

DEPARTMENT OF SOCIAL SERVICES
 AUDIT PROTOCOL – BIRTH TO THREE SYSTEM
 November 2018

Listed are the most common audit findings for birth to three providers, as defined in section 17b-262-1110 of the Regulations of Connecticut State Agencies. Disallowances for services under the Medicaid program are governed by policies included in Connecticut Medical Assistance Program Provider Manual (PM), the Medicaid Provider Enrollment Agreement (PA), Provider Bulletins (PB), Provider Transmittals (PT), the Regulations of Connecticut State Agencies (Conn. Agencies Regs.), the Connecticut General Statutes (Conn. Gen. Stat.), the Code of Federal Regulations (C.F.R.), and the United States Code (U.S.C.).

Applicable Acronyms included in this protocol: Department refers to the Department of Social Services; IFSP refers to the individual family service plan; EIS refers to early intervention services; EITS refers to early intervention treatment services; Lead Agency refers to the agency designated by the Governor as the lead for Part C of the IDEA.

Title	Audit Criteria	Regulatory Reference
EIS – Third Party Payer	The Department will disallow payment if there is a private insurance/third party payer that the provider failed to bill first.	Conn. Gen. Stat. Sec. 17a-248g(c)
EIS – Referral Process	The Department will disallow payment if the EIS were not provided in accordance with the lead agency’s referral process.	Conn. Agencies Regs. § 17b-262-1114(a)(5)
EIS – Non-licensed Practitioner	The Department will disallow payment if the EIS provided by a non-licensed practitioner were not recommended by a licensed practitioner to the extent required in accordance with 42 C.F.R. § 440.130(c).	Conn. Agencies Regs. § 17b-262-1114(a)(2)
EIS – No Parent Consent	The Department will disallow payment if the EIS provided were not authorized by a parent (as defined in Conn. Gen. Stat. 17a-248) in the IFSP.	Conn. Agencies Regs. § 17b-262-1114(a)(4)
EIS – Service Area Not Approved	The Department will disallow payment if the EIS were not provided in accordance in a service area approved by the lead agency.	Conn. Agencies Regs. § 17b-262-1114(a)(5)
EIS – Inappropriate Performer	The Department will disallow payment if the EIS were provided by someone who did NOT meet lead agency’s personnel standards for EIS or were NOT within the applicable scope of practice under state law or NOT in compliance with the requirements of each license, certification or other credential applicable to the performing provider.	Conn. Agencies Regs. § 17b-262-1114(a)(6)
EIS – No Timely Assessment	The Department will disallow payment of all EITS performed more than	Conn. Agencies Regs. § 17b-

	12 months after the date signed by the performing provider on an assessment report unless the reasons for the delay are documented in the record and signed by a qualified practitioner.	262-1114(c)(1)
EIS – Cancelled Services	The Department will disallow payment for cancelled services or appointments not kept.	Conn. Agencies Regs. § 17b-262-1116(2)
EIS – Duplicate Concurrent Services	The Department will disallow payment for EIS that were provided to a member that would duplicate services being received concurrently from any other source without documentation to support that such concurrent service was medically necessary.	Conn. Agencies Regs. § 17b-262-1116(3)
EIS – Eligibility Determination	The Department will disallow payment for a date of service after the determination date that a child is ineligible for Part C of IDEA.	Conn. Agencies Regs. § 17b-262-1117(b)(5)
EIS – Recipient not Present	The Department will disallow payment if the EIS was provided while the parent or caregiver or child was not present.	Conn. Agencies Regs. § 17b-262-1114
EITS – Prior to Development Evaluation	The Department will disallow payment for EITS that were performed prior to the completion of the development evaluation to determine eligibility for Part C of the IDEA.	Conn. Agencies Regs. § 17b-262-1114(b)(1)
Developmental Evaluation – Not Signed	The Department will disallow payment for the developmental evaluation if the report was not completed and signed by each applicable performing provider within forty-five days after the evaluation was performed.	Conn. Agencies Regs. §§ 17b-262-1114(b)(1); 17b-262-1118(b)
Developmental Evaluation – Not Approved Performer	The Department will disallow payment for the developmental evaluation that was not performed by an approved category of qualified practitioner listed in the regulations.	Conn. Agencies Regs. § 17b-262-1114(b)(2)
Developmental Evaluation – Untimely	The Department will disallow the payment for a developmental evaluation performed within one month of a prior developmental evaluation without prior authorization.	Lead Agency IFSP Procedure/Guidance Manual
Assessment – Not Approved Performer	The Department will disallow payment for assessment services that were not performed by an approved category of qualified practitioner listed in the regulations.	Conn. Agencies Regs. § 17b-262-1114(c)(2)
Assessment – Report Signature	The Department will disallow payment for assessment services if the assessment report was not signed by each applicable performing provider.	Conn. Agencies Regs. §§ 17b-262-1114(c)(1); 17b-262-1118(b)

