the date of the order can't be determined, the claim will be disallowed.</p> <p>If the order does not indicate an OT or PT or Speech evaluation, then the claim will be disallowed.</p> <p>If the ordering provider's contact information is not provided, then the claim will be disallowed.</p> <p>If the order is not signed by the ordering medical professional, then the claim will be disallowed. A medical recommendation may be written by a NYS licensed and currently registered physician, physician assistant, or nurse practitioner for any of the three evaluations or physical therapist for PT, occupational therapist for OT or an SLP for speech therapy services.</p> <p><u>* Please note that stamped signatures are not allowable.</u></p> <p>If the ordering/recommending medical professional is not a NYS licensed and currently registered physician, nurse practitioner, physician assistant, OT, PT, or SLP, then the claim will be disallowed.</p> <p>The order may indicate the school year that the order covers, or the specific IEP period (not to exceed one year of coverage); or if the time period for the order is not indicated, the order shall be good for one year after the date of signature.</p> <p>If the ordering provider's National Provider Identifier (NPI number) or license number is not provided, then the claim will be disallowed.</p> <p>If the order does not include either a diagnosis or a reason/need for the ordered services, then the claim will be disallowed.</p>
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)

<b>2.</b>	<b>OT, PT or SPEECH EVALUATION SERVICES</b> <b>No Evaluation</b>
<b>OMIG Audit Criteria</b>	If the written report is not provided as documentation for the OT, PT or speech evaluation claim, the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (2) 18 NYCRR Section 504.3(a)

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# OMIG AUDIT PROTOCOL PRESCHOOL & SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAMS

**Revised 02/11/2016**

<b>3.</b>	<b>OT, PT or SPEECH EVALUATION SERVICES</b> <b>No Documentation on the Title and Credentials of the Health Care Professional</b>
<b>OMIG Audit Criteria</b>	If the service provider who conducted the evaluation was not a NYS licensed and currently registered OT, PT or SLP, then the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) 18 NYCRR Section 505.11(d)(1)(i)

<b>4.</b>	<b>OT, PT or SPEECH EVALUATION SERVICES</b> <b>No Provider Agreement and/or Statement of Reassignment</b>
<b>OMIG Audit Criteria</b>	If a Provider Agreement or a Statement of Reassignment is not provided by the audited billing provider a Corrective Action will be cited, but the claim will be allowed.
<b>Regulatory References</b>	Medicaid-in-Education Provider Policy and Billing Handbook – (Update 8)

<b>5.</b>	<b>OT, PT or SPEECH EVALUATION SERVICE</b> <b>No Documentation Showing the Evaluation Was Used in the IEP Process</b>
<b>OMIG Audit Criteria</b>	If there is no documentation that the OT, PT or speech evaluation was used in the IEP process, the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)

<b>IX.</b>	<b>PSYCHOLOGICAL COUNSELING SERVICES</b>
<b>1.</b>	<b>No Written Order</b>
<b>OMIG Audit Criteria</b>	The need for a recommendation (written order) for psychological counseling services is met when the service is listed on the IEP.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)

<b>2.</b>	<b>PSYCHOLOGICAL COUNSELING SERVICES</b> <b>Services Were Delivered Prior to Obtaining a Written Order from an Appropriate Professional</b>
<b>OMIG Audit Criteria</b>	If psychological counseling services were provided before the service is to begin, per the child's IEP, then the claim will be disallowed.
<b>Regulatory References</b>	18 NYCRR Section 505.11(e)(1)&(3)

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# OMIG AUDIT PROTOCOL PRESCHOOL & SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAMS

**Revised 02/11/2016**

<b>3.</b>	<b>PSYCHOLOGICAL COUNSELING SERVICES</b> <b>No IEP or Psychological Counseling Services Not Indicated on the IEP</b>
<b>OMIG Audit Criteria</b>	If the IEP cannot be found or if the IEP does not recommend psychological counseling therapy services, then the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)

<b>4.</b>	<b>PSYCHOLOGICAL COUNSELING SERVICES</b> <b>No Session Note</b>
<b>OMIG Audit Criteria</b>	If the billing provider does not provide the session note, or a copy of the session note, then the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) 18 NYCRR Section 504.3(a)

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# OMIG AUDIT PROTOCOL PRESCHOOL & SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAMS

