



February 13, 2013

Mr. Ralph Trainer  
Executive Director  
Abilities In Motion  
210 North Fifth Street  
Reading, Pennsylvania 19601

Dear Mr. Trainer:

I am enclosing the final report of Abilities In Motion (AIM) that was recently completed by this office. Your response has been incorporated into the final report and labeled as an Appendix.

I would like to extend my appreciation for all the courtesy extended to my staff during the course of fieldwork. I understand you were especially helpful to Andrea Tirpak in expediting the audit process.

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

If you have any questions concerning this matter, please contact David Bryan, Audit Resolution Section at (717) 783-7127.

Sincerely,

A handwritten signature in black ink that reads "Tina L. Long". The signature is written in a cursive, flowing style.

Tina L. Long, CPA  
Director

Enclosure

c: Mr. Michael Hale  
Ms. J. Diane Brannon-Nordtomme

bc: Ms. Karen Deklinski  
Mr. Brian Pusateri  
Mr. David Bryan (N1104-R99)  
Ms. Kenya Mann Faulkner  
Ms. Shelley L. Lawrence  
NEFO Audit file

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February 13, 2013

The Honorable Gary Alexander  
Secretary of Public Welfare  
Health & Welfare Building Room 333  
Harrisburg, Pennsylvania 17120

Dear Secretary Alexander:

In response to a request from the Office of Long Term Living's (OLTL) Quality Management, Metrics and Analytics Office, the Bureau of Financial Operations (BFO) completed a performance audit of Abilities In Motion (AIM). The audit was primarily directed to determine AIM's compliance with applicable regulations and management of its various programs. The audit focused on the period January 1, 2011 through December 31, 2011.

The auditors identified \$115,466 of overcharges, most of which was for unsupported Supports Coordination and Personal Assistance Services (PAS).

The report is currently in final form and therefore contains AIM's views on the reported findings, conclusions and recommendations. AIM's response to the draft audit is included as Attachment A. The data used to prepare the report findings was discussed with AIM's management at a closing conference held on August 15, 2012. AIM did not request an exit conference.

### **Abilities In Motion** **Executive Summary**

AIM is a not-for-profit, social service organization that provides services to people with disabilities. AIM provides these services as a means to empower people with disabilities to obtain independence in their lives. AIM is funded through community service providers, government agencies, private businesses and the community at large. AIM began operations as a nonprofit 501(c)(3) organization known as the Berks County Center for Independent Living (BCCIL). In 1997, BCCIL changed its name to AIM to demonstrate the expansion of their outreach efforts, and the additional services and programs offered. AIM is currently located at 210 North Fifth Street in Reading, Pennsylvania.

AIM, through federal Medicaid waiver programs administered by the Department of Aging and OLTL, provides an array of home and community-based services directly to waiver participants that allow them to remain at home and in the community. The waiver programs currently utilized by AIM are: Aging, Act 150, Attendant Care, Attendant Care 60+, COMMCARE, Independence, and OBRA.

AIM, as a certified Fiscal/Employer Agent, performs Financial Management Services (FMS) on behalf of individuals with disabilities ages 18 to 59 and seniors ages 60 and over who choose to direct their own services. FMS services include issuing paychecks to caregivers, withholding payroll taxes, remitting payroll taxes, and performing criminal background checks. AIM also assists waiver participants with participant-directed purchases of goods and services.

**Abilities In Motion**  
**January 1, 2011 through December 31, 2011**

FINDING NO. 1	SUMMARY
<p><b>AIM's Billing Procedures Did Not Always Result In Correct PAS Units Being Billed to PROMISE</b></p>	<ul style="list-style-type: none"> <li>• Four claims sampled were overbilled and three claims sampled were underbilled, which resulted in a net of 142 units totaling \$454 that were overbilled for PAS. When the BFO extrapolates this amount over the entire population of AIM's PAS billings, it results in a disallowance of \$55,825.</li> <li>• PAS units for a timesheet that was submitted late were billed with the subsequent pay period's billings.</li> <li>• AIM's total profit before overhead allocation for the 150 claims tested was \$26,313, or approximately 20%.</li> </ul>

HIGHLIGHTS OF RECOMMENDATIONS
<p>AIM should:</p> <ul style="list-style-type: none"> <li>• Improve its internal controls to ensure PAS billings are accurate and complete and discontinue the practice of billing late units in subsequent periods.</li> </ul> <p>OLTL should:</p> <ul style="list-style-type: none"> <li>• Recover \$55,825 for unsupported PAS billings during the audit period.</li> <li>• Ensure that AIM's billings for PAS only include units provided during the time period indicated.</li> </ul>

