Office of the Inspector General
Post-Payment Review Comment Grids

The findings and related content detailed within the grids are not exhaustive, and the Office of the Inspector General may reference other findings and/or law or code provisions according to the individuality of the case and documentation provided during the post-payment review.

These grids may be referenced by service providers and the public as informational regarding the operational work of the Office of the Inspector General. Service providers are required to abide by all state and federal laws and regulations. These grids are not to be used by service providers as a checklist, legal advice, or exhaustive resource to ensure compliance with Medicaid requirements.

Community Support Programs

FINDING: INCOMPLETE DOCUMENTATION

Revised 11/19/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider failed to provide documentation of an initial assessment conducted by a psychiatrist to determine the need for community support program (CSP).	At the time of admission, the recipient, upon a psychiatrist's order, shall receive an initial assessment conducted by a psychiatrist and appropriate professional personnel to determine the need for CSP care. The Wisconsin Department of Health Services (DHS) was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 106.02(9) § DHS 107.01 § DHS 107.13(6)(a)1 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The provider failed to provide documentation of an in-depth assessment within one month following the recipient's admission to a CSP.	Within one month following the recipient's admission to a CSP, a psychiatrist and a treatment team shall perform an in-depth assessment to include all the areas listed under DHS 107.13(6)(a)2: a. Evaluation of psychiatric symptomology and mental status; b. Use of drugs and alcohol; c. Evaluation of vocational, educational and social functioning; d. Ability to live independently; e. Evaluation of physical health, including dental health; f. Assessment of family relationships; and g. Identification of other specific problems or needs DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 106.02(9) § DHS 107.01 § DHS 107.13(6)(a)2 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The provider failed to provide documentation that a treatment plan was approved by a psychiatrist.	A comprehensive written treatment plan shall be approved by a psychiatrist. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 106.02(9) § DHS 107.01 § DHS 107.13(6)(a)3 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

The provider failed to provide documentation that the recipient or recipients's guardian participated in the treatment plan.	The plan shall be developed by the treatment team with participation of the recipient or recipient's guardian. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 106.02(9) § DHS 107.01 § DHS 107.13(6)(a)3 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The provider failed to provide documentation that the treatment plan specifies short-term and long-term treatment and restorative goals.	Based on the initial and in-depth assessment, the treatment plan shall specifiy short-term and long-term treatment and restorative goals and the services required to meet these goals. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 106.02(9) § DHS 107.01 § DHS 107.13(6)(a)3 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The provider failed to provide documentation that the treatment plan was reviewed by the psychiatrist and the treatment team at least every 30 days to monitor the recipient's progress and status.	The treatment plan shall be reviewed by the psychiatrist and the treatment team at least every 30 days to monitor the recipient's progress and status. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 106.02(9) § DHS 107.01 § DHS 107.13(6)(a)3 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

FINDING: NON-COVERED SERVICES

Revised 11/19/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider was reimbursed for non-covered treatment services.	CSP covered treatment services are services listed under DHS 107.13(6)(a)4. a. Family, individual and group psychotherapy; b. Symptom management or supportive psychotherapy; c. Medication prescription, administration and monitoring; d. Crisis intervention on a 24-hour basis, including short-term emergency care at home or elsewhere in the community; and e. Psychiatric and psychological evaluations. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.13(6)(a)4 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The provider was paid for the initial assessment inappropriately.	An initial assessment shall be reimbursed only when the recipient is first admitted to CSP and/or following discharge from a hospital after a short-term stay. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.13(6)(b)2 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

The provider was reimbursed for non-covered psychological rehabilitation services.	Covered psychological rehabilitation services are as listed in DHS 107.13(6)(a)5: a. Employment-related services. These services consist of counseling the recipient to identify behaviors which interfere with seeking and maintaining employment; development of interventions to alleviate problem behaviors; and supportive services to assist the recipient with grooming, personal hygiene, acquiring appropriate work clothing, daily preparation for work, on-the-job support and crisis assistance; b. Social and recreational skill training. This training consists of group or individual counseling and other activities to facilitate appropriate behaviors, and assistance given the recipient to modify behaviors which interfere with family relationships and making friends; c. Assistance with and supervision of activities of daily living. These services consist of aiding the recipient in solving everyday problems; assisting the recipient in performing household tasks such as cleaning, cooking, grocery shopping and laundry; assisting the recipient to develop and improve money management skills; and assisting the recipient in using available transportation; d. Other support services. These services consist of helping the recipient obtain necessary medical, dental, legal and financial services and living accommodations; providing direct assistance to ensure that the recipient obtains necessary government entitlements and services, and counseling the recipient in appropriately relating to neighbors, landlords, medical personnel and other personal contacts DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.13(6)(a)5 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

