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Common DBMD Financial Errors

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Common Financial Errors

Financial errors occur when the program provider does not:

- Provide services in accordance with an IPC and IPP
- Employ or contract with a service provider that meets the minimum qualifications for their position
- Document the provision of services in accordance with all applicable program rules
- Submit a claim for reimbursement in accordance with all applicable contracting and program rules



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Glossary of Examples

- No timekeeper signature
- Timekeeper pre-signed
- Service provider also signed as the timekeeper
- Billing prior to timekeeper verification
- Incorrect service date
- Incorrect service date cont.
- Overbilling the unit rate
- Billing when no billable contact occurred
- Not following the documented schedule
- Unallowable simultaneously delivered services
- Billing a span of time on a single day
- Unqualified service provider



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Example 1: No Timekeeper Signature

Section 11100 DBMD Program Manual: A service provider must complete Form 6503 according to the form's instructions.
Form 6503 Instructions:

Timekeeper Signature — The timekeeper for the agency signs the form.
The timekeeper should verify the accuracy of the total hours.

40 TAC §49.311: A contractor must ensure a claim for service is complete and accurate.

Best Case Manager in Texas Service Provider Name	<i>Best Case Manager in Texas</i> Signature — Service Provider	1/21/2021 Date
Timekeeper Name	Signature — Timekeeper	Date

Error: If Form 6503 does not contain a valid timekeeper signature and date, the monitoring team cannot determine that the accuracy of the information has been verified, resulting in a recoupment for that claim.



Example 2: Timekeeper Pre-Signed

40 TAC §42.405: A program provider must ensure that, **after** a service provider makes the last entry on an HHSC DBMD Summary of Services Delivered form, a staff person other than the service provider signs and dates the form as a timekeeper as verification of the accuracy of the information on the form.

Best Case Manager in Texas Service Provider Name	<i>Best Case Manager in Texas</i> Signature — Service Provider	1/21/2021 Date
Best Timekeeper in Texas Timekeeper Name	<i>Best Timekeeper in Texas</i> Signature — Timekeeper	1/20/2021 Date

Error:

- The timekeeper signed in the example above, prior to the case manager completing the service delivery information.
- If the timekeeper signed before service delivery was documented, how have they verified that the information is accurate?



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Example 3: Service Provider Signed as the Timekeeper

40 TAC §42.405: A program provider must ensure that, after a service provider makes the last entry on an HHSC DBMD Summary of Services Delivered form, a staff person **other than the service provider** signs and dates the form as a timekeeper as verification of the accuracy of the information on the form.

Best Case Manager in Texas Service Provider Name	<i>Best Case Manager in Texas</i> Signature — Service Provider	1/21/2021 Date
Best Case Manager in Texas Timekeeper Name	<i>Best Case Manager in Texas</i> Signature — Timekeeper	1/21/2021 Date

Error: The case manager signed as both the service provider **and** the timekeeper.



Example 4: Billing Before Timekeeper Verification

Month: April	Year: 2021	Program Provider Name Best DBMD Provider in Texas	Hours Worked (to be completed by employee)				
Individual's Name Sample Individual One			Date	Time In	Time Out	Time In	Time Out
			1	8:00 AM	2:00 PM		

Best Respite Provider in Texas Service Provider Name	<i>Best Respite Provider in Texas</i> Signature — Service Provider	4/6/2021 Date
Best Timekeeper in Texas Timekeeper Name	<i>Best Timekeeper in Texas</i> Signature — Timekeeper	4/16/2021 Date

- For the service date 4/1/2021, the timekeeper signed on 4/16/2021
- Billing was submitted on 4/12/2021

40 TAC §49.311: A contractor must ensure that submitted claims are complete and **accurate**

Error: Billing was submitted prior to the timekeeper verifying the accuracy of the information on the form, as evidenced by their signature date.

Individual ID	Last Name	First Initial	Submit Date	Service Code	Billing Cd	Service Begin Date	Service End Date	Units Paid
123456789	INDIVIDUAL ONE	S	4/12/2021	11A	G0128	4/1/2021	4/1/2021	0.25
123456789	INDIVIDUAL ONE	S	4/26/2021	11A	G0128	4/21/2021	4/21/2021	0.19



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Example 5: Incorrect Service Dates (1 of 2)

Month: April	Year: 2021	Program Provider Name Best DBMD Provider in Texas
Individual's Name Sample Individual One		

Hours Worked (to be completed by employee)						
Date	Time In	Time Out	Time In	Time Out	Time In	Time Out
1	8:00 AM	2:00 PM				
2						
3						

<input type="checkbox"/>	10 CFC-CFC PAS/HAB
<input type="checkbox"/>	7-Occupational Therapy
<input checked="" type="checkbox"/>	45-Intervener
<input type="checkbox"/>	45A-Intervener I
<input type="checkbox"/>	45B-Intervener II
<input type="checkbox"/>	45C-Intervener III

Error: Intervener services were provided on 4/1/2021. Billing was submitted with a service begin/end date of 4/3/2021

40 TAC §49.305: Before a contractor submits a claim for services under its contract, the contractor's records must support the claim.

