



PREVOCATIONAL SERVICES

Effective December 5, 2017

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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PREVOCATIONAL SERVICES

Effective December 5, 2017

Prevocational Services are pre-employment and/or job readiness activities specified in an individual's Individualized Service Plan (ISP). These services are habilitative, and prepare the individual for paid employment or unpaid meaningful community activities.

Prevocational Services are delivered as either Site Based or Community Based services. An individual's ISP may contain both Site Based and Community Based Prevocational Services, in addition to other OPWDD services such as Pathway to Employment, Supported Employment, Day Habilitation, or Community Habilitation. However, an individual may not receive Site Based and Community Based Prevocational Services simultaneously; only one service may be billed at a time.

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PREVOCATIONAL SERVICES

Effective December 5, 2017

1.	Missing Recipient Record
OPWDD Audit Criteria	If the recipient record is not available for review, claims for all dates of service associated with the recipient record will be disallowed.
Regulatory References	<u>18 NYCRR Section 504.3(a)</u> <u>18 NYCRR Section 540.7(a)(8)</u>
2.	No Documentation of Service
OPWDD Audit Criteria	If the recipient's record does not document that a prevocational service was provided, the claim will be disallowed.
Regulatory References	<u>18 NYCRR Section 504.3(a)</u> <u>18 NYCRR Section 517.3(b)(2)</u>
3.	No Diagnosis of Developmental Disability
OPWDD Audit Criteria	The claim for services provided in the absence of a clinical assessment substantiating a specific diagnosis of developmental disability will be disallowed.
Regulatory References	<u>14 NYCRR Section 635-10.3(a) and (b)(1)</u>
4.	Missing Copy of Individualized Service Plan (ISP)
OPWDD Audit Criteria	A copy of the recipient's ISP covering the time period of the claim must be maintained by the agency. If the ISP is missing or not valid for the service date the claim will be disallowed.
Regulatory References	<u>14 NYCRR Section 635-99.1(bk)</u> <u>14 NYCRR Section 635-10.2(a)</u> <u>OPWDD ADM #2017-03R, pp. 10 & 18</u>
5.	Unauthorized Prevocational Services Provider
OPWDD Audit Criteria	The claim will be disallowed if the ISP does not specify the category of waiver service that the agency is providing (i.e., site based prevocational services, community based prevocational services) or does not designate the agency as the provider of the service.
Regulatory References	<u>14 NYCRR Section 635-10.2(a)</u> <u>OPWDD ADM #2017-03R, pp. 10 & 18</u> <u>14 NYCRR Section 635-10.5(ag)(7)(i)-(ii) Prior to September 19, 2018</u> <u>14 NYCRR Section 635-10.5(ag)(5)(i)-(ii) Effective September 19, 2018</u> <u>14 NYCRR Section 635-10.5(ah)(7)(i)-(ii)</u>

PREVOCATIONAL SERVICES

Effective December 5, 2017

6.	Missing Habilitation Plan for Prevocational Services
OPWDD Audit Criteria	A relevant habilitation plan must be developed within 60 days of the start of the habilitation service. The claim will be disallowed if the relevant habilitation plan(s) is missing.
Regulatory References	<u>14 NYCRR Section 635-99.1(bk)</u> <u>OPWDD ADM #2012-01, p. 2</u> <u>OPWDD ADM #2017-03R, pp. 11 & 18</u>

7.	Failure to Write Initial Habilitation Plan for Prevocational Service Within 60 Days
OPWDD Audit Criteria	For prevocational services, the initial habilitation plan must be written within 60 days of the start of the habilitation service and forwarded to the service coordinator. The claim will be disallowed if the plan is not written within 60 days of the start of the habilitation service.
Regulatory References	<u>14 NYCRR Section 635-99.1(bk)</u> <u>OPWDD ADM #2012-01, pp. 2-3, 7</u>

