

# 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.

### Comprehensive Community Services

FINDING: INCOMPLETE DOCUMENTATION				
Revised 9/30/2021				
Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider failed to provide evidence of a mental health or Alcohol and Other Drug Abuse (AODA) diagnosis for the member.	Provider is required to document a diagnosis of mental health or substance use disorder for the consumer in order to be eligible for comprehensive community services (CCS) services. 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.	<a href="#">§ DHS 36.14(1)</a> <a href="#">§ DHS 36.15(1)(b)</a> <a href="#">§ DHS 105.02(4)</a> <a href="#">§ DHS 105.257</a> <a href="#">§ DHS 106.02(9)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.13(7)</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(3)(f)</a> <a href="#">§ 49.45(30e)(b)</a>
The provider failed to provide evidence of the member's functional impairment.	Provider is required to document a qualifying functional impairment for the consumer. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 36.14(2)</a> <a href="#">§ DHS 36.15(1)(b)</a> <a href="#">§ DHS 105.02(4)</a> <a href="#">§ DHS 105.257</a> <a href="#">§ DHS 106.02(9)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.13(7)</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(3)(f)</a> <a href="#">§ 49.45(30e)(b)</a>
The service was provided before the services were authorized.	Services must be authorized by a mental health professional before they can be provided. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 36.03(16)</a> <a href="#">§ DHS 36.15(1)</a> <a href="#">§ DHS 105.02(4)</a> <a href="#">§ DHS 105.257</a> <a href="#">§ DHS 106.02(9)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.13(7)</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(3)(f)</a> <a href="#">§ 49.45(30e)(b)</a>

Provider failed to provide evidence that the services were authorized by a mental health professional.	Authorization of services are required to be signed by a qualified mental health professional. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 36.15(1)(a)</a> <a href="#">§ DHS 105.02(4)</a> <a href="#">§ DHS 105.257</a> <a href="#">§ DHS 106.02(9)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.13(7)</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(3)(f)</a> <a href="#">§ 49.45(30e)(b)</a>
The authorization of services was not signed by a substance abuse professional.	If the applicant has or may have a substance-use disorder, a substance abuse professional shall also sign the authorization for services. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 36.15(2)</a> <a href="#">§ DHS 105.02(4)</a> <a href="#">§ DHS 105.257</a> <a href="#">§ DHS 106.02(9)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.13(7)</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(3)(f)</a> <a href="#">§ 49.45(30e)(b)</a>
Provider failed to provide evidence that member needs CCS services.	The provider is required to document the applicant's need for CCS services. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 36.14</a> <a href="#">§ DHS 36.14(3)(a)</a> <a href="#">§ DHS 36.15(1)(a)</a> <a href="#">§ DHS 101.03(96m)</a> <a href="#">§ DHS 105.02(4)</a> <a href="#">§ DHS 105.257</a> <a href="#">§ DHS 106.02(5)</a> <a href="#">§ DHS 106.02(9)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.13(7)</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(3)(f)</a> <a href="#">§ 49.45(30e)(b)</a>
The comprehensive assessment was not completed within 30 days of receipt of the application for services.	The assessment process and the assessment summary shall be completed within 30 days of receipt of an application for services. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 36.14(3)(c)</a> <a href="#">§ DHS 36.16(2)(a)</a> <a href="#">§ DHS 105.02(4)</a> <a href="#">§ DHS 105.257</a> <a href="#">§ DHS 106.02(9)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.13(7)</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(3)(f)</a> <a href="#">§ 49.45(30e)(b)</a>
The assessment was not facilitated by a qualified service facilitator.	The assessment shall be facilitated by a qualified service facilitator. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 36.16(2)(b)</a> <a href="#">§ DHS 105.02(4)</a> <a href="#">§ DHS 105.257</a> <a href="#">§ DHS 106.02(9)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.13(7)</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(3)(f)</a> <a href="#">§ 49.45(30e)(b)</a>

