

**DEPARTMENT OF SOCIAL SERVICES
AUDIT PROTOCOL - HOME HEALTH SERVICES
UPDATED FEBRUARY 1, 2015**

Listed are the most common audit findings for Medicaid home health services, and clarification of the criteria the Connecticut Department of Social Services (the “Department”) uses when it makes those findings. Disallowances for home health services under the Medicaid program are governed by policies included in the Connecticut Medical Assistance Program Provider Manual (PM), the Medicaid Provider Enrollment Agreement (PA), Provider Bulletins (PB), the Regulations of Connecticut State Agencies (Conn. Agencies Regs.), the Connecticut General Statutes (Conn. Gen. Stat.) and the Code of Federal Regulations (C.F.R.). Please see the protocol for homecare services for additional requirements that may apply to home health services.

| Title | Audit Criteria | Regulatory Reference |
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| Billing - Failure to Utilize Third Party Liability. | The Department will disallow payment for services if there is a private insurance/third-party payor that the provider failed to bill first or did not receive a denial of payment by the third party. | Conn. Agencies Regs. § 17b-262-526(3) |
| Billing - Home Health Aide Services Provided to Multiple Clients in Same Household | If timesheets show that hands-on care services were provided to more than one client by the same home health aide during the same time period, the Department will disallow payment for the overlapping hours of home health aide services. | Conn. Agencies Regs. § 17b-262-734(b)(4) |
| Billing - Hours Paid In Excess of the Number of Hours on Timesheets | The Department will disallow payment for service if the number of hours paid exceeds the number of hours documented on the timesheet. The financial disallowance is the difference between the number of hours paid and the number of hours documented. | Conn. Agencies Regs. § 17b-262-735(c)(8) |
| Billing - Medicare Cost Avoidance | The Department will disallow payment if the provider does not issue dual eligible clients a Home Health Advanced Beneficiary Notice (prior to December 9, 2013) or an Advanced Beneficiary Notice of Non-coverage (as of December 9, 2013). | PB 2010-06 |

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| Billing - Medication Administration to Meet Patient Goals | The Department will disallow payment if the provider bills a medication administration code for a nurse to observe and confirm that the member took the medication rather than to actually administer the medication. | Conn. Agencies Regs. §§ 17b-262-725(30); 17b-262-728(b)(6) |
| Billing - Nursing Provided to Multiple Recipients in Same Household | When two or more recipients in the same household are receiving nursing care services, the Department will adjust any payments made for services performed on each subsequent recipient, to the approved reduced fee. The determination of which recipient is primary or subsequent will be based on the chronological order of recipients' start of program eligibility. | Conn. Agencies Regs. §§ 17b-262-725(19); 17b-262-734(b)(2); 17b-262-734(b)(3) |
| Billing - Payment Limitations | The Department will disallow payments made to the provider that are in excess of the provider's usual and customary fee for the paid service. | Conn. Agencies Regs. § 17b-262-733(b) |
| Billing - Services Billed Prior to Physician Signature | The Department will disallow payment for service if the service was billed prior to a licensed practitioner signing the patient care plan. This applies to the original patient care plan, all subsequent patient care plans, modifications to the patient care plan and patient care plans that are the result of a verbal order. | Conn. Gen. Stat. § 17b-242(g) Conn. Agencies Regs. 19-13-D73 |
| Documentation – Patient Care Plan Not Signed by a Licensed Practitioner | The Department will disallow payment for service if the patient's care plan is not signed by a licensed practitioner. Medical residents are not licensed practitioners, as defined by sections 19-13-D66 to 19-13-D79, inclusive, of the Regulations of Connecticut State Agencies, and are not allowed to sign the patient's care plan. | Conn. Agencies Regs. §§ 17b-262-735(c)(1); 17b-262-725(24); 17b-262-725(25); 19-13-D66(aa) PB 2012-11 |
| Documentation - Missing Required Documents | The Department will disallow payment for service if documentation to support the service provided is missing or not available for review. For example: -Time sheets documenting home health aides' services -Home Health Certification & Plan of Care (CMS 485) -Skilled Nursing Notes -Medication Administration Records (MAR) -Therapy notes | Conn. Agencies Regs. §§ 17b-262-3; 17b-262-526; 17b-262-735 |