FINDING NO. 2	SUMMARY
<p><b>Supports Coordinators' Case Notes Did Not Substantiate Units Billed to PROMISE</b></p>	<ul style="list-style-type: none"> <li>• AIM could not produce supporting documentation to match PROMISE Supports Coordination (SC) billings for 9 out of 50 billings tested. When the BFO extrapolated the percentage over the entire population of billings for SC, it results in a disallowance of \$57,375.</li> <li>• AIM could not produce supporting documentation to verify that its supports coordinators contacted consumers at least quarterly in the audit period for 3 out of 41 consumers tested.</li> </ul>

HIGHLIGHTS OF RECOMMENDATIONS
<p>AIM should:</p> <ul style="list-style-type: none"> <li>• Improve its supports coordination billing procedures to ensure all PROMISE billings are supported by the required service notes and that all service notes correspond to the dates or periods the services were provided.</li> <li>• Monitor service notes to ensure that Supports Coordinators fully document their services and dates of service to support the claims billed in PROMISE as well as to track quarterly and face to face contacts.</li> </ul> <p>OLTL should:</p> <ul style="list-style-type: none"> <li>• Recover \$57,375 for unsupported supports coordination billings during the audit period.</li> <li>• Consult with ODP and consider utilizing HCSIS to bill for supports coordination claims, which would help prevent providers from billing without a supporting service note. This practice would also strengthen provider management and OLTL oversight.</li> </ul>

**Abilities In Motion**  
**January 1, 2011 through December 31, 2011**

FINDING NO. 3	SUMMARY
<b>The Propriety of Non-Medical Transportation Expenditures Was Not Supported By the Records</b>	<ul style="list-style-type: none"> <li>• AIM did not always document in the individuals' ISPs the particular places, activities, or other unique identifying information that would provide sufficient detail to show the need for NMT services.</li> <li>• Some of the exceptions found during testing include NMT units for billed medical and dental trips that should have been paid for with MATP funding, the cost of a rental vehicle, and mileage reimbursement for consumers' attendants during times when PAS services were also being billed.</li> <li>• The total of exceptions found is \$1,337. When the BFO extrapolates this amount over the entire population of AIM's NMT billings, it results in a disallowance of \$2,266.</li> </ul>

HIGHLIGHTS OF RECOMMENDATIONS
<p>AIM should:</p> <ul style="list-style-type: none"> <li>• Improve its supports coordination procedures to ensure Supports Coordinators provide more complete detail in the participants' ISPs to support the need for NMT services.</li> </ul> <p>OLTL should:</p> <ul style="list-style-type: none"> <li>• Recover \$2,266 for unallowable non-medical transportation claims.</li> <li>• Ensure that authorizations for NMT are approved based in individual service plans that state the specific reasons for and the number and types of trips to be taken.</li> </ul>

FINDING NO. 4	SUMMARY
<b>AIM's Billing Procedures Did Not Accurately Reflect the Dates of Service</b>	<ul style="list-style-type: none"> <li>• Dates on supporting documentation provided by AIM did not always match beginning and ending dates of service entered into PROMISe.</li> <li>• In 18 out of 20 NMT samples tested, the dates on supporting documentation did not match the PROMISe beginning and ending dates of service.</li> <li>• Forty of the 41 supports coordination notes provided by AIM had dates that did not match the beginning and ending PROMISe dates of service. As a result, the BFO could not always find a direct correlation between supports coordination service note dates and PROMISe billing dates.</li> </ul>

HIGHLIGHTS OF RECOMMENDATIONS
<p>AIM should:</p> <ul style="list-style-type: none"> <li>• Improve its billing procedures to ensure accurate beginning and ending service dates are entered into PROMISe when claims are billed.</li> </ul> <p>OLTL should:</p> <ul style="list-style-type: none"> <li>• Ensure that AIM enters actual dates of service into PROMISe.</li> </ul>

**Abilities In Motion**  
**January 1, 2011 through December 31, 2011**

**Background**

The OLTL is responsible for the overall management of programs that were designed to assist individuals with physical disabilities. This is done through waiver services that complement and/or supplement the services available to participants through the Medicaid State plan and other federal, state, and local public programs.

Under the self-directed model for personal care services, individuals with physical disabilities are empowered to interview, hire, and fire their personal care assistants. AIM, as a certified Fiscal/Employer Agent, performs Financial Management Services (FMS) on behalf of waiver participants which include issuing paychecks, withholding payroll taxes, remitting payroll tax liabilities, and processing criminal background checks. The center also assists waiver participants in purchasing participant-directed goods and services. Additionally, AIM works with the Pennsylvania's Nursing Home Transition Program and with Area Agencies on Aging to facilitate home modifications for consumers who are 60+ to help them to remain at home and in the community.