8.	Missing Required Elements of the Habilitation Plan for Prevocational Services
OPWDD Audit Criteria	<p>The habilitation plan must contain the following elements:</p> <ol style="list-style-type: none"> 1. The individual's name. 2. The individual's Medicaid Identification Number (CIN), if the person is a Medicaid enrollee. 3. The habilitation service provider's agency name. 4. Identification of the habilitation service(s) provided (must identify either Site Based Prevocational services or Community Based Prevocational per ADM 2017-03R). 5. The date on which the Habilitation Plan was reviewed. 6. Identification of at least one valued outcome that is derived from the individual's ISP (valued outcomes do not need to be verbatim from the ISP). 7. Description of the services and supports the habilitation staff will provide to the person. 8. The safeguards (health and welfare) that will be provided by the habilitation service provider. 9. The printed name, signature and title of the staff who wrote the Habilitation Plan. 10. The date that staff signed the Habilitation Plan. <p>The claim will be disallowed if one or more of the required elements are missing.</p>
Regulatory References	<u>14 NYCRR Section 635-99.1(bk)</u> <u>OPWDD ADM #2012-01, p. 7</u> <u>OPWDD ADM #2017-03R, pp. 11 & 18</u>

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PREVOCATIONAL SERVICES

Effective December 5, 2017

9.	Missing Habilitation Plan Review for Prevocational Services
OPWDD Audit Criteria	<p>There must be evidence that the Habilitation Plan was reviewed within 12 months prior to the month in which the service occurs. At least annually, one of the Habilitation Plan reviews must be conducted at the time of the ISP meeting.</p> <p>The claim will be disallowed in the absence of evidence of a habilitation plan review within 12 months prior to the month in which the service occurs or if at least annually, a habilitation plan review was not conducted at the time of the ISP meeting.</p>
Regulatory References	<p><u>14 NYCRR Section 635-99.1(bk)</u> <u>OPWDD ADM #2012-01, pp. 4, 7</u></p>
10.	Missing Required Elements of the Habilitation Plan Review for Prevocational Services
OPWDD Audit Criteria	<p>There must be evidence the habilitation plan was reviewed within 12 months prior to the month in which service occurs. Evidence of a review must include the following elements:</p> <ol style="list-style-type: none"> 1. The individual's name. 2. The habilitation service under review. 3. The staff's signature from the habilitation service. 4. The date of the staff's signature 5. The date of the review. <p>The claim will be disallowed if one or more of the required elements are missing.</p>
Regulatory References	<p>14 NYCRR Section 635-99.1(bk) OPWDD Administrative Memorandum #2012-01, p. 7</p>
11.	Failure to Forward Revised Habilitation Plan for Prevocational Service Within 30 Days to the Service Coordinator
OPWDD Audit Criteria	<p>The revised prevocational service habilitation plan must be sent to the person'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.</p> <p>The claim will be disallowed if the revised plan was not forwarded within 30 days to the service coordinator.</p>
Regulatory References	<p><u>14 NYCRR Section 635-99.1(bk)</u> <u>OPWDD Administrative Memorandum #2012-01, pp. 3-4</u></p>

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PREVOCATIONAL SERVICES

Effective December 5, 2017

12.	Missing Prevocational Services Daily Checklist/Chart or Daily Service Note – Site Based
OPWDD Audit Criteria	The acceptable format for site-based service documentation is either a narrative note or a checklist/chart. The claim will be disallowed in the absence of the prevocational service daily checklist or chart or narrative note.
Regulatory References	<u>OPWDD ADM #2017-03R, p. 9</u>

13.	Missing Required Elements in Prevocational Service Documentation – Site Based
OPWDD Audit Criteria	<p>Medicaid rules require that service documentation be contemporaneous with the service provision. The service documentation supporting a provider’s billing must include all service documentation elements listed below, and may be submitted as either a narrative note or checklist/chart. Required service documentation elements include:</p> <ol style="list-style-type: none"> 1. Individual’s name and Medicaid number (CIN); 2. Identification of category of waiver service provided (i.e., Site Based Prevocational Services); 3. Daily description of required face-to-face services provided by staff; 4. Documentation of service duration. The provider must document the program day duration by indicating the service start time and service stop time; 5. Date the service was provided; 6. Primary service location; 7. Verification of service provision by the Site Based Prevocational Services staff person. 8. The date the service was documented. Documentation must be completed contemporaneously with the delivery of service. <p>The claim will be disallowed if one or more of the required elements are missing.</p>
Regulatory References	<u>OPWDD ADM #2017-03R, pp. 9-10</u> <u>14 NYCRR Section 635-10.5(ag)(7)(iv)-(v) Prior to September 19, 2018</u> <u>14 NYCRR Section 635-10.5(ag)(5)(iv)-(v) Effective September 19, 2018</u>

14.	Missing Prevocational Monthly Summary Note – Site Based
OPWDD Audit Criteria	A monthly summary note is also required. The monthly summary note must be completed, signed, and dated no later than the 30th day after the month of service. The monthly summary note must contain the following information: 1. the implementation of the individual’s Site Based Prevocational Habilitation Plan 2. summary of the individual’s responses to the services provided; and 3. all issues or concerns pertaining to prevocational services.

