



NEW YORK STATE
DEPARTMENT OF HEALTH
OFFICE OF THE MEDICAID INSPECTOR GENERAL

REVIEW OF HUMAN CARE SERVICES FOR FAMILIES AND
CHILDREN, INC.
CLAIMS FOR IRA RESIDENTIAL HABILITATION SERVICES
PAID FROM
JANUARY 1, 2008 – DECEMBER 31, 2010

FINAL AUDIT REPORT
AUDIT #11-7072

James C. Cox
Medicaid Inspector General

November 15, 2013



STATE OF NEW YORK
OFFICE OF THE MEDICAID INSPECTOR GENERAL
800 North Pearl Street
Albany, NY 12204

ANDREW M. CUOMO
GOVERNOR

JAMES C. COX
MEDICAID INSPECTOR GENERAL

November 15, 2013

[REDACTED]
Human Care Services for Families
and Children, Inc.
1042 38th Street
Brooklyn, New York 11219

Re: Final Audit Report
Audit #: 11-7072

Dear [REDACTED]

Enclosed is the Office of the Medicaid Inspector General (OMIG) final audit report entitled "Review of Human Care Services for Families and Children, Inc." (Provider) paid claims for IRA residential habilitation services covering the period January 1, 2008, through December 31, 2010.

In the attached final audit report, the OMIG has detailed our scope, procedures, laws, regulations, rules and policies, sampling technique, findings, provider rights, and statistical analysis.

The OMIG has attached the sample detail for the paid claims determined to be in error. This final audit report incorporates consideration of any additional documentation and information presented in response to the draft audit report dated October 7, 2013. The mean point estimate overpaid is \$535,746. The lower confidence limit of the amount overpaid is \$174,069. We are 95% certain that the actual amount of the overpayment is greater than the lower confidence limit. This audit may be settled through repayment of the lower confidence limit of \$174,069.

If the Provider has any questions or comments concerning this final audit report, please contact [REDACTED] or through email at [REDACTED]. Please refer to report number 11-7072 in all correspondence.

Sincerely,

[REDACTED]

Division of Medicaid Audit, Albany Office
Office of the Medicaid Inspector General

[REDACTED]
Enclosure

CERTIFIED MAIL [REDACTED]
RETURN RECEIPT REQUESTED

OFFICE OF THE MEDICAID INSPECTOR GENERAL

www.omig.ny.gov

The mission of the Office of the Medicaid Inspector General (OMIG), as mandated by New York Public Health Law § 31 is to preserve the integrity of the New York State Medicaid program by preventing and detecting fraudulent, abusive and wasteful practices within the Medicaid program and recovering improperly expended Medicaid funds.

DIVISION OF MEDICAID AUDIT

The Division of Medicaid Audit professional staff conducts audits and reviews of Medicaid providers to assess compliance and program requirements and, where necessary, to recover overpayments. These activities are done to monitor the cost-effective delivery of Medicaid services for prudent stewardship of scarce dollars; to assess the required involvement of professionals in planning care to program beneficiaries; safeguard the quality of care, medical necessity and appropriateness of Medicaid services provided; and, to reduce the potential for fraud, waste and abuse.

DIVISION OF MEDICAID INVESTIGATIONS

The Division of Medicaid Investigations (DMI) investigates potential instances of fraud, waste, and abuse in the Medicaid program. DMI deters improper behavior by inserting covert and overt investigators into all aspects of the program, scrutinizing provider billing and services, and cooperating with other agencies to enhance enforcement opportunities. Disreputable providers are removed from the program or prevented from enrolling. Recipients abusing the system are not removed from this safety net, but their access to services is examined and restricted, as appropriate. DMI maximizes cost savings, recoveries, penalties, and improves the quality of care for the state's most vulnerable population.

DIVISION OF TECHNOLOGY AND BUSINESS AUTOMATION

The Division of Technology and Business Automation will continue to support the data needs for the OMIG in the form of audit and investigative support, data mining and analysis, system match and recovery, through the use of commercial data mining products and procurement of expert service consultants.

OFFICE OF COUNSEL TO THE MEDICAID INSPECTOR GENERAL

The Office of Counsel to the Medicaid Inspector General promotes the OMIG's overall statutory mission through timely, accurate and persuasive legal advocacy and counsel.

