

PREVOCATIONAL SERVICES

Effective January 1, 2020

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.

Note:

Per ADM 2018-06R, As of July 1, 2018, individuals new to the OPWDD system (i.e., on or after July 1, 2018), will have Life plans developed and finalized in accordance with the CCO/HH Manual. Finalized Life Plans for newly enrolled CCO members (i.e., members enrolled after 10/1/2018) are due no later than 90 days after CCO enrollment or HCBS waiver enrollment, whichever comes first.

Per ADM 2018-06R, For Life Plans finalized on or before December 31, 2019 (i.e., the transition period), OPWDD is suspending service documentation requirements for documenting the Waiver service name, frequency, duration, and effective date in the Life Plan. Instead, only the name of the service provider and the service name must be identified in the Life Plan.

Service providers are responsible for reviewing the finalized, acknowledged and agreed to Life Plan. Providers may occasionally find inaccuracies in the finalized, acknowledged and agreed to Life Plan.



Providers should demonstrate due diligence in working with the Care Manager, CCOs, OPWDD and/or others to correct the Life Plan as soon as possible. Service providers should document their timely efforts to correct any errors in the Life Plan. Examples of this documentation may include notes in the individual's monthly summary, e-mails, phone calls, etc.

All Life Plans created or amended after the transition period must comply with all regulatory and policy standards.

Per ADM 2018-09R, As of March 1, 2020, At the time of transition to the Life Plan, Habilitation Plans must transition to Staff Action Plans. All individuals transitioning from an ISP to a Life Plan who receive habilitation services must have a staff Action Plan no later than March 1, 2020.

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)
2.	No Documentation of Service
OPWDD Audit Criteria	If the record does not document that a Prevocational Services Habilitation service was provided, the claim will be disallowed.
Regulatory References	18 NYCRR Section 504.3(a) 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) 14 NYCRR Section 671.4(b)(1)(i)
4.	Missing or Inadequate Life Plan (LP)
OPWDD Audit Criteria	A copy of the individual's Life Plan (LP), covering the time period of the claim, must be maintained by the agency. The claim will be disallowed in the absence of a Life Plan (LP). If the Life Plan (LP) is not in place prior to the service date and in effect for the service date, the claim will be disallowed.
Regulatory References	14 NYCRR 635-10.2(a) 14 NYCRR 635-10.5(ah)(2)(i) Before March 1, 2020 OPWDD ADM #2017-03R, pp. 10 & 18 March 1-6, 2020 OPWDD ADM #2020-01, pp. 8 & 12-13 On or After March 7, 2020 OPWDD ADM #2020-01R, pp. 8-9 & 13 OPWDD ADM #2018-06R, pp. 1-2
5.	Unauthorized Prevocational Services Provider
OPWDD Audit Criteria	The claim will be disallowed if the Life Plan (LP) does not: <ul style="list-style-type: none"> • Identify Site Based or Community Based Prevocational Services as the service to be provided. • List the provider as the authorized provider for a specific service. • Have an effective date for Site Based or Community Based Prevocational Services that is on or before the first day of service for which the agency bills for services.
Regulatory References	14 NYCRR Section 635-10.2(a) Before March 1, 2020 OPWDD ADM #2017-03R, pp. 10 & 18 March 1-6, 2020 OPWDD ADM #2020-01, pp. 8 & 12-13 On or After March 7, 2020 OPWDD ADM #2020-01R, pp. 8-9 & 13 OPWDD ADM #2018-06R, pp. 3-4,7