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| Documentation - Paid Services Not Supported | The Department will disallow payment for service if clinical notes do not support the services billed. For example, the Department will not pay for a skilled nursing visit code if the documentation supports only a pre-pour of medication for the week. The documentation shall include a full assessment of the recipient's medical and behavioral status, as well as notes addressing the recipient's understanding of the drug therapy and his or her continued ability to self-administer the medications. | Conn. Agencies Regs. §§ 17b-262-735; 17b-262-728 |
| Documentation – Patient's Care Plan Does Not Include Duration and Frequency of Services | The Department will limit its payment to the lesser of one hour of home health aide service per day and one nursing visit per week; or the quantity of services documented if the licensed practitioner orders a service but fails to include the frequency in the patient's care plan or subsequent applicable verbal order. | Conn. Agencies Regs. §§ 19-13-D73; 17b-262-729(9) |
| Documentation - Signature Authenticity | The Department will disallow payment for the paid services if the authenticity of the recipient/recipient representative's signature is questioned. Authenticity will be questioned if the recipient's signature varies from worker to worker or if the signature does not match the signature on file. | Conn. Agencies Regs. § 17b-262-735(c)(8) |
| Documentation - Timesheet Not Signed By Recipient or Representative | The Department will disallow payment for services if the timesheet is missing the signature of the recipient or recipient representative or the timesheet is not accompanied by a printed name of the person signing. A recipient representative cannot be an employee of, or under contract with, the home health provider. Rubber stamps may not be used for the recipient's signature. | Conn. Agencies Regs. § 17b-262-735(c)(8) |
| Documentation - Timesheet Does Not Indicate Activities Performed | The Department will disallow payment for home health aide service if the timesheets do not document the specific duties related to the Activities of Daily Living performed by the home health aide. | Conn. Agencies Regs. § 17b-262-735(c)(8) |
| Documentation – Verbal Orders Not Signed | The Department will disallow payment for services that are based on a verbal or telephone order, if the order is not later documented, signed and dated by a licensed practitioner authorized to issue the order. | Conn. Gen. Stat. § 17b-242(g) Conn. Agencies Regs. §§ 17b-262-735(c)(2); 19-13-D73 |

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| <p>Limitation - Medication Administration</p> | <p>The Department will disallow payment for the purpose of medication pre-pour if more than one skilled nursing visit per week occurs, except as follows: The nurse must ensure that that medication is available for pre-pour. If upon occasion, despite the nurse’s best attempt to ensure medication is available for the pre-pour, medication is not available and the home health provider must return to the home to complete the pre-pour, the provider may bill a med admin visit (T1502 or T1503) in the same week. The provider must document the justification for the additional medical administration visit to complete the pre-pour. If a second skilled nursing visit is needed to complete a pre-pour because of a newly prescribed medication or a significant change in member’s condition (SCIC), the provider must document that there was a comprehensive assessment of the member’s medical/behavioral health status, and that the provider taught the member about the indication for the medication, its side-effects, and how to self-administer the new, pre-poured medication. In this case, the second visit may be billed as a skilled visit (S9123). All documentation will need to be available for the Department’s review during audit.</p> | <p>Conn. Agencies Regs. §§ 17b-262-728(b)(6); 17b-262-728(b)(7)</p> |
| <p>Limitations - Prior Authorization</p> | <p>The Department will disallow payment for services if prior authorization is required and the provider did not comply with the prior authorization requirements.</p> | <p>Conn. Agencies Regs. § 17b-262-732</p> |
| <p>Limitations - Services Not Provided by an Approved Health Provider</p> | <p>The Department will disallow payment for services if the home health service was not provided by an individual who is properly licensed or certified to perform the service. For example, home health aides must be certified, and nurses and therapists must be licensed, by the Department of Public Health.</p> | <p>Conn. Agencies Regs. §§ 17b-262-725; 17b-262-728(a); 19-13-D66</p> |
| <p>Documentation –Patient Care Plan Not Signed by All Physicians</p> | <p>The Department will disallow payment for services provided under a patient care plan that is not signed by the recipient's physician. In the event there are multiple physicians involved in the care of the patient, the Department will disallow those services provided under the patient’s care plan that do not have signed orders.</p> | <p>Conn. Agencies Regs. § 17b-262-735(c)(1) PB 2012-11</p> |