<p>Substance use diagnosis was not established by a qualified substance abuse professional.</p>	<p>The substance use diagnosis shall be established by a qualified substance abuse professional. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p><a href="#">§ DHS 36.16(2)(c)</a>  <a href="#">§ DHS 105.02(4)</a>  <a href="#">§ DHS 105.257</a>  <a href="#">§ DHS 106.02(9)</a>  <a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.13(7)</a>  <a href="#">§ DHS 108.02(9)</a></p>		<p><a href="#">§ 49.45(3)(f)</a>  <a href="#">§ 49.45(30e)(b)</a></p>
<p>There was no evidence that the consumer's input was considered in the assessment.</p>	<p>The assessment process shall incorporate, to the greatest extent possible, the consumer's unique perspective and own words about how he or she views his or her recovery, experience, challenges, strengths, resources and needs in each of the domains included in the assessment process. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p><a href="#">§ DHS 36.16(2)(d)</a>  <a href="#">§ DHS 105.02(4)</a>  <a href="#">§ DHS 105.257</a>  <a href="#">§ DHS 106.02(9)</a>  <a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.13(7)</a>  <a href="#">§ DHS 108.02(9)</a></p>		<p><a href="#">§ 49.45(3)(f)</a>  <a href="#">§ 49.45(30e)(b)</a></p>
<p>The assessment did not address all required domains of functioning.</p>	<p>The assessment did not address all of the domains of functioning listed in DHS 36.16(4). DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p><a href="#">§ DHS 36.16(4)</a>  <a href="#">§ DHS 105.02(4)</a>  <a href="#">§ DHS 105.257</a>  <a href="#">§ DHS 106.02(9)</a>  <a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.13(7)</a>  <a href="#">§ DHS 108.02(9)</a></p>		<p><a href="#">§ 49.45(3)(f)</a>  <a href="#">§ 49.45(30e)(b)</a></p>

<p>The assessment summary was missing one or more required elements.</p>	<p>The CCS assessment summary shall contain the following required elements listed under DHS 36.16(6):</p> <p>(a) The period of time within which the assessment was conducted. Each meeting date shall be included.</p> <p>(b) The information on which outcomes and service recommendations are based.</p> <p>(c) Desired outcomes and measurable goals desired by the consumer.</p> <p>(d) The names and relationship to the consumer of all individuals who participated in the assessment process.</p> <p>(e) Significant differences of opinion, if any, which are not resolved among members of the recovery team.</p> <p>(f) Signatures of persons present at meetings being summarized.</p> <p>DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p><a href="#">§ DHS 36.16(6)</a>  <a href="#">§ DHS 105.02(4)</a>  <a href="#">§ DHS 105.257</a>  <a href="#">§ DHS 106.02(9)</a>  <a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.13(7)</a>  <a href="#">§ DHS 108.02(9)</a></p>		<p><a href="#">§ 49.45(3)(f)</a>  <a href="#">§ 49.45(30e)(b)</a></p>
<p>The abbreviated assessment did not meet requirements outlined in DHS 36.16(5).</p>	<p>If an abbreviated assessment is completed, it shall follow the requirements set forth in DHS 36.16(5). DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p><a href="#">§ DHS 36.16(5)</a>  <a href="#">§ DHS 105.02(4)</a>  <a href="#">§ DHS 105.257</a>  <a href="#">§ DHS 106.02(9)</a>  <a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.13(7)</a>  <a href="#">§ DHS 108.02(9)</a></p>		<p><a href="#">§ 49.45(3)(f)</a>  <a href="#">§ 49.45(30e)(b)</a></p>