6.	Identification of Frequency and Duration of Service
<p>OPWDD Audit Criteria</p>	<p>The claim will be disallowed if the Life Plan (LP) does not:</p> <ul style="list-style-type: none"> • Specify that the frequency for Site Based Prevocational Services is “a day”; OR, • Specify that the frequency for Community Based Prevocational Services covered by OPWDD ADM #2017-03R is “hour”/“hourly”; OR, • Specify that the frequency for Community Based Prevocational Services covered by OPWDD ADMs #2020-01 or #2020-01R is “day”. • Specify the duration for Site Based or Community Based Prevocational Services as “ongoing” or “ongoing as authorized”.
<p>Regulatory References</p>	<p>Before March 1, 2020 OPWDD ADM #2017-03R, pp. 10 & 18 March 1-6, 2020 OPWDD ADM #2020-01, pp. 8 & 12-13 On or After March 7, 2020 OPWDD ADM #2020-01R, pp. 8-9 & 13 OPWDD ADM #2018-06R, pp. 3-4,7</p>

7.	Missing Prevocational Services Habilitation Plan/Staff Action Plan
<p>OPWDD Audit Criteria</p>	<p>The claim will be disallowed in the absence of a Prevocational Services plan/staff action plan. If no Prevocational Services plan/staff action plan is in place prior to the service date and in effect for the service date, the claim will be disallowed.</p>
<p>Regulatory References</p>	<p>OPWDD ADM #2012-01, pp. 3-4, 7 OPWDD ADM #2018-09R, p. 12 Before March 1, 2020 OPWDD ADM #2017-03R, pp. 11 & 18 March 1-6, 2020 OPWDD ADM #2020-01, pp. 8 & 13 On or After March 7, 2020 OPWDD ADM #2020-01R, pp. 9 & 13</p>

8.	Missing Required Elements of the Prevocational Services Habilitation Plan/Staff Action Plan
OPWDD Audit Criteria	<p>The claim will be disallowed if any of the required elements are missing in the Habilitation Plan:</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. 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 Staff Action Plan must contain these required elements:</p> <ol style="list-style-type: none"> 1. Individual's name; 2. Individual's Medicaid Client Identification Number (CIN) (if the individual is enrolled in the OPWDD HCBS Waiver); 3. Habilitation service provider's agency name; 4. Name of habilitation service(s) provided (e.g., Residential Habilitation or Day Habilitation); 5. Date (day, month, and year) of the Life Plan meeting, or Staff Action Plan review, from which the Staff Action Plan was developed/revised; 6. Identification of the goals/valued outcomes (My Goal) from the individual's Life Plan; 7. Identification of the provider assigned (habilitative/safeguard) goal(s) and/or support(s) from the individual's Life Plan; 8. Description of the service(s) and support(s) and identification of the frequency from Section II or III of the Life Plan (e.g., teaching laundry skills weekly) the habilitation staff will provide to the individual; 9. Safeguards (i.e., compilation of all supports and services needed for an individual to remain safe, healthy and comfortable across all settings) that will be provided by the habilitation service provider, which may be a reference to internal guidance documents that further define the safeguards; 10. Printed name(s), signature(s) and title(s) of the staff who wrote the Staff Action Plan; 11. Date (day, month, and year) that staff signed the Staff Action Plan; and 12. Evidence demonstrating the Staff Action Plan was distributed no later than 60 days after: the start of the habilitation services; the life plan review date; or the development of a revised/updated Staff Action Plan, whichever comes first (which may include, but is not limited to: a monthly narrative note; a HITS upload; or e-mail).