Individual Service Plans (ISPs) address possible supports in the participant's community, desired outcomes, appropriate types of services and service providers needed to achieve or realize those outcomes, and the frequency of needed goods or services. Supports Coordinators communicate with waiver participants throughout the year on the phone, by email and in person and meet with them annually to review prior year ISPs and update them as needed. ISPs detail the type and amount of services available to the waiver participants and specify the units that can be billed through the PROMISe system.

**Objective, Scope and Methodology**

The audit objectives developed in concurrence with the OLTL were:

- To determine if AIM has adequate documentation to support its claims to PROMISe for Personal Assistance Services (PAS), Supports Coordination Services (SC), Non-Medical Transportation Services (NMT) and Durable Medical Equipment (DME).
- To determine the effectiveness of OLTL's Personal Assistance Services rates with respect to actual cost.

In pursuing our objectives, the BFO interviewed management and staff members from AIM. We also reviewed client case records, vendor invoices, financial reports, and other pertinent documentation necessary to complete our objectives.

We conducted this performance audit in accordance with generally accepted government auditing standards. 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 also require that we obtain an understanding of internal controls that are relevant to the audit objectives described above. The applicable controls were examined to the extent necessary to provide reasonable assurance of the effectiveness of those

**Abilities In Motion**  
**January 1, 2011 through December 31, 2011**

controls. Based on our understanding of the controls, some deficiencies were identified. These deficiencies and other areas where we noted an opportunity for an improvement in management's controls are addressed in the findings and observations of this report.

Fieldwork for this audit took place intermittently from June 6, 2012 through August 7, 2012. The report, when presented in its final form, is available for public inspection.

**Results of Fieldwork**

**Finding No. 1 – AIM's Billing Procedures Did Not Always Result In Correct Personal Assistance Services (PAS) Units Billed to PROMISE**

**Attendant Care Program (ACP) Overview**

The ACP is funded by OLTL and Aging and encompasses two models, the Agency Directed Model and the Consumer Model. Each model has its own distinct fee-for-service rate adjusted regionally to reflect differences in service delivery costs, based on the characteristics of each region. The Agency Directed Model is structured for providers who directly hire employees to perform the actual direct care service to the consumer. The Consumer Model allows consumers to employ their own attendants and to have an organization, known as a Fiscal/Employer Agent, provide fiscal and administrative oversight for the consumers.

The AIM Attendant Care Program is based on the Consumer Model. AIM's responsibilities under this model are enrolling participants; providing orientation and training; processing criminal background checks; and distributing, collecting and processing support worker timesheets. AIM also prepares and issues attendants' payroll checks; withholds, files, and deposits federal, state, and local income taxes; brokers workers' compensation for all support workers; processes all judgments, garnishments, tax levies, or any related holds on attendants' pay; and prepares and disburses IRS Forms W-2s and/or 1099s.

**PAS - Consumer Model Results**

Timesheets signed by consumers and attendants were on file to adequately support 143 out of the 150 claims sampled. Four claims tested were overbilled and three claims tested were underbilled. The variance between PROMISE billings and the units supported by timesheets for the same periods resulted in a net overbilling of 142 units, which amounts to a total of \$454 in unsupported PAS billings. When the BFO extrapolates this amount over the entire population of AIM's PAS billings, it results in a disallowance of \$55,825.

Additionally, our audit testing revealed that one claim included units for a timesheet that submitted late and was inappropriately billed with units from the subsequent pay period, causing the subsequent period to be overbilled and the prior period to be underbilled. The number of units billed was misrepresented in both pay periods. However, because there was no net change in units, they were not included in the extrapolation.

AIM generated profit margins ranging from 9% to 44% per PAS unit for 141 of the 150 claims tested. Eighty six of the 150 claims were billed at \$3.80 per unit; 44 of the claims were billed at \$4.15 per unit; the remaining 20 claims were billed with rates that ranged from \$2.53 to \$3.91



**Abilities In Motion**  
**January 1, 2011 through December 31, 2011**

per unit. AIM's total profit before overhead allocation for the 150 claims tested was \$26,313, a profit of approximately 20%.

We did not calculate the overhead allocation but did examine AIM's Cost Allocation Plan (CAP) and determined that it was reasonable. AIM bills a separate management fee for each consumer to cover administrative costs. Therefore, the BFO finds it reasonable to conclude the overhead allocation will have little effect on AIM's profit for services performed under the Consumer Model.