<p>One or more elements of service planning facilitation were missing.</p>	<p>The required elements from DHS 36.17(2) are as follows:</p> <p>(a) A written service plan shall be based upon the assessment and completed within 30 days of the consumer's application for services. The service plan shall include a description of all of the following:</p> <p>(b) The service planning process shall be explained to the consumer and, if appropriate, a legal representative or family member.</p> <p>(c) The service planning process shall be facilitated by the service facilitator in collaboration with the consumer and recovery team.</p> <p>(d) Service planning shall address the needs and recovery goals identified in the assessment.</p> <p>DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p><a href="#">§ DHS 36.17(2)</a>  <a href="#">§ DHS 105.02(4)</a>  <a href="#">§ DHS 105.257</a>  <a href="#">§ DHS 106.02(9)</a>  <a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.13(7)</a>  <a href="#">§ DHS 108.02(9)</a></p>		<p><a href="#">§ 49.45(3)(f)</a>  <a href="#">§ 49.45(30e)(b)</a></p>
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<p>The service is inappropriate because the information related to this service is missing from the service plan.</p>	<p>The service plan shall include all of the following listed under DHS 36.17(2m):</p> <p>(a) The service plan shall include a description of all of the following:</p> <ol style="list-style-type: none"> <li>1. The service facilitation activities, that will be provided to the consumer or on the consumer's behalf.</li> <li>2. The psychosocial rehabilitation and treatment services, to be provided to or arranged for the consumer, including the schedules and frequency of services provided.</li> <li>3. The service providers and natural supports who are or will be responsible for providing the consumer's treatment, rehabilitation, or support services and the payment source for each.</li> <li>4. Measurable goals and type and frequency of data collection that will be used to measure progress toward desired outcomes.</li> </ol> <p>(b) An attendance roster shall be signed by each person, including recovery team members in attendance at each service planning meeting. The roster shall include the date of the meeting and the name, address, and telephone number of each person attending the meeting. Each original, updated, and partially completed service plan shall be maintained in the consumer's service record.</p> <p>(c) The completed service plan shall be signed by the consumer, a mental health or substance abuse professional and the service facilitator.</p> <p>(d) Documentation of the service plan shall be available to all members of the recovery team.</p> <p>DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p><a href="#">§ DHS 36.17(2m)</a>  <a href="#">§ DHS 105.02(4)</a>  <a href="#">§ DHS 105.257</a>  <a href="#">§ DHS 106.02(9)</a>  <a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.13(7)</a>  <a href="#">§ DHS 108.02(9)</a></p>		<p><a href="#">§ 49.45(3)(f)</a>  <a href="#">§ 49.45(30e)(b)</a></p>
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<p>The service plan was not reviewed and updated as required.</p>	<p>The service plan for each consumer shall be reviewed and updated as the needs of the consumer change or at least every 6 months as required by DHS 36.17(3). DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p><a href="#">§ DHS 36.17(3)</a>  <a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 105.02(4)</a>  <a href="#">§ DHS 106.02(9)</a>  <a href="#">§ DHS 105.257</a>  <a href="#">§ DHS 107.13(7)</a>  <a href="#">§ DHS 108.02(9)</a></p>		<p><a href="#">§ 49.45(3)(f)</a>  <a href="#">§ 49.45(30e)(b)</a></p>
<p>The services provided were not in compliance with the frequency and goals identified in the consumer's service plan.</p>	<p>Service delivery must meet the requirements listed under DHS 36.17(4).  (a) Psychosocial rehabilitation and treatment services shall be provided in the most natural and least restrictive manner...  (b) Services shall be provided with sufficient frequency to support achievement of goals identified in the service plan.  (c) Documentation of the services shall be included in the service record...   DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p><a href="#">§ DHS 36.17(2m)(a)2.</a>  <a href="#">§ DHS 36.17(4)</a>  <a href="#">§ DHS 36.18(3)(e)</a>  <a href="#">§ DHS 105.02(4)</a>  <a href="#">§ DHS 105.257</a>  <a href="#">§ DHS 106.02(9)</a>  <a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.13(7)</a>  <a href="#">§ DHS 108.02(9)</a></p>		<p><a href="#">§ 49.45(3)(f)</a>  <a href="#">§ 49.45(30e)(b)</a></p>
<p>Provider billed for more units than are documented in the record.</p>	<p>Providers shall bill for units of services reflected in the service documentation. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p><a href="#">§ DHS 105.02(4)</a>  <a href="#">§ DHS 105.257</a>  <a href="#">§ DHS 106.02(9)(a)5</a>  <a href="#">§ DHS 106.04(5)(a)</a>  <a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.13(7)</a>  <a href="#">§ DHS 108.02(9)</a></p>		<p><a href="#">§ 49.45(3)(f)</a>  <a href="#">§ 49.45(30e)(b)</a></p>
<p>The provider did not submit one or more documents required for the claim.</p>	<p>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 required 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.</p>	<p><a href="#">§ DHS 106.02(9)(a)</a>  <a href="#">§ DHS 106.02(9)(c)</a>  <a href="#">§ DHS 106.02(9)(f)</a>  <a href="#">§ DHS 106.02(9)(g)</a>  <a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 108.02(9)</a></p>		<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(2)(b)4</a>  <a href="#">§ 49.45(3)(f)</a></p>