EXECUTIVE SUMMARY

BACKGROUND

Pursuant to Title XIX of the Social Security Act, the Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The federal and state governments jointly fund and administer the Medicaid program. In New York State, the Department of Health (DOH) administers the Medicaid program. As part of this responsibility, the OMIG conducts audits and reviews of various providers of Medicaid reimbursable services, equipment and supplies. These audits and reviews are conducted to determine if the provider complied with applicable laws, regulations, rules and policies of the Medicaid program as set forth by the Departments of Health and Mental Hygiene [Titles 10, 14 and 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York] and the Medicaid Provider Manuals.

People with developmental disabilities can enjoy meaningful relationships with family, friends and other people in their lives, experience personal health and growth, live in the home of their choice and fully participate in their communities. People with developmental disabilities may have difficulty learning as quickly as others, expressing themselves clearly, or taking care of their physical needs. But it is difficult to define the limits of people with developmental disabilities; what they need most, therefore, is not only encouragement and understanding – but an opportunity to become part of the community they live in. This is where the significance of the Home and Community Based Services (HCBS) waiver has its greatest impact. In providing residential habilitation services, the HCBS waiver helps people achieve a functional connection to supports and services in the person's residence.

Outpatient services provided to persons with developmental disabilities are offered at programs licensed by the Office for People With Developmental Disabilities (OPWDD). The purpose of these programs is to offer a comprehensive system of services, which has as its primary purpose the promotion and attainment of independence, inclusion, and productivity for persons with mental retardation and developmental disabilities. These services are furnished at clinic and day treatment facilities and through a home and community based Federal waiver program. The waiver program, established under the authority of section 1915 [c] of the Social Security Act, is intended for persons with mental retardation and developmental disabilities who would otherwise need the level of care provided in an intermediate care facility. The specific standards and criteria for OPWDD services are outlined in Title 14 NYCRR Parts 635, 671, 679, and 690.

PURPOSE AND SCOPE

The purpose of this audit was to determine whether the Provider's claims for Medicaid reimbursement for IRA residential habilitation complied with applicable federal and state laws, regulations, rules and policies governing the New York State Medicaid Program. With respect to IRA residential service, this audit covered services paid by Medicaid from January 1, 2008, through December 31, 2010.

SUMMARY OF FINDINGS

We inspected a random sample of 100 services with \$1,106,898.39 in Medicaid payments. Of the 100 services in our random sample, 6 services had at least one error and did not comply with state requirements. Of the 6 noncompliant services, none contained more than one deficiency. Specifics are as follows:

<u>Error Description</u>	<u>Number of Errors</u>
Improper Number of Countable Service Days (Full Month) – Supervised Individualized Residential Alternative (IRA)	6

Based on the procedures performed, the OMIG has determined the Provider was overpaid \$44,907.50 in sample overpayments with an extrapolated point estimate of \$535,746. The lower confidence limit of the amount overpaid is \$174,069.

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INTRODUCTION

BACKGROUND

Medicaid Program

Pursuant to Title XIX of the Social Security Act, the Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The Federal and State governments jointly fund and administer the Medicaid program.

New York State's Medicaid Program

In New York State, the Department of Health (DOH) is the State agency responsible for operating the Medicaid program. Within DOH, the Office of Health Insurance Programs administers the Medicaid program. DOH uses the electronic Medicaid New York Information system (eMedNY), a computerized payment and information reporting system, to process and pay Medicaid claims, including IRA residential habilitation services claims.

As part of this responsibility, the OMIG conducts audits and reviews of various providers of Medicaid reimbursable services, equipment and supplies. These audits and reviews are conducted to determine if the provider complied with applicable laws, regulations, rules and policies of the Medicaid program as set forth by the Departments of Health and Mental Hygiene [Titles 10, 14 and 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York] and the Medicaid Provider Manuals.

New York State's IRA Residential Habilitation Program

Outpatient services provided to persons with developmental disabilities are offered at programs licensed by the Office for People With Developmental Disabilities (OPWDD). The purpose of these programs is to offer a comprehensive system of services, which has as its primary purpose the promotion and attainment of independence, inclusion, and productivity for persons with mental retardation and developmental disabilities. These services are furnished at clinic and day treatment facilities and through a home and community based Federal waiver program. The waiver program, established under the authority of section 1915 [c] of the Social Security Act, is intended for persons with mental retardation and developmental disabilities who would otherwise need the level of care provided in an intermediate care facility. The specific standards and criteria for OPWDD services are outlined in Title 14 NYCRR Parts 635, 671, 679, and 690.

