



pennsylvania
DEPARTMENT OF HUMAN SERVICES
BUREAU OF FINANCIAL OPERATIONS

December 21, 2015

Ms. Angelica Howard, Chief Executive Officer
AH Home Health Care Services, LLC
441 W. Bristol Street
Philadelphia, Pennsylvania 19138

Dear Ms. Howard:

I am enclosing for your review the final audit report of AH Home Health Care Services, LLC as prepared by the Division of Audit and Review (DAR). Your response has been incorporated into the final report and labeled as an Appendix. The report covers the period January 1, 2013 to December 31, 2014.

I would like to express my appreciation for all of the courtesy extended to my staff during the course of the fieldwork. I understand that you were especially helpful to Edwina Downs in completing the audit.

The final report will be forwarded to the Department's Office of Long-Term Living (OLTL) to begin the Department's resolution process concerning the report's contents. The staff from OLTL will be in contact with you to follow-up on the actions taken to comply with the report's recommendations.

If you have any questions concerning this matter, please contact David Bryan, Audit Resolution Section at [REDACTED].

Sincerely,

A handwritten signature in black ink that reads "Tina L Long".

Tina L. Long, CPA
Director

Enclosure

c: Mr. Jay Bausch
Mr. Grant Witmer
Mr. Michael Luckovich
Ms. Kim Barge

bc: Mr. Alexander Matolyak
Mr. Daniel Higgins
Mr. David Bryan
Mr. Grayling Williams
Ms. Shelley Lawrence
SEFO Audit File (S1410)

Some information has been redacted from this audit report. The redaction is indicated by magic marker highlight. If you want to request an unredacted copy of this audit report, you should submit a written Right to Know Law (RTKL) request to DHS's RTKL Office. The request should identify the audit report and ask for an unredacted copy. The RTKL Office will consider your request and respond in accordance with the RTKL (65P.S. §§ 67.101 et seq.) The DHS RTKL Office can be contacted by email at: rapwrtkl@pa.gov.



December 21, 2015

Mr. Brendan Harris, Executive Deputy Secretary
 Department of Human Services
 Health & Welfare Building, Room 334
 Harrisburg, Pennsylvania 17120

Dear Deputy Secretary Harris:

The Bureau of Financial Operations (BFO) conducted an audit of AH Home Health Care Services, LLC (AHHH). The audit was designed to investigate, analyze and make recommendations regarding the reimbursements from the Provider Reimbursement and Operations Management Information System (PROMISe) for client care. Our audit covered the period from January 1, 2013 to December 31, 2014 (Audit Period).

This report is in final form and therefore contains AHHH’s views on the reported findings, conclusions and recommendations.

Executive Summary

AHHH provides assisted living services through participation in the Home and Community Based Services (HCBS) waiver programs, such as the Aging waiver which is administered, in part, by OLTL.

The report findings and recommendations for corrective action are summarized below:

FINDINGS	SUMMARY
<p><i>Finding No. 1 – PROMISe Claims Were Not Supported by Adequate Documentation.</i></p>	<p>A statistically valid random sample (SVRS) of claims paid through PROMISe was tested for adequacy of supporting documentation. Reimbursed units of service could not be supported due to a lack of time sheets and daily activity notes. The identified errors resulted in questioned costs of \$799,945.</p>
HIGHLIGHTS OF RECOMMENDATIONS	
<p>OLTL should:</p> <ul style="list-style-type: none"> • Recover \$799,945 for inadequately documented and overbilled claims. • Ensure that AHHH has adequate documentation in the form of time sheets and daily activity notes to support the claims submitted to PROMISe for reimbursement. • Ensure that AHHH’s procedures verify that the service delivery times are appropriately documented and the daily activity notes are prepared and retained in accordance with 55 Pa. Code Chapter 52. <p>AHHH should:</p> <ul style="list-style-type: none"> • Only claim reimbursements for services that are delivered and supported by adequate documentation. 	

AH Home Health Care Services, LLC
January 1, 2013 Through December 31, 2014

FINDINGS	SUMMARY
<i>Finding No. 2 – Some Paid Claims Were Not Eligible for PROMISE Reimbursements</i>	Service delivery claims were submitted and reimbursed through PROMISE pertaining to times and dates that occurred after a consumer was deceased. This error resulted in additional questioned costs of \$3,392.