<p>Provider submitted claim(s) for noncovered service(s) provided to an inpatient. Claims data shows patient remained hospitalized.</p>	<p>CCS are noncovered 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.</p>	<p><a href="#">§ DHS 36.07(3)(a)</a>  <a href="#">§ DHS 36.17(4)(a)</a>  <a href="#">§ DHS 101.03(96m)(b)6</a>  <a href="#">§ DHS 106.02(2)</a>  <a href="#">§ DHS 106.02(9)</a>  <a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 107.13(7)(a)</a>  <a href="#">§ DHS 107.13(7)(c)2</a>  <a href="#">§ DHS 108.02(9)</a></p>		<p><a href="#">§ 49.45(3)(f)</a>  <a href="#">§ 49.45(30e)(b)</a>  <a href="#">§ 49.45(2)(a)10</a></p>
<p>Unable to determine if ongoing psychosocial rehabilitation and travel claims are accurate or appropriate without a valid and complete assessment or service plan.</p>	<p>The assessment shall be comprehensive and accurate. The assessment shall be conducted within the context of the domains listed in DHS 36.16 (4), and any other domains and shall be consistent with all of the requirements in DHS 36.16 (3). A written service plan shall be based upon the assessment and completed within 30 days of the consumer's application for services. The service plan shall include a description of all items listed in DHS 36.17(2) and 36.17(2m). Documentation of the services shall be included in the service record of the consumer under the requirements in DHS 36.18. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p><a href="#">§ DHS 36.16(3)</a>  <a href="#">§ DHS 36.16(4)</a>  <a href="#">§ DHS 36.17 (2)(a)</a>  <a href="#">§ DHS 36.17(2m)</a>  <a href="#">§ DHS 36.17(4)</a>  <a href="#">§ DHS 105.257</a>  <a href="#">§ DHS 106.02(9)</a>  <a href="#">§ DHS 107.01</a>  <a href="#">§ DHS 108.02(9)</a></p>		<p><a href="#">§ 49.45(2)(a)10</a>  <a href="#">§ 49.45(3)(f)</a></p>



**FINDING: LACK OF DOCUMENTATION**

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
An assessment or assessment summary was not supplied.	If an applicant is determined to need psychosocial rehabilitation services, a comprehensive assessment shall be conducted. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 36.14(3)(c)</a> <a href="#">§ DHS 36.16(2)(a)</a> <a href="#">§ DHS 36.16(6)</a> <a href="#">§ DHS 105.02(4)</a> <a href="#">§ DHS 105.257</a> <a href="#">§ DHS 106.02(9)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.13(7)</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(3)(f)</a> <a href="#">§ 49.45(30e)(b)</a>
The consumer's service delivery record did not include service facilitation/progress notes for the service billed.	Providers shall maintain the consumer's service record in accordance with DHS 36.18 which shall include service facilitation and progress notes. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 36.17(4)(c)</a> <a href="#">§ DHS 36.18(3)(e)1</a> <a href="#">§ DHS 105.257</a> <a href="#">§ DHS 106.02(9)</a> <a href="#">§ DHS 107.13(7)</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(3)(f)</a> <a href="#">§ 49.45(30e)(b)</a> <a href="#">§ 51.42(7)(b)</a>
The provider did not submit any documentation for the claim.	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 required 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.	<a href="#">§ DHS 106.02(9)(a)</a> <a href="#">§ DHS 106.02(9)(e)</a> <a href="#">§ DHS 106.02(9)(f)</a> <a href="#">§ DHS 106.02(9)(g)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(2)(b)4</a> <a href="#">§ 49.45(3)(f)</a>

