



OMIG AUDIT PROTOCOL

Nursing Home Transition and Diversion Waiver (NHTD)

Revised 12/17/2025

(For Service Dates 01/01/2013 through 06/02/2025)

Audit protocols assist the Medicaid provider community in developing programs to evaluate compliance with Medicaid requirements under federal and state statutory and regulatory law. Audit protocols are intended solely as guidance in this effort. This guidance does not constitute rulemaking by the New York State Office of the Medicaid Inspector General (OMIG) and may not be relied on to create a substantive or procedural right or benefit enforceable, at law or in equity, by any person. Furthermore, nothing in the audit protocols alters any statutory or regulatory requirement and the absence of any statutory or regulatory requirement from a protocol does not preclude OMIG from enforcing the requirement. In the event of a conflict between statements in the protocols and either statutory or regulatory requirements, the requirements of the statutes and regulations govern.

A Medicaid provider's legal obligations are determined by the applicable federal and state statutory and regulatory law. Audit protocols do not encompass all the current requirements for payment of Medicaid claims for a particular category of service or provider type and, therefore, are not a substitute for a review of the statutory and regulatory law. OMIG cannot provide individual advice or counseling, whether medical, legal, or otherwise. If you are seeking specific advice or counseling, you should contact an attorney, a licensed practitioner or professional, a social services agency representative, or an organization in your local community.

Audit protocols are applied to a specific provider type or category of service in the course of an audit and involve OMIG's application of articulated Medicaid agency policy and the exercise of agency discretion. Audit protocols are used as a guide in the course of an audit to evaluate a provider's compliance with Medicaid requirements and to determine the propriety of Medicaid expended funds. In this effort, OMIG will review and consider any relevant contemporaneous documentation maintained and available in the provider's records to substantiate a claim.

OMIG, consistent with state and federal law, can pursue civil and administrative enforcement actions against any individual or entity that engages in fraud, abuse, or illegal or improper acts or unacceptable practices perpetrated within the medical assistance program. Furthermore, audit protocols do not limit or diminish OMIG's authority to recover improperly expended Medicaid funds and OMIG may amend audit protocols as necessary to address identified issues of non-compliance. Additional reasons for amending protocols include, but are not limited to, responding to a hearing decision, litigation decision, or statutory or regulatory change.

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Public Health Emergency (PHE)

Services provided and billed in accordance with COVID-19 PHE guidance issued by the NYS Department of Health (DOH) and Centers for Medicare and Medicaid Services (CMS) will not be subject to disallowance, provided all other programmatic and billing requirements not altered or waived by the PHE guidance were met.

This includes the following guidance:

Agency	Guidance Title	Date Issued
NYSDOH	Appendix K: Emergency Preparedness Response and COVID-19 Addendum, NY.0444.R02.12	11/22/22
NYSDOH	Appendix K: Emergency Preparedness Response and COVID-19 Addendum, NY.0444.R02.10	09/26/22
NYSDOH	Appendix K: Emergency Preparedness Response and COVID-19 Addendum, NY.0444.R02.09	07/12/22
NYSDOH	Appendix K: Emergency Preparedness Response and COVID-19 Addendum, NY.0444.R02.07	03/29/22
NYSDOH	DAL: DHCBS 21-11	08/23/21
NYSDOH	DAL: DHCBS 21-09	07/23/21
NYSDOH	Appendix K: Emergency Preparedness Response and COVID-19 Addendum, NY.0444.R02.06	02/08/21
NYSDOH	DAL: DHCBS 21-02	01/21/21
NYSDOH	DAL: DHCBS 20-11	11/23/20
NYSDOH	DAL: DHCBS 20-10	10/13/20
NYSDOH	Appendix K: Emergency Preparedness Response and COVID-19 Addendum, NY.0444.R02.04	08/24/20
NYSDOH	Updated COVID-19 Guidance for the Authorization of Community Based Long-Term Services and Supports Covered by Medicaid	04/08/20
NYSDOH	Appendix K: Emergency Preparedness Response and COVID-19 Addendum, NY.0444.R02.02	04/07/20
NYSDOH	COVID-19 Guidance for Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) 1915 (c) Medicaid Waiver Providers	03/20/20

The Federal Government announced that the PHE expired at the end of the day on May 11, 2023. On the date the PHE ended, the flexibilities afforded providers regarding minimum billing standards and documentation requirements also ended, unless otherwise specified by DOH through formal regulatory waivers.

