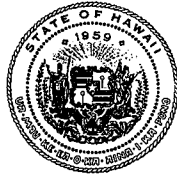


DAVID Y. IGE
GOVERNOR OF HAWAII



BRUCE S. ANDERSON, Ph.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES DIVISION

P. O. BOX 3378
HONOLULU, HI 96801-3378
Telephone: (808) 586-5840
Fax Number: (808) 586-5844

In reply, please refer to:
File:

Medicaid I/DD Waiver
Memo No.: FY2020-03
Date: August 5, 2019

TO: Medicaid I/DD Waiver Providers

FROM: Mary Brogan, Administrator *Mary Brogan*
Developmental Disabilities Division

SUBJECT: REQUIRED ANNUAL FISCAL AUDIT DOCUMENTS

The Developmental Disabilities Division (DDD) Fiscal Section has noted an increase in missing documentation during recent fiscal audits. This has resulted in delays in completing audits and has required numerous requests to obtain the required documents. As a reminder, all Medicaid waiver providers are required to adhere to the Waiver Provider Standards Manual Version B-3, effective November 2, 2018. Please review Section 2.5 A.2, Maintenance of Records, on page 74 and Section 2.5 C.1, Availability of Records for Review, on page 76.

To assist your agency with meeting these requirements, the DDD is providing an updated checklist of the required documents for your annual Fiscal Audit scheduled after July 1, 2019 (see attached). The DDD Community Resources Branch staff will call your agency two (2) days prior to the audit to identify the documents specified in the checklist and provide the names of the participants selected for the review and the dates of the periods to be audited.

The checklist is intended to help you ensure all necessary documentation is readily retrievable by the auditors on the date of the review. Specifically, you must verify that the Individualized Service Plan (ISP) and timesheets for participants in the audit sample for the dates of the audit period are physically present for the on-site visit by the DDD fiscal auditor.

The Fiscal Audit unit has budgeted time for your review based upon the expectation that your agency is in full compliance with the State and Federal laws and regulations that mandate accurate and complete documentation of all billed services. Your provision of the required records as specified in this letter and your cooperation are greatly appreciated. It will help DDD complete your audit in a timely manner.

Medicaid I/DD Waiver Program – Provider Memo
Memo No. FY2020-03
August 5, 2019
Page 2 of 2

We have attached the audit checklist for your information and use. If you have any questions, please contact Mr. Nigel Yung, Fiscal Supervisor, at (808) 733-9195.

Attachment

c: Jon Fujii, DHS-MQD
DDD Management Team

**Developmental Disabilities Division
Department of Health
Fiscal Audit Checklist**

Use this checklist to verify that your agency has gathered all required documentation for the fiscal audit review. Hard copies or soft copies must be provided at the time of the audit. Originals are not required.

Providers: _____ Participant's Name: _____

Fiscal Audit Date: _____ Audit Period(MM/DD/YY) _____

1.0 Participant's Individualized Service Plan (ISP). Since a valid ISP must be provided to cover the entire audit period, more than one ISP may need to be submitted for audit review. Each ISP must include:

- 1.1 Participant's Name
- 1.2 Activity Period
- 1.3 Type and Level/Ratio of Waiver Service

2.0 Time Sheets. The following information must be included on each timesheet. If the participant has more than one staff (such as a 2:1 or 3:1 ratio), complete a separate checklist for each employee during the audit period. Each timesheet must be legible.

- 2.1 Participant's Name
- 2.2 Type and Level/Ratio of Waiver Service
- 2.3 Name of Employee Providing Services
- 2.4 Dates of Services, time in and time out
- 2.5 Signature of Employee Providing Services
- 2.6 Signature of Supervisor

Use a check mark to indicate a timesheet is provided for each date a service was billed to DDD.

Month 1:

- Day 1
- Day 2
- Day 3
- Day 4
- Day 5
- Day 6
- Day 7
- Day 8
- Day 9
- Day 10
- Day 11
- Day 12
- Day 13
- Day 14
- Day 15
- Day 16
- Day 17
- Day 18
- Day 19
- Day 20
- Day 21
- Day 22
- Day 23
- Day 24
- Day 25
- Day 26
- Day 27
- Day 28
- Day 29
- Day 30
- Day 31

Month 2:

- Day 1
- Day 2
- Day 3
- Day 4
- Day 5
- Day 6
- Day 7
- Day 8
- Day 9
- Day 10
- Day 11
- Day 12
- Day 13
- Day 14
- Day 15
- Day 16
- Day 17
- Day 18
- Day 19
- Day 20
- Day 21
- Day 22
- Day 23
- Day 24
- Day 25
- Day 26
- Day 27
- Day 28
- Day 29
- Day 30
- Day 31

Month 3:

- Day 1
- Day 2
- Day 3
- Day 4
- Day 5
- Day 6
- Day 7
- Day 8
- Day 9
- Day 10
- Day 11
- Day 12
- Day 13
- Day 14
- Day 15
- Day 16
- Day 17
- Day 18
- Day 19
- Day 20
- Day 21
- Day 22
- Day 23
- Day 24
- Day 25
- Day 26
- Day 27
- Day 28
- Day 29
- Day 30
- Day 31

I certify the information provided is accurate and correct to the best of my knowledge.

Provider Staff Signature

Print Name

Title

Date