



pennsylvania
DEPARTMENT OF HUMAN SERVICES
BUREAU OF FINANCIAL OPERATIONS

January 4, 2016

Ms. Ann Zimmerman, President
AMS Caregivers, Inc.
32 North Third Street
Emmaus, Pennsylvania 18049

Dear Ms. Zimmerman:

I am enclosing the final audit report of AMS Caregivers, Inc. that was recently completed by this office. Your response has been incorporated into the final report and is labeled as an Appendix.

The final report will be forwarded to the Office of Developmental Programs and Office of Long Term Living to begin the Department's audit resolution process. The staff from the Office of Developmental Programs and Office of Long Term Living will be in contact with you to follow-up on the actions taken to comply with the report's recommendations.

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

Sincerely,

Tina L. Long, CPA
Director

Enclosure

c: Mr. Brendan Harris
Mr. Jay Bausch
Ms. Jen Burnett
Mr. Michael Luckovich
Ms. Kimberly Barge
Ms. Nancy Thaler
Mr. Michael Hale
Mr. Robert Conklin

bc: Mr. Alexander Matolyak
Mr. Brian Pusateri
Mr. David Bryan
Mr. Grayling Williams
Ms. Shelley Lawrence
N1404

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: radpwrtkl@pa.gov.



January 4, 2016

Mr. Brendan Harris, Executive Deputy Secretary
 Department of Human Services
 Health & Welfare Building, Room 333
 Harrisburg, Pennsylvania 17120

Dear Deputy Secretary Harris:

The Bureau of Financial Operations (BFO) conducted a performance audit of AMS Caregivers, Inc. (AMS). The audit was primarily designed to determine if documentation was present to support payments from the Provider Reimbursement and Operations Management Information System (PROMISe) for client care.

This report is currently in final form and therefore contains AMS’s views on the findings and recommendations. AMS’s response to the draft audit report is included as Appendix B. There were no changes made to the draft report as a result of AMS’s response.

Executive Summary

FINDING	SUMMARY
<p><u>Finding No. 1 – OLTL PROMISe Claims Were not Supported by Adequate Documentation</u></p>	<p>The BFO identified a number of documentation deficiencies within the Statistically Valid Random Sample (SVRS) of three types of OLTL services ([REDACTED] [REDACTED] and [REDACTED]) provided by AMS. The discrepancies identified related mostly to a lack of progress notes. Total questioned costs related to those errors are \$113,416.</p>

HIGHLIGHTS OF RECOMMENDATIONS

AMS should:

- Train all staff on the progress note preparation requirements.
- Bill PROMISe only for units that are supported in accordance with 55 PA Code Chapters 52 and 1101.

OLTL should:

- Recover \$113,416 related to unsupported billings.
- Ensure that AMS’s nurses have the proper licenses for the waiver services ([REDACTED] and [REDACTED]) provided to consumers.
- Provide technical assistance as necessary to ensure AMS has comprehensive knowledge of all applicable regulations.
- Continue to monitor AMS’s service documentation for compliance with applicable regulations.

FINDING	SUMMARY
<p><u>Finding No. 2 – ODP PROMISE Claims Were Not Supported by Adequate Documentation</u></p>	<p>The BFO identified a number of documentation deficiencies within the SVRS of the Home and Community Based Services (HCBS) provided by AMS. These were due to a lack of progress notes. Total questioned costs related to these errors are \$54,662.</p>

HIGHLIGHTS OF RECOMMENDATIONS

AMS should:

- Train all staff on the progress note preparation requirements.
- Bill PROMISE only for units that are supported in accordance with 55 PA Code Chapters 51 and 1101.

ODP should:

- Recover \$54,662 related to unsupported billings.
- Provide technical assistance as necessary to ensure AMS has comprehensive knowledge of all applicable regulations.
- Continue to monitor AMS's service documentation for compliance with applicable regulations.

FINDING	SUMMARY
<p><u>Finding No. 3 – Deficiencies in Internal Controls Resulted in Numerous Billing Errors</u></p>	<p>Our analysis revealed a number of deficiencies in the documentation of four types of waiver services ([REDACTED], [REDACTED], and [REDACTED]) provided by AMS:</p> <ul style="list-style-type: none"> • 80% of Personal Assistance Services (PAS) claims tested were improperly billed (over-billings as well as under-billings). • For 47% of the claims tested, billed units did not match consumers' service plans with regard to amount, duration, and frequency. • Documentation was incomplete with regard to services that were not provided in the correct amount, duration, and frequency. • Forms were missing the proper signatures. In addition, paper forms were not reconciled with the electronic billing system.