IFSP Planning – Attendance	The Department will disallow payment for IFSP planning service that was paid without documentation to support the attendance of one or more approved practitioners.	Conn. Agencies Regs. § 17b-262-1114(d)(1)
IFSP Planning – No Documentation of Pediatrician Consultation	The Department will disallow payment for IFSP planning service that was paid without documentation to support that the child's pediatrician, primary care physician, APRN, Physician Assistant, or clinic was consulted.	Conn. Gen. Stat. §17a-248e(c) Lead Agency IFSP Procedure/Guidance Manual
IFSP Planning – Requirements of IFSP Not Met	The Department will disallow payment for the paid planning service if the IFSP does not define individualized goals, objectives and strategies for treatment, including recommendations for specific EIS including the frequency, intensity, and duration of recommended EIS, and which type or types of qualified EIS practitioner will deliver services.	Conn. Agencies Regs. § 17b-262-1114(d)(2) Conn. Gen. Stat. §17a-248e(b)
IFSP Planning – IFSP Not Properly Signed	The Department will disallow payment for the paid planning service if the IFSP was not signed by the child's parent (as defined in Conn. Gen. Stat. § 17a-248) and at least one approved licensed practitioner who is part of the IFSP team.	Conn. Agencies Regs. §§ 17b-262-1114(d)(2); 17b-262-1114(d)(3); 17b-262-1118(b)
IFSP Planning – Inappropriate Performing Provider	The Department will disallow payment for the paid planning service to develop an IFSP if the planning service was not provided by a performing provider who has completed applicable training specified by the lead agency.	Conn. Agencies Regs. § 17b-262-1114(d)(4)
EITS – Prior to Approved IFSP	The Department will disallow payment for EITS that were performed prior to an approved IFSP (including, if applicable, an interim IFSP) that meets State requirements.	Conn. Agencies Regs. § 17b-262-1114(e)(2)
EITS – IFSP Review/Evaluation	The Department will disallow payment for EITS that were not performed within six months of a documented review of the IFSP with the family or within twelve months of an evaluation of the IFSP unless the reasons for the delay are documented in the record and signed by a qualified practitioner.	Conn. Gen. Stat. §17a-248e(a) Lead Agency IFSP Procedure/Guidance Manual
EITS – Not In Accordance with IFSP	The Department will disallow payment for EITS that were not performed in accordance with the IFSP unless the provider documents in its records the reason for any variance between the IFSP and the performed EITS. The documentation should be signed by a qualified	Conn. Agencies Regs. § 17b-262-1114(e)(2) Lead Agency IFSP Procedure/Guidance Manual