Regulatory References	OPWDD ADM #2012-01 p. 7 Before March 1, 2020 OPWDD ADM #2017-03R, pp. 11 & 18 March 1-6, 2020 OPWDD ADM #2020-01, pp. 8 & 13 On or After March 7, 2020 OPWDD ADM #2020-01R, pp. 9 & 13 OPWDD ADM #2018-09R, pp. 12-13
9.	Missing Prevocational Services Habilitation Plan/ Staff Action Plan Review
OPWDD Audit Criteria	Claims will be disallowed if the relevant Habilitation Plan(s) is not developed, reviewed or revised as necessary at a minimum of at least once annually. At least annually, one of the Prevocational Services habilitation plan reviews must be conducted at the time of the ISP meeting. There must be evidence that the Staff Action Plan was reviewed at least twice annually. Evidence of a review may include but is not limited to a: 1) Review sign-in sheet; 2) Service note indicating a review took place; and/or 3) Revised/updated Staff Action Plan.
Regulatory References	OPWDD ADM #2012-01 p. 7 OPWDD ADM #2018-09R, p. 13
10.	Missing Required Elements of the Prevocational Services Habilitation Plan/Staff Action Plan Review
OPWDD Audit Criteria	Habilitation Plan: 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. Staff Action Plan: Evidence of reviews must include the: 1) Individual's name; 2) Habilitation service(s) under review; 3) Staff signature(s) from the habilitation service(s); 4) Date of the staff signature(s); and 5) Date of the review. The claim will be disallowed if one or more of the required elements of the review are missing.
Regulatory References	14 NYCRR Section 635-99.1(bk) OPWDD ADM #2012-01, pp. 3, 7 OPWDD ADM #2018-09R, p. 13

11.	Failure to Write the Initial Prevocational Services Habilitation Plan/Staff Action Plan Within 60 Days
OPWDD Audit Criteria	<p>For Prevocational Services, the initial Habilitation Plan must be written within 60 days of the start of the habilitation service and forwarded to the Medicaid Service Coordinator (MSC). The claim will be disallowed if the plan is not written within 60 days of the start of the habilitation service.</p> <p>The initial Staff Action Plan must be in place no later than 60 days of the start of the habilitation service, or the Life Plan review date, whichever comes first. Therefore, services that are provided no later than the first 60 days of the start of the habilitation service might not have a Staff Action Plan in place.</p>
Regulatory References	<p>14 NYCRR Section 635-99.1(bk) OPWDD ADM #2012-01, pp. 2-3, 7 OPWDD ADM #2018-09R, p. 13</p>
12.	Failure to Forward Revised Habilitation Plan/Staff Action Plan for Prevocational Services Habilitation Within Required Time Frames to the Service Coordinator/Care Manager
OPWDD Audit Criteria	<p>For service dates April 1, 2012, and after, a revised Prevocational Services Habilitation 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.</p> <p>The claim will be disallowed if the revised plan was not forwarded within 30 days to the service coordinator.</p> <p>A revised Staff Action Plan, written by the habilitation service provider, must be provided to the Care Manager. Staff Action Plans must be provided to the Care Manager no more than 60 days after either: (a) a Life Plan review date; or (b) the date on which the habilitation service provider makes a change to the Staff Action Plan.</p>
Regulatory References	<p>14 NYCRR Section 635-99.1(bk) OPWDD ADM #2012-01, p. 3 OPWDD ADM #2018-09R, p. 13</p>
13.	Missing Prevocational Services Daily Checklist/Chart or Daily Service Note – Site Based
OPWDD Audit Criteria	<p>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.</p>
Regulatory References	<p>14 NYCRR Section 635-10.5(ag)(6) Before March 1, 2020 OPWDD ADM #2017-03R, p. 9 March 1-6, 2020 OPWDD ADM #2020-01, p. 7 On or After March 7, 2020 OPWDD ADM #2020-01R, p. 7</p>

14.	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> <p>OPWDD ADM #2017-03R:</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>OPWDD ADM #2020-01 & 2020-01R:</p> <ol style="list-style-type: none"> 1. Individual’s name and Medicaid number (CIN). 2. Name of the agency providing the Site Based Prevocational Services. 3. Identification of the category of waiver service provided (Site Based Prevocational Services). 4. Start and stop times...; 5. Description of services...; 6. Service location (i.e., the address or a notation of traveling). 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>14 NYCRR Section 635-10.5(ag)(6)(iii)-(iv) 18 NYCRR 504.3 Before March 1, 2020 OPWDD ADM #2017-03R, pp. 9-10 March 1-6, 2020 OPWDD ADM #2020-01, pp. 7-8 On or After March 7, 2020 OPWDD ADM #2020-01R, pp. 7-8</p>