HIGHLIGHTS OF RECOMMENDATIONS

AMS should:

- Develop and implement internal billing policies to ensure that their PROMISE billings are accurate, complete, and comply with 55 Pa. Code Chapters 1101, 51, and 52 as applicable.
- Develop procedures to utilize only their telephony system for their PROMISE billings and maintain accurate and auditable telephony and billing records.
- Develop and implement internal policies and procedures to train their caregivers and nurses to deliver services that are in agreement with consumers' service plans and to document those services on progress notes that accurately, consistently, and completely document the services that were delivered.

HIGHLIGHTS OF RECOMMENDATIONS – Continued:

OLTL should:

- Ensure that AMS develops and implements internal billing policies to make certain that their PROMISE billings are accurate, complete, and comply with 55 Pa. Code Chapters 1101 and 52.

OLTL should:

- Ensure that AMS develops and implements internal policies and procedures to train their caregivers and nurses to deliver services that are in agreement with consumers' service plans and to document those services on progress notes that accurately, consistently, and completely document the services that were delivered.
- Ensure that AMS reviews all waiver documentation and service authorizers make the necessary corrections and sign and date all documents they review.

ODP should:

- Ensure that AMS develops and implements internal billing policies to make certain that their PROMISE billings are accurate, complete, and comply with 55 Pa. Code Chapters 1101 and 51.
- Ensure that AMS develops and implements internal policies and procedures to train their caregivers and nurses to deliver services that are in agreement with consumers' service plans and to document those services on progress notes that accurately, consistently, and completely document the services that were delivered.
- Ensure that AMS reviews all waiver documentation and service authorizers make the necessary corrections and sign and date all documents they review.

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

Results of Fieldwork

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

For services funded through the Office of Long-Term Living (OLTL), the BFO analyzed three statistically valid random samples (SVRS) to determine the validity of each paid claim. The detailed results are reported below by the type of service that was provided.

██████████

Pennsylvania Code Title 55, Chapter 1101.51, Ongoing responsibilities of providers, states, "(e) Providers shall retain ... medical and fiscal records that fully disclose the nature and extent of the services rendered to MA recipients and that meet the criteria established in this section and additional requirements established in the provider regulations." Further, "(e) (1) states, "A provider ... shall keep patient records that meet all of the following standards: ... (vi) The record shall indicate the progress at each visit, change in diagnosis, change in treatment and response to treatment."

The BFO analyzed the supporting documentation for the two nursing SVRSs. Although AMS did have timesheets as documentation, there were no progress notes on file. The BFO extrapolated the error rate (100%) identified in the random sample, which results in the entire population being questioned. The total questioned costs for [REDACTED] services billed by AMS are \$15,118 and \$65,503, respectively.

Additionally, OLTL Service Descriptions, Nursing Services, states, "Services must be ordered by a physician and are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or a licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the state."

The BFO found that 3 of the 9 nurses (33%) employed by AMS to provide nursing services during the audit period were licensed practical nurses; however, the provider could not produce documentation that showed that the licensed practical nurses were under the supervision of a registered nurse each time [REDACTED] services were delivered.

[REDACTED]

Pennsylvania Code Title 55 Chapter 52.42, Payment policies, states, "(d) The Department will only pay for a service in the type, scope, amount, duration and frequency as specified on the participant's service plan as approved by the Department."

Further, OLTL Bulletin No. 05-13-05, et al., Clarification of type, scope, amount, duration and frequency of services, states, "Documentation must be kept to show that services were provided for the correct amount or, if they were not, why not."

An SVRS of [REDACTED] claims was analyzed for supporting documentation to determine the validity of each paid claim. Most of the errors found were under- and over-billings and unsupported [REDACTED] services. The unsupported units total \$4,831. When the BFO extrapolates the unsupported units over the population of [REDACTED] services, it results in questioned costs totaling \$32,795 with a variance of +/- \$24,387.

Recommendations

AMS should:

- Train all staff on the progress note preparation requirements.
- Bill PROMISe only for units that are supported in accordance with 55 PA Code Chapters 52 and 1101.
- Ensure its nurses who deliver RN Services are licensed RNs.

OLTL should:

- Recover \$113,416 related to unsupported billings.
- Ensure that AMS's nurses have the proper licenses for the waiver services ([REDACTED]) provided to consumers.
- Provide technical assistance as necessary to ensure AMS has comprehensive knowledge of all applicable regulations.
- Continue to monitor AMS's service documentation for compliance with applicable regulations.

Finding No. 2 – ODP PROMISE Claims Were Not Supported by Adequate Documentation

ODP Bulletin No. 00-07-01, Provider Billing Documentation Requirements for Waiver Services, states, "Providers shall maintain the following information in electronic form or in paper copy in order to document that service was delivered and a valid invoice or claim was submitted to the AE or PROMISE: ... Documentation that services provided are listed in the approved ISP, and that the ISP services are authorized (i.e., type of service and number of units) ... Information that substantiates that services listed in the ISP(s) are the services provided and billed (i.e., progress notes)." Additionally, Pennsylvania Code Title 55, Chapter 51.16, Progress notes, states: "(a) A provider shall complete a monthly progress note that substantiates the claim for the provision of an Home and Community Based Service (HCBS) it provides at least monthly... (b) A provider shall complete a progress note each time the HCBS is provided if the HCBS is occurring on a less than monthly frequency."

