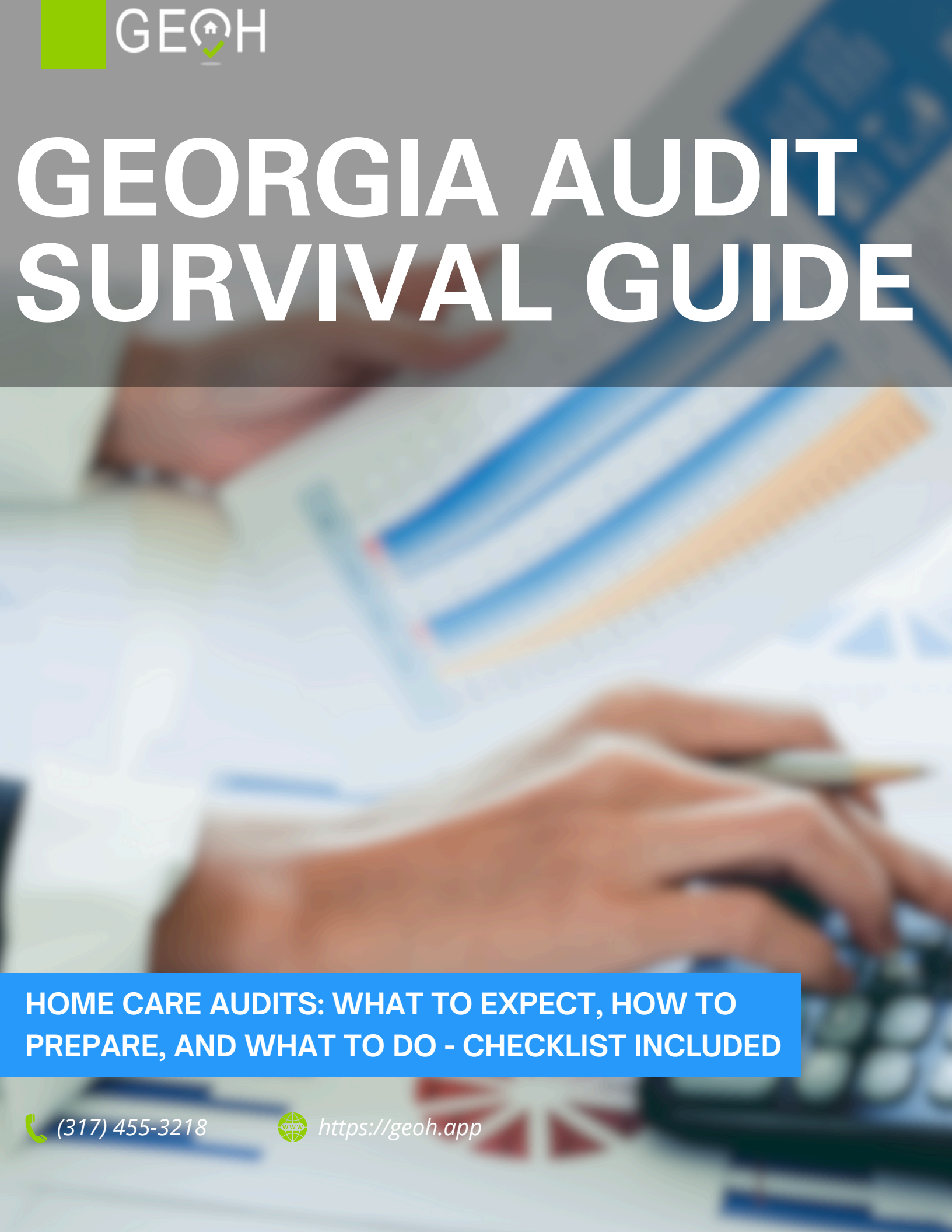
GEOH

GEORGIA AUDIT SURVIVAL GUIDE



HOME CARE AUDITS: WHAT TO EXPECT, HOW TO PREPARE, AND WHAT TO DO - CHECKLIST INCLUDED

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Disclaimer

This guide is intended for home care agency owners and aims to provide valuable insights and information on various audit topics. However, it is important to note that this guide does not cover all possible audit needs and should not be considered exhaustive.

While we strive to ensure the accuracy and relevance of the information provided, we cannot guarantee that all aspects of audit needs are included or up-to-date. Users are encouraged to consult additional resources and seek professional advice when necessary.

We disclaim any liability for any errors or omissions in the content of this guide or any actions taken based on the information provided herein. The content is provided "as is" without warranties of any kind, either express or implied. By using this guide, you agree to hold us harmless from any claims, losses, or damages arising from its use.