HIGHLIGHTS OF RECOMMENDATIONS
<p>OLTL should:</p> <ul style="list-style-type: none"> • Recover \$3,392 for ineligible reimbursements due to invalid service dates. <p>AHHH should:</p> <ul style="list-style-type: none"> • Only claim reimbursements for services that were provided to consumers that are authorized to receive the services.

FINDINGS	SUMMARY
<i>Finding No. 3 – Care-Givers did not Have the Required List of Excluded Individuals/Entities Clearances on File as Required by MA Bulletin 99-11-05</i>	AHHH did not perform the required screenings of its care-givers to ensure they had not been excluded from participation in federal health care programs. This is a program compliance deficiency.

HIGHLIGHTS OF RECOMMENDATIONS
<p>OLTL should:</p> <ul style="list-style-type: none"> • Verify that AHHH performed all of the required screenings of its care-givers and maintained auditable documentation of screening efforts, including the dates the screenings were performed, the source data that was checked, and the date the source data was updated. <p>AHHH should:</p> <ul style="list-style-type: none"> • Periodically conduct self-audits to determine compliance with MA Bulletin 99-11-05. • Only claim reimbursements for services provided by care-givers who have been properly screened and cleared for participation in HCBS programs.

See Appendix A for the Background; Objective, Scope and Methodology; and Conclusion on the Objective.

Results of Fieldwork

Finding No. 1 – PROMISE Claims Were Not Supported by Adequate Documentation.

A SVRS of claims was selected from the claims reimbursed through PROMISE during the Audit Period. The BFO analyzed the underlying documentation to determine the adequacy and validity of each claim in the sample. The documentation included daily activity notes, employee time sheets, as well as service authorizations.

AH Home Health Care Services, LLC
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AHHH could not furnish various time sheets and daily activity notes.¹ Management stated that the company had experienced two catastrophic events that destroyed many of the consumer files (a fire in an adjacent building and a flood). AHHH was provided a list of exceptions and allowed additional time to search for relevant documentation; however, no additional records were presented. Management stated that they have implemented new procedures to ensure that the necessary documentation is properly filed and maintained.

Below is a summary of the errors that were identified.

Over/Under Billing – Some claims were over-billed or under-billed. Netting the over-billed and under-billed amounts resulted in a net overbilling. Questioned costs related to this error are \$23,642.

Missing Time Sheets and/or Daily Activity Notes – A significant number of claims were not supported by either a time sheet and/or a daily activity note. Questioned costs related to this error are \$182,622.

Blank Daily Activity Notes – AHHH used a checklist to document the services that were delivered to its consumers. In some instances, the checklist was blank. Questioned costs related to this error are \$102,043.

Incomplete Daily Activity Notes – The care-giver's daily activity notes were not completed for each day that service was delivered. Activities were documented for only one day of the seven day period on the weekly activity record. Questioned costs related to this error are \$491,638.

Extrapolating the unit error amount over the population of claims resulted in questioned costs totaling \$799,945 with a variance of +/- \$108,828.

Recommendations

The BFO recommends that OLTL recover \$799,945 for inadequately documented and/or overbilled PROMISE claims.

The BFO also recommends that OLTL ensure that AHHH has adequate documentation in the form of time sheets and daily activity notes to support the claims submitted to PROMISE for reimbursement.

Additionally, the BFO recommends that OLTL ensure that AHHH's procedures verify that the service delivery times are appropriately documented and that daily activity notes are prepared and retained in accordance with 55 Pa. Code Chapter 52.

Finally, the BFO recommends that AHHH only claim reimbursements for services that are delivered and supported by adequate documentation.

¹ 55 Pa. Code Chapter 1101, §1101.11 General Provisions and §1101.51 Ongoing Responsibilities of Providers. Also, 55 Pa. Code Chapter 52, §52.14 ² Ongoing Responsibilities of Providers, §52.15 Provider Records

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Finding No. 2 – Some Paid Claims Were Not Eligible for PROMISe Reimbursement.

Service delivery claims were submitted and reimbursed through PROMISe relating to times and dates that occurred after a consumer was deceased. Management had no explanation as to how this transpired. Questioned costs relating to this error are \$3,392.