Individual ID	Last Name	First Initial	Submit Date	Service Code	Billing Cd	Service Begin Date	Service End Date	Units Paid
123456789	INDIVIDUAL ONE	S	4/12/2021	45	G0232	4/3/2021	4/3/2021	6
123456789	INDIVIDUAL ONE	S	4/26/2021	45	G0232	4/21/2021	4/21/2021	6

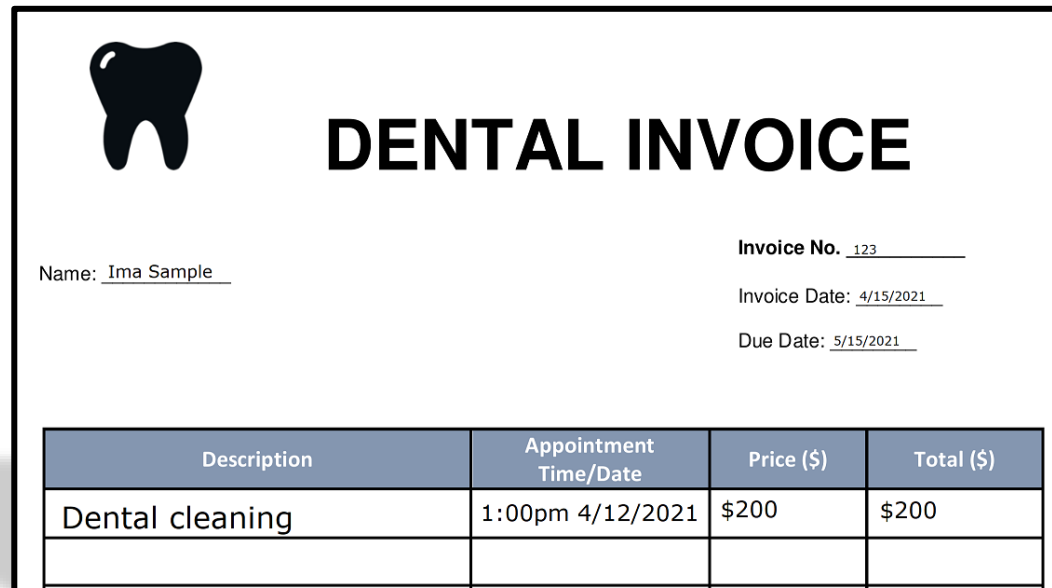


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Example 5:

Incorrect Service Dates (2 of 2)

- Dental services were provided to the individual on 4/12/2021 at 1:00pm
- The invoice was submitted by the dentist on 4/15/2021



The image shows a dental invoice form. At the top left is a black silhouette of a tooth. To its right is the title "DENTAL INVOICE" in bold. Below the tooth icon, the patient's name is listed as "Name: Ima Sample". To the right of the name, the invoice details are listed: "Invoice No. 123", "Invoice Date: 4/15/2021", and "Due Date: 5/15/2021". At the bottom of the form is a table with four columns: "Description", "Appointment Time/Date", "Price (\$)", and "Total (\$)". The table contains one row of data: "Dental cleaning", "1:00pm 4/12/2021", "\$200", and "\$200".

Description	Appointment Time/Date	Price (\$)	Total (\$)
Dental cleaning	1:00pm 4/12/2021	\$200	\$200



Example 6:

Incorrect Service Dates

- Dental services were provided to the individual on 4/12/2021 at 1:00pm
- The invoice was submitted by the dentist on 4/15/2021

Individual ID	Last Name	First Initial	Submit Date	Service Code	Billing Cd	Service Begin Date	Service End Date	Units Paid	Amount Paid
123456789	INDIVIDUAL ONE	S	4/15/2021	5A	N0601	4/15/2021	4/15/2021	200	200.00

Service Begin Date
4/15/2021

Error:

- The actual date of service was 4/12/2021 but the service begin date entered was 4/15/2021.
- This date is not supported by the dental invoice.



