

**I/DD Waiver Provider Review Summary  
Reviews Jul 1, 2017-Jun 30, 2018**

<b><u>Range of Final Disallowance</u></b>	<b><u>Number of Providers</u></b>				
	7/1/17-9/30/17	10/1/17-12/31/17	1/1/18-3/31/18	4/1/18-6/30/18	Totals
\$0.00	10	3	8		21
\$0.01-\$999.99	9	5	8		22
\$1,000.00-\$1,999.99	2		3		5
\$2,000.00-\$2,999.99			1		1
\$3,000.00-\$3,999.99	1				1
\$4,000.00-\$4,999.99	2				2
\$5,000.00-\$5,999.99					
\$6,000.00-\$6,999.99					
\$7,000.00-\$7,999.99					
\$8,000.00-\$8,999.99		1			1
\$9,000.00-\$9,999.99					
\$10,000.00-\$14,999.99		1			1
\$15,000.00-\$19,999.99					
\$20,000.00-\$29,999.99					
\$30,000.00-\$39,999.99	1	1			2
\$40,000.00-\$49,999.99		1			1
\$50,000.00-\$59,999.99		1			1
\$60,000.00-\$69,999.99			1		1
\$70,000.00-\$79,999.99					
\$80,000.00-\$89,999.99					
\$90,000.00-\$100,000.00					
>\$100,000.00	1				1
<b>Total Providers:</b>	<b>26</b>	<b>13</b>	<b>21</b>		<b>60</b>

**Issues Identified:**

- Clinical—time billed not supported
- BSP monthly summaries missing clinical opinion
- Invalid SC/BSP activities
- Lapses in required training