The BFO analyzed the supporting documentation that was presented. Although AMS did have timesheets as documentation, there were no progress notes completed for any HCBS delivered on or after July 1, 2012. The unsupported units billed by AMS were \$25,158. When the BFO extrapolates the unsubstantiated units over the population of HCBS, it results in questioned costs totaling \$54,662, with a variance of +/- \$5,574.

Recommendations

AMS should:

- Train all staff on the progress note preparation requirements
- Bill PROMISE only for units that are supported in accordance with 55 PA Code Chapters 51 and 1101.

ODP should:

- Recover \$54,662 related to unsupported billings.
- Provide technical assistance as necessary to ensure AMS has comprehensive knowledge of all applicable regulations.
- Continue to monitor AMS's service documentation for compliance with applicable regulations.

Finding No. 3 – Deficiencies in Internal Controls Resulted in Numerous Billing Errors

AMS lacked adequate internal controls over PROMISE billings and oversight of caregivers' supporting documentation. AMS utilizes a telephony system to track their employees' attendance when providing authorized services in consumers' homes. However, the documentation used by the provider to show that services were rendered are manual timesheets/checklists rather than telephony reports that AMS uses when they bill PROMISE. The provider was unable to show that a reconciliation of both methods had ever been performed. This led to most of the deficiencies identified in the above findings. In addition, the BFO found:

- 80% of █████ claims tested were improperly billed (over-billings as well as under-billings).
- For 47% of the claims tested, billed units did not match consumers' service plans with regard to amount, duration, and frequency.
- Documentation was incomplete with regard to services that were not provided in the correct amount, duration, and frequency.
- Forms were missing the proper signatures.

Recommendations

AMS should:

- Develop and implement internal billing policies to ensure that their PROMISE billings are accurate, complete, and comply with 55 Pa. Code Chapters 1101, 51, and 52 as applicable.
- Develop procedures to utilize only their telephony system for their PROMISE billings and maintain accurate and auditable telephony and billing records.
- Develop and implement internal policies and procedures to train their caregivers and nurses to deliver services that are in agreement with consumers' service plans and to document those services on progress notes that accurately, consistently, and completely document that services were delivered.

OLTL should:

- Ensure that AMS develops and implements internal billing policies to make certain that their PROMISE billings are accurate, complete, and comply with 55 Pa. Code Chapters 1101 and 52.
- Ensure that AMS develops and implements internal policies and procedures to train their caregivers and nurses to deliver services that are in agreement with consumers' service plans and to document those services on progress notes that accurately, consistently, and completely document the services that were delivered.
- Ensure that AMS reviews all waiver documentation and service authorizers make the necessary corrections and sign and date all documents they review.

ODP should:

- Ensure that AMS develops and implements internal billing policies to make certain that their PROMISE billings are accurate, complete, and comply with 55 Pa. Code Chapters 1101 and 51.
- Ensure that AMS develops and implements internal policies and procedures to train their caregivers and nurses to deliver services that are in agreement with consumers' service plans and to document those services on progress notes that accurately, consistently, and completely document the services that were delivered.
- Ensure that AMS reviews all waiver documentation and service authorizers make the necessary corrections and sign and date all documents they review.

Auditor's Commentary

AMS's response to Finding 1 and Finding 2 states that AMS was reviewed by various entities covering the same time period as BFO's statistical sample. The BFO performed a statically valid random sample to determine compliance with PROMISE billing procedures and excluded any claims from the population that prior reviewers had deemed ineligible for reimbursement.

In addition, the BFO's audit was requested by OLTL due to inadequate internal controls over billings and insufficient progress notes identified through their monitoring process. The BFO's audit expanded upon the previous reviews in order to determine the extent of the non-compliance. Finally, the auditor that was mentioned by AMS in their response has worked for the Department for numerous years and was not a new hire.

In accordance with our established procedures, an audit response matrix will be provided to OLTL and ODP. Once received, the program offices 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 the program office'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

AMS CAREGIVERS, INC.

APPENDIX A

Appendix A

Background

AMS Caregivers, Inc. (AMS) is a privately held company established in 1997 in Emmaus, Pennsylvania. AMS serves consumers who are approved by ODP and OLTL. AMS also accepts private pay, long-term care insurance, and pre-approved insurance payments. The Department of Human Services (DHS) funds services through the PROMISE reimbursement system. AMS's waiver services totaled \$1,054,545 for the period January 1, 2012 through December 31, 2013.

