

ANDREW M. CUOMO Governor

DENNIS ROSEN

Medicaid Inspector General

OMIG AUDIT PROTOCOL OPWDD DAY HABILITATION

REVISED 08/26/2016

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.

Revised 08/26/2016

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

2.	No Documentation of Service
OMIG Audit	If the recipient record does not document that a day habilitation service was provided, the
Criteria	paid claim will be disallowed.
Regulatory	18 NYCRR Section 504.3(a)
References	18 NYCRR Section 517.3(b)(2)

3.	No Diagnosis of Developmental Disability
OMIG Audit	The claim for services provided in the absence of a clinical assessment substantiating a
Criteria	specific diagnosis of developmental disability will be disallowed.
Regulatory	14 NYCRR Section 635-10.3(a) and (b)(1)
References	

4.	Unauthorized Day Habilitation Services Provider
OMIG Audit	The claim will be disallowed if the individualized service plan (ISP) does not specify the
Criteria	category of waiver service that the agency is providing (i.e., day habilitation) or does not
	designate the agency as the provider of the service.
Regulatory	14 NYCRR Section 635-10.2(a)
References	OPWDD ADM #2006-01, p. 6
	OPWDD ADM #2006-02, p. 6

5.	Missing Copy of Individualized Service Plan (ISP)
OMIG Audit Criteria	A copy of the recipient's ISP, covering the time period of the paid claim, must be maintained by the agency. If the copy of the ISP covering the time period of the paid claim is missing, the paid claim will be disallowed.
Regulatory References	14 NYCRR Section 635-10.2(a) OPWDD ADM #2006-01, p. 6 OPWDD ADM #2006-02, p. 6

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6.	Missing Day Habilitation Plan
OMIG Audit	The claim will be disallowed if the relevant day habilitation plan is missing. If a day
Criteria	habilitation plan is not in place prior to the service date and in effect for the service date, the
	claim will be disallowed.
Regulatory	14 NYCRR Section 635-99.1(bl)
References	OPWDD ADM #2003-03, p. 2
	OPWDD ADM #2006-01, p. 6
	OPWDD ADM #2006-02, pp. 6-7
	For Services 4/01/12 and After, OPWDD ADM #2012-01, pp. 2-3

7.	Failure to Write the Initial Day Habilitation Plan Within 60 Days
OMIG Audit	For day habilitation services, the initial habilitation plan must be written within 60 days of the
Criteria	start of the habilitation service and forwarded to the service coordinator. For dates of service
	prior to and including July 15, 2010, and after March 31, 2012, the claim will be disallowed if
	the plan is not written within 60 days of the start of the habilitation service.
Regulatory	14 NYCRR Section 635-99.1(bl)
References	OPWDD ADM #2003-03, p. 2
	OPWDD ADM #2006-01, p. 6
	OPWDD ADM #2006-02, pp. 6-7
	For Services 4/01/12 and After, OPWDD ADM #2012-01, p. 2

8.	Missing Day Habilitation Plan Review
OMIG Audit	For dates of service prior to and including July 15, 2010, and after March 31, 2012, the
Criteria	claim will be disallowed if the relevant habilitation plans is not developed, reviewed or
	revised as necessary at a minimum of at least twice annually. At least annually one of the
	day habilitation plan reviews must be conducted at the time of the ISP meeting.
Regulatory	14 NYCRR Section 635-99.1(bl)
References	OPWDD ADM #2003-03, p. 2
	OPWDD ADM #2003-03, p. 3
	For Services 4/01/12 and After, OPWDD ADM #2012-01, pp. 3-4

9.	Missing Required Elements of the Day Habilitation Plan
OMIG Audit	The day habilitation plan must contain these required elements: the recipient's name and
Criteria	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, signature date 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.
Regulatory	14 NYCRR Section 635-99.1(bl)
References	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

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10.	Missing Day Habilitation Service Documentation (Individual/Supplemental Individual)
OMIG Audit	The claim will be disallowed in the absence of documentation of the provision of at least one
Criteria	individualized face-to-face service delivered in accordance with the recipient's day
	habilitation plan.
Regulatory	14 NYCRR Section 635-10.5(c)(5)(ii)
References	OPWDD ADM #2006-02, p. 3
11.	Missing Day Habilitation Service Documentation (Group/Supplemental Group)
OMIG Audit	The claim will be disallowed in the absence of documentation to support the number of
Criteria	individualized face-to-face Group Day Habilitation services to a recipient during the program
o i ito i ia	day and the documentation of the program day duration.
Regulatory	14 NYCRR Section 635-10.5(c)(6)(i)(a) and (b)
References	OPWDD ADM #2006-01, p. 3
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12.	Missing Required Elements in Day Habilitation Service Documentation
12.	(Individual/Supplemental Individual)
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OMIG Audit	The claim will be disallowed in the absence of one or more of the required 10 elements in
Criteria	the day habilitation service documentation as listed in OPWDD ADM #2006-02 (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) start and stop times;
	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 day habilitation staff; 9) signature and
	title of habilitation staff person documenting the service; and, 10) the date the service was
	documented.
Regulatory	OPWDD ADM #2006-02, pp. 4-5
References	
13.	Missing Required Elements in Day Habilitation Service Documentation
	(Group/Supplemental Group)
OMIG Audit	The claim will be disallowed in the absence of one or more of the required 10 elements in
Criteria	the day habilitation service documentation as listed in OPWDD ADM #2006-01 (checklist or
	narrative note): 1) recipient's name and CIN; 2) identification of category of waiver service
	provided; 3) a daily description of the required minimum number of face-to-face services; 4)
	documentation that the minimum number of face-to-face services 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 day habilitation staff; 9) signature and title of
	habilitation staff person documenting the service; and, 10) the date the service was
	documented.
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Regulatory	OPWDD ADM #2006-01, pp. 3-5
References	