	practitioner.	
EITS – Improper Units Paid	The Department will disallow the difference between the number of units billed and the length of the visit approved in the IFSP if the number of units paid exceeds the number of units approved on the IFSP and the reason for the difference is not documented on the visit note (for example, make-up visits, consultations, emergencies).	Conn. Agencies Regs. § 17b-262-1114(e)(2), 17b-262-1117
EITS – Not Performed in Person	The Department will disallow payment for EITS that were not provided in person unless and until applicable Lead Agency and Department procedures have been adopted—and if they are adopted in the future, the services meet all applicable requirements of those procedures.	Conn. Agencies Regs. § 17b-262-1114(e)(3)
EITS – Not Approved Performing Provider	The Department will disallow payment for EITS that were not provided by a qualified performing provider.	Conn. Agencies Regs. § 17b-262-1114(e)(4)
EITS – No Covered IFSP	The Department will disallow payment for EITS that was performed for a period not covered by the IFSP unless the reasons for the variances are documented and signed by a qualified practitioner.	Conn. Agencies Regs. § 17b-262-1114(e)(2), 17b-262-1117(b)(4)
Medical Equipment – Provided by Another Provider	The Department will disallow payment for medical equipment that was previously provided by a separate medical equipment provider in accordance with sections 17b-262-672 to 17b-262-683, inclusive, 17b-262-712 to 17b-262-723, inclusive, 17b-262-736 to 17b-262-746, inclusive, or 17b-262-792 to 17b-262-803, inclusive, of the Regulations of Connecticut State Agencies.	Conn. Agencies Regs. § 17b-262-1114(f)(1)
Medical Equipment – Not Performed Per Guidelines	The Department will disallow payment for medical equipment that was not provided in accordance with all applicable Department guidelines and procedures in providing and billing for medical equipment, devices and supplies.	Conn. Agencies Regs. § 17b-262-1114(f)(1)
Medical Equipment – Improper Fee Paid	The Department will disallow payment for medical equipment that was not paid in accordance with the Department’s fee schedule for EIS providers.	Conn. Agencies Regs. § 17b-262-1114(f)(1)
Medical Equipment – Not in IFSP	The Department will disallow payment for medical equipment that was not included in the approved IFSP unless the provider documents in its records the reason for any variance between the IFSP and the medical equipment, devices or supplies provided. The documentation should be	Conn. Agencies Regs. § 17b-262-1114(d); 17b-262-1114(f)(1)

	signed by a qualified practitioner.	
Screening Services – Subject to Department’s Establishment of Reimbursement	The Department will disallow payment for screening services that were performed if the Department has not chosen to establish reimbursement for such services after adoption of procedures by the lead agency.	Conn. Agencies Regs. § 17b-262-1115(a)
Screening Services – Adopted Procedures Not Followed	The Department will disallow payment for screening services that were not performed unless and until the lead agency has adopted applicable procedures and if such procedures are adopted in the future, such services that were not performed in accordance with procedures adopted by the lead agency.	Conn. Agencies Regs. § 17b-262-1115(b)
Screening Services – Duplicate	The Department will disallow payment for screening services that duplicated other screening without documentation to support that such additional screening was medically necessary.	Conn. Agencies Regs. § 17b-262-1115(d)
Screening Services – Not Approved Performer	The Department will disallow payment for screening services that were not provided by a qualified EIS performing provider who complies with the lead agency’s screening procedures.	Conn. Agencies Regs. § 17b-262-1115(f)
Documentation – Performing Provider Qualifications	The Department will disallow payment if there is no documentation to support the performing provider’s qualifications.	Conn. Agencies Regs. § 17b-262-1118(b)
Documentation – Not in Compliance with Program Requirements	The Department will disallow payment if documentation for the paid services was not maintained in accordance with the Department and lead agency requirements (in accordance with lead agency requirements, certain information, such as Medicaid identification number, may be included only on a permanent record but not necessarily on each visit note). The documentation shall include the following: 1) Member’s name, address, and birth date; (2) A clinical progress note for each early intervention treatment service rendered. The practitioner who provided the service on behalf of the billing provider shall sign all clinical progress notes not later than ten days after the treatment was completed. Clinical progress notes shall include: (A) Types of EITS provided; (B) Date and start time and end time of the treatment;	Conn. Agencies Regs. §§ 17b-262-1118(a); 17b-262-1118(c)

	<p>(C) The location or site at which the treatment was rendered, including the type of setting where the treatment was rendered; and</p> <p>(D) The names or role of each individual who primarily participated in the EITS.</p>	
Documentation – Not in Original Form	The Department will disallow payment if the service documentation was not maintained in its original form or a secured electronic format.	Conn. Agencies Regs. § 17b-262-1118(d)