Objective, Scope and Methodology

Our audit objective was:

- To determine if AMS has adequate documentation to substantiate its paid claims through PROMISE for the period January 1, 2012 through December 31, 2013.

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 appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Government auditing standards require that we obtain an understanding of management controls that are relevant to the audit objectives described above. The applicable controls were examined to the extent necessary to provide reasonable assurance of their effectiveness. Based on our understanding of the controls, there was a material deficiency in compiling complete and consistent billing records. Areas where we noted an opportunity for improvement in management controls are addressed in the findings of this report.

The BFO's fieldwork was performed intermittently between April 14, 2015 and June 16, 2015. A closing conference was held with AMS management on July 2, 2015 to discuss the results of the audit. AMS did not request an exit conference. This report is available for public inspection.

Conclusion on the Objective

In conclusion, AMS did not always meet the documentation requirements for reimbursement of PROMISE claims paid, resulting in questioned costs of \$168,078. Additionally, the BFO observed that AMS lacked sufficient internal controls over PROMISE billings and oversight of caregivers' supporting documentation.

AMS CAREGIVERS, INC.

RESPONSE TO THE DRAFT REPORT AND ADDITIONAL DOCUMENTS

APPENDIX B

Finding No. 1

In 2014 AMS Caregivers was audited by QMET for ODP, Lehigh County for MHMR, and late 2013 for Lehigh County Aging and Adult Services.

MHMR audit in May 2014 noted progress notes for 2013 were not in the client's office file.

QMET audit in July 2014 found a discrepancy with the progress notes from 2012-2013. Progress notes were not in client's office file.

Progress notes were being done for one client as understood per policies. The aide was the mother of the client and stated she kept a notebook at home for progress notes. MHMR did visit the client's home and found this to be true.

As per the LPN being under the supervision of a registered nurse each time services are delivered, AMS Caregivers has an exception from the State of Pennsylvania to provide a RN supervisory visit in the client's home every 2 weeks to ensure services are being delivered as per care plans. The state realizes due to services being provided in the home it unrealistic to have an LPN and RN providing services for each visit.

Clarification was given at the time of the QMET audit stating progress notes needed to be done and in the agency files. As of August 2014 a progress note form, procedure and policy was updated and put into place.

The audit team from Department of Human Services was given the information and copy of the CAP plans for MHMR and ODP which stated compliance in October 2014. Therefore, the same time period was audited by three governmental contract agencies with policies and procedures in place the end of 2014. No further recovery or actions was deemed necessary by the entities.

Finding No. 2

Lehigh County Audit, QMET's OLTL audit, and MHMR audit noted issues with proper documentation and ability to read the information supplied by field staff. As noted on the CAP and discussion with Lehigh County an in-service was provided for all staff and accurate documentation and service delivery. The training was completed in August and September 2014.

The audit team from Department of Human Services was given the information and copy of the CAP plans for MHMR and ODP which stated compliance in October 2014. Therefore, the same time period was audited by three governmental contract agencies with policies and procedures in place the end of 2014. No further recovery or actions was deemed necessary by the entities.

As per invoicing, corrections were made and AMS Caregivers was not allowed to bill for under billed items upon reviews.

Finding No. 3

These items were also audited by the aforementioned entities during the time periods previously listed.

Currently, AMS Caregivers has been working with [REDACTED] to ensure correct invoicing and proof of services. Copies of timesheets and the call in line are sent with invoices to ensure services are billed as per required documentation.

AMS Caregivers also started the process of researching and reviewing new home health agency programs in September 2014. A new program was purchased in July 2015 and officially in use as of August 2015. The new system authorizes invoicing by verifying the telephony system, schedules, and time sheets entered into the system. As a note, the previous system did not utilize the call in line to compare services with schedules and timesheets. The paperwork and call in line were separate programs, which were confirmed manually and not as reliable as required. One extra office staff person was also hired the end of 2014 to assist with billing and paperwork.

ODP stated on the CAP that services provided under a wrong client and other errors in the PROMISE system were to be corrected. The errors were corrected in PROMISE in 2014 with the inability to receive reimbursement for the client who should have been billed which lead to a loss of funds for AMS Caregivers in addition to loss of funds for additional corrections and put a strain on agency finances.

At this time, [REDACTED] has stated the last couple of month's billing was correct as invoiced. Some service hours are not being compensated due to staff's failure to submit correct paperwork and the time frame allowed for invoicing.

Additional policies were also put in to place in 2015 to toughen time sheet hand in policies in addition to new instructional information for the new system and compliance with contractual requirements. As note, the additional new hire is responsible for ensuring service paperwork.