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14.	Missing Service Times
OMIG Audit	The claim will be disallowed for failure to document the service start time and service end
Criteria	time of the recipient's individual or supplemental individual day habilitation service.
Regulatory	14 NYCRR Section 635-10.5(c)(5)(ii)
References	

15.	Missing Day Habilitation Monthly Summary Note
OMIG Audit Criteria	The claim will be disallowed in the absence of 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.
Regulatory References	OPWDD ADM #2003-03, p. 4 OPWDD ADM #2006-01, p. 5 OPWDD ADM #2006-02, p. 6

16.	Billing for Non-reimbursable Service Time (Individual/Supplemental Individual Day Habilitation)
OMIG Audit Criteria	If non-reimbursable program day duration events were counted towards the individual or supplemental individual day habilitation billable service time, a portion of the claim will be disallowed.
Regulatory References	14 NYCRR Sections 635-10.5(c)(5)(iii)(a), (b) and (c) OPWDD ADM #2006-02, p. 3

17.	Billing for Non-reimbursable Service Time (Group/Supplemental Group Day
	Habilitation)
OMIG Audit	If non-reimbursable program day duration events were counted towards the group or
Criteria	supplemental group day habilitation billable service time, a portion of the claim will be
	disallowed.
Regulatory	14 NYCRR Sections 635-10.5(c)(6)(ii)(a), (b), (c) and (d)
References	OPWDD ADM #2006-01, p. 3

18.	Improper Billing for Individual/Supplemental Individual Day Habilitation Services
OMIG Audit	If the number of 15 minute increments billed exceeded the number of 15 minute increments
Criteria	documented for individual or supplemental individual day habilitation services, the
	undocumented 15 minute increments will be disallowed.
Regulatory	14 NYCRR Section 635-10.5(c)(5)
References	OPWDD ADM #2006-02, p. 3

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19.	Incorrect Rate Code Billed for Group/Supplemental Group Day Habilitation Services
OMIG Audit	The claim will be reduced if a full unit of service was billed when a half unit of service was
Criteria	documented for group or supplemental group day habilitation services. The difference
	between the amount of the full unit of service and the amount of the half unit of service will
	be disallowed.
Regulatory	14 NYCRR Sections 635-10.5(c)(6)(i)(a) and (b)
References	OPWDD ADM #2006-01, p. 3
20.	Billing for Services Not Authorized by Operating Certificate
OMIG Audit	The claim will be disallowed if the day habilitation services billed were not authorized by the
Criteria	operating certificate.
Regulatory	14 NYCRR Section 70.3(b)
References	14 NYCRR Section 635-10.1(b)
21.	Failure to Meet Minimum Duration Requirements for Group/Supplemental Group
	Services
OMIG Audit	A claim for a group or supplemental group day habilitation service of less than 2 hours in
Criteria	duration will be disallowed.
Regulatory	OPWDD ADM #2006-01, p. 3
References	
22.	Failure to Forward Revised Habilitation Plan For Day Habilitation Service Within 30
	Days to the Service Coordinator
OMIG Audit	A revised day habilitation service plan must be given to the recipient's service coordinator
Criteria	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 day habilitation 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 day habilitation 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	14 NYCRR Section 635-99.1(bl)
References	OPWDD ADM #2003-03, p. 2

This document is intended solely for guidance. No statutory or regulatory requirement(s) are in any way altered by any statement(s) contained herein. This guidance does not constitute rulemaking by the 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.

For Services 4/01/12 and After, OPWDD ADM #2012-01, pp. 3-4

Revised 08/26/2016

23.	Missing Required Elements of the Day Habilitation Plan Review
OMIG Audit	For services 4/01/2012 and after, at least annually one of the day habilitation plan reviews
Criteria	must be conducted at the time of the ISP meeting. In addition, there must be evidence that the Habilitation Plan was reviewed within 12 months prior to the month in which the service occurs. Evidence of a review may include, but is not limited to, a review sign-in sheet, a service note indicating a review, or revised/updated Habilitation Plan. Evidence of reviews must include: 1) the individual's name, 2) the habilitation service(s) under review, 3) the staff's signature(s) from the habilitation service, 4) the date of the staff's signature, 5) date of the review. The claim will be disallowed if evidence of the review is missing.
Regulatory	14 NYCRR Section 635-99.1(bl)
References	For Services 4/01/12 and After, OPWDD ADM #2012-01, pp. 3-4, 7