Recommendations

The BFO recommends that OLTL recover \$3,392 for ineligible reimbursements due to invalid service dates.

The BFO also recommends that AHHH only claim reimbursements for services that were provided to consumers that are authorized to receive the services.

Finding No. 3 – Care-Givers did not Have the Required List of Excluded Individuals/ Entities Clearances on File as Required by MA Bulletin 99-11-05.

Effective August 15, 2011 providers are required to comply with MA Bulletin 99-11-05, "Provider Screening of Employees and Contractors for Exclusion from Participation in Federal Health Care Programs and the Effect of Exclusion on Participation". AHHH did not comply with this requirement. Services should not be delivered by any care-giver that has not had all screening and background clearances. This is a program compliance deficiency.

Recommendations

The BFO recommends that OLTL verify that AHHH performed all of the required screenings of its care-givers and maintained auditable documentation of screening efforts, including the dates the screenings were performed, the source data that was checked, and the date the source data was updated.

The BFO also recommends that AHHH periodically conduct self-audits to determine compliance with MA Bulletin 99-11-05.

The BFO finally recommends that AHHH only claim reimbursements for services provided by care-givers who have been properly screened and cleared for participation in HCBS programs.

Exit Conference

An exit conference was held on November 12, 2015 to discuss the draft audit report and AHHH's response. The BFO in conjunction with OLTL agreed to deem allowable a single day of service in the instances where the daily activity notes covered an entire week. As a result, the questioned costs were reduced.

AH Home Health Care Services, LLC
January 1, 2013 Through December 31, 2014

In accordance with our established procedures, an audit response matrix will be provided to OLTL. Once received, OLTL should complete the matrix within 60 days and email the Excel file to the DHS Audit Resolution Section at:



The response to each recommendation should indicate OLTL's concurrence or non-concurrence, the corrective action to be taken, the staff responsible for the corrective action, the expected date that the corrective action will be completed and any related comments.

Sincerely,

A handwritten signature in black ink that reads "Tina L Long".

Tina L. Long, CPA
Director

AH HOME HEALTH CARE SERVICES, LLC

APPENDIX A

APPENDIX A

Background

AH Home Health Care Services, LLC (AHHH) is a limited liability company that was created in Pennsylvania on May 11, 2011. The company was established to assist individuals to reach their full potential as productive, socially centered and personally fulfilled individuals by establishing appropriate educational and community programs. AHHH provides personal assistance services to eligible consumers.

AHHH serves consumers whose services are approved for participation in the Aging (PDA) waiver. The waiver eligible services are paid through the PROMISe reimbursement process.

Objective/Scope/Methodology

The audit objective, developed in concurrence with OLTL was:

- To determine if AHHH has adequate documentation to substantiate its paid claims through PROMISe for services reimbursed.

The criteria used to ascertain the adequacy of supporting documentation was 55 Pa. Code Chapter 1101, 55 Pa. Code Chapter 52 and pertinent Federal Waiver requirements.

In pursuing this objective, the BFO interviewed OLTL personnel and AHHH's management. We also analyzed books, payroll records, care-giver time sheets, daily activity notes, billing data, PROMISe reimbursement data, electronic records available in the Home and Community Services Information System (HCSIS) and other pertinent data necessary to pursue the audit objective.

We conducted this performance audit in accordance with generally accepted government auditing standards (GAGAS). Those standards require that we plan and perform the audit to obtain sufficient evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

Government auditing standards require that we obtain an understanding of management controls that are relevant to the audit objective described above. The applicable controls were examined to the extent necessary to provide reasonable assurance of the effectiveness of those controls. Based on our understanding of the controls, there were material deficiencies in billing procedures. Areas where we noted an opportunity for improvement in management controls are addressed in the findings of this report.

The BFO's fieldwork was conducted intermittently from May 11, 2015 to June 9, 2015 and was performed in accordance with GAGAS. This report is available for public inspection.

Conclusion on the Objective

In conclusion, AHHH did not meet the documentation requirements for reimbursement for many of its PROMISe claims. Missing time sheets and daily activity notes along with incomplete documentation and/or records resulted in total questioned costs of \$803,337.