Conclusion:

AMS Caregivers feels the audit is redundant due to numerous governmental program audits being completed for aforementioned time periods in review. Three other program audits did have the same findings and required policy changes and invoicing corrections be made. All the issues requirements were completed as per each entities final report. AMS Caregivers did discuss this with the audit person.

The files which were reviewed in the Department of Human Services this year reviewed the same items. Therefore is likely the same errors were found. The integrity of the files

was also compromised, due to the previous audits and the entities not refilling information as it was found. QMET alone did a 3 day review of all files including time sheets, policies, and invoicing. In addition so did MHMR and Lehigh County. Each entity stated we were in compliance after corrections were made to billing practice, paperwork, etc.

AMS Caregivers had purchased services of a newer home health agency program in 2012. It was discovered in 2014 that the system was not working as a whole for invoicing. Therefore, the search for a new program was started and new program that encompassed all of the requirements was purchased in 2015 which is now being used.

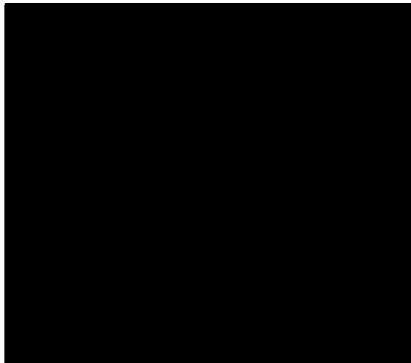
The Department of Human Services representative who reviewed our files was also a new hire for the state. Numerous items we were questioned on during the visit that did not relate to the review and polices and the staff person retracted the items.

AMS Caregivers has always cooperated with contract entities throughout our 18 years of providing locally owned home health services to our clients. Our past audit and records show our compliance with all entities. AMS believes paperwork is misplaced due to entity reimbursement cutbacks and office staff was reduced to meet budget constraints. As the issues were found, as noted earlier, one additional staff person was hired and a part time office staff person has an increase in hours to ensure all paperwork is in order at this time.

AMS Caregivers will gladly provide affidatives, research for additional backup for invoices, and has enacted new and updated policies based on finding from other entities in 2014 and 2015.



October 20, 2014



PROMISe ID: [REDACTED]
Approved CAP

The Quality Management Efficiency Team (QMET) within the Office of Long Term Living (OLTL) has reviewed your Corrective Action Plan (CAP). The CAP was the result of an onsite monitoring review which was conducted on July 1-2 and 7, 2014. Your CAP submission has been approved by the Department.

Regulation 55 Pa. Code § 52.23(g) requires that "the provider shall implement a Department-approved CAP." You are now responsible to implement the actions listed in your CAP by the dates listed in the CAP. **Failure to complete a CAP timely and completely puts your agency in jeopardy of sanctions as listed in 55 Pa. Code §§ 52.62 and 52.64 (relating to Prohibition of Services and Payment Sanctions).**

Per 55 Pa. Code § 52.23(f), "The Department will review and monitor provider-drafted CAP to ensure each finding is corrected." OLTL may conduct a follow-up monitoring or request supporting documentation, or both, to ensure your agency's adherence to the CAP. You are not required to submit information until requested to do so by our agency.

If a PROMISe Claims Review was part of the CAP, you will receive additional instructions and be notified under separate cover concerning the outcome of the claims review.

Should you have any questions or concerns regarding your CAP, please contact me at [REDACTED] or email to [REDACTED]

Sincerely,

Victoria Menichillo
Victoria Menichillo

Northeast QMET Program Specialist



Department of Public Welfare
Office of Long Term Living
Bureau of Quality and Provider Management
Statement of Findings

MA /Provider Number:		QMETS Program Specialist:	
Provider Agency:		Contact Information:	
Address:			Monitoring Date(s): July 1-2 & 7, 2014

Regulation	<p>§ 52.14. Ongoing responsibilities of providers. (g) A provider shall implement and provide services to the participant in the type, scope, amount, duration and frequency as specified in the service plan.</p> <p>§ 52.42. Payment policies. (d) The Department will only pay for a service in the type, scope, amount, duration and frequency as specified on the participant's service plan as approved by the Department.</p> <p>§ 52.43 Audit requirements (h) A provider shall maintain books, records and documents that support: (1) Type, scope, amount, duration and frequency of service provision. (2) The dates of service provision. (3) Fees and reimbursements earned in accordance with Federal and State requirements. (4) Compliance with the terms and conditions of service provision as outlined in this chapter.</p>
Finding # 10	<p><i>TSADF review found incomplete documentation to support amount, duration, and frequency for 1 Act 150 claim, 13 Attendant Care Waiver claims, 3 Independence Waiver claims, and 6 Aging Waiver claims that were billed incorrectly and overpaid.</i></p>

Corrective Action Plan as per 55 Pa. Code § 52.23(c).