PURPOSE, SCOPE, AND METHODOLOGY

Purpose

The purpose of this audit was to determine whether the Provider's claims for Medicaid reimbursement for IRA residential habilitation services complied with applicable Federal and State laws, regulations, rules and policies governing the New York State Medicaid Program and to verify that:

- Medicaid reimbursable services were rendered for the dates billed;
- appropriate rate or procedure codes were billed for services rendered;

- patient related records contained the documentation required by the regulations; and,
- claims for payment were submitted in accordance with DOH regulations and the appropriate Provider Manuals.

Scope

Our audit period covered payments to the Provider for IRA residential habilitation services paid by Medicaid from January 1, 2008, through December 31, 2010. Our audit universe consisted of 1,193 claims totaling \$13,221,440.39.

During our audit, we did not review the overall internal control structure of the Provider. Rather, we limited our internal control review to the objective of our audit.

Methodology

To accomplish our objective, we:

- reviewed applicable federal and state laws, regulations, rules and policies;
- held discussions with the Provider's management personnel to gain an understanding of the IRA residential habilitation services program;
- ran computer programming application of claims in our data warehouse that identified 1,193 paid IRA residential habilitation services claims, totaling \$13,221,440.39;
- selected a random sample of 100 services from the population of 1,193 services; and,
- estimated the overpayment paid in the population of 1,193 services.

For each sample selection we inspected, as available, the following:

- Medicaid electronic claim information
- Patient record, including, but not limited to:
 - ICF/MR Level of Care Eligibility Determination
 - Individualized Service Plans (ISP's)
 - IRA Residential Habilitation Daily Checklist
 - IRA Residential Habilitation Service Note
 - Staff Training Records
 - 24 Hour On-Call Procedure
 - Residential Habilitation Plan
 - Staff Time Sheets/Payroll Records
- Any additional documentation deemed by the Provider necessary to substantiate the Medicaid paid claim

LAWS, REGULATIONS, RULES AND POLICIES

The following are applicable Laws, Regulations, Rules and Policies of the Medicaid program referenced when conducting this audit:

- Departments of Health and Mental Hygiene [Titles 10, 14, and 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (10 NYCRR, 14 NYCRR, 18 NYCRR)].
- Medicaid Management Information System and eMedNY Provider Manual.
- Specifically, Title 18 NYCRR Section 540.6, 14 NYCRR Part 635 and Part 671, and OPWDD Administrative Memorandum #2002-01.
- In addition to any specific detailed findings, rules and/or regulations which may be listed below, the following regulations pertain to all audits:

Regulations state: "By enrolling the provider agrees: (a) to prepare and to maintain contemporaneous records demonstrating its right to receive payment . . . and to keep for a period of six years from the date the care, services or supplies were furnished, all records necessary to disclose the nature and extent of services furnished and all information regarding claims for payment submitted by, or on behalf of, the provider . . . (e) to submit claims for payment only for services actually furnished and which were medically necessary or otherwise authorized under the Social Services Law when furnished and which were provided to eligible persons; (f) to submit claims on officially authorized claim forms in the manner specified by the department in conformance with the standards and procedures for claims submission; . . . (h) that the information provided in relation to any claim for payment shall be true, accurate and complete; and (i) to comply with the rules, regulations and official directives of the department."

18 NYCRR Section 504.3

Regulations state: "Fee-for-service providers.(1) All providers . . . must prepare and maintain contemporaneous records demonstrating their right to receive payment . . . All records necessary to disclose the nature and extent of services furnished and the medical necessity therefor . . . must be kept by the provider for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later. (2) All information regarding claims for payment submitted by or on behalf of the provider is subject to audit for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later, and must be furnished, upon request, to the department . . . for audit and review."

18 NYCRR Section 517.3(b)

Regulations require that bills for medical care, services and supplies contain patient name, case number and date of service; itemization of the volume and specific types of care, services and supplies provided; the unit price and total cost of the care, services and supplies provided; and a dated certification by the provider that the care, services and supplies itemized have been in fact furnished; that the amounts listed are in fact due and owing; that such records as are necessary to disclose fully the extent of care, services and supplies provided to individuals under the New York State Medicaid program will be kept for a period of not less than six years from the date of payment; and that the provider understands that payment and satisfaction of

this claim will be from Federal, State and local public funds and that he or she may be prosecuted under applicable Federal and State laws for any false claims, statements or documents, or concealment of a material fact provided.