AH HOME HEALTH CARE SERVICES, LLC
RESPONSE TO THE DRAFT REPORT
APPENDIX B

A.H. Home Health Care Services
[REDACTED]

10/21/2015

Re: Audit & Review

Dear [REDACTED]

I would like to thank you for the opportunity to rebut the Audits findings. A.H. does not believe our reasons for missing time sheets and daily activity notes were given adequate weight and consideration.

Finding #1) Reimbursed units of service could not be supported due to a lack of time sheets and daily activity notes.
Incomplete daily activity notes.

Rebuttal)

A.H.'s time sheets were suggested and approved by the Health Department and the [REDACTED] of the Philadelphia Corporation of Aging [REDACTED]

We simply followed their recommendation feeling that way we would be completely in compliance. We were given a list of documents that were required in order to start receiving consumers from the Philadelphia Corporation of Aging. The documents we later submitted including time sheets were approved by Mr. White and the Health Department.

Sir, while we understand our time sheets didn't exactly meet Pennsylvania Department of Human Services standards we believe it would be patently unfair to penalize our company due to the input and instructions from the other two agencies.

[REDACTED] incomplete Daily Activity Notes are a direct result of insufficient room on the form to document daily activities. Again this is the form that was previously approved.

At the time of our Audit, [REDACTED] explained to the audit team and showed documentation that our office at [REDACTED] was destroyed by fire on Jan. 15th, 2014. We were able to save and retrieve only what the fire department allowed us to take away, the building was deemed to be too dangerous to walk around in.

The fire was at our first office [REDACTED] We were able to save and recover data that was deemed confidential. Client files with names, addresses and social security numbers were secured. We were also able to retrieve personnel files which are confidential.

Unfortunately for us our files with time sheets and daily reports were destroyed, only a few were recovered. In January of 2014 our second location experienced a flood which destroyed valuable and pertinent records. This incident is verifiable through insurance documents which paid flood claim. This documented information was given to the Audit team.

Sir, these two verifiable incidents clearly should be considered when calculating incomplete files, penalties and or fines.

After our Audit of May 11, 2015 A.H. has completely changed its time sheet format to strictly adhere to 55 pa. Code chapter 52. As well as instituting a policy of offsite electronic storage. We are confident the possibility of lost records will not occur again.

Finding #2) Service delivery claims were submitted and reimbursed through PROMISE relating to times and dates that occurred after a consumer was deceased.

Rebuttal)

Our employee, which is a family member of the deceased client, continued to turn in weekly time sheets after client was deceased. This particular employee which lived with the client avidly avoided contact with our office as well as all attempts to set up a home visit. Employee admitted clients passing only after being confronted by A.H.

A.H. became aware of our clients death one month after the occurrence. We immediately notified the support coordinator of the client as to the situation. We were told to fax in the fraudulent time sheets, and did so. This type deceptive behavior is somewhat of an industry weakness. While we accept responsibility for our employees this type of behavior is well outside of our control.

The Philadelphia Corporation of Aging sent us this particular consumer along with the family member who was to be the aide.

A.H. has instituted a policy of pop-up visits more frequently to clients that are cared for by family members. We normally do pop-up visits every four to six months, we are now being more vigilant and interviewing more often. We will also forward Event Reports to the Health Department.

Over/Under Billing, Some claims were over billed and others were under billed.

A.H's system of billing has been updated and revamped. In the old system, a month that ended during the week had to be billed twice for the same client. This caused problems trying to bill for units at the end of the month that ran into the beginning of the new month.

You cannot bill a weekly pay period if the month ends during the week. When attempting to bill the weekly cycle at end of the month we receive error code "574 Service Dates not in Same Month." Trying to navigate our way around this issue caused us to periodically overbill or under bill. The billing transgressions were unintentional and now completely solved.

We have since learned the proper method to billing (with assistance from the Health Dept.) so as to avoid this issue in the future.

Finding#3) A.H did not perform the required screenings of its care givers to ensure they had not been excluded from participation in the federal health care programs.

Rebuttal)

A.H had been previously out of compliance with MA Bulletin 99-11-05.

A.H instituted a new policy, all employees that were hired before the audit had to pass all six background checks or be let go. Everyone who has been hired since the audit has passed the six step background check.