Action Steps to Correct Each Finding(s) and Date(s) for Completion	Action Steps to Prevent Future System Recurrences	Agency Responsible Persons with Title	Date for Complete Remediation	Agency Internal Quality Management
<p>Information presented will be researched for possible missing information during for verification. Billing errors found will be adjusted in online billing with state. Billing will verify billing compared to timesheets and recorded IVR information.</p>	<p>Invoices will be verified with the use of timesheets and the IVR system. Double check will be performed to review paperwork to ensure proof of services delivered.</p>	<div style="background-color: black; width: 100px; height: 15px; margin: 0 auto;"></div>	11/30/2014	Report of findings.

QMETS Staff Person and Date of CAP Monitoring:

Verification of Incomplete/Complete CAP:

QMETS Program Specialist _____ **Date Approved** _____



Department of Public Welfare
 Office of Long Term Living
 Bureau of Quality and Provider Management
Statement of Findings

MA/Provider Number:		OMET Program Specialist:		Monitoring Date(s):	July 1-2 & 7, 2014
Provider Agency:		Contact Information:			
Regulation	§ 1101.51(e) (1) Ongoing responsibilities of providers: General standards for medical records. A provider, with the exception of pharmacies, laboratories, ambulance services and suppliers of medical goods and equipment shall keep patient records that meet all of the following standards: (i) The records shall be legible throughout.				
Finding # 11	Review of participant files found that records were not legible throughout.				

Corrective Action Plan as per 55 Pa. Code § 52.23(c).

Action Steps to Correct Each Finding(s) and Date(s) for Completion	Action Steps to Prevent Future System Recurrences	Agency Responsible Persons with Title	Date for Complete Remediation	Agency Internal Quality Management
Agency staff will be educated on printing legibly on paperwork and reminded on an as needed basis by December 31, 2014.	Review of paperwork as handed in. Discussion with staff whom provide unclear and non legible paperwork on proper and legible handwriting for paperwork.	[Redacted]	12/31/2014	Review of timesheets and recording in house of staff instructed on legible paperwork to ensure continued effectiveness of CAP.

OMET Staff Person and Date of CAP Monitoring:

Verification of Incomplete/Complete CAP:

OMET Program Specialist _____ Date Approved _____



Department of Public Welfare
Office of Long Term Living
Bureau of Quality and Provider Management

**Corrective Action Plan as per 55 Pa. Code § 52.23(c)
Signature Page**

Monitoring Date(s):	July 1 - 2 & 7, 2014
Agency Name - Provider Number:	AMS Caregivers, Inc. - [REDACTED]
Printed Name:	[REDACTED]
Title:	[REDACTED]
Vice President	[REDACTED]
Email Address:	[REDACTED]
Authorized Signature:	[REDACTED]
Date:	8-4-2014

The signature above indicates that I have reviewed and authorized the provisions outlined in the Corrective Action Plan



Department of Public Welfare
 Office of Long Term Living
 Bureau of Quality and Provider Management
Statement of Findings

MA /Provider Number:		QMET Program Specialist:		Monitoring Date(s):	July 1-2 & 7, 2014
Provider Agency:		Contact Information:			

Regulation
 § 52.14. Ongoing responsibilities of providers. (g) A provider shall implement and provide services to the participant in the type, scope, amount, duration and frequency as specified in the service plan.
 § 52.42. Payment policies. (d) The Department will only pay for a service in the type, scope, amount, duration and frequency as specified on the participant's service plan as approved by the Department.
 § 52.14(n) A provider may not bill for a service when the participant is unavailable to receive the service.
 § 1101.66 (a) The Department pays for compensable services or items rendered, prescribed or ordered by a practitioner or provider if the service or item is: (1) Within the practitioner's scope of practice.(2) Medically necessary. (3) Not in an amount that exceeds the recipient's needs.
Finding # 9 *TSADF claims review found that services were billed when the participant was unavailable to receive the service (hospitalized).*

Corrective Action Plan as per 55 Pa. Code § 52.23(c).

Action Steps to Correct Each Finding(s) and Date(s) for Completion	Action Steps to Prevent Future System Recurrences	Agency Responsible Persons with Title	Date for Complete Remediation	Agency Internal Quality Management
Invoice was applied to wrong client. Correct client will be billed and an adjustment will be made to the originally billed client billing by 10/31/2014	Invoices and billing will be verified to ensure of correct entries.	[Redacted] President	11/30/2014	Findings report will be created in house to ensure CAP continues to be effective.