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| <p>Services - Comprehensive Initial Assessment</p> | <p>The Department will disallow payment for service if there is no initial comprehensive assessment in the clinical record for the relevant date of service.</p> <p>The Department will also disallow payment for service if the initial comprehensive assessment was not completed in a timely manner; consistent with the patient’s immediate needs; and no later than five (5) calendar days after the start of care. The Department will disallow payments that are made for services performed beyond the five-calendar-day grace period without an initial comprehensive assessment.</p> <p>An initial comprehensive assessment must be performed when the recipient starts care or when the recipient re-starts home health services (after being previously discharged from home health services), after returning from an extended stay in a hospital, for example.</p> | <p>Conn. Agencies Regs. § 19-13-D87 42 C.F.R. § 484.55(b)(1)</p> |
| <p>Services - Comprehensive Reassessment</p> | <p>The Department will disallow payment for services if the paid service is for a comprehensive reassessment that was not completed within the last five days, at a minimum, of every 60 days, beginning with the start date of the new patient care plan.</p> | <p>42 C.F.R. § 484.55(d)(1)</p> |
| <p>Services - Concurrent Home Health Services</p> | <p>The Department will disallow payment for services if the recipient is receiving the same home health service concurrently from an individual therapist, clinic, hospital, practitioner, rehabilitation center or other health care provider.</p> | <p>Conn. Agencies Regs. § 17b-262-729(1)</p> |
| <p>Services - Hands on Care</p> | <p>The Department will disallow payment for services provided by the home health aide that are: not for hands-on care or an Instrumental Activity of Daily Living in conjunction with hands-on care; or that are provided outside of the recipient’s home, except for medically necessary nursing care services for recipients who leave their homes to engage in normal life activities. Taking recipients for walks does not meet this criteria and will not be paid. The Department will also disallow payment for services performed by a home health aide during the same time a therapist provided services.</p> | <p>Conn. Agencies Regs. §§ 17b-262-725; 17b-262-728(a)(2)</p> |

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| Services - Improper Assessment for Home Health Services | The Department will disallow payment for the 60 day assessment service if the registered nurse did not perform the assessment while the home health aide is providing services in the patient's home. | Conn. Agencies Regs. §§ 19-13-D69(a)(3)(J); 17b-262-734(b)(6) |
| Services - Limitations | The Department will disallow payment for services if they are <u>limited under</u> the Medicaid program. Some of the more common limitation errors are listed separately in this protocol under Limitations. | Conn. Agencies Regs. § 17b-262-728 |
| Services – Ordered Services | The Department will disallow payment for services if they are not in accordance with the licensed practitioner's order, unless there are extenuating circumstances clearly documented in the recipient's file. (For example, the Department will disallow payment for services if a Provider billed for medication administration and not all the medication was provided). | Conn. Agencies Regs. §§ 17b-262-728; 17b-262-725 |
| Services – Non-Covered Services for All Recipients | The Department will disallow payment for services if the paid service is <u>not covered under</u> the Medicaid program. Some of the more common non-covered services errors are listed separately in this protocol under Non-Covered Services. | Conn. Agencies Regs. § 17b-262-729 |
| Services - Not Rendered | The Department will disallow payment for services that have not been rendered. For example, the Department will not pay for home health aide services to a recipient while a recipient is in the hospital. | Conn. Agencies Regs. §§ 17b-262-3; 17b-262-526; 17b-262-728; 17b-262-729; 17b-262-735 |
| Services - Paid in Excess of Patient's Care Plan Limits | The Department will disallow payment for services that exceed or are not included in the patient's care plan signed by the physician. | Conn. Agencies Regs. § 17b-262-731(a) |
| Services - Service Order and Signed Patient Care Plan Differ | If the service order issued by an access agency is a higher level of service than what is in the patient's care plan, the Department will disallow payment for the higher level of service. | Conn. Agencies Regs. §§ 17b-262-729(9); 17b-262-725(27) |

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| <p>Services - Home Health Aide Services Not Provided in Accordance with Written Plan</p> | <p>The Department will disallow payment for home health aide services if they are not included in a written care plan for home health aide services completed by a registered nurse supervisor.</p> | <p>Conn. Agencies Regs. §§ 19-13-D87; 17b-262-728(a)(2); 17b-262-728(a)(3)</p> |
| <p>Documentation - Written Patient's Care Plan For Home Health Aide Services</p> | <p>The Department will disallow payment for home health aide services if the written plan of care for home health services does not meet the requirements outlined in Conn. Agencies Regs. 19-13-D87.</p> | <p>Conn. Agencies Regs. 17b-262-735(c)</p> |