- 1) Two Step PPD
- 2) Yearly Criminal Background Check
- 3) 30 Day OIG Check
- 4) E-Verify
- 5) Child Clearance
- 6) Two Reference Checks

A.H has performed all of the required screenings of its care-givers and maintained auditable documentation of screening results and dates. The source data that was checked and the date the source data was updated.

A.H will conduct periodic self-audits to be sure were in complete compliance with MA Bulletin 99-11-05.

[REDACTED] A.H. desires an exit conference and thanks you for your time and consideration.

Please feel free to contact us any time if your office should require any additional information.

Yours,

[REDACTED]




Type: Building Fire

Details: Pipeline-62 arrived on scene with fire showing from the second floor of a two story strip mall, 50x100, placed 2&2 in service. B/C-13 reported fire on the second floor store. Held all companies on the box.

[Facebook](#)

[Twitter](#)

[More](#)



Billing Summary

Bill Date	07/25/2013
Connection charge - standard	\$6.00
Deposit	\$75.00
Deposit	\$150.00
Charges from previous bill	\$28.64
Late payment charge	\$0.43
Total Other Charges	\$260.07
Current Period Charges	
Electric	\$73.48
Total New Charges	\$73.48
Total Amount Due on 08/16/2013	\$333.55

General Information



Customer Self Service - Manage Your Account 24/7
- www.peco.com/ebill - Go paperless: receive and pay your bill
- www.peco.com/service - Start, stop and transfer your service
- www.peco.com/SmartIdeas - Save energy and money
- Pay by phone with credit/debit card at 1-877-432-9384 (\$2.35 fee)

Message Center

A deposit was required to establish electric service for your new address. For your convenience, we are billing the deposit for this account in 0002 installments. Payment by the due date will ensure that an additional deposit will not be billed to your account. Please call our office if you have any questions.

5.90% estimated Gross Receipts Tax of \$4.01 included in new charges.

Your electric price to compare is \$0.0915 per kWh. This may change in March, June, September and December. For more information and supplier offers visit www.PAPowerSwitch.com.

When paying in person, please bring the entire bill.

(continued on next page)



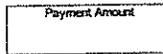
Return only this portion with your check made payable to PECO. Please write your account number on your check.

- Check here to enroll in Power Pay automatic account debit and complete form on reverse side.
- Check here to pledge a donation to MEAF and complete form on reverse side.

To pay by phone call 1-877-432-9384.
A convenience fee will apply.



Payment Receipt Stamp



Payment Amount

Please pay this amount by 08/16/2013 **\$333.55**

00000073480000002864



540160405000003335532280333554

Name: **A H HOME HEALTH CARE SERVICES**

Page 2

Account Number: [REDACTED]

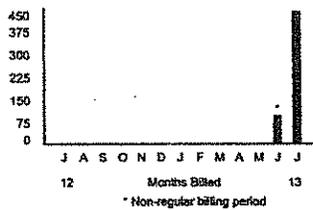
Meter Information								
Read Date	Meter Number	Load Type	Reading Type	Meter Reading		Difference	Multiplier X	Usage
				Previous	Present			
07/24	[REDACTED]	General Service	Tot kWh	15797 Actual	18233 Actual	436	1	436
07/24	[REDACTED]	General Service	Pk kW	0.00 Actual	4.80 Actual	4.80	1	4.80

Total kWh Used 436 Distribution kW - Measured 2.5
 Generation kW - Measured 2.5
 Transmission kW - Measured 2.5

Electric Commercial Service 0-100kW - Current Period Detail **Service 06/24/2013 to 07/24/2013 - 30 days**

Customer Charge					\$16.42
Generation Charges	436 kWh	X	\$0.07880		34.36
Transmission Charges	2.50 kW	X	2.21000		5.53
Distribution Charges	2.50 kW	X	4.96000		12.40
Distribution Charges	436 kWh	X	0.00410		1.79
Energy Efficiency Charge	436 kWh	X	-0.00550		-2.40
State Tax Adjustment					-0.06
Sales tax					5.44
Total Current Charges					\$73.48

13-Month Usage (Total kWh)