18 NYCRR Section 540.7(a)(1)-(3) and (8)

Regulations state: "An overpayment includes any amount not authorized to be paid under the medical assistance program, whether paid as the result of inaccurate or improper cost reporting, improper claiming, unacceptable practices, fraud, abuse or mistake."

18 NYCRR Section 518.1(c)

Regulations state: "Vendor payments for medical care and other items of medical assistance shall not be made unless such care or other items of assistance have been furnished on the basis of the appropriate authorization prescribed by the rules of the board and regulations of the department."

18 NYCRR Section 540.1

Regulations state: "The department may require repayment from the person submitting an incorrect or improper claim, or the person causing such claim to be submitted, or the person receiving payment for the claim."

18 NYCRR Section 518.3(a)

Regulations state: "The department may require repayment for inappropriate, improper, unnecessary or excessive care, services or supplies from the person furnishing them, or the person under whose supervision they were furnished, or the person causing them to be furnished...."

18 NYCRR Section 518.3(b)

Regulations state: "Medical care, services or supplies ordered or prescribed will be considered excessive or not medically necessary unless the medical basis and specific need for them are fully and properly documented in the client's medical record."

18 NYCRR Section 518.3(b)

DETAILED FINDINGS

The OMIG's review of Medicaid claims paid to the Provider from January 1, 2008, through December 31, 2010, identified 6 claims with at least one error, for a total sample overpayment of \$44,907.50 (Attachment C).

Sample Selection

1. **Improper Number of Countable Service Days (Full Month) – Supervised Individualized Residential Alternative (IRA)** 16, 25, 45, 62, 75, 84

Regulations state, "The full month supervised IRA price shall be paid for services provided to an individual who meets the enrollment requirement in subparagraph (11)(i) of this subdivision and who receives face-to-face residential habilitation services in accordance with the individual's individualized service plan (ISP) and residential habilitation plan on each of the 22 days of the enrollment requirement. These are known as countable service days."

*For services prior to 01/01/10,
14NYCRR Section 635-10.5(b)(8)(ii)(a)
For services 01/01/10 and after,
14 NYCRR Section 635-10.5(b)(8)(iii)(a)*

Regulations also state, "For supervised IRAs only: in determining countable service days the provider may include days when an individual consumer is away from the IRA, for purposes such as vacations and visits with family or friends, only when staff from the consumer's IRA deliver and document services to that consumer that are similar in scope, frequency and duration to the residential habilitation services typically delivered to the consumer at the IRA.

(a) No more than 14 days in a calendar month that meet the conditions of this subparagraph may be countable service days for a full month supervised IRA price.

(b) No more than seven days in a calendar month that meet the conditions of this subparagraph may be countable service days for one-half of a full month supervised IRA price."

In 6 instances pertaining to 5 recipients, the recipients did not receive residential habilitation service for the required number of countable days.

PROVIDER RIGHTS

In accordance with 18 NYCRR Part 518 which regulates the collection of overpayments, your repayment options are described below. If you decide to repay the lower confidence limit amount of \$174,069, one of the following repayment options must be selected within 20 days from the date of this letter:

OPTION #1: Make full payment by check or money order within 20 days of the date of the final audit report. The check should be made payable to the New York State Department of Health and be sent with the attached Remittance Advice to:

[REDACTED]
New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
File #11-7072
Albany, New York 12237

OPTION #2: Enter into a repayment agreement with the Office of the Medicaid Inspector General. If your repayment terms exceed 90 days from the date of the final audit report, recoveries of amounts due are subject to interest charges at the prime rate plus 2%. If the process of establishing the repayment agreement exceeds 20 days from the date of the final audit report, the OMIG will impose a 15% withhold after 20 days until the agreement is established.

Furthermore, the OMIG may require financial information from you to establish the terms of the repayment agreement. If additional information is requested, the OMIG must receive the information within 30 days of the request or a 50% withhold will be imposed. OMIG acceptance of the repayment agreement is based on your repaying the Medicaid overpayment as agreed. The OMIG will adjust the rate of recovery, or require payment in full, if your unpaid balance is not being repaid as agreed. The OMIG will notify you no later than 5 days after initiating such action. If you wish to enter into a repayment agreement, you must forward your written request within 20 days to the following:

Bureau of Collections Management
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, New York 12204
[REDACTED]

If within 20 days, you fail to make full payment or contact the OMIG to make repayment arrangements, the OMIG will establish a withhold equal to 50% of your Medicaid billings to recover payment and liquidate the lower confidence limit amount, interest and/or penalty, not barring any other remedy allowed by law. The OMIG will provide notice to you no later than 5 days after the withholding of any funds. In addition, if you receive an adjustment in your favor while you owe funds to the State, such adjustment will be applied against the amount owed.