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PREVOCATIONAL SERVICES

Effective December 5, 2017

Regulatory References	<u>OPWDD ADM #2017-03R, p. 10</u>
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15.	Failure to Meet Minimum Duration Requirement for Full Unit of Site Based Prevocational Service
OPWDD Audit Criteria	A claim for a full unit of site based prevocational service, where the program day duration is less than 4 hours, will be disallowed. If the claim otherwise meets the requirements for a half unit billing, the disallowance will be the difference between a full unit and a half unit.
Regulatory References	<u>OPWDD ADM #2017-03R, pp. 8-9</u> <u>14 NYCRR Section 635-10.5(ag)(4)(i)-(iii)</u> <u>14 NYCRR Section 635-10.5(ag)(6)(iv) Prior to September 19, 2018</u>

16.	Failure to Meet Minimum Duration Requirement for Half Unit of Site Based Prevocational Service
OPWDD Audit Criteria	A claim for a site based prevocational service of less than 2 hours in duration will be disallowed.
Regulatory References	<u>OPWDD ADM #2017-03R, p. 8</u> <u>14 NYCRR Section 635-10.5(ag)(4)(ii)</u> <u>14 NYCRR Section 635-10.5(ag)(6)(iv) Prior to September 19, 2018</u>

17.	Failure to Meet Minimum Number of Face-to-Face Site Based Prevocational Services – Full Unit
OPWDD Audit Criteria	The claim will be disallowed if there was not at least two individualized face-to-face service documented for a full unit of site based prevocational service. If the claim otherwise meets the requirements for a half unit billing, the disallowance will be the difference between a full unit and a half unit.
Regulatory References	<u>OPWDD ADM #2017-03R, p. 8</u> <u>14 NYCRR Section 635-10.5(ag)(4)(i)</u>

18.	Failure to Meet Minimum Number of Face-to-Face Site Based Prevocational Services – Half Unit
OPWDD Audit Criteria	The claim will be disallowed if there was not at least one individualized face-to-face service documented for a half unit of site based prevocational service.

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PREVOCATIONAL SERVICES

Effective December 5, 2017

Regulatory References	<u>OPWDD ADM #2017-03R, p. 8</u> <u>14 NYCRR Section 635-10.5(ag)(4)(ii)</u>
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19.	Billing for Non-Reimbursable Service Time – Site Based Prevocational Services
OPWDD Audit Criteria	The claim will be disallowed if non-reimbursable program day duration events were counted towards the site based prevocational billable service time. Billing unit errors will be disallowed to the extent of the difference between the amount claimed and actual.
Regulatory References	<u>OPWDD ADM #2017-03R, pp. 8-9</u> <u>14 NYCRR Section 635-10.5(ag)(4)(iii)</u> <u>14 NYCRR Section 635-10.5(ag)(6)(iv) Prior to September 19, 2018</u>

20.	Missing Prevocational Services Daily Checklist – Community Based
OPWDD Audit Criteria	The service documentation supporting a provider’s billing for Community Based Prevocational Services must include a Checklist and Monthly Summary. For each service session, a provider must document the Community Based Prevocational Services delivered using either: a) the checklist provided by OPWDD; or b) a provider-created checklist including all OPWDD required checklist information, as well as additional information.
Regulatory References	<u>OPWDD ADM #2017-03R, pp. 16-17</u>