Revised 02/11/2016

<b>5.</b>	<b>PSYCHOLOGICAL COUNSELING SERVICES</b>
<b>OMIG Audit Criteria</b>	<p><b>Session Note Incomplete</b></p> <p>If the child’s name is not on the session note, the claim will be disallowed.</p> <p>If the session note does not indicate the service provided in the session, then the claim will be disallowed.</p> <p>If the session note does not indicate the number of children in the session, then the claim will be disallowed.</p> <p>If the group size exceeds the maximum allowed by NYSED (8 students for NYCDOE; 5 students for the rest of the State), then the claim will be disallowed.</p> <p>If the IEP only recommends group services, but the service was provided individual (one on one) then the claim will be disallowed, because the individual service was not recommended on the IEP.</p> <p>If the IEP only recommends individual services, but the service was provided in a group then the claim will be disallowed, because the group service was not recommended on the IEP.</p> <p>If the session note does not indicate if the service was provided at either the child’s school, BOCES or at a third party’s location, then the claim will be disallowed.</p> <p>If the session note does not indicate the date of the service, then the claim will be disallowed.</p> <p>If the session note does not indicate the length of the session then the claim will be disallowed. The billed session should be consistent with the IEP and the session note. Claims where the service provided does not meet at least 90% of the required time, will be disallowed. Effective for dates of services of January 1, 2013 and after, session notes must include the session start and end times or the claim will be disallowed.</p> <p>If the session note does not indicate either the progress the child made in the session or a description of the service provided, then the claim will be disallowed.</p> <p>If the service provider’s title and credentials are not provided, then the claim will be disallowed.</p> <p>If the session note does not include the signature of the provider of the service, (if the service was provided “under the supervision of”- <u>the signature of the supervising counselor is not required</u>), then the claim will be disallowed.</p>
<b>Regulatory References</b>	<p>NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)&amp;(2)</p> <p>18 NYCRR Section 504.3(a)</p>

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# OMIG AUDIT PROTOCOL PRESCHOOL & SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAMS

**Revised 02/11/2016**

<b>6.</b>	<b>PSYCHOLOGICAL COUNSELING SERVICES</b> <b>No Documentation on the Title and Credentials of the Health Care Professional</b>
<b>OMIG Audit Criteria</b>	If the service provider of the psychological counseling service was not a New York State licensed and registered psychiatrist, clinical psychologist, qualified licensed clinical social worker (LCSW), or a licensed master social worker (LMSW) under the supervision of a LCSW, psychologist, or a psychiatrist then the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)

<b>7.</b>	<b>PSYCHOLOGICAL COUNSELING SERVICES</b> <b>Incomplete Documentation of Supervision</b>
<b>OMIG Audit Criteria</b>	If documentation is not provided to show that supervision was provided by a NYS licensed and currently registered Psychiatrist, Psychologist or a Licensed Clinical Social Worker (LCSW) to a licensed and currently registered Licensed Master Social Worker (LMSW), then the claim will be disallowed.  If documentation is not provided that the psychiatrist, licensed psychologist or LCSW provided two hours of in-person, individual or group (or a combination of) clinical supervision, within a month of the service, then the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) 8 NYCRR Section 74.6(d)(v)

<b>8.</b>	<b>PSYCHOLOGICAL COUNSELING SERVICES</b> <b>No Provider Agreement and/or Statement of Reassignment</b>
<b>OMIG Audit Criteria</b>	If a Provider Agreement or a Statement of Reassignment is not provided by the audited billing provider a Corrective Action will be cited, but the claim will be allowed.
<b>Regulatory References</b>	Medicaid-in-Education Provider Policy and Billing Handbook – (Update 8)

<b>X.</b>	<b>PSYCHOLOGICAL EVALUATION SERVICES</b>
<b>1.</b>	<b>No Written Order/Referral for Evaluation</b>
<b>OMIG Audit Criteria</b>	A written order/referral in this instance is not a written order/referral separate from the IEP, but rather the recommendation that a psychological evaluation be conducted. The evaluation must be documented in the IEP or the claim will be disallowed.
<b>Regulatory References</b>	Medicaid-in-Education Provider Policy and Billing Handbook – (Update 8)

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# OMIG AUDIT PROTOCOL PRESCHOOL & SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAMS

**Revised 02/11/2016**

<b>2.</b>	<b>PSYCHOLOGICAL EVALUATION SERVICES</b> <b>No Evaluation</b>
<b>OMIG Audit Criteria</b>	If the written report is not provided as documentation for the Psychological evaluation claim, the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) 18 NYCRR Section 504.3(a)