Your Usage Profile

Period	Usage	Avg Daily Usage	Days	Avg Daily Temp
Current Month	436	14.5	30	82
Last Month	95	4.1	23	73
Last Year	0	0.0	0	0

Avg kWh per Month	265
Total Annual kWh Usage	531



DO NOT MAIL THIS PORTION WITH YOUR PAYMENT



RENT RECEIPT

December 26, 2013

Name: A.H. Home Health Care Services



Amount Due: \$ 1,000.00

Amount Paid: \$ 1,000.00

Date Paid: 12/26/13

Cash - \$ 1,000.00 (Jan '14)

Check -

Money Order/Cashiers Check

THANK YOU,
MANAGEMENT



Sales Receipt Paid

Sales Receipt Number:
Sales Receipt Date:
Sales Receipt Amount:
Created By:



Billing Address:



Shipping Address:

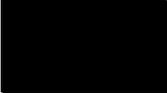


Item #	Item Name	Quantity	Unit Price	Taxable	Total
1069	Curb Trap & Vent Pipe Remove concrete and dirt. Remove old curb trap and vent pipe and replaced with new trap and vent pipe. Backfill hole with dirt	1.00	2,000.00		2,000.00

Subtotal: \$ 2,000.00
Sales Receipt Amount: \$ 2,000.00

11/11/2015
15:38

Claims Management System
Other Than Auto Loss Report



Pol: [REDACTED]
D/L: 01/04/2014

Ins: [REDACTED]
Day: Saturday

Time: 00:00

Clm: [REDACTED]
Cat: [REDACTED] RR: [REDACTED]

Handling Office: 019

A/W: Y LOB: HP

Phones: H 215 432 1086
Unit: 000 441 W BRISTOL ST

Property

ST: PA A/W: Y

Overview: _

Summary: SEWAGE PIPE BROKE

Sub?: N Sal?: _

Detail SEWAGE PIPE BROKE FLOODING BASEMENT AND BLOCKING CHIMNEY VENT CAUSING
HIGH LEVELS OF CARBON MONOXIDE, GAS HEATER & HOT WATER HEATER NEEDED TO
BE TURNED OFF DUE TO CARBON MONOXIDE

More _

Expected Restoration Date: _ / _ / _

Police/Fire: _

Incident: _

Order: _

Rept By: 001/NLC

Dt: 01 / 06 / 2014

CMS Dt: 01/06/2014

PD: _ INJ: _ WIT: _ Convert: N

The Retrieved Claim is Locked

Command:

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
Help Hist Covg Bck1 Diar Rfsh Work Menu

A.H HOME HEALTH CARE SERVICES



Client Name: _____

Client Phone # _____

Client Address: _____

Employee: _____

City, State, Zip: _____

Date: _____

SERVICE	Monday:	Tuesday	Wednesday:	Thursday:	Friday:	Saturday:	Sunday
HOME SUPPORT							
Companionship							
Vacuuming							
Sweep Floors							
Wash Floors:							
Dusting							
Make Bed							
Change Bed							
Laundry - Wash/Dry							
Laundry - Fold/Iron							
Wash Dishes							
Kitchen Surfaces							
Fridge Cleaning							
Oven Cleaning							
Small Appliances							
Empty Garbage's							
Bathroom - Tub/Sink							
Bathroom - Toilet							
Indoor Plant Care							
Other:							
Other:							
MEALS							
Breakfast							
Lunch							
Dinner							
Snack							
Other:							
MEDICATIONS							
Medication Reminder							
Eye Drops							
MISCELLANEOUS							
Basic Personal Care							
Pet Care							
Shopping/Errand							
Transportation/Escort							

	DATE	START	FINISH	DAILY TOTAL
Monday:				
Tuesday				
Wednesday:				
Thursday:				
Friday:				
Saturday:				
Sunday				

TOTAL HOURS _____

Caregiver Signature _____

Client Signature _____

White - Office Copy

Yellow - Caregiver Copy

Pink - Client Copy



See you then.