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1.	Missing Participant Record
OMIG Audit Criteria	If a participant record is missing, the claim for the sampled date of service associated with the participant record will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Sections III and VII For Services 04/01/08 through 09/28/21: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2008 Section VII
2.	No Documentation of Service
OMIG Audit Criteria	If the record provided does not document that the service was provided on the sampled date of service, the claim will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Sections III and VII For Services 04/01/08 through 09/28/21: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2008 Section VII

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3.	Service Documentation Does Not Meet Required Standards
OMIG Audit Criteria	For Services 4/1/2008 through 9/28/2021: Each encounter must be face-to-face and include: • description of services provided • location of the encounter • date and time of service For Services 9/29/2021 and After: Each encounter must be face-to-face and include: • description of services provided • location of the encounter • date, time, and duration of service • name of person providing services Claims will be disallowed if the service documentation did not meet required standards. Note: Community Integration Counseling (CIC), Positive Behavioral Interventions and Supports (PBIS) and Independent Living Skills Training (ILST) may be provided via telephonic or telehealth with RRDS approval. Note: The amendment to the §1915(c) Home and Community-Based Services Waiver effective March 1, 2024, made changes to service requirements. As of this date, Community Integration Counseling (CIC), Positive Behavioral Interventions and Supports (PBIS) and Independent Living Skills Training (ILST) services may be provided via a virtual or remote modality without the need for RRDS approval.
Regulatory References	18 NYCRR § 504.3(h) and (i) Nursing Home Transition and Diversion Medicaid Waiver Program Manuals 2008 and 2021, Section VII

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4.	Service Coordination Did Not Meet Required Standards
OMIG Audit Criteria	For Services 4/1/2008 through 9/28/2021: The Service Coordinator (SC) is required to: • conduct at least one face-to-face contact with the participant per month • conduct an in-home visit at least once every 6 months • facilitate a Team Meeting at least once every 6 months For Services 9/29/2021 and After: The Service Coordinator (SC) is required to: • conduct at least one face-to-face contact with the participant per month • conduct an in-home visit at least once a quarter • facilitate a Team Meeting at least once every 6 months Claims will be disallowed if the Service Coordination did not meet required standards. Note: Monthly service coordination may be provided via telephonic or telehealth with RRDS approval. Note: The amendment to the §1915(c) Home and Community-Based Services Waiver effective March 1, 2024, made changes to service requirements. As of this date, Service Coordination services may be provided via a virtual or remote modality without the need for RRDS approval. Additionally, as of this date, the once a month “face-to-face contact” requirement listed in the NHTD program manual has been amended to once a month “contact”, meaning these services can take place via a virtual or remote modality.
Regulatory References	18 NYCRR § 504.3(h) and (i) For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Sections V and VI For Services 04/01/08 through 09/28/21: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2008 Section VI

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5.	Service Coordination Caseload Exceeds Limit
OMIG Audit Criteria	For Services 4/1/2008 through 6/30/2018: A full-time Service Coordinator (SC) may not exceed a case load of 20 participants. For Services 7/1/2018 and After: A full-time Service Coordinator (SC) may not exceed a case load of 25 participants. SCs providing services to NHTD waiver participants on less than a full-time basis must limit their caseload proportionately. If the SC exceeds the limit of participants, the claim will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) Nursing Home Transition and Diversion Medicaid Waiver Program Manuals 2008 and 2021, Section VI For Services 07/01/18 and After: Application for a §1915(c) Home and Community-Based Services Waiver Appendix C-1/C-3
6.	Failure to Properly Document Change of Provider
OMIG Audit Criteria	If the record does not contain the proper documentation for change of provider, the claim will be disallowed. A Change of Provider Agency form is required if service provider is changing. A Change of Service Coordination Agency form is required if Service Coordinator is changing. If the change form is not dated and signed the claim will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) Nursing Home Transition and Diversion Medicaid Waiver Program Manuals 2008 and 2021, Section V
7.	Missing Medical Order
OMIG Audit Criteria	Signed medical orders are required within 12 months after the authorized practitioner conducts a medical examination of the participant. If the medical order is signed late, the paid claim will be disallowed.
Regulatory References	10 NYCRR § 766.4(b) 10 NYCRR § 766.4(c) 10 NYCRR § 766.4(d) For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Sections VI and VII For Services 04/01/08 through 09/28/21: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2008 Section VI

