



**STATE OF NEW YORK
OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES**

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**OPWDD AUDIT PROTOCOL — Plan of Care Support Services (PCSS)
For service dates prior to January 1, 2014
Effective April 1, 2014**

Audit protocols assist the Medicaid provider community in developing programs to evaluate compliance with Medicaid requirements under federal and state statutory and regulatory law, and administrative procedures issued by the New York State Office For People With Developmental Disabilities (OPWDD). The protocols listed are intended solely as guidance in this effort. This guidance does not constitute rulemaking by OPWDD 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 protocols alters any statutory, regulatory or administrative requirement and the absence of any statutory, regulatory or administrative citation from a protocol does not preclude OPWDD from enforcing a statutory, regulatory or administrative requirement. In the event of a conflict between statements in the protocols and statutory, regulatory or administrative requirements, the requirements of the statutes, regulations and administrative procedures 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 or administrative procedures.

Audit protocols are applied to a specific provider or category of service(s) in the course of an audit and involve OPWDD'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, OPWDD will review and consider any relevant contemporaneous documentation maintained and available in the provider's records to substantiate a claim.

New York State, 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 OPWDD's authority to recover improperly expended Medicaid funds and OPWDD 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 Record
OPWDD Audit Criteria	If no record is available for review, claims for all dates of service associated with the individual will be disallowed.
Regulatory References	18 NYCRR Section 504.3(a) 18 NYCRR Section 540.7(a)(8) 18 NYCRR Section 517.3(b)(2)
2.	No Documentation of Service
OPWDD Audit Criteria	If the record does not document that a plan of care support and service was provided, the claim will be disallowed.
Regulatory References	18 NYCRR Section 504.3(a) 18 NYCRR Section 540.7(a)(8) 18 NYCRR Section 517.3(b)(2)
3.	No Determination of a Developmental Disability
OPWDD Audit Criteria	The claim for services provided in the absence of a clinical assessment substantiating a specific determination of developmental disability will be disallowed.
Regulatory References	14 NYCRR Section 635-10.3(a) and (b)(1)
4.	Missing Documentation of Intermediate Care Facility/Mental Retardation (ICF/MR) Level of Care Eligibility Determination (LCED) Annual Redetermination
OPWDD Audit Criteria	For participation in the HCBS waiver, each individual shall have documentation of his/her eligibility for ICF/MR level of care (i.e. placement in an ICF or DD). The initial LCED form requires the signature of a review physician as well as the DDSO director (or designee) in order to be effective. The PCSS coordinator must maintain the individual's ICF/MR LCED annual redetermination that has been completed and signed within 365 days from the prior review and authorized signature date. The claim will be disallowed in absence of a ICF/MR LCED annual redetermination.
Regulatory References	14 NYCRR Section 635-10.3(a) and (b)(2) Pre and Post 10/1/10 MSC Vendor Manual* , Chapter 2 pp. 37-38 OPWDD Administrative Memorandum #2009-05 OPWDD Administrative Memorandum #2010-03, p. 5 OPWDD Administrative Memorandum #2011-01, p. 2
5.	Missing Individualized Service Plan (ISP)
OPWDD Audit Criteria	The service coordinator providing PCSS must maintain a current ISP in consultation with the individual.

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	The claim will be disallowed in the absence of a current ISP or required reviews.
Regulatory References	Pre and Post 10/1/10 MSC Vendor Manual*, Chapter 4 p. 47 OPWDD Administrative Memorandum #2012-06 p. 5 Pre and Post 10/1/10 MSC Vendor Manual*, Chapter 2 p. 37 OPWDD Administrative Memorandum #2010-03, p. 5
6.	Missing Required Elements in the Individualized Service Plan (ISP)
OPWDD Audit Criteria	Claims will be disallowed if one or more of the required elements of the ISP is missing: <ol style="list-style-type: none"> 1. Identification of the service provided (e.g., plan of care support services) 2. Identification of the agency providing PCSS 3. Frequency of the service (month or monthly) 4. Identification of the effective date of PCSS. The effective date must be on or before the first date of service that the agency bills for PCSS. 5. Identification of the individual’s valued outcomes in the form of goals and preferences 6. Documentation of the safeguards that must be in place to protect the recipient’s health and safety, including a summary of fire safety needs.
Regulatory References	For services 6/01/10 to 1/24/12 , 14 NYCRR Section 635-99.1(bj) For services 1/25/12 and after , 14 NYCRR Section 635-99.1(bk) Pre and Post 10/1/10 MSC Vendor Manual, Chapter 4 Pre and Post 10/1/10 MSC Vendor Manual, Chapter 2 OPWDD Administrative Memorandum #2010-04 (ISP Instructions, p. 2)
7.	Missing Individualized Service Plan (ISP) Review
OPWDD Audit Criteria	Service coordinators providing PCSS services are responsible for: completing a review at least every six (6) months (prior to 10/1/2012), and/or maintaining evidence that the person’s ISP has been reviewed twice within a twelve month period (subsequent 10/1/2012). The claim will be disallowed in the absence of required reviews.
Regulatory References	OPWDD Administrative Memorandum #2003-02, p. 3 OPWDD Administrative Memorandum #2012-06 p. 8
8.	Services Performed By Unqualified PCSS Staff
OPWDD Audit Criteria	Claims for services that were delivered by PCSS staff that did not meet the minimum education, experience and training requirements will be disallowed. For Services post 10/1/2010, the Medicaid Service Coordination Vendor Manual requires attendance at