15.	Missing or Inadequate Prevocational Monthly Summary Note – Site Based
OPWDD Audit Criteria	<p>OPWDD ADM #2017-03R: 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.</p> <p>OPWDD ADM #2020-01 & 2020-01R: A narrative monthly summary is required and must be completed, signed, and dated no later than the end of the following month of service. A narrative monthly summary must include a summary of the following:</p> <ol style="list-style-type: none"> 1. A summary of the implementation of the individual’s Habilitation Plan/Staff Action 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 to services; 5. Whether the individual is paid or unpaid; and 6. Issues or concerns pertaining to Prevocational Services, if applicable. <p>The claim will be disallowed in the absence of a monthly summary note.</p>
Regulatory References	<p>18 NYCRR 504.3 Before March 1, 2020 OPWDD ADM #2017-03R, p. 10 March 1-6, 2020 OPWDD ADM #2020-01, p. 8 On or After March 7, 2020 OPWDD ADM #2020-01R, p. 8</p>
16.	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	<p>14 NYCRR Section 635-10.5(ag)(4)(i)-(iii) Before March 1, 2020 OPWDD ADM #2017-03R, pp. 8-9 March 1-6, 2020 OPWDD ADM #2020-01, pp. 6-7 On or After March 7, 2020 OPWDD ADM #2020-01R, pp. 6-7</p>
17.	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	14 NYCRR Section 635-10.5(ag)(4)(i)-(iii) Before March 1, 2020 OPWDD ADM #2017-03R, p. 8 March 1-6, 2020 OPWDD ADM #2020-01, pp. 6-7 On or After March 7, 2020 OPWDD ADM #2020-01R, pp. 6-7
18.	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	14 NYCRR Section 635-10.5(ag)(4)(i) Before March 1, 2020 OPWDD ADM #2017-03R, p. 8 March 1-6, 2020 OPWDD ADM #2020-01, p. 6-7 On or After March 7, 2020 OPWDD ADM #2020-01R, pp. 6-7
19.	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.
Regulatory References	14 NYCRR Section 635-10.5(ag)(4)(ii) Before March 1, 2020 OPWDD ADM #2017-03R, p. 8 March 1-6, 2020 OPWDD ADM #2020-01, pp. 6-7 On or After March 7, 2020 OPWDD ADM #2020-01R, pp. 6-7
20.	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	14 NYCRR Section 635-10.5(ag)(4)(iii) Before March 1, 2020 OPWDD ADM #2017-03R, pp. 8-9 March 1-6, 2020 OPWDD ADM #2020-01, pp. 6-7 On or After March 7, 2020 OPWDD ADM #2020-01R, pp. 6-7

21.	Missing Prevocational Services Daily Checklist – Community Based
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>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.</p>
Regulatory References	<p>14 NYCRR Section 635-10.5(ah)(7) Before March 1, 2020 OPWDD ADM #2017-03R, pp. 16-17 March 1-6, 2020 OPWDD ADM #2020-01, pp. 11-12 On or After March 7, 2020 OPWDD ADM #2020-01R, pp. 11-12</p>

22.	Missing Required Elements in Community Based Checklist
<p>OPWDD Audit Criteria</p>	<p>Required service documentation elements for the checklist include:</p> <p>OPWDD ADM #2017-03R:</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 at least one allowable service 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 (completed contemporaneously). <p>OPWDD ADM #2020-01 & 2020-01R:</p> <ol style="list-style-type: none"> 1. Individual's name and Medicaid number (CIN). 2. Name of the agency providing the Community Based Prevocational Services. 3. Identification of the category of waiver service provided (i.e., Number of Individuals Served Billing Fee 1 Individual 2 Group (Serving 2) 3-8 Group (Serving 3-8) 9-15 Group (Serving 3-8) 12 Community Based Prevocational Services). The individual's Habilitation Plan/Staff Action Plan must identify the category of waiver service as "Community Based Prevocational Services." 4. 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. If the service was delivered to a group, the group size must be listed. 6. Description of services. Each documented session must list at least one allowable service delivered in accordance with the individual's Habilitation Plan/Staff Action Plan. 7. Services must be identified as either with the person present or not. 8. The date the service was provided. 9. Location of the service (i.e., the address) and whether the location is certified or uncertified. 10. Verification of service provision by the staff person delivering the service (completed contemporaneously). The verification should be completed by the staff person delivering the service. Initials are permitted only if a key is provided. The key must identify the signature and full name associated with the staff initials. If there is no key, the staff person must provide his/her full name and signature. <p>The claim will be disallowed if one or more of the required elements are missing.</p>