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Example 7:

Overbilling the Unit Rate (1 of 3)

- One unit of Out-of-Home Respite = 1 day
- One unit of Out-of-Home Respite = 24 hours

DEAF-BLIND WITH MULTIPLE DISABILITIES (DBMD) WAIVER PROGRAM Payment Rates Effective March 1, 2022		
Service	Payment Rate	Unit
Case Management Services	\$57.97	1 hour
Pre-Enrollment Assessment	\$40.43	1 hour
Day Habilitation	See page 3	
Residential Habilitation Services	See page 3	
In-Home Respite	\$261.15	1 day
Out-of-Home Respite	\$258.49	1 day



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Example 7: Overbilling the Unit Rate (2 of 3)

Hours Worked (to be completed by employee)								
Date	Time In	Time Out	Time In	Time Out	Time In	Time Out	Total Time	Comments
1								
2								
3								
4								
5								
6	8:00am	4:00pm					8 hours	
7	8:00am	4:00pm					8 hours	
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
							Pay Period Total Hours	16

The DBMD Out-of-Home Respite service provider documented a total of 16 hours



Pay Period Total Hours 16

Example 7:

Overbilling the Unit Rate (3 of 3)

- 1 unit of Out-of-Home respite = \$258.49
- 16 hours of service = 16/24 (.67) units
- .67 units = \$173.19

Individual ID	Last Name	First Initial	Submit Date	Service Code	Billing Cd	Service Begin Date	Service End Date	Units Paid	Amount Paid
123456789	INDIVIDUAL ONE	S	4/1/2020	11A	G0128	3/1/2020	3/31/2020	16	4135.84
123456789	INDIVIDUAL ONE	S	5/1/2020	11A	G0128	4/1/2020	4/30/2020	2	20.68
123456789	INDIVIDUAL ONE	S	6/1/2020	11A	G0128	5/1/2020	5/31/2020	2	20.68

Error:

- The DBMD program provider billed 16 days of service instead of 16 hours.
- This resulted in a \$3,962.65 overage.



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Example 8: No Billable Contact

Best DBMD Agency in Texas

Month: January 2021

Name: Sample Individual One:

Date of Contact: 1/4/2021 Time: 9:01am-9:04am	Called Sample Individual One to follow up about their new CFC PAS/Hab attendant. No answer, left a voice message.
Date of Contact: 1/12/2021 Time: 2:05pm-2:07pm	Missed a call from Sample Individual One's LAR. Attempted to call back, but there was no answer. Left a voice message.
Date of Contact: 1/28/2021 Time: 4:00pm-4:03pm	Received a voice message from Best FMSA in Texas about Sample Individual One's budget. Called Sample Individual One's LAR to discuss a possible revision, but there was no answer. Left a voice message.

Best Case Manager in Texas

1/28/2021

Service Provider:

Date:

Month: January	Year: 2021
--------------------------	----------------------

Date	Time In	Time Out
4	9:01 AM	9:04 AM
12	2:05 PM	2:07 PM
28	4:00PM	4:03 PM

Error: The case management notes do not document any billable contact for the month of January 2021, but the DBMD program provider still submitted a claim for services.

Individual ID	Last Name	First Initial	Submit Date	Service Code	Billing Cd	Service Begin Date	Service End Date	Units Paid	Amount Paid
123456789	INDIVIDUAL ONE	S	2/3/2021	12	G0200	1/1/2021	1/31/2021	0.5	28.99
123456789	INDIVIDUAL ONE	S	3/3/2021	12	G0200	2/1/2021	2/28/2021	0.5	28.99



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Example 9:

Schedules (1 of 3)

- The SPT determined that the individual would need 18 hours of CFC PAS/Hab services per week
- The justifications were submitted to HHSC Utilization Review, and the schedule documented on the IPP was authorized as indicated below

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total Hours
	3:30 PM	3:30 PM	3:30 PM	3:30 PM	3:30 PM		
	6:30 PM	8:00 PM	6:30 PM	8:00 PM	6:30 PM		
Total Hours:							18



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Example 9: Schedules (2 of 3)

- Services are authorized from 3:30pm-6:30pm on Wednesday
- No services are authorized for Sunday

Visit ID	Service Code	Date	In	Schedule Out	Hours	Location	Date	In	Out	Actual Hours	Pay Hours	Location
123456789	10 CFC	4/5/2021	3:30 PM	6:30 PM		MEMBER HOME	4/5/2021	3:28 PM	6:31 PM	3 HRS 3 MIN	3.00	Member Home
	Reason Code 100											
234567891	10 CFC	4/7/2021	3:30 PM	6:30 PM		MEMBER HOME	4/7/2021	3:55 PM	7:02 PM	3 HRS 6 MIN	P 3.00	Member Home
567891234	10 CFC	4/11/2021	12:00 PM	5:30 PM		MEMBER HOME	4/11/2021	12:02 PM	5:26 PM	5 HRS 24 MIN	P 5.50	Member Home

100 Staff hours worked differ from schedule

Error:

- The service provider stayed late to make up .50 hours on Wednesday (4/7/2021), after arriving past the scheduled start time.
- The service provider worked on Sunday (4/11/2021), which was not an authorized day.
- No justifications were provided.