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8.	Medical Order Does Not Meet Required Standards
OMIG Audit Criteria	If the medical order is not reviewed and revised at least annually, the claim will be disallowed (except where an authorized practitioner, as part of an authorization, orders personal care services for up to one year for a Medicaid patient). If the medical order for personal care services exceeds one year, the claim will be disallowed.
Regulatory References	10 NYCRR § 766.4(b)-(d) For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Sections VI and VII For Services 04/01/08 through 09/28/21: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2008 Section VI
9.	Missing Level of Care Evaluation
OMIG Audit Criteria	If a valid Level of Care (LOC) Assessment (PRI/SCREEN or UAS-NY) is missing from the patient record, the claim will be disallowed.
Regulatory References	42 C.F.R. § 441.302(c)(2) 42 C.F.R. § 441.303(c)(4) For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Sections II, V and XI For Services 07/01/18 and After: Application for a §1915(c) Home and Community-Based Services Waiver Appendix B-6(f) For Services 04/01/08 through 09/28/21: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2008 Sections II, VI and IX
10.	Missing Service Plan / Revised Service Plan
OMIG Audit Criteria	If either the Initial Service Plan (ISP) or the Revised Service Plan (RSP) is missing, the claim will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) Application for a §1915(c) Home and Community-Based Services Waiver Appendix D-1(h) Nursing Home Transition and Diversion Medicaid Waiver Program Manuals 2008 and 2021, Section V

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11.	Service Plan Packet Does Not Meet Required Standards
OMIG Audit Criteria	If the RSP is not updated at least annually, the claim will be disallowed. The Regional Resource Development Specialist (RRDS) will issue a Notice of Decision (NOD) upon the review and approval of the ISP and/or any changes to approved services in the RSP or Addendum as applicable. If the Service Plan is missing RRDS signed authorization the claim will be disallowed. A Notice of Decision (NOD) is not required if there are no changes or addendums for the RSP period. In addition to the Service Plan a Waiver Contact List, signed Plan of Protective Oversight (PPO) and a signed Rights and Responsibilities are required documentation. If any of these are missing or missing required signatures the claim will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) Application for a §1915(c) Home and Community-Based Services Waiver Appendix D-1(h) For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Sections V and VII For Services 04/01/08 through 09/28/21: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2008 Sections II, V, VII and IX

12.	Billed Service Not Included in the Service Plan
OMIG Audit Criteria	If a service is not included in the approved Initial Service Plan, Revised Service Plan, or Addendum, the claim will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Sections II, VI and XI For Services 04/01/08 through 09/28/21: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2008 Section VI

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13.	Overlapping of Services Not Authorized in Service Plan
OMIG Audit Criteria	If more than one service is provided during the same time frame, the overlapping services must be justified and documented in the Service Plan. If the overlap is not authorized in the Service Plan, then the overlapping claim will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Sections V and XI For Services 04/01/08 through 09/28/21: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2008 Section V
14.	Missing Nursing Supervision Visit
OMIG Audit Criteria	Home and Community Support Services (HCSS) must be provided under the direction and supervision of a Registered Professional Nurse (RN). The RN must conduct an initial home visit on the day and time HCSS staff begins providing services to the participant, and no less than annually thereafter. Claims will be disallowed if the record does not include documentation of the initial home visit or annual nursing supervision visit.
Regulatory References	10 NYCRR § 766.5(b)(1) Nursing Home Transition and Diversion Medicaid Waiver Program Manuals 2008 and 2021, Section VI
15.	Administrative Services Billed as Nursing Supervision Visit
OMIG Audit Criteria	If the claim is for supervision or on-the-job training of the HCSS staff, the visit is not billable and will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) Nursing Home Transition and Diversion Medicaid Waiver Program Manuals 2008 and 2021, Section VI
16.	Incorrect Rate Code Billed
OMIG Audit Criteria	If a service was billed with an incorrect rate code, the difference between the correct and incorrect rate codes will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Section XI For Services 04/01/08 through 09/28/21: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2008 Section VII