If you choose not to settle this audit through repayment of the adjusted lower confidence limit, you have the right to challenge these findings by requesting an administrative hearing where the OMIG would seek and defend the point estimate of \$535,746. As allowed by state regulations, you must make your request for a hearing, in writing, within sixty (60) days of the date of this report to:

General Counsel
Office of Counsel
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, New York 12204

Questions regarding the request for a hearing should be directed to Office of Counsel, at [REDACTED]

Issues you may raise shall be limited to those issues relating to determinations contained in the final audit report. Your hearing request may not address issues regarding the methodology used to determine the rate, or any issue that was raised at a proceeding to appeal a rate determination.

At the hearing you have the right to:

- a) be represented by an attorney or other representative, or to represent yourself;
- b) present witnesses and written and/or oral evidence to explain why the action taken is wrong; and
- c) cross examine witnesses of the Department of Health and/or the OMIG.

The OMIG reserves the right to conduct further reviews of your participation in the Medicaid Program, take action where appropriate, and recover monies owed through the initiation of a civil lawsuit or other legal mechanisms including but not limited to the recovery of state tax refunds pursuant to Section 206 of the Public Health Law and Section 171-f of the State Tax Law.

**NEW YORK STATE
OFFICE OF THE MEDICAID INSPECTOR GENERAL
REMITTANCE ADVICE**

Human Care Services for Families
and Children, Inc.
1042 38th Street
Brooklyn, New York 11219

PROVIDER ID

AUDIT #11-7072

AMOUNT DUE: \$174,069

AUDIT

TYPE

PROVIDER
 RATE
 PART B
 OTHER:

CHECKLIST

1. To ensure proper credit, please enclose this form with your check.
2. Make checks payable to: *New York State Department of Health*
3. Record the Audit Number on your check.
4. Mail check to:

New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
File #11-7072
Albany, New York 12237

Thank you for your cooperation.

SAMPLE DESIGN AND METHODOLOGY

Our sample design and methodology are as follows:

- Universe - Medicaid claims for IRA residential habilitation services paid during the period January 1, 2008, through December 31, 2010.
- Sampling Frame - The sampling frame for this objective is the Medicaid electronic database of paid Provider claims for IRA residential habilitation services paid during the period January 1, 2008, through December 31, 2010.
- Sample Unit - The sample unit is a Medicaid claim paid during the period January 1, 2008, through December 31, 2010.
- Sample Design – Simple sampling was used for sample selection.
- Sample Size – The sample size is 100 services.
- Source of Random Numbers – The source of the random numbers was the OMIG statistical software. We used a random number generator for selecting our random sampling items.
- Characteristics to be measured - Adequacy of documentation received supporting the sample claims.
- Treatment of Missing Sample Services - For purposes of appraising items, any sample service for which the Provider could not produce sufficient supporting documentation was treated as an error.
- Estimation Methodology – Estimates are based on the sample data using per unit estimates.

SAMPLE RESULTS AND ESTIMATES

Universe Size	1,193
Sample Size	100
Sample Book Value	\$1,106,898.39
Sample Overpayments	\$44,907.50
Net Financial Error Rate	4.057%
Mean Dollars in Error	\$449,0750
Standard Deviation	1907.5715
Point Estimate of Total Dollars	\$535,746
Confidence Level	90%
Lower Confidence Limit	\$174,069

HUMAN CARE SERVICES, INC.
REVIEW OF RESIDENTIAL HABILITATION SERVICES
PROJECT NUMBER: 11-7072
REVIEW PERIOD: 01/01/08 - 12/31/10