QMET Staff Person and Date of CAP Monitoring:

Verification of Incomplete/Complete CAP:

QMET Program Specialist _____ **Date Approved** _____



Department of Public Welfare
 Office of Long Term Living
 Bureau of Quality and Provider Management
Statement of Findings

MA/Provider Number:		CMET Program Specialist:		Monitoring Date(s):	July 1-2 & 7, 2014
Provider Agency:		Contact Information:			
Address:					
Regulation	§ 52.14. Ongoing responsibilities of providers. (q) A provider shall implement and provide services to the participant in the type, scope, amount, duration and frequency as specified in the service plan. § 52.42. Payment policies. (d) The Department will only pay for a service in the type, scope, amount, duration and frequency as specified on the participant's service plan as approved by the Department. § 52.43 Audit requirements (h) A provider shall maintain books, records and documents that support: (1) Type, scope, amount, duration and frequency of service provision. (2) The dates of service provision. (3) Fees and reimbursements earned in accordance with Federal and State requirements. (4) Compliance with the terms and conditions of service provision as outlined in this chapter.				
Finding # 10	TSADF review found incomplete documentation to support amount, duration, and frequency for 1 Act 150 claim, 13 Attendant Care Waiver claims, 3 independence Waiver claims, and 6 Aging Waiver claims that were billed incorrectly and overpaid.				

Corrective Action Plan as per 55 Pa. Code § 52.23(c).

Action Steps to Correct Each Finding(s) and Date(s) for Completion	Action Steps to Prevent Future System Recurrences	Agency Responsible Persons with Title	Date for Complete Remediation	Agency Internal Quality Management
Information presented will be researched for possible missing information during for verification. Billing errors found will be adjusted in online billing with state. Billing will verify billing compared to timesheets and recorded IVR information.	Invoices will be verified with the use of timesheets and the IVR system. Double check will be performed to review paperwork to ensure proof of services delivered.	[Redacted] President	11/30/2014	Report of findings.

CMET Staff Person and Date of CAP Monitoring:

Verification of Incomplete/Complete CAP:

CMET Program Specialist

Date Approved



Department of Public Welfare
Office of Long Term Living
Bureau of Quality and Provider Management
Statement of Findings / Corrective Action Plan

MA /Provide Number: Provider Agency: Address: Provider Contact: E-mail Address:	QMET Program Specialist: Contact Information:	Monitoring Date(s): July 1-2, & 7, 2014 SoF email Date: July 18, 2014
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Background:
 A Regulatory Monitoring performed by the Quality Management Efficiency Team (QMET) on July 1-2, 7, 2014, identified areas of non-compliance with 55 Pa. Code Chapters 52.1101 and/or 1150. These areas of non-compliance with the regulations are listed as findings in the Statement of Findings (SoF) section of this document beginning on page 3.

According to 55 Pa. Code § 52.23 (a)-(b) (relating to corrective action plan), the submission of a Corrective Action Plan (CAP) is required of your agency to correct the identified areas of non-compliance. You are required to complete the Corrective Action Plan section of this document beginning on page 3.

The Regulatory Monitoring Claims Review resulted in No Overpaid Claims Overpaid Claims

If there were Overpaid Claims, a PROMISE Claims Review Form is included with this email. 55 Pa. Code § 52.42(c) and (d) state that "The Department will only pay for a service in accordance with this chapter and Chapters 1101 and 1150 (relating to general provisions; and MA Program payment policies) and "The Department will only pay for a service in the type, scope, amount, duration and frequency as specified on the participant's service plan as approved by the Department". Furthermore, 55 Pa. Code § 52.51(a) "The Department will only for the actual cost of a vendor good or service which may not exceed the amount for similar vendor good or service charged to the general public." Therefore, according to 55 Pa. Code § 52.42(f) "The Department will recoup payments not made in accordance with this chapter." The Division of Provider and Operations Management (OLTL DPOM) will be in contact with your agency regarding recoupment procedures. If you agree with these findings, you may adjust your claims prior to OLTL DPOM's contact.

Instructions for completion of Corrective Action Plan:

The Corrective Action Plan (CAP) documents steps performed by your agency to become compliant with the regulations. QMET determined that your agency is non-compliant with one or more regulations as identified in the SOF. As a result, you are required to complete the CAP and return the revised Microsoft Word document as an email attachment to Victoria Menichillo at cvmenich@pa.gov no later than August 8, 2014. The Office of Long Term Living will review the completed CAP for approval. It is essential that you complete this CAP in sufficient detail to address all areas of non-compliance completely. **Please DO NOT include attachments with your CAP.** Upon approval of your CAP, the Quality Management Efficiency Team will notify you when it is appropriate to send in verification of compliance with your CAP (and thus the regulations). **Failure to return an adequate and timely CAP may result in the Office of Long Term Living taking further action as listed in 55 Pa. Code § 52.64 (relating to payment sanctions).** Please provide your authorization of the Corrective Action Plan by signing and dating the last page of this document. Contact Victoria Menichillo to address any questions or concerns that you may encounter when completing this plan.

