



OMIG Audit Analysis Protocols for PWDD Programs

AWARDS INFORMATION SHEET

The New York Office of the Medicaid Inspector General (OMIG) has specific documentation and billing expectations for PWDD programs. Foothold Technology encourages our clients with PWDD programs to review those expectations in order to improve their understanding of potential data collection challenges. To this end, we are providing below copies of the OMIG protocols scheduled to be used in conducting audits on PWDD certified agencies offering residential habilitation and MSC services. This information was provided to Foothold by the New York State Rehabilitation Association (NYSRA).

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RESIDENTIAL HABILITATION PROTOCOLS

The following is a reproduction of the "OPWDD/OMIG ANALYSIS OF AUDIT FINDINGS – Residential Habilitation Protocols" spreadsheet provided to Foothold Technology by NYSRA. It is effective 7/1/2009.

| DETAILED FINDING | PROJECTABLE DISALLOWANCE | STRAIGHT OVERPAYMENT (NON-PROJECTABLE) | CORRECTIVE ACTION | OMIG AUDIT CRITERIA |
|---|-----------------------------|--|-------------------|---|
| 1. Missing Consumer Record | X | | | If no consumer record is made available for review, all dates of service associated with the patient record will be disallowed. |
| 2. No Documentation of Service | X | | | If the consumer record does not document that a residential habilitation service was provided, the service date will be disallowed. |
| 3. No Diagnosis of Developmental Disability | | X | X* | For persons six years of age and older, services will be disallowed in the absence of a clinical assessment substantiating a specific diagnosis of developmental disability. * Corrective Action will be applied if the medical record clearly demonstrates support for a diagnosis of developmental disability. However, in a subsequent audit, this finding will be projected. |
| 4. Missing ICF/MR Level of Care Determination | | X | | Services will be disallowed in the absence of a current ICF/MR level of care determination. In a subsequent audit, this finding will be projected. |

| DETAILED FINDING | PROJECTABLE DISALLOWANCE | STRAIGHT OVERPAYMENT (NON-PROJECTABLE) | CORRECTIVE ACTION | OMIG AUDIT CRITERIA |
|---|-----------------------------|--|-------------------|---|
| 5. Missing Signature on ICF/MR Level of Care | X | | | Services will be disallowed in the absence of a physician signature on the ICF/MR level of care determination or physician signature authorization indicating rehabilitative services are necessary. |
| 6. Missing Individualized Service Plan (ISP) | X | | | Services will be disallowed in the absence of an ISP. If no ISP is in place for a particular time period, there will be a disallowance for the dates of service within that time period. |
| 7. Unauthorized IRA Residential Habilitation Services Provider | X | | | If the provider is not listed on the ISP as the provider for a specific service, that service will be disallowed. |
| 8. Missing Residential Habilitation Plan | X | | | If no residential habilitation plan is in place for a particular time period, there will be a disallowance for the dates of service within that time period. |
| 9. Missing Residential Habilitation Service | X | | | On any countable service day there must be documentation of at least one residential habilitation service delivered to the person by IRA staff. Disallowances will be made in the absence of such documentation. |
| 10. Missing Required Elements in the IRA Residential Habilitation Service Note | | X | | Services will be disallowed if any of the nine required elements are missing. In a subsequent audit, this finding will be projected. |
| 11. A. Required Number of Countable Service Days Not Met (Full Month) – Supervised Individualized Residential Alternative (IRA) | X | | | The full month supervised IRA residential habilitation price shall be paid to a consumer who receives 22 days of face-to-face residential habilitation services. Disallowances will be made for less than 22 days of face-to-face service. |
| 11. B. Required Number of Countable Service Days Not Met (Full Month) – Supportive Individualized Residential Alternative (IRA) | X | | | The full month supportive IRA residential habilitation price shall be paid to a consumer who is enrolled for 22 days and receives four days of face-to-face residential habilitation services. Disallowances will be made for less than four days of face-to-face services. |

