

**DEPARTMENT OF SOCIAL SERVICES**  
**AUDIT PROTOCOL – HOME CARE SERVICES**  
**Updated August 2018**

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

<b>Audit Finding</b>	<b>Department Criteria</b>	<b>Regulatory Reference</b>
Adult Day Care – Documentation	The Department will disallow payment for adult day care services if the attendance log at the Adult Day Care does not document that the recipient attended a half-day or full-day session and is not approved and signed by the Director of the adult day care center each day.	Addendum Section 23
Adult Day Care - Full Day vs Hal Day	The Department will reduce the full day payment for Adult Care Services to a half day procedure code (1202Z) if four hours or less of services were provided.	Addendum Section 23; Procedure Code 1202Z description
Emergency Response System - Authorization	The Department will disallow payment for service if the recipient did not sign the emergency response system agreement.	Addendum Section 23

Emergency Response System – Monthly Testing	The Department will disallow payment for service if the provider cannot provide documentation that a monthly test of each system to assure proper operation occurred.	Addendum Section 23 Conn. State Regs. § 17b-342-2(m)(2)(E)
EVV - Telephony	The Department will disallow payment if there are no notes in EVV explaining the reasons why there is no call in or no call out recorded in EVV. The Department may request payroll records to substantiate the paid service for those instances there is no call in and/or call out.	Conn. Agencies Regs. § 17b-342-3(a)(7) and (10); PB 16-23
EVV – Fixed Visit Verification	The Department will disallow payment if there are no notes in EVV explaining the reasons why there is no value entered in EVV for either the call in or call out times. The Department may request payroll records to substantiate the paid service for those instances there is no call in and/or call out.	Conn. Agencies Regs. § 17b-342-3(a)(7) and (10); PB 16-23
EVV – Mobile Visit Verification	The Department will disallow payment if the locations of the check in and check out times recorded in EVV are not the locations of the clients authorized place of service or if there are no notes in EVV explaining the	Conn. Agencies Regs. § 17b-342-3(a)(7) and (10); PB 16-23

	<p>reasons why there is no call in or no call out recorded in EVV. The Department may request payroll records to substantiate the paid service for those instances there is no call in and/or call out.</p>	
<p>EVV – Medical Appointments</p>	<p>The Department will disallow payment when the only activity documented in EVV is to take the patient to a medical appointment, yet the audit confirms that the recipient did not see the medical provider during the time of the home care service recorded on the timesheet. If the appointment was canceled after the provider brought the recipient to the medical appointment, this should be documented in EVV.</p>	<p>Conn. Agencies Regs. § 17b-342-3(a)(7) and(10) Addendum Section 15</p>
<p>EVV - PCA Per Diem Check In Call</p>	<p>The Department will disallow payment for a 24 hour day service if there was no 8:00 am check in time and no notes in EVV explaining the reason for no 8:00am check in call.</p>	<p>PB 2017-42,; Provider Important Message 3/21/2017</p>
<p>EVV - PCA Per Diem Less than 24 hour day</p>	<p>The Department will disallow payment if the PCA Per Diem (24 hours) codes was billed for any date of service (calendar day) in which less than 24 hours of services were rendered. The</p>	<p>PB 2015-81, PB 2017-42,; Provider Important Message 3/21/2017</p>

	<p>difference between the per diem code and the per hour code will be the financial adjustment. The audit will determine the exception based on 8:00 am is the Check-In/Check-out policy.</p>	
Meals on Wheels - Documentation	<p>The Department will disallow payment for service if the service was not included on the daily log.</p>	Addendum Section 23
Meals on Wheels – Weekly Service	<p>The Department will disallow payment for units of meals in excess of what is allowed in seven days in a given week.</p>	Provider Important Message November 18, 2016
Services - Not Rendered	<p>The Department will disallow payment if the service is one that could not have been rendered under the individual’s circumstances. For example, the Department will disallow payment for homemaking or companion services while a recipient is in a hospital or nursing home.</p>	Conn. Agencies Regs. § 17b-342-3(a)(7) and (10) Addendum Section 15
Services - Recipient Not Home	<p>The Department will disallow payment if the service was provided while the recipient was not home. The following services are exceptions to this rule: chore, highly skilled chore, minor home modifications, and homemaking &amp; companion tasks related to performing</p>	Conn. Agencies Regs. § 17b-342-3(a)(7) and (10) Addendum Section 15

	errands or accompanying recipients on errands or to appointments.	
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