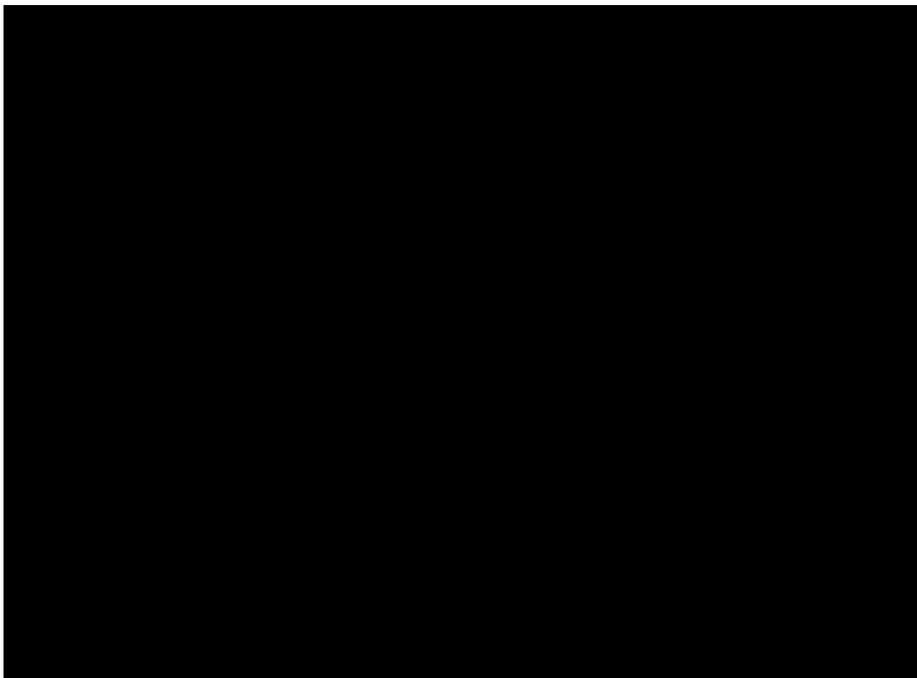


Subject: RE: A.H Home Health Care Services

Hello



2pm is just fine,thank you.



I would like to make an appointment with you at your earliest convenience, to bring you the updated information from A.H Home Health Care Services. I can be reached at [REDACTED] or by email.

P.S As you can see I remembered that you preferred emails instead of phone calls.

[REDACTED]

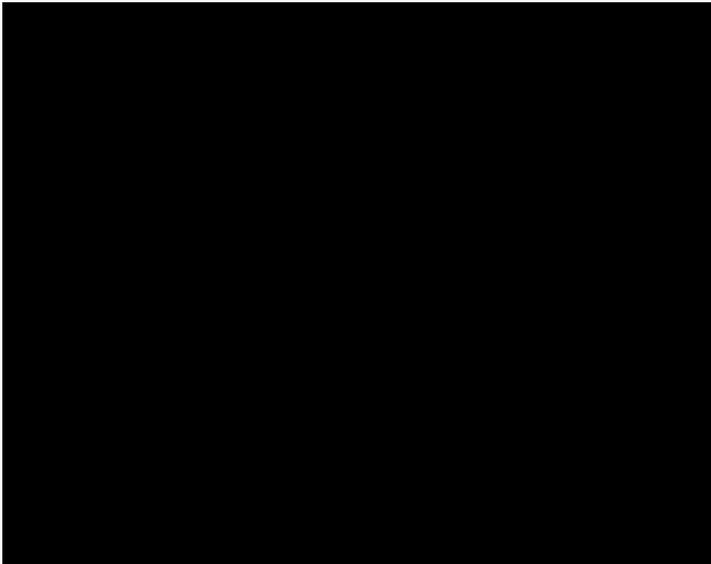
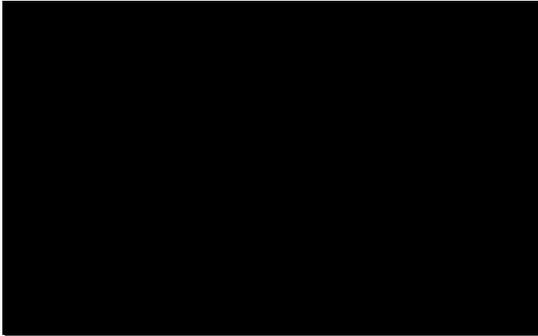
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[REDACTED]



Good Morning

I apologize. I thought sure I sent this the day after we met. Happy New Year.





Thanks.

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