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17.	Billed More Hours than Authorized in the Service Plan or Addendum
OMIG Audit Criteria	If the number of service hours billed is greater than the hours specified in the Service Plan or Addendum, then the hours exceeding the plan will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Sections V and VI For Services 04/01/08 through 09/28/21: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2008 Section V
18.	Billed More Hours than Documented
OMIG Audit Criteria	Services / units billed in excess of those documented will be disallowed. If the participant record does not support the total units billed, the difference between units billed and the documented units will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Sections VI and VII For Services 04/01/08 through 09/28/21: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2008 Section VII
19.	Duplicate Billing for Service
OMIG Audit Criteria	If the service conflicts with other Medicaid services conducted for the same participant, the claim will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Sections II, III, V, VI and VII For Services 04/01/08 through 09/28/21: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2008 Section II

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20.	Nursing Home Transition and Diversion Waiver Service Training Not Completed
OMIG Audit Criteria	All waiver service providers are required to complete three training components: Basic Orientation Training, Service Specific Training, and Annual Training. If the staff member providing service has not completed these trainings at the time service is rendered, then all claims provided within that time frame will be disallowed. All waiver service providers must complete Basic Orientation and Service Specific Training within 30 days of hire and prior to unsupervised contact with participant. If provider has unsupervised contact with participant prior to completion of training, the claim will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Sections VI and VIII For Services 04/01/08 through 09/28/21: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2008 Section VIII

21.	Missing Personnel Record
OMIG Audit Criteria	If the personnel record for the individual providing services on the sampled claim is missing, the claim will be disallowed.
Regulatory References	10 NYCRR § 766.11(g) For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Section VII For Services 07/01/18 and After: Application for a §1915(c) Home and Community-Based Services Waiver Appendix D-2(a) For Services 04/01/08 through 09/28/21: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2008 Section III

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22.	Failure to Conduct Required Criminal History Check
OMIG Audit Criteria	The provider record will be reviewed to determine if the provider or its contractor has documentation of a background check for employees hired on or after 9/1/2006 and provided appropriate monitoring of the aide while waiting for the results of the background check. If the criminal history check requirement has not been documented, the paid claim will be disallowed.
Regulatory References	10 NYCRR § 402.1(a)(1) 10 NYCRR § 402.4(a) and (b) 10 NYCRR § 402.6(a) 10 NYCRR § 402.9(a)(1) and (2) 10 NYCRR § 766.11(f) For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Section VI For Services 04/01/08 through 09/28/21: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2008 Section IX

23.	Missing Certificate of Immunization
OMIG Audit Criteria	For HCSS and Respite services: The record will be reviewed to determine if the required certification of immunizations was documented. HCSS staff must have a certificate of immunization against rubella and personnel born on or after January 1, 1957 must also have a certificate of immunization against rubeola (measles). In addition, all health regulations governing a Licensed Home Care Services Agency (LHCSA) will be in effect for all HCSS and Respite staff. If the provider does not provide documentation of the required certification of immunizations, the claim will be disallowed.
Regulatory References	10 NYCRR § 766.11(c) 10 NYCRR § 766.11(d)(1) and (2) Nursing Home Transition and Diversion Medicaid Waiver Program Manuals 2008 and 2021, Section VI

24.	Failure to Complete Required Health Assessment
OMIG Audit Criteria	For HCSS and Respite services: The record will be reviewed to determine if the required health assessment was documented. HCSS staff must have a health status assessment at the time of hire, prior to assuming patient care duties, and annually thereafter. In addition, all health regulations governing a LHCSA will be in effect for all HCSS and Respite staff. If the provider does not provide documentation of the initial or annual health assessment (whichever pertains to the sampled claim), the claim will be disallowed.
Regulatory References	10 NYCRR § 766.11(c) and (d)(5) Nursing Home Transition and Diversion Medicaid Waiver Program Manuals 2008 and 2021, Section VI

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25.	Missing Documentation of Tuberculosis Test or Follow-Up
OMIG Audit Criteria	For HCSS and Respite services: A tuberculosis test is required for HCSS staff at the time of hire, prior to assuming patient care duties. If documentation of a yearly tuberculosis test, screening questionnaire / risk assessment, or the required follow-up to a positive test result, is not in the personnel file of the staff who had direct patient contact, the claim will be disallowed. In addition, all health regulations governing a LHCSA will be in effect for all HCSS and Respite staff. If the provider does not provide documentation of the tuberculosis test, screening questionnaire, or the required follow-up, the claim will be disallowed.
Regulatory References	10 NYCRR § 766.11(c) 10 NYCRR § 766.11(d)(4) For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Section VI For Services 12/16/20 and After: NYS DOH DAL DHCBS 21-05: TB Testing Clarification NYS DOH DAL DHCBS 21-03: Frequently Asked Questions Regarding Annual TB Testing NYS DOH DAL DHCBS 20-14: Annual TB Testing For Services 04/01/08 through 09/28/21: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2008 Section VI
26.	Failure to Complete Required Annual HCSS In-Service Training
OMIG Audit Criteria	If services were performed by HCSS staff that did not receive six hours of in-service education annually, the claim will be disallowed.
Regulatory References	10 NYCRR § 766.11(i)(2) For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Sections VI and VIII For Services 04/01/08 through 09/28/21: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2008 Section VI