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Example 9:

Schedules (3 of 3)

- Services **must** be provided in accordance with the individual's IPC and IPP
- Individual/LAR requests to deviate from the authorized schedule on a single day must be documented
- Overages may occur if the service provider had to stay late to ensure the individual's health and safety. These should be exceptions, **not** the rule and must be documented
- Schedules that no longer meet the individual's needs must be revised by the SPT



Example 10:

Overlapping Services (1 of 2)

40 TAC §42.626:

A program provider must ensure CFC PAS/HAB is not provided to an individual receiving licensed assisted living or licensed home health assisted living.

(2) A program provider must ensure CFC PAS/HAB is **not provided** to the individual **at the same time** that one of the following services are provided:

- (A) employment assistance with the individual present;
- (B) supported employment with the individual present;
- (C) day habilitation;
- (D) **respite**; or
- (E) residential habilitation.



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Example 10: Overlapping Services (2 of 2)

CFC PAS/Hab Services provided 2/1/2021 at 8am-4pm

Month: February	Year: 2021	Program Provider Name Best DBMD Provider in Texas				
Individual's Name Sample Individual One						
Service Provider Name Best CFC Attendant in Texas		Contract <input type="checkbox"/> Yes				
Authorized Service (check only one)						
<input checked="" type="checkbox"/> 10 CFC-CFC PAS/HAB	<input type="checkbox"/> 12-Case Management					
<input type="checkbox"/> 7-Occupational Therapy	<input type="checkbox"/> 8-Physical Therapy					
<input type="checkbox"/> 45-Intervener	<input type="checkbox"/> 9-Speech Therapy					
<input type="checkbox"/> 45A-Intervener I	<input type="checkbox"/> 10-Day Habilitation					
<input type="checkbox"/> 45B-Intervener II	<input type="checkbox"/> 11-Respite (In-Home)					
<input type="checkbox"/> 45C-Intervener III	<input type="checkbox"/> 11A-Respite (Out-of-Home)					
<input type="checkbox"/> 54-Employment Assistance						
Hours Worked (to be completed by employee)						
Date	Time In	Time Out	Time In	Time Out	Time In	T
1	8:00 AM	4:00 PM				
2						
3						

In-Home Respite Services provided 2/1/2021 at 12pm-8pm

Month: February	Year: 2021	Program Provider Name Best DBMD Provider in Texas				
Individual's Name Sample Individual One						
Service Provider Name Best CFC Attendant in Texas		Contract <input type="checkbox"/> Yes				
Authorized Service (check only one)						
<input type="checkbox"/> 10 CFC-CFC PAS/HAB	<input type="checkbox"/> 12-Case Management					
<input type="checkbox"/> 7-Occupational Therapy	<input type="checkbox"/> 8-Physical Therapy					
<input type="checkbox"/> 45-Intervener	<input type="checkbox"/> 9-Speech Therapy					
<input type="checkbox"/> 45A-Intervener I	<input type="checkbox"/> 10-Day Habilitation					
<input type="checkbox"/> 45B-Intervener II	<input checked="" type="checkbox"/> 11-Respite (In-Home)					
<input type="checkbox"/> 45C-Intervener III	<input type="checkbox"/> 11A-Respite (Out-of-Home)					
<input type="checkbox"/> 54-Employment Assistance						
Hours Worked (to be completed by employee)						
Date	Time In	Time Out	Time In	Time Out	Time In	T
1	12:00 PM	8:00 PM				
2						
3						

**Unallowable
overlap
12pm-4pm**



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Example 11: Billing a Span of Time on a Single Day

Month: February	Year: 2021	Program: Best D
Individual's Name Sample Individual One		
Service Provider Name Best Intervener in Texas		
Authorized Service (check only one)		
<input type="checkbox"/> 10 CFC-CFC PAS/HAB		
<input type="checkbox"/> 7-Occupational Therapy		
<input checked="" type="checkbox"/> 45-Intervener		
<input type="checkbox"/> 45A-Intervener I		

Hours Worked (to be completed)		
Date	Time In	Time Out
1	3:00 PM	8:02 PM
2	3:05 PM	8:01 PM
3	3:01 PM	7:58 PM
4	3:00 PM	8:01 PM
5	2:59 PM	7:57 PM

25 hours of intervener services were provided during the time period of February 1-5th, 2021

Individual ID	Last Name	First Initial	Submit Date	Service Code	Billing Cd	Service Begin Date	Service End Date	Units Paid	Amount Paid
123456789	INDIVIDUAL ONE	S	2/6/2021	45	G0232	2/1/2021	2/1/2021	25	550.75

Error: The program provider billed 2/1/2021 to 2/1/2021 as the service begin/end date.