No Corrective Action Plan Required
 Corrective Action Plan Required
 Directed Corrective Action Plan Issued (DCAP)

Final Approval x

Date 6/17/2014

Office of Developmental Programs
Statement of Findings/Final Audit Report/Corrective Action Plan

Submitted By: [Redacted] Submission Date: 5/21/2014
 Approved/Issued by: [Redacted] Approved/Issued Date: 5/22/2014
 Reviewed by: [Redacted] Reviewed Date: [Redacted]
 Verified by: [Redacted] Verified Date: [Redacted]

CEC/FIC FINDINGS OF NON-COMPLIANCE	CORRECTIVE ACTION FOR SPECIFIC INSTANCE OF NON-COMPLIANCE	TARGET DATE	COMPLETED DATE	CORRECTIVE ACTION TO IDENTIFY & PREVENT RECURRENCE OF NON-COMPLIANCE	TARGET DATE	COMPLETED DATE
Provider does not have an annual training curriculum in accordance with Chapter 51 regulations.	Missing information will be included in future orientation and annual trainings.	6/14/2014		Information will be included in annual mandatory in-services	6/14/2014	
Staff were not trained in the following areas: Emergency Disaster Response Plan, Department's policy on Intellectual Disability principles and uses, recognizing & reporting incidents, Quality Management and accurate documentation service delivery.	Staff will participate in training of the missing information. Sign in sheet and test copies will be provided as proof.	6/14/2014		Computerized system input of educational training records will be reviewed periodically to ensure staff has received the required information.	6/14/2014	
Progress notes were not completed at least monthly and did not include all of the required information.	Forms were created and in use as of July 1, 2014 as per last year's audit. Therefore, these items were not reviewed due to the period of July 1, 2013 to June 30, 2014 being under review at this time.	6/14/2014		Copy of form was supplied to show compliance as of July 1, 2014. Copies on file will be submitted as proof of such.	6/14/2014	



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
OFFICE OF ADMINISTRATION

**BUREAU OF PROGRAM INTEGRITY
P.O. BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675**

PHONE: (717) 705-6872

www.dpw.state.pa.us

Fax: (717) 772-4638

JUN 30 2010
Mail Date

Ms. Ann Zimmerman
Administrator
AMS Caregivers, Inc.
[REDACTED]

NPI #: [REDACTED]
PROMISe #: [REDACTED]

Dear Ms. Zimmerman:

The Department of Public welfare (Department), Bureau of Program Integrity (Bureau), Division of Program and Provider Compliance, is responsible for the retrospective review of home health services for compliance with Medical Assistance (MA) regulations. As part of our monitoring responsibilities, we requested that you provide copies of the patient records identified on Attachment A.

After reviewing your records, we did not identify a pattern of MA Program regulation violations. Therefore, we are closing our review and do not intend to take any further action relating to these cases.

We remind you that, as a provider enrolled in the Pennsylvania Medical Assistance Program, you are responsible for compliance with all applicable State and Federal laws, regulations and policies which pertain to participation in the Pennsylvania Medical Assistance Program. These regulations include but are not limited to 55 Pa Code, MA General Provisions Regulations, Chapter 1101 and MA Program Payment Policies, Chapter 1150.

This letter does not preclude further action by other state and federal entities. If you have any questions, please call [REDACTED]

Sincerely,

Laurie A. Rock
Director

AMS CAREGIVERS, INC.

32 North Third Street, 1st floor
Emmaus, Pa. 18049

Phone (610) 966-7033

Email: [REDACTED]

Fax: [REDACTED]

December 5, 2012

Commonwealth of Pennsylvania
Department of Health

To whom it may concern,

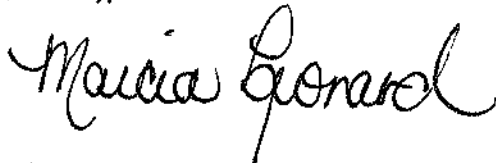
AMS Caregivers is requesting the following exceptions and would appreciate consideration.

We would like to request an exception on the regulation pertaining to supervisory visits (601.35C, reference to CMS 484.36(d)(3)) of skilled type care. The policy states that a supervisory visit should be provided every 14 days for skilled care home health aide clients. We are asking for an exception to provide these visits every 60 days for unskilled cases with the home health aide present or not present to ensure proper patient care is provided.

We are also requesting an exception to (601.35 (a)) in reference to CMS 484.36. We are requesting permission to provide a written competency evaluation skills test to all candidates to ensure their ability and education requirements to meet the standard regulation requirements of CMS 484.36. Candidates will receive an evaluation skills written test and a skill observation over sighted by a licensed registered nurse that will be performed at our agency location and upon satisfactory completion, employees will be placed in the field.

I appreciate any assistance you are able to provide on this matter. Thank you for reviewing our letter. If you have any further questions, please contact me at the information listed above.

Sincerely,



Marcia Leonard
Vice-President