Please refer to more comprehensive resources or consult with industry professionals to ensure you have all the necessary information for effective caregiver training.

This checklist is intended to serve as a general resource to help guide your preparation efforts for an audit. It does not guarantee compliance or ensure a successful audit outcome. Always consult with your compliance officer, legal advisor, or relevant regulatory body for specific requirements applicable to your organization.

Chapter 1
Relevant Audit Types

The following are the relevant audit types that may apply to home care agencies.

Disclaimer

This guide outlines some of the common reasons why you might be audited, but it is not an exhaustive list. Audits can occur for a variety of reasons specific to your individual or business circumstances. For complete details and advice tailored to your situation, we recommend consulting with a certified legal advisor. This guide is meant to provide general information and should not be used as a substitute for professional guidance.

Single Audits

This audit type will apply to any non-federal entity that spends more than $1,000,000 of federal funding during the fiscal year. This is a detailed review to ensure proper spending and compliance with federal guidelines.

Subrecipient and Contractor Audits

This audit type will apply to any organization beneath the organization that receives federal funding (e.g., CareSource, Humana, United Healthcare, & Amerigroup. This ensures compliance with federal guidelines and the specific requirements set by the primary funding source.

Compliance Audits

This audit type will apply to any investigation dealing with the accurate, acquiring, receiving, or paying of goods or services in the Medicaid sector.

Chapter 2
What's Reviewed In An Audit?

The following addresses the big picture areas that are reviewed in an audit.

Financial Records

This refers to documents like cashflows, budgets, and balance sheets of a home care agency.

Internal Control and Compliance

This refers to relevant management and flow of all the necessary Medicaid Fraud areas as determined by the Office of Management and Budget Compliance Supplement.

Requirement	A	B	C	E	F	G	H	I	J	L	M	N
Program Number	Activities Allowed or Unallowed	Allowable Costs/Cost Principles	Cash Management	Eligibility	Equipment Real Property Management	Matching, Level of Effort, Earmarking	Period of Performance	Procurement Suspension & Debarment	Program Income	Reporting	Subrecipient Monitoring	Special Tests and Provisions
93.568	N	N	Y	Y	N	Y	Y	N	N	Y	Y	N
93.569	Y	Y	N	Y	N	N	Y	N	N	N	Y	Y
93.575/93.596/93.489 (CCDF Cluster)	Y	Y	N	Y	N	Y	Y	N	N	Y	Y	Y
93.600/93.356 (Head Start Cluster)	Y	Y	N	N	Y	N	N	N	N	Y	Y	Y
93.645	Y	Y	Y	N	N	Y	Y	N	N	Y	N	N
93.658	Y	Y	N	Y	N	N	N	N	N	Y	Y	Y
93.659	Y	Y	Y	Y	N	Y	N	N	N	Y	N	N
93.667	Y	Y	Y	N	N	N	Y	N	N	Y	Y	N
93.671	Y	Y	Y	Y	N	Y	N	N	N	N	Y	N
93.676	Y	Y	Y	N	N	N	Y	Y	N	Y	Y	N
93.686	Y	Y	Y	N	N	Y	N	N	Y	Y	Y	N
93.767	Y	Y	N	Y	N	Y	Y	N	N	Y	N	Y
93.775/93.777/93.778 (Medicaid Cluster)	Y	Y	N	Y	N	Y	N	N	N	Y	N	Y
93.870	Y	Y	N	N	N	Y	N	Y	Y	Y	Y	N
93.914	Y	Y	Y	Y	N	N	N	N	Y	N	Y	N
93.917	Y	Y	Y	Y	N	Y	N	N	Y	N	Y	N

OMB Compliance Supplement Screen Grab

HINT: Focus on the Department of Health and Human Services, subsections 93.775 (State Medicaid Fraud Control)

Chapter 3
Audit Triggers

There are a number of reasons why a home care agency may have to deal with an audit but some of the more common are the result of a lack of compliance or quality standards of practice.

- Unusual billing patterns (e.g. double billing, billing for nonrelevant services, bundling, ineligible claims)
- Claim concerns flagged by Medicaid or payers
- Random compliance checks
- High percentage of manual entries or edits of EVV data
- Incorrect billing codes
- Missing or inaccurate Electronic Visit Verification (EVV) data
- Invalid service certifications
- Lack of face-to-face visit documentation

Chapter 4
Avoiding An Audit

The best way to deal with an audit is to prevent one. While you can't eliminate all risk, you can minimize it with proactive practices:

Provide Regular EVV Training

Ensure caregivers are trained consistently on proper visit documentation and know how to check in and out themselves in on their cell phone or laptop.