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	an OPWDD-approved Core service coordination program within 6 months of assuming MSC responsibilities.
Regulatory References	Pre and Post 10/1/10 MSC Vendor Manual, Chapter 3 OPWDD Administrative Memorandum #2012-06 p. 2 OPWDD Administrative Memorandum #2003-02, p. 3

9.	The Service Coordinator Caseload Exceeds Caseload Requirements
OPWDD Audit Criteria	<p>If the Service Coordinator's caseload exceeds established limits, the claims representing the dates of service within the period of time exceeding established limits will be disallowed. In the event a Service Coordinator is temporarily absent, the documentation must clearly indicate the reason for and the length of the absence as contributing factors for other caseloads increasing.</p> <ul style="list-style-type: none"> • The maximum caseload is 40 units (20 units if service coordinator's caseload includes at least one Willowbrook class member). There is a .8 weighting factor for individuals residing in an OPWDD certified Supervised Community Residence (CR) or Supervised Individualized Residential Alternative (IRA). For all other individuals, including Family Care, there is no weighting factor (one individual = one unit). • Persons served by the service coordinator who receive PCSS are counted as .3 on the service coordinators caseload regardless of residential setting. However, for service coordinators who serve a member of the Willowbrook Class, a person receiving PCSS counts as (1) unit on the service coordinator's caseload.
Regulatory References	Post 10/1/10 MSC Vendor Manual, Chapter 2 OPWDD Administrative Memorandum #2012-06, p. 4

10.	Missing or Late PCSS Service Note
OPWDD Audit Criteria	The claim will be disallowed if the PCSS service note is missing or not completed by the fifteenth of the month following the month of service.
Regulatory References	OPWDD Administrative Memorandum #2003-02, p. 4 OPWDD Administrative Memorandum #2012-06, p. 8

11.	Missing Element - PCSS Monthly Service Note
OPWDD Audit Criteria	<p>The claim will be disallowed if the required PCSS note is missing or does not contain the following elements:</p> <ol style="list-style-type: none"> 1. The individual's name. 2. Identification of the service provided (i.e. PCSS). 3. Identification of the agency providing the service. (subsequent 10/1/2012 only) 4. The month and year the service was provided. (subsequent 10/1/2012 only) 5. The location of the service meeting for the ISP review only. (subsequent

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	<p>10/1/2012 only)</p> <ol style="list-style-type: none"> 6. A description of the activities that count toward the billing minimum that are described in the PCSS payment standards section. If the activity involves contact with a qualified contact then the identity of the qualified contact and the relationship to the person must also be included. (subsequent 10/1/2012 only) 7. The full name, title and signature of the PCSS service coordinator delivering the service. Initials are permitted if a “key” is provided which identifies the title, signature and full name associated with the staff initials. 8. The date the note was written (i.e. signature date) which must include the day, the month and the year. 9. For claims prior to 10/1/2012 a narrative statement that <ol style="list-style-type: none"> a. Verifies that a record review was held b. Verifies that the ISP has been updated and states what changes were made, if any to the plan c. States the service coordinator’s recommendation for the person to either continue to use PCSS or to refer the person to reinstate monthly MSC services and d. Verifies that a face to face contact was made with the individual including the date
Regulatory References	<p>OPWDD Administrative Memorandum #2012-06, pp. 7-8 OPWDD Administrative Memorandum #2003-02, pp. 4-5</p>

12.	Failure to Meet Monthly Billing/Payment Standards – PCSS (Post 10/1/2012)
OPWDD Audit Criteria	<p>To bill for a month of PCSS, providers must meet one of the criteria below or the claim will be disallowed.</p> <p><u>Criteria Set One</u> For two months within any twelve month period, PCSS should be provided for the purpose of reviewing and updating the person’s individualized service plan, related records, and ensuring that the annually required HCBS waiver level of care eligibility determination is completed. During these two service months, PCSS service coordinators must meet and document all of the following first set of criteria.</p> <ol style="list-style-type: none"> 1. Conduct face to face service meeting with the individual 2. Review (which may include the creation of the initial ISP) and/or update (addendum) the ISP. <p><u>Criteria Set Two</u> For up to two additional months per twelve month period, PCSS may be provided if additional service coordination activities and assistances are provided during those months and are necessary to meet unexpected needs of the individual. Service coordination</p>

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	activities associated with an unexpected need must include at least one of the following: <ol style="list-style-type: none"> 1. Addressing a newly discovered health or safety issue 2. Assisting and obtaining a needed service, 3. Negotiating and resolving conflict, or 4. Accessing entitlements and benefits for the individual.
Regulatory References	OPWDD Administrative Memorandum #2012-06, pp. 6-7

13.	Failure to Meet Criteria for Initial Payment
OPWDD Audit Criteria	A PCSS agency may bill for a one-time initial PCSS payment for one month when the individual has never been enrolled in the HCBS Waiver prior to receiving PCSS, has never received MSC, and the service coordinator is assisting with developing and implementing the ISP. The claim will be disallowed if these stipulations are not met.
Regulatory References	OPWDD Administrative Memorandum #2012-06, p.9

14.	Billing for PCSS by Ineligible Provider/Provider Employee
OPWDD Audit Criteria	The claim will be disallowed if the agency does not have a plan of care support service Medicaid Provider Agreement.
Regulatory References	14 NYCRR Part 635-10.1(b)

***MSC Vendor Manual – Medicaid Service Coordination Manual. This manual is written for service coordinators and administrative staff of vendors that provide Medicaid Service Coordination (MSC) services under contract with the Office for People With Developmental Disabilities (OPWDD). Both the prior to 10/1/2010 and the post 10/1/2010 versions were used in developing these protocols.**

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