Regulatory References	14 NYCRR Section 635-10.5(ah)(7)(iv)-(v) 18 NYCRR 504.3 Before March 1, 2020 OPWDD ADM #2017-03R, p. 17 March 1-6, 2020 OPWDD ADM #2020-01, pp. 11-12 On or After March 7, 2020 OPWDD ADM #2020-01R, pp. 11-12
23.	Missing Community Based Prevocational Monthly Summary Note
OPWDD Audit Criteria	The service documentation supporting a provider's billing for Community Based Prevocational Services must include a Checklist and Monthly Summary. The claim will be disallowed in the absence of a monthly summary note.
Regulatory References	Before March 1, 2020 OPWDD ADM #2017-03R, pp. 17-18 March 1-6, 2020 OPWDD ADM #2020-01, p. 12 On or After March 7, 2020 OPWDD ADM #2020-01R, pp.12-13
24.	Missing Required Elements in Community Based Prevocational Monthly Summary Note
OPWDD Audit Criteria	A narrative monthly summary is required and must be completed, signed, and dated no later than the end of the following month of service. A narrative monthly summary note must include: <ul style="list-style-type: none"> 1. A summary of the implementation of the individual's Habilitation Plan/Staff Action 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	18 NYCRR 504.3 Before March 1, 2020 OPWDD ADM #2017-03R, pp. 17-18 March 1-6, 2020 OPWDD ADM #2020-01, p. 12 On or After March 7, 2020 OPWDD ADM #2020-01R, pp.12-13
25.	Billing for Non-Reimbursable Service Time – Community Based Prevocational Services
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	14 NYCRR Section 635-10.5(ah)(6)(iii)

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	14 NYCRR Section 635-10.5(ah)(4)-(5) Before March 1, 2020 OPWDD ADM #2017-03R, pp. 14-15 March 1-6, 2020 OPWDD ADM #2020-01, pp. 9-11 On or After March 7, 2020 OPWDD ADM #2020-01R, pp. 10-11
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	14 NYCRR Section 635-10.4(l)(7)-(9) 14 NYCRR Section 635-10.5(ag)(4) 14 NYCRR Section 635-10.5(ag)(6)(iv) Before March 1, 2020 OPWDD ADM #2017-03R, pp. 8-9 Before March 1, 2020 OPWDD ADM #2017-03R, p. 16 March 1-6, 2020 OPWDD ADM #2020-01, pp. 6-7 March 1-6, 2020 OPWDD ADM #2020-01, p. 11 On or After March 7, 2020 OPWDD ADM #2020-01R, pp. 6-7 On or After March 7, 2020 OPWDD ADM #2020-01R, p. 11
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	14 NYCRR Section 635-10.4(k)(8) 14 NYCRR Section 635-10.4(l)(10) Before March 1, 2020 OPWDD ADM #2017-03R, p. 3 March 1-6, 2020 OPWDD ADM #2020-01, pp. 2-3 On or After March 7, 2020 OPWDD ADM #2020-01R, pp. 2-3

29.	Billing for Services Not Authorized by Operating Certificate
OPWDD Audit Criteria	The claim will be disallowed if the agency does not have an operating certificate identifying certification for Prevocational services.
Regulatory References	New York State Mental Hygiene Law, Section 16.03(a)(4) 14 NYCRR Sections 619.2(d) 14 NYCRR Sections 619.3