Keep Documentation Updated

Maintain current records, certifications, and client care plans.

Perform Internal Audits

Regularly review your own billing and operational practices to catch issues early.

Build an Audit Binder

Create an organized binder (digital or physical) with essential documents like service plans, caregiver logs, billing summaries, and compliance protocols.

Top Compliance Tips

- Assign a compliance lead to monitor all documentation
- Use monthly internal audits & random chart pulls
- Provide quarterly staff training to ensure staff compliance
- Implement checklists for service & billing accuracy

Chapter 6
Audit Checklist

This checklist is intended to serve as a general resource to help guide your preparation efforts for an audit. It does not guarantee compliance or ensure a successful audit outcome. Always consult with your compliance officer, legal advisor, or relevant regulatory body for specific requirements applicable to your organization.

Licensing & Certifications

- ☐ Caregiver Licenses
- ☐ Provider Enrollment Forms (DBHDD)
- ☐ Completed Medicaid Waiver Sign-Up Forms (located in the Provider Enrollment Tab of GAMMIS)
- ☐ Supporting Waiver Documents (authorizations, enrollment forms, Healthcare Facility License)
- ☐ Facility Licenses

Compliance Documentation

- ☐ Quality Assurance Plans
- ☐ Risk Management Plans
- ☐ HIPAA Compliance Documentation
- ☐ Any Prior Audit Findings

Client Care Documentation

- ☐ Care Plans
- ☐ Visit Data

Employee Records

- ☐ Personnel Information (current or former)
- ☐ Background Checks
- ☐ Fingerprint Cards (current and former employees)
- ☐ Caregiver Training Records (EVV transmission proof, certifications, standards of practice)

Financial & Billing

- ☐ Billing Records
- ☐ Financial Statements

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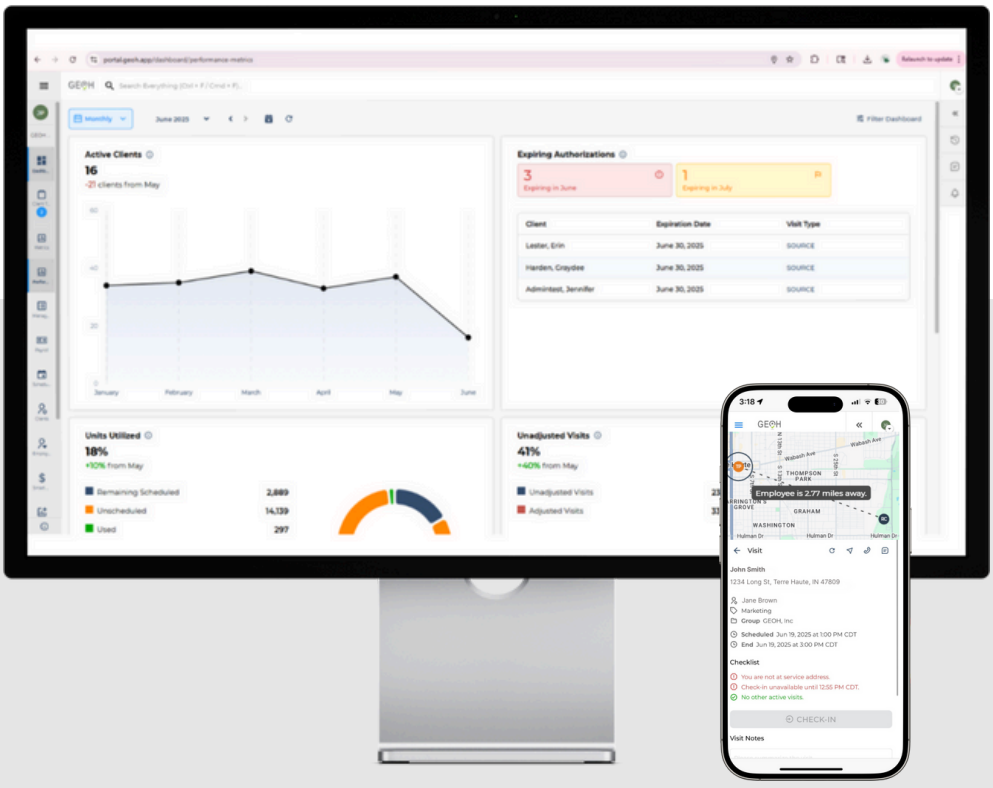
We hope you find these tips helpful!

GEOH's Employee Tasklist is designed to help you stay audit-ready by notifying you when employee renewables are approaching their expiration dates.

Call 317-455-3218 or book a meeting here!



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