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|---|-----------------------------|--|-------------------|--|
| 12. A. Required Number of Countable Service Days Not Met (Half Month) – Supervised Individualized Residential Alternative (IRA) | X | | | One half month supervised IRA residential habilitation price shall be paid for consumers who meet the enrollment requirement of 11 days and receive face-to-face residential habilitation services on 11 days. Disallowances will be made for less than 11 days of face-to-face service. |
| 12. B. Required Number of Countable Service Days Not Met (Half Month) – Supportive Individualized Residential Alternative (IRA) | X | | | One half month supportive IRA residential habilitation price shall be paid for consumers who meet the enrollment requirement of 11 days and receive face-to-face residential habilitation services on two days. Disallowances will be made for less than two days of face-to-face service. |
| 13. Consumer Absent From IRA on Counted Service Day | X | | | The provider cannot include days that the consumer is in a hospital, nursing home or other government funded residential site. Disallowances will be made for days counted while out of the IRA. |
| 14. Billing for Unauthorized IRA Residential Habilitation Services | X | | | The IRA residential habilitation price shall be paid in accordance with the consumer's ISP and residential habilitation plan. Services that were billed and not authorized by the ISP and residential habilitation plan will be disallowed. |
| 15. Missing IRA Residential Habilitation Progress (Service) Note | X | | | The progress note shall be recorded at least monthly by the staff member(s) having a substantive responsibility for delivering or monitoring delivery of plan of services. Disallowances will be made for missing progress notes. |

MEDICAID SERVICE COORDINATION PROTOCOLS

The following is a reproduction of the "OPWDD/OMIG ANALYSIS OF AUDIT FINDINGS – Medicaid Service Coordination Protocols" spreadsheet provided to Foothold Technology by NYSRA. It is effective 7/1/2009.

| DETAILED FINDING | PROJECTABLE DISALLOWANCE | STRAIGHT OVERPAYMENT (NON-PROJECTABLE) | CORRECTIVE ACTION | OMIG AUDIT CRITERIA |
|--|-----------------------------|--|-------------------|--|
| 1. Missing Consumer Record | X | | | If no consumer record is made available for review, all dates of service associated with the patient record will be disallowed. |
| 2. Missing ICF/MR Level of Care Determination | | X | | Services will be disallowed in the absence of a current ICF/MR level of care determination. In a subsequent audit, this finding will be projected. |
| 3. Missing Signatures on ICF/MR Level of Care | X | | | Services will be disallowed in the absence of a physician signature on the ICF/MR level of care determination or physician signature authorization indicating rehabilitative services are necessary. |
| 4. No Documentation of Services | X | | | If the consumer record does not document that a residential habilitation service was provided, the service date will be disallowed. |
| 5. Services Performed by Unqualified Medicaid Service Coordination Staff | X | | | Services that were delivered by MSC staff that did not meet the minimum education and training requirements will be disallowed. |
| 6. Missing Medicaid Service Coordination Agreement | | X | | If the Medicaid Service Coordination agreement is missing from the consumer record the service date will be disallowed. In a subsequent audit, this finding will be projected. |
| 7. Completion of the Initial ISP Exceeds the 60-Day Timeframe | X | | | The ISP must be completed within 60 days of the HCBS enrollment date or within 60 days of the MSC enrollment date, whichever is earlier. |
| 8. Missing Individualized Service Plan (ISP) | X | | | Services will be disallowed in the absence of an ISP. If no ISP is in place for a particular time period, there will be disallowances for the dates of service within that time period. |
| 9. The Medicaid Service Coordinator Caseload Exceeds Caseload Requirements | | X | | If the Medicaid Service Coordinator's caseload exceeds established limits, the dates of service within the period of time exceeding established limits will be disallowed. In a subsequent audit, this finding will be projected. |

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| 10. Incorrect Rate Code Billed | X | | | Medicaid Service Coordination has a monthly unit of service. The service date will be disallowed if the incorrect rate code is used. |
| 11. Missing Required Elements of Medicaid Service Coordination Note | | X | | Services will be disallowed if one or more of the required elements of the Medicaid Service Coordination note is missing. |
| 12. Missing Medicaid Service Coordination Note | X | | | Services will be disallowed if the MSC note is missing or not completed by the fifteenth of the month following the month of service. |
| 13. Missing Required Elements of the ISP | X | | | Services will be disallowed if one or more of the required elements of the ISP is missing. |
| 14. Missing ISP Review | | X | | Services will be disallowed if the ISP review is missing or not completed within six months from the prior ISP review. Also, services will be disallowed if at least one of the two six-month reviews is not a face-to-face meeting with the consumer. In a subsequent audit, this finding will be projected. |
| 15. Distribution of the ISP Exceeded 45 Days | | X | | Services will be disallowed if the distribution of the ISP to the consumer, advocate and major service providers exceeded 45 days. In a subsequent audit, this finding will be projected. |
| 16. Missing Service Coordination Observation Report (MSC 7-SCOR) | X | | | SCOR reports are completed quarterly by the MSC. If SCOR reports are missing for a specific calendar quarter, services provided during that period will be disallowed. NOTE: required twice in a year as of 1/1/06. |
| 17. Claims Submitted Over 90 Days from Date of Service | X | | | All claims submitted after 90 days must be accompanied by a statement of the reason for such delay and must be submitted within 30 days from the time submission came within the control of the provider. |