<b>3.</b>	<b>PSYCHOLOGICAL EVALUATION SERVICES</b> <b>No Documentation on the Title and Credentials of the Health Care Professional</b>
<b>OMIG Audit Criteria</b>	If the service provider of the psychological evaluation service was not a qualified provider, a New York State licensed and registered psychiatrist, qualified in accordance with 42 CFR Section 440.50(a) and other applicable state and federal law or regulations, acting within his or her scope of practice under NYS law; or a New York State licensed and registered psychologist, qualified in accordance with 42 CFR Section 440.60(a) and other applicable state and federal law or regulations, acting within his or her scope of practice under NYS law, the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)

<b>4.</b>	<b>PSYCHOLOGICAL EVALUATION SERVICES</b> <b>No Provider Agreement and/or Statement of Reassignment</b>
<b>OMIG Audit Criteria</b>	If a Provider Agreement or a Statement of Reassignment is not provided by the audited billing provider a Corrective Action will be cited, but the claim will be allowed.
<b>Regulatory References</b>	Medicaid-in-Education Provider Policy and Billing Handbook – (Update 8)

<b>5.</b>	<b>PSYCHOLOGICAL EVALUATION SERVICES</b> <b>No Documentation Showing the Evaluation Was Used in the IEP Process</b>
<b>OMIG Audit Criteria</b>	If there is no documentation that the evaluation was used in the IEP process, the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)

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# OMIG AUDIT PROTOCOL PRESCHOOL & SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAMS

**Revised 02/11/2016**

<b>XI. 1.</b>	<b>SKILLED NURSING SERVICES No Written Order</b>
<b>OMIG Audit Criteria</b>	If the written order or Health Care Plan of treatment for the nursing services provided to the student during the relevant time period signed and dated by a physician, physician assistant or nurse practitioner is missing, the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) 18 NYCRR Section 505.11(e)(1)&(3)

<b>1a.</b>	<b>SKILLED NURSING SERVICES Written Order is Incomplete</b>
<b>OMIG Audit Criteria</b>	<p>If the child's name is not on the written order, the claim will be disallowed</p> <p>If the written order was not written by the date of the service or the date of the order can't be determined, the claim will be disallowed.</p> <p>If the order does not indicate skilled nursing services then the claim will be disallowed.</p> <p>If the ordering provider's contact information is not provided, then the claim will be disallowed.</p> <p>If the order is not signed by the ordering medical professional, then the claim will be disallowed.</p> <p><u>* Please note that stamped signatures are not allowable.</u></p> <p>If the medical professional is not a NYS licensed and currently registered physician, nurse practitioner, or physician assistant, the claim will be disallowed.</p> <p>The order may indicate the school year that the order covers, or the specific IEP period (not to exceed one year of coverage); or if the time period for the order is not indicated, the order shall be good for one year after the date of signature.</p> <p>If the ordering provider's National Provider Identifier (NPI#) or license number is not provided, then the claim will be disallowed.</p> <p>If the order does not include either a diagnosis or a reason/need for the ordered services, then the claim will be disallowed.</p>
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)

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# OMIG AUDIT PROTOCOL PRESCHOOL & SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAMS

**Revised 02/11/2016**

<b>2.</b>	<b>SKILLED NURSING SERVICES</b> <b>Services Were Delivered Prior to Obtaining a Written Order from an Appropriate Professional.</b>
<b>OMIG Audit Criteria</b>	If the skilled nursing service was delivered prior to the date of the written order, the claim will be disallowed.
<b>Regulatory References</b>	18 NYCRR Section 505.11(e)(1)&(3)

<b>3.</b>	<b>SKILLED NURSING SERVICES</b> <b>No IEP or Skilled Nursing Services Not Indicated on the IEP</b>
<b>OMIG Audit Criteria</b>	If the billing provider does not provide the IEP or a copy of the IEP, with the documentation for the claim or the IEP does not recommend Skilled Nursing services for the child, then the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1) 18 NYCRR Section 505.11(a)

<b>4.</b>	<b>SKILLED NURSING SERVICES</b> <b>No Signed Individualized Health Care Plan, if Appropriate</b>
<b>OMIG Audit Criteria</b>	For skilled nursing services provided on or after September 1, 2009, this documentation is no longer required under the State Plan Amendment (SPA #09-61).
<b>Regulatory References</b>	Not Applicable

<b>5.</b>	<b>SKILLED NURSING SERVICES</b> <b>No Session Note</b>
<b>OMIG Audit Criteria</b>	If the billing provider does not provide the session note or medication administration record, or a copy of the session note or medication administration record, then the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)&(2) 18 NYCRR Section 504.3(a)