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PREVOCATIONAL SERVICES

Effective December 5, 2017

21.	Missing Required Elements in Community Based Checklist
OPWDD Audit Criteria	<p>Required service documentation elements for the checklist include:</p> <ol style="list-style-type: none"> 1. Individual's name and Medicaid number (CIN). 2. Name of the agency providing the Community Prevocational Services. 3. Identification of category of waiver service provided (i.e., Community Based Prevocational Services). 4. Documentation of start and stop times. Document the service start time and service stop time for each continuous period of service provision. 5. Group or Individual. Document whether service was delivered to a Group or Individual. 6. Description of services. Each documented session must list <i>at least one allowable service</i> delivered in accordance with the individual's Habilitation Plan. The location of the service does not need to be documented. Services must be identified as either face-to-face or non-face-to-face. 7. The date the service was provided. 8. Verification of service provision by the staff person delivering the service. <p>The claim will be disallowed if one or more of the required elements are missing.</p>
Regulatory References	<p><u>OPWDD ADM #2017-03R, p.17</u> <u>14 NYCRR Section 635-10.5 ah)(7)(iv)-(v)</u></p>
22.	Missing Community Based Prevocational Monthly Summary Note
OPWDD Audit Criteria	<p>The service documentation supporting a provider's billing for Community Based Prevocational Services must include a Checklist and Monthly Summary.</p> <p>The claim will be disallowed in the absence of a monthly summary note.</p>
Regulatory References	<p><u>OPWDD ADM #2017-03R, pp. 17-18</u></p>

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PREVOCATIONAL SERVICES Effective December 5, 2017

23.	Missing Required Elements in Community Based Prevocational Monthly Summary Note
OPWDD Audit Criteria	<p>A narrative monthly summary note must include:</p> <ol style="list-style-type: none"> 1. A summary of the implementation of the individual’s Habilitation Plan for the month; 2. A description of the individual’s prevocational progress; 3. A description of some of the actions of staff to address prevocational challenges; 4. A description of the individual’s response; 5. Whether the individual is paid or unpaid; and 6. Any issues or concerns pertaining to prevocational services. <p>The claim will be disallowed if one or more of the required elements are missing.</p>
Regulatory References	<u>OPWDD ADM #2017-03R, pp. 17-18</u>

24.	Billing for Non-Reimbursable Service Time – Community Based Prevocational
OPWDD Audit Criteria	The claim will be disallowed if non-reimbursable program day duration events were counted towards the community based prevocational billable service time. Billing unit errors will be disallowed to the extent of the difference between the amount claimed and actual.
Regulatory References	<u>14 NYCRR Section 635-10.5(ah)(6)(iii)</u>

25.	Billing for Services by Ineligible Provider
OPWDDG Audit Criteria	The claim will be disallowed if the prevocational services billed were performed by providers or provider staff who were not authorized by either NYS Department of Health or OPWDD.
Regulatory References	<u>14 NYCRR Section 635-10.1(b)</u>

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PREVOCATIONAL SERVICES Effective December 5, 2017

26.	Units of Service Billed Exceed Units of Service Documented for Community Based Prevocational Services
OPWDD Audit Criteria	The claim will be disallowed if the number of 15 minute increments billed exceeded the number of 15 minute increments documented for community prevocational services. Billing unit errors will be disallowed to the extent of the difference between the amount claimed and actual. Community Based Prevocational Services have hourly units of service, with services billed in 15-minute increments (units). Rounding up to 15-minutes may be permitted <i>only if</i> the services were delivered for 10-14 minutes. There is no rounding up for any service delivered for 1-9 minutes. For billing purposes, when there is a break in service delivery during a single day, the service provider must combine the duration of the continuous periods/sessions of each specific type of service provision. For example, the duration of each individual session within a day must be combined, but a combination of individual and group sessions provided in the same day must not be combined.
Regulatory References	<u>14 NYCRR Section 635-10.5(ah)(4)</u> <u>OPWDD ADM #2017-03R, p. 14</u>
27.	Incorrect Rate Code
OPWDD Audit Criteria	The claim will be disallowed if the provider billed a rate code that is higher than that documented.
Regulatory References	<u>OPWDD ADM #2017-03R, p. 16</u> <u>14 NYCRR Section 635-10.4(l)(7)-(9)</u> <u>OPWDD ADM #2017-03R, pp. 8-9</u> <u>14 NYCRR Section 635-10.5(ag)(4)(i)-(iii)</u> <u>14 NYCRR Section 635-10.5(ag)(6)(iv) Prior to September 19, 2018</u>
28.	Missing Annual Prevocational Services Assessment
OPWDD Audit Criteria	A copy of the recipient's annual prevocational services assessment must be maintained by the agency. If the annual assessment is missing the claim will be disallowed.
Regulatory References	<u>14 NYCRR Section 635-10.4(k)(8)</u> <u>14 NYCRR Section 635-10.4(l)(10)</u> <u>OPWDD ADM #2017-03R, p. 3</u>

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