

Excerpts From the Recent Rehab Option Audits in Iowa

OIG and the Medicaid State Manual:

In addition, section 4385(B) of the State Medicaid Manual states that although a social service, in the course of addressing an individual's basic life needs (adequate food, housing, or income), may indirectly affect the individual's health as well, it is not covered under Medicaid because it is not directly and primarily concerned with the individual's health. A social service may be furnished directly to an individual beneficiary, but it typically is directed broadly at the individual's overall well-being rather than specifically at the individual's health.

OIG on Treatment Planning:

When the goals are nonrehabilitative, the services provided to achieve the stated goals are usually nonrehabilitative as well.

OIG on Staff Credentials:

Note: this was specific to Iowa and no money taken back but warning re: their concerns about credentials

We found 94 of the 100 sample claims had staff that appeared to lack the qualifications to develop treatment goals or provide therapy. ...Our review indicated that at a minimum, individuals providing therapy and developing treatment goals should be Licensed Master Social Workers, Licensed Independent Social Workers, or the equivalent.

OIG on Public Places of Service and Sensitive Topics

We determined that 36 of the 100 sample claims included documentation of services provided in public settings where client confidentiality could be at risk. Additionally, many of these sessions dealt with sensitive topics, such as sexual abuse and children's fears and problems.

The Social Security Act guarantees that a State plan must provide safeguards to restrict disclosure of information concerning recipients. The Iowa State Plan indicates RTS for Medicaid recipients age 20 or under may be provided in various settings, including the recipient's home, school, or workplace, as well as provider facilities; yet also requires that rehabilitative services must be a specific and effective treatment for a client's medical or disabling condition. The effectiveness of treatment services delivered in public settings where the general public may be observing and overhearing the entire treatment session may be questionable, and could pose considerable risk of violating the clients' confidentiality.

OIG on Non-Rehabilitative Services

Children's Services

There were services teaching parents about general age-appropriate discipline, which covered topics such as praising positive behaviors and not using physical discipline. Additionally, services focused on the parent's issues such as employment, housing and mental health and substance abuse issues. Other non-rehabilitative services included providing transportation, supervised visits and job-seeking skills for the client.

We found services teaching parents about general age-appropriate discipline, which covered topics such as enforcing rules and using consequences. One case file addressed general parenting education, where the worker taught the correct way to bottle-feed a baby. In addition, services focused on the parent's issues such as handling stress, custody battles, sale of the family home, marital problems, as well as alcohol related issues. Other non-rehabilitative services included educating a client on filling out job applications, personal hygiene, and recreational services where the worker played basketball with the client.

CMS also reported that services aimed at teaching or enhancing parenting skills and general age appropriate training are not covered rehabilitative skills regardless of how the specific needs of the child are documented in the case files.

Services are supposed to be specific and effective treatment for the child's condition.

Adults Services

In addition, section 4385(B) of the State Medicaid Manual states that although a social service, in the course of addressing an individual's basic life needs (adequate food, housing, or income), may indirectly affect the individual's health as well, it is not covered under Medicaid because it is not directly and primarily concerned with the individual's health. A social service may be furnished directly to an individual beneficiary, but it typically is directed broadly at the individual's overall well-being rather than specifically at the individual's health.

In other cases, services focused on leisure skills (such as recreation, exercise, and sports) or socialization skills, which included group activities (such as bingo games and social clubs).

Employment-related services also were billed, generally while the beneficiary worked at a supported employment facility. Employment-related services involved basic job supervision such as keeping the beneficiary on task and observations about the beneficiary's general appearance. Staff did not provide any interventions beyond what would be expected in any working environment. Documentation of services included observations about the beneficiary's task-specific activities, including sweeping, vacuuming, and hanging up clothes. One provider informed us that there was no separate documentation of service because "the work is the service."

OIG on Documentation

Section 2500.2(A) of the CMS State Medicaid Manual requires that all supporting documentation, in readily reviewable form, be compiled and immediately available when the claim is filed. Supporting documentation includes, at a minimum, date of service; name of beneficiary; Medicaid identification number; name of provider agency and person providing the service; nature, extent, or units of service; and place of service.

The billed services were not supported properly for 65 of the 100 sampled claims. The only support for some claims was a monthly census sheet showing that the beneficiary was present in the facility (but not necessarily present for the service offered), calendars with activities for the month, or weekly and/or monthly progress notes.