**Recommendations**

The BFO recommends that AIM improve its internal controls to ensure PAS billings are accurate and complete and discontinue the practice of billing for late timesheets in subsequent periods.

The BFO recommends that OLTL recover \$55,825 for unsupported PAS billings during the audit period.

The BFO also recommends that OLTL ensure that AIM only bills for PAS units during the time period in which services were provided.

**Finding No. 2 – Supports Coordinators' Case Notes Did Not Substantiate Units Billed to PROMISe**

**Service Notes Not Present**

Pursuant to the Department of Health and Human Services' interim final rule published in the Federal Register on December 4, 2007, Vol. 72, No. 232, if a State plan provides for case management services, the "...case records must document for each individual ... the dates of case management services; ... person chosen by the individual to provide the case management services; the nature, content, units of case management services received, and whether the goals specified in the care plan have been achieved; ..." (42 CFR, Parts 431, 440, and 441).

For 9 of 50 SC claims sampled, AIM billed PROMISe for services which were not substantiated by service notes located in HCSIS and/or AIM consumer files. When case notes are not maintained, OLTL cannot be reasonably assured that billed services have been performed and consumers are working toward achieving their goals.

The variance between PROMISe billings and the specific units documented per federal guidelines in HCSIS and/or AIM consumer files and email resulted in an error rate of 18%. When the BFO extrapolates the percentage over the entire population of billings for SC, it results in a disallowance of \$57,375.

**Quarterly Phone Calls Not Always Performed**

The HCBS Waiver requires providers to monitor the health and safety of the participant and the quality of services provided to the participant through personal visits at a minimum of twice per year and telephone calls at least quarterly. Three of the 41 consumers included in our sample tested were not contacted each quarter during our audit period. When consumers are not

**Abilities In Motion**  
**January 1, 2011 through December 31, 2011**

periodically assessed as required, Supports Coordinators cannot determine if authorized services remain effective.

Written Documentation of Consumer Satisfaction Not Always Obtained

All 30 DME claims sampled were appropriately authorized by OLTL and billed to PROMISe at cost. However, in 11 out of 27 equipment or home modification claims sampled, the BFO was unable to determine if Supports Coordinators verified that the consumer was satisfied and was benefiting from the DME.

**Recommendations**

The BFO recommends that AIM improve its SC billing procedures to ensure all PROMISe billings are supported by the required service notes and that all service notes correspond to the dates or periods when the services were provided. The BFO also recommends that AIM ensures that Supports Coordinators fully document their services and dates of services to support the claims billed in PROMISe, and track the quarterly consumer contacts.

The BFO also recommends the OLTL recover the \$57,375 that relates to unsupported SC claims.

The BFO further recommends OLTL consult with the ODP and consider utilizing HCSIS to bill supports coordination claims, which would help prevent providers from billing without a support service note. This practice would also strengthen provider management and OLTL oversight.

**Finding No. 3 – Propriety of Non-Medical Transportation Expenditures Was Not Supported By the Records**

Non-medical transportation (NMT) services are offered in order to enable participants to gain access to waiver services and other community activities and resources as specified in the ISP. These services include personnel costs for drivers and others to transport a participant and/or the purchase of tickets or tokens to secure transportation for a participant.

Monthly transportation costs are capped at \$215 per person. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge should be utilized. The ISP must document the need for NMT services as well as any source which could provide this service without charge. AIM did not always document in the individuals' ISPs the particular places, activities, or other unique identifying information that would provide sufficient detail to show the need for NMT services.

In three of the 20 claims tested, NMT units for mileage reimbursement were billed for the same date as PAS units for the same consumer. Per the waiver requirements, PAS cannot be provided simultaneously with NMT. In addition, in three of the sampled billings AIM billed NMT units for medical and dental trips that should have been paid with MATP funding. Finally, in one claim, AIM reimbursed the consumer for the cost of a rental vehicle, which is unallowable per the waiver requirements.

**Abilities In Motion**  
**January 1, 2011 through December 31, 2011**

The total of identified exceptions was \$1,337. When the error rate is extrapolated over the population, it results in a total disallowance of \$2,266.

**Recommendations**

The BFO recommends that AIM improve its SC procedures to ensure that Supports Coordinators provide more detail in the participants' ISPs to support the need for NMT services.

The BFO also recommends that OLTL recover \$2,266 for unsupported non-medical transportation billings during the audit period.

The BFO further recommends that OLTL ensure that authorizations for NMT are approved based on ISPs that state the specific reasons for and the number and types of trips to be taken.