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27.	Service Performed by Unqualified Service Coordinator
OMIG Audit Criteria	If the Service Coordinator (SC) does not meet the requirements for qualification of the position (education / experience) at the date of service, all claims provided by the unqualified SC will be disallowed. Service Coordinators hired after January 1, 2020 must meet with RRDC within 1 month of hire for training and maintain a certificate of training completion in the employee record. If the agency does not submit documentation of meeting, the claim will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) Application for a §1915(c) Home and Community-Based Services Waiver Appendix C-1/C-3 For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Sections VI and VII
28.	Service Performed by Unqualified Community Integration Counseling (CIC) Staff
OMIG Audit Criteria	If the provided service was performed by staff who did not meet the standards required for the CIC position (education / experience) at the date of service, the claims provided by the unqualified staff will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) Application for a §1915(c) Home and Community-Based Services Waiver Appendix C-1/C-3 For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Section VI
29.	Service Performed by Unqualified Independent Living Skills Training (ILST) Staff
OMIG Audit Criteria	If the provided service was performed by staff who did not meet the standards required for the ILST position (education / experience) at the date of service, the claims provided by the unqualified staff will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) Application for a §1915(c) Home and Community-Based Services Waiver Appendix C-1/C-3 For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Section VI

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30.	Service Performed by Unqualified Positive Behavioral Intervention and Support (PBIS) Staff
OMIG Audit Criteria	If the provided service was performed by staff who did not meet the standards required for the Behavioral Specialist position (education / experience) at the date of service, the claims provided by the unqualified staff will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) Application for a §1915(c) Home and Community-Based Services Waiver Appendix C-1/C-3 For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Section VI

31.	Service Performed by Unqualified Peer Mentor
OMIG Audit Criteria	If the provided service was performed by staff who did not meet the standards required for Peer Mentoring at the date of service, the claims provided by the unqualified staff will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) Nursing Home Transition and Diversion Medicaid Waiver Program Manuals 2008 and 2021, Section VI

32.	Service Performed by Unqualified Respite Staff
OMIG Audit Criteria	Respite Service staff must meet the same standards and qualifications as the direct care providers of Home and Community Support Services (HCSS). If services were performed by staff who did not meet the standards required for the HCSS position, then the claims provided by the unqualified staff will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) Nursing Home Transition and Diversion Medicaid Waiver Program Manuals 2008 and 2021, Section VI

33.	Service Performed by Unqualified Structured Day Program Staff
OMIG Audit Criteria	If the provided service was performed by staff who did not meet the standards required for the Structured Day Program position, the claims provided by the unqualified staff will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) Application for a §1915(c) Home and Community-Based Services Waiver Appendix C-1/C-3 For Services 09/29/21 and After: Nursing Home Transition and Diversion Medicaid Waiver, Program Manual 2021 Section VI

This document is intended solely for guidance. No statutory or regulatory requirement(s) are in any way altered by any statement(s) contained herein. This guidance does not constitute rulemaking by OMIG and may not be relied on to create a substantive or procedural right or benefit enforceable, at law or in equity, by any person.

OMIG AUDIT PROTOCOL
Nursing Home Transition and Diversion Waiver (NHTD)
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34.	Service Performed by Unqualified HCSS Staff
OMIG Audit Criteria	HCSS staff must successfully complete a 40-hour training program for Level II Personal Care Aide (PCA) or PCA Alternate Competency Demonstration equivalency testing that is approved by the Department of Health and adhere to all regulations governing License Home Care Service Agency (LHCSA). If services were performed by staff that did not meet the standards required for the HCSS position, then the claims provided by the unqualified staff will be disallowed.
Regulatory References	18 NYCRR § 504.3(h) and (i) Nursing Home Transition and Diversion Medicaid Waiver Program Manuals 2008 and 2021, Section VI

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