The program provider should have been billed 2/1/2021 – 2/5/2021 **or** 2/1/2021 – 2/28/2021 to include all documented service dates.

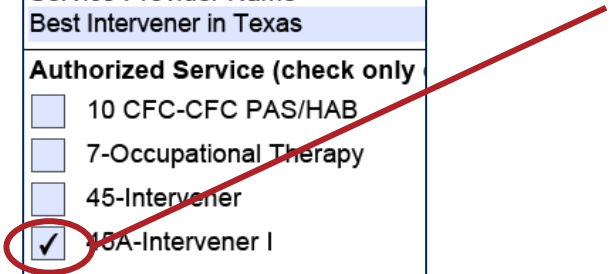


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Example 12: Service Provider Qualifications (1 of 4)

Month: February	Year: 2021	Proj Bes
Individual's Name Sample Individual One		
Service Provider Name Best Intervener in Texas		
Authorized Service (check only)		
<input type="checkbox"/> 10 CFC-CFC PAS/HAB		
<input type="checkbox"/> 7-Occupational Therapy		
<input type="checkbox"/> 45-Intervener		
<input checked="" type="checkbox"/> 45A-Intervener I		
<input type="checkbox"/> 45B-Intervener II		
<input type="checkbox"/> 45C-Intervener III		
<input type="checkbox"/> 54-Employment Assistance		

45A-Intervener I



40 TAC §49.311: a contractor must ensure a claim for services is provided by a qualified service provider in accordance with HHSC rules governing services provided under the contract.



Example 12: Service Provider Qualifications (2 of 4)

Intervener I Qualification:

- Meets the minimum qualifications for an intervener
- Has a minimum of 6 months experience working with persons who have Deafblindness or function as a person with Deafblindness
- Has completed a minimum of 8 semester credit hours in deafblind-related course work at a college or university accredited by:
 - A state agency recognized by the US Dept. of Education; or
 - A non-governmental agency recognized by the US Dept. of Education



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Example 12: Service Provider Qualifications (3 of 4)

Intervener I Qualification:

- Have a one-hour practicum in deafblind-related course work at a college or university accredited by:
 - A state agency recognized by the US Dept. of Education; or
 - A non-governmental agency recognized by the US Dept. of Education

Example 12: Service Provider

Qualifications (4 of 4)

EXPERIENCE

AUGUST 2009 - PRESENT

HISTORY TEACHER, BEST HIGH SCHOOL IN TEXAS

Tenth grade course, emphasis on world history.

JUNE 2005 – JUNE 2009

JOB TITLE, BEST DAYHAB IN TEXAS

Provided direct care to individuals with intellectual and developmental disabilities who attended the day habilitation program.

EDUCATION

GRADUATED JUNE 1, 2005

DIPLOMA, TEXAS HIGH SCHOOL

General studies

GRADUATED JUNE 1, 2009

BACHELOR OF SCIENCE IN WORLD HISTORY, TEXAS COLLEGE

Minor in French

SKILLS AND CERTIFICATIONS

- Fluent in American Sign Language
- CPR/First Aid Certified
- Fluent in French

Two programs meet the criteria for Intervener I in DBMD:

- [Deafblind Intervener Training Certificate – Utah State University Online](#)
- [Deafblind Central National Credential for Interveners – Central Michigan University](#)

It is unclear whether the employee's work history included working with individuals who have Deafblindness or who function as a person with Deafblindness.

The education history documented on the resume does not include any information about the required deafblind-related coursework.



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Applicable Rules

- [Rule §42.404](#): Service Delivery
- [Rule §42.405](#): Documentation of Services Delivered and Recordkeeping
- [Rule §49.305](#): Records
- [Rule §49.311](#): Claims Payment
- [DBMD Program Manual](#): Section 11000 Billing/Record Keeping Requirements
- [Form 6503](#): Instructions
- [Rate Analysis](#): DBMD



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Thank you

For additional questions, please contact:

[CAPM CLASS DBMD Monitoring@hhs.texas.gov](mailto:CAPM_CLASS_DBMD_Monitoring@hhs.texas.gov)