**FINDING: NON-COVERED SERVICES**

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The services provided do not meet the definition of psychosocial services.	CCS services provided shall be rehabilitative. Services which are not rehabilitative are not reimbursable. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 36.03(22)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.13(7)</a> <a href="#">§ DHS 108.02(9)</a>	42 C.F.R. § 440.130 (d)	<a href="#">§ 49.45(3)(f)</a> <a href="#">§ 49.45(30e)(b)</a>
The service documented in the records are non-covered.	CCS services shall be rehabilitative. Services listed in DHS 107.03 are not covered services. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.03</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(3)(f)</a> <a href="#">§ 49.45(30e)(b)</a>

**FINDING: INCORRECT MODIFIER**

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider billed Medicaid using a modifier that does not accurately reflect the services provided.	Providers are responsible for the truthfulness, accuracy, timeliness and completeness of claims. Providers are required to submit claims using modifiers specified by DHS that most accurately reflect the services provided. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 106.02(9)(e)</a> <a href="#">§ DHS 106.03(2)</a> <a href="#">§ DHS 106.03(2)(a)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 108.02(9)</a>	45 C.F.R. § 162.1000 45 C.F.R. § 162.1002	<a href="#">§ 49.45(2)(a)10</a> <a href="#">§ 49.45(3)(f)</a>

**FINDING: PAYABLE - TECHNICAL ASSIST(TA) NOT ASSOCIATED WITH SPECIFIC CLAIMS**

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider did not produce valid documentation of orientation and ongoing training for each CCS staff member.	Providers shall maintain and produce evidence of the orientation and ongoing training required by DHS 36.12. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 36.12</a> <a href="#">§ DHS 105.02(4)</a> <a href="#">§ DHS 105.257</a> <a href="#">§ DHS 106.02(9)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.13(7)</a>		<a href="#">§ 49.45(3)(f)</a> <a href="#">§ 49.45(30e)(b)</a>

The provider did not produce valid documentation of minimum staff qualifications and background checks.	CCS providers are required to produce valid documentation which demonstrates staff have the professional education, experience, training, and ability to carry about assigned duties; along with conducting background checks. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 36.10</a> <a href="#">§ DHS 105.02(4)</a> <a href="#">§ DHS 105.257</a> <a href="#">§ DHS 106.02(9)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.13(7)</a>		<a href="#">§ 49.45(3)(f)</a> <a href="#">§ 49.45(30e)(b)</a>
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**FINDING: PAYABLE - TECHNICAL ASSIST ASSOCIATED WITH SPECIFIC CLAIMS** Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The service rendered was not listed in the consumer's service/treatment plan.	The service provided shall be listed in the consumer's service plan. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 36.17(2)(d)</a> <a href="#">§ DHS 36.17(2m)</a> <a href="#">§ DHS 36.17(4)(b)</a> <a href="#">§ DHS 105.02(4)</a> <a href="#">§ DHS 105.257</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 107.13(7)</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(3)(f)</a> <a href="#">§ 49.45(30e)(b)</a>
The provider billed an incorrect procedure code for the services documented in the service facilitation/progress notes. There is no recoupment because the procedure codes are cost-equivalent.	Providers shall submit claims to WI Medicaid which accurately reflect the services documented in the consumer's service record. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	<a href="#">§ DHS 105.257</a> <a href="#">§ DHS 106.02(9)(e)1</a> <a href="#">§ DHS 106.03(2)(a)</a> <a href="#">§ DHS 106.03(2)(c)</a> <a href="#">§ DHS 107.01</a> <a href="#">§ DHS 108.02(9)</a>		<a href="#">§ 49.45(3)(f)</a> <a href="#">§ 49.45(30e)(b)</a>