Sample Number	Date of Service	Billed	Rate Code	Amount		Over Payment	1. Improper Number of Countable Service Days (Full Month) - Supervised (Y/N)	2. Improper Residential Alternative
				Paid	Derived			
1	04/01/10	4706	4706	\$ 11,283.99	\$ 11,283.99	\$ -		
2	11/01/10	4706	4706	10,848.87	10,848.87	-		
3	07/01/10	4706	4706	11,394.37	11,394.37	-		
4	06/01/08	4706	4706	10,799.25	10,799.25	-		
5	05/01/08	4706	4706	10,799.25	10,799.25	-		
6	05/01/10	4706	4706	11,394.37	11,394.37	-		
7	04/01/10	4706	4706	11,283.99	11,283.99	-		
8	02/01/10	4706	4706	11,283.99	11,283.99	-		
9	01/01/09	4706	4706	11,151.42	11,151.42	-		
10	10/01/08	4706	4706	11,151.42	11,151.42	-		
11	12/01/09	4706	4706	11,247.33	11,247.33	-		
12	11/01/10	4706	4706	10,848.87	10,848.87	-		
13	05/01/10	4706	4706	11,394.37	11,394.37	-		
14	12/01/08	4706	4706	11,151.42	11,151.42	-		
15	02/01/10	4706	4706	11,283.99	11,283.99	-		
16	08/01/09	4706	4706	11,247.33	-	11,247.33	X	
17	06/01/08	4706	4706	10,799.25	10,799.25	-		
18	10/01/09	4706	4706	11,247.33	11,247.33	-		
19	01/01/09	4706	4706	11,151.42	11,151.42	-		
20	12/01/09	4706	4706	11,247.33	11,247.33	-		
21	04/01/08	4706	4706	10,706.36	10,706.36	-		
22	03/01/08	4706	4706	10,652.76	10,652.76	-		
23	10/01/09	4706	4706	11,247.33	11,247.33	-		
24	04/01/09	4706	4706	11,151.42	11,151.42	-		
25	07/01/10	4706	4706	11,394.37	-	11,394.37	X	

DETAILED AUDIT FINDINGS

HUMAN CARE SERVICES, INC.
REVIEW OF RESIDENTIAL HABILITATION SERVICES
PROJECT NUMBER: 11-7072
REVIEW PERIOD: 03/01/08 - 12/31/10

Sample Number	Date of Service	Billed	Rate Code	Derived	Amount			Over Payment	Service Days (Full Month) - Supervised Individualized Residential Alternative (IRA)	T. Improper Number of Countable
					Paid	Derived	Over Payment			
26	02/01/09	4706	4706	\$	11,151.42	\$	11,151.42	\$	-	
27	04/01/09	4706	4706		11,151.42		11,151.42		-	
28	09/01/10	4706	4706		11,685.75		11,685.75		-	
29	04/01/10	4706	4706		11,283.99		11,283.99		-	
30	04/01/09	4706	4706		11,151.42		11,151.42		-	
31	12/01/10	4706	4706		10,848.87		10,848.87		-	
32	03/01/10	4706	4706		11,283.99		11,283.99		-	
33	04/01/10	4706	4706		11,283.99		11,283.99		-	
34	12/01/10	4706	4706		10,848.87		10,848.87		-	
35	12/01/10	4706	4706		10,848.87		10,848.87		-	
36	03/01/10	4706	4706		11,283.99		11,283.99		-	
37	06/01/10	4706	4706		11,394.37		11,394.37		-	
38	03/01/10	4706	4706		11,283.99		11,283.99		-	
39	01/01/08	4706	4706		10,542.81		10,542.81		-	
40	12/01/09	4706	4706		11,247.33		11,247.33		-	
41	03/01/10	4706	4706		11,283.99		11,283.99		-	
42	01/01/09	4706	4706		11,151.42		11,151.42		-	
43	09/01/08	4706	4706		11,151.42		11,151.42		-	
44	08/01/09	4706	4706		11,247.33		11,247.33		-	
45	07/01/08	4706	4707		10,799.25		5,399.62		5,399.63	X
46	07/01/08	4706	4706		10,799.25		10,799.25		-	
47	01/01/09	4706	4706		11,151.42		11,151.42		-	
48	06/01/10	4706	4706		11,394.37		11,394.37		-	
49	11/01/10	4706	4706		10,848.87		10,848.87		-	
50	02/01/09	4706	4706		11,151.42		11,151.42		-	

DETAILED AUDIT FINDINGS

HUMAN CARE SERVICES, INC.
REVIEW OF RESIDENTIAL HABILITATION SERVICES
PROJECT NUMBER: 11-7072
REVIEW PERIOD: 01/01/08 - 12/31/10