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# OMIG AUDIT PROTOCOL PRESCHOOL & SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAMS

**Revised 02/11/2016**

<b>6.</b>	<b>SKILLED NURSING SERVICES</b>
<b>OMIG Audit Criteria</b>	<p><b>Session Note Incomplete</b></p> <p>If the child's name is not on the session note, the claim will be disallowed.</p> <p>If the session note does not indicate the service provided in the session, then the claim will be disallowed.</p> <p>If the session note does not indicate the number of children in the session, then the claim will be disallowed.</p> <p>If the group size exceeds the maximum allowed by NYSED (8 students for NYCDOE; 5 students for the rest of the State), then the claim will be disallowed.</p> <p>If the IEP only recommends group services, but the service was provided individual (one on one) then the claim will be disallowed, because the individual service was not recommended on the IEP.</p> <p>If the IEP only recommends individual services, but the service was provided in a group then the claim will be disallowed, because the group service was not recommended on the IEP.</p> <p>If the session note does not indicate if the service was provided at either the child's school, BOCES or at a third party's location, then the claim will be disallowed.</p> <p>If the session note does not indicate the date of the service, then the claim will be disallowed.</p> <p>If the session note does not indicate the length of the session, then the claim will be disallowed. The billed session should be consistent with the IEP and the session note. Effective for dates of services of January 1, 2013 and after, session notes must include the session start and end times or the claim will be disallowed.</p> <p>If the session note does not indicate either the progress the child made in the session or a description of the service provided, then the claim will be disallowed.</p> <p>If the service provider's title and credentials are not provided, then the claim will be disallowed.</p> <p>If the session note does not include the signature of the provider of the service, then the claim will be disallowed. (RNs are not required to co-sign session notes from LPNs.).</p>
<b>Regulatory References</b>	<p>NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)&amp;(2)</p> <p>18 NYCRR Section 504.3(a)</p>

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# OMIG AUDIT PROTOCOL PRESCHOOL & SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAMS

**Revised 02/11/2016**

<b>7.</b>	<b>SKILLED NURSING SERVICES</b> <b>No Medication Administration Record (MAR)</b>
<b>OMIG Audit Criteria</b>	If medication was administered, but no Medication Administration Record is provided for documentation, then the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (2)

<b>8.</b>	<b>SKILLED NURSING SERVICES</b> <b>Medication Administration Record (MAR) Incomplete</b>
<b>OMIG Audit Criteria</b>	<p>If the child's name or date of birth does not appear on the MAR, then the claim will be disallowed.</p> <p>If the school's name does not appear on the MAR a Corrective Action should be cited, but the claim will be allowed.</p> <p>If the name of the medication, the dosage or the route of the medication is missing from the MAR, the claim will be disallowed. (The route may be abbreviated: P.O.-oral; I.M.-intramuscular, etc.)</p> <p>If the order start date or order expiration date is missing the claim will be disallowed, (but if can be determined by reviewing the medical order then a Corrective Action should be assigned, but the claim will be allowed.)</p> <p>If the prescriber's name/telephone number or the parent's name/telephone number is missing the claim will be disallowed, but if it is contained in the child's file in the nurse's office then a Corrective Action will be assigned, but the claim will be allowed.</p> <p>If the date, time or dosage of medication administered is missing, the claim will be disallowed.</p> <p>If the signature of the person administering medication is missing, the claim will be disallowed.</p> <p>If the title of the person administering medication is not provided then a Corrective Action will be assigned, but the claim will be allowed.</p>
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (2)

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# OMIG AUDIT PROTOCOL PRESCHOOL & SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAMS

**Revised 02/11/2016**

<b>9.</b>	<b>SKILLED NURSING SERVICES</b> <b>No Documentation on the Title and Credentials of the Health Care Professional</b>
<b>OMIG Audit Criteria</b>	If the skilled nursing service provider was not a New York State licensed and currently registered Registered Nurse (RN) or a Licensed Practical Nurse (LPN), then the claim will be disallowed.
<b>Regulatory References</b>	NYSED-Medicaid Unit website, (SSHSP) Questions and Answers (1)

<b>10.</b>	<b>SKILLED NURSING SERVICES</b> <b>No Provider Agreement and/or Statement of Reassignment</b>
<b>OMIG Audit Criteria</b>	If a Provider Agreement or a Statement of Reassignment is not provided by the audited billing provider a Corrective Action will be cited, but the claim will be allowed.
<b>Regulatory References</b>	Medicaid-in-Education Provider Policy and Billing Handbook – (Update 8)

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