The provider billed for non-covered case management services.	Case management in the form of ongoing monitoring and service coordination are covered case management services per requirements set forth in DHS 107.32(1)(d). Ongoing monitoring of services and service coordination include: 1. Face to face and phone contacts with recipients for the purpose of assessing or reassessing their needs or planning or monitoring services. Included in this activity are travel time to see a recipient and other allowable overhead costs that must be incurred to provide the service; 2. Face to face and phone contact with collaterals for the purposes of mobilizing services and support, advocating on behalf of a specific eligible recipient, educating collaterals on client needs and the goals and services specified in the plan, and coordinating services specified in the plan. In this paragraph, “collateral" means anyone involved with the recipient, including a paid provider, a family member, a guardian, a housemate, a school representative, a friend or a volunteer. Collateral contacts also include case management staff time spent on case-specific staffings and formal case consultation with a unit supervisor and other professionals regarding the needs of a specific recipient. All contacts with collaterals shall be documented and may include travel time and other allowable overhead costs that must be incurred to provide the service; and 3. Recordkeeping necessary for case planning, service implementation, coordination and monitoring. This includes preparing court reports, updating case plans, making notes about case activity in the client file, preparing and responding to correspondence with clients and collaterals, gathering data and preparing application forms for community programs, and reports. All time spent on recordkeeping activities shall be documented in the case record. A provider, however, may not bill for recordkeeping activities if there was no client or collateral contact during the billable month. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.13(6)(a)6 § DHS 107.32(1)(d) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The CSP provider was incorrectly reimbursed for group therapy sessions.	Group therapy is limited to no more than 10 persons in a group. No more than 2 professionals shall be reimbursed for a single session of group therapy. Mental health technicians shall not be reimbursed for group therapy. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.13(6)(b)3 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

The provider billed for services when the member was also participating in a community-based psychosocial program.	Reimbursement is not available for a person participating in CSP if the person is also participating in a community-based psychosocial service program. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.13(6)(b)4 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The provider submitted claim(s) for non-covered services for a member that was either a resident of an intermediate care facility, skilled nursing facility, institution for mental diseases or a hospital.	CSP services are non-covered when provided to a resident of an intermediate care facility, skilled nursing facility or an institution for mental diseases, or to a hospital patient unless the services are performed to prepare the member from discharge from the facility to reside in the community. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.13(6)c(2) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The provider submitted claim(s) for services related to job-seeking, job placement and work activities.	Services related to job-seeking, job placement and work activities are not covered CSP services. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.13(6)c(3) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The provider submitted claim(s) for services which were performed by volunteers.	Services which are performed by volunteers are not covered CSP services. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.13(6)(c)4 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The provider submitted claim(s) for services which are primarily recreation-oriented.	Services which are primarily recreation-oriented are not covered CSP services. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 107.01 § DHS 107.13(6)(c)5 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The provider is not an MA certified provider.	Non-Emergency Services by a provider who is not MA certified are not reimbursable. The CSP provider is not MA certified. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 101.03(95) § DHS 105.03 § DHS 105.255(1) § DHS 107.01 § DHS 107.13(6)(a) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

FINDING: LACK OF MD ORDER

Revised 11/19/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
There was no prescription provided for CSP services.	CSP services shall be covered services when prescribed by a physician and provided by a provider certified under DHS 105.255 for recipients who can benefit from the services. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 106.02(9)(a) § DHS 107.01 § DHS 107.13(6)(a) § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

FINDING: LACK OF DOCUMENTATION				
				Revised 11/19/2021
Comment	**Description**	**Wisconsin Administrative Code**	**Code of Federal Regulations**	**Wisconsin State Statutes**
No documentation provided for the MA claim(s).	The provider must retain records for a period of not less than five years and must submit them to DHS upon request. The provider did not submit the requested records to DHS. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 106.02(9)(a) § DHS 106.02(9)(e) § DHS 106.02(9)(f) § DHS 106.02(9)(g) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(2)(b)4 § 49.45(3)(f)