Sample Number	Date of Service	Rate Code		Paid	Derived	Over Payment	1. Improper Number of Countable Service Days (Full Month) - Supervised (IRA)
		Billed	Derived				
51	11/01/09	4706	4706	\$ 11,247.33	\$ 11,247.33	\$ -	
52	05/01/09	4706	4706	11,262.58	11,262.58	-	
53	08/01/10	4706	4706	11,685.75	11,685.75	-	
54	08/01/10	4706	4706	11,685.75	11,685.75	-	
55	10/01/08	4706	4706	11,151.42	11,151.42	-	
56	11/01/10	4706	4706	10,848.87	10,848.87	-	
57	03/01/10	4706	4706	11,283.99	11,283.99	-	
58	11/01/08	4706	4706	11,151.42	11,151.42	-	
59	10/01/09	4706	4706	11,247.33	11,247.33	-	
60	08/01/10	4706	4706	11,685.75	11,685.75	-	
61	03/01/08	4706	4706	10,652.76	10,652.76	-	
62	10/01/10	4706	4707	11,685.75	5,842.87	5,842.88	X
63	05/01/10	4706	4706	11,394.37	11,394.37	-	
64	08/01/09	4706	4706	11,247.33	11,247.33	-	
65	01/01/08	4706	4706	10,542.81	10,542.81	-	
66	01/01/09	4706	4706	11,151.42	11,151.42	-	
67	01/01/08	4706	4706	10,542.81	10,542.81	-	
68	07/01/09	4706	4706	10,909.07	10,909.07	-	
69	11/01/10	4706	4706	10,848.87	10,848.87	-	
70	06/01/08	4706	4706	10,799.25	10,799.25	-	
71	07/01/10	4706	4706	11,394.37	11,394.37	-	
72	10/01/08	4706	4706	11,151.42	11,151.42	-	
73	12/01/10	4706	4706	10,848.87	10,848.87	-	
74	03/01/10	4706	4706	11,283.99	11,283.99	-	
75	05/01/08	4706	4707	10,799.25	5,399.62	5,399.63	X

DETAILED AUDIT FINDINGS

HUMAN CARE SERVICES, INC.
REVIEW OF RESIDENTIAL HABILITATION SERVICES
PROJECT NUMBER: 11-7072
REVIEW PERIOD: 01/01/08 - 12/31/10

Sample Number	Date of Service	Rate Code		Amount		Over Payment	I, Improper Number of Countable Service Days (Full Month) - Supervised (ITA)
		Billed	Derived	Paid	Derived		
76	01/01/08	4706	4706	\$ 10,542.81	\$ 10,542.81	\$ -	
77	10/01/08	4706	4706	11,151.42	11,151.42	-	
78	04/01/10	4706	4706	11,283.99	11,283.99	-	
79	10/01/08	4706	4706	11,151.42	11,151.42	-	
80	10/01/08	4706	4706	11,151.42	11,151.42	-	
81	04/01/08	4706	4706	11,151.42	11,151.42	-	
82	11/01/10	4706	4706	10,848.87	10,848.87	-	
83	12/02/07	4708	4708	4,980.62	4,980.62	-	
84	11/01/09	4706	4707	11,247.33	5,623.67	5,623.66	X
85	09/01/08	4706	4706	11,151.42	11,151.42	-	
86	01/01/08	4706	4706	10,542.81	10,542.81	-	
87	02/01/10	4706	4706	11,283.99	11,283.99	-	
88	11/01/09	4706	4706	11,247.33	11,247.33	-	
89	02/01/10	4706	4706	11,283.99	11,283.99	-	
90	04/01/10	4706	4706	11,283.99	11,283.99	-	
91	12/01/09	4706	4706	11,247.33	11,247.33	-	
92	04/01/08	4706	4706	10,706.36	10,706.36	-	
93	11/01/09	4706	4706	11,247.33	11,247.33	-	
94	01/01/08	4706	4706	10,542.81	10,542.81	-	
95	07/01/10	4706	4706	11,394.37	11,394.37	-	
96	09/01/10	4706	4706	11,685.75	11,685.75	-	
97	11/01/10	4706	4706	10,848.87	10,848.87	-	
98	03/01/09	4706	4706	11,151.42	11,151.42	-	
99	08/01/10	4706	4706	11,685.75	11,685.75	-	
100	08/01/08	4706	4706	11,151.42	11,151.42	-	
Totals				\$ 1,106,896.39	\$ 1,061,990.89	\$ 44,907.50	6

DETAILED AUDIT FINDINGS