**Finding No. 4 – AIM's Billing Procedures Did Not Accurately Reflect Dates of Service**

Dates on supporting documentation provided by AIM did not always match beginning and ending dates of service entered into PROMISE as required by PROMISE billing procedures.

In 18 out of 20 non-medical transportation claims tested, the dates on supporting documentation did not match beginning and ending dates of service entered into PROMISE.

Forty of the 41 supports coordination notes that AIM provided had dates that did not match the beginning and ending PROMISE dates of service. As a result, the BFO could not always find a direct correlation between supports coordination service note dates and PROMISE billing dates.

**Recommendations**

The BFO recommends that AIM improve its billing procedures to ensure accurate beginning and ending service dates are entered into PROMISE when claims are billed.

The BFO also recommends that OLTL ensure that AIM enters actual dates of service into PROMISE.

**Conclusion on the Objectives**

As described in Finding Numbers 1 through 3, AIM did not maintain adequate documentation to support the services that were randomly selected for testing by the BFO. In addition, AIM did not accurately reflect the dates of service when entering claims into PROMISE, as required by PROMISE billing procedures. Finally, AIM generated a profit of approximately \$26,313 (20%) on the PAS claims that were tested by the BFO.

**Auditor's Commentary**

AIM's response to Finding 1 states the provider reviewed the BFO's sample and agreed there was a net overbilling of units. However, the provider indicated when looking at the whole month, total units used during the month were billed properly. The BFO performed a statistically valid random sample to determine compliance with PROMISE billing procedures. OLTL and PROMISE billing procedures require providers to only bill for units provided during the dates of

**Abilities In Motion**  
**January 1, 2011 through December 31, 2011**

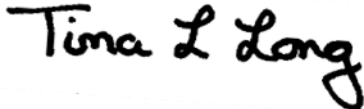
service indicated on the claim and do not allow providers to bill for more units than what was actually provided during the dates of service. Therefore, the units in excess of those actually provided during the dates of service were considered exceptions and were extrapolated over the total population of units for determining the total unsupported PAS billings for the audit period.

In accordance with our established procedures, an audit response matrix will be provided to the OLTL. The OLTL is responsible for completing the matrix within 60 days and email the Excel file to the DPW Audit Resolution Section at:

[RA-pwauditresolution@pa.gov](mailto:RA-pwauditresolution@pa.gov)

The response to each recommendation should indicate the program office's concurrence or non-concurrence, the corrective action to be taken, the program office 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". The signature is written in a cursive, slightly slanted style.

Tina L. Long, CPA  
Director

**ABILITIES IN MOTION  
RESPONSE TO THE DRAFT REPORT**

**APPENDIX A**



January 25, 2013

Mr. Brian Pusateri, Audit Manager  
Division of Audit and Review  
Bureau of Financial Operations  
Department of Public Welfare  
3<sup>rd</sup> Floor, Scranton State Office Building  
100 Lackawanna Avenue  
Scranton, PA 18503

**Re: Abilities in Motion**

Dear Mr. Pusateri:

Enclosed are the responses that I believe will justify our positions on the Audit conducted by the Bureau of Financial Operations.

If you should have any questions, please contact my office.

Respectfully,

A handwritten signature in black ink, appearing to read "Ralph Trainer", is written over the typed name.

Ralph Trainer  
Executive Director

**"Helping You Help Yourself to Independence"**

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██████████ (Voice)(TT) • ██████████ Fax • 1-888-376-0120 (Voice)(TT)

FINDING NO. 1	SUMMARY
<p style="text-align: center;"><b>AIM's Billing Procedures did not Always Result in Correct PAS Units being Billed to PROMISE</b></p>	<ul style="list-style-type: none"> <li>• Four claims sampled were overbilled and three claims sampled were underbilled, which resulted in a net of 142 units totaling \$454 that were overbilled for PAS. When the BFO extrapolates this amount over the entire population of AIM's PAS billings, it results in a disallowance of \$55,825.</li> <li>• PAS units for a timesheet that was submitted late were billed with the subsequent pay period's billings.</li> <li>• AIM's total profit before overhead allocation for the 150 claims tested was \$26,313 or approximately 20%.</li> </ul>
<b>HIGHLIGHTS OF RECOMMENDATIONS</b>	
<p>AIM should:</p> <ul style="list-style-type: none"> <li>• Improve its internal controls to ensure PAS billings are accurate and complete and discontinue the practice of billing late units in subsequent periods.</li> </ul> <p>OLTL should:</p> <ul style="list-style-type: none"> <li>• Recover \$55,825 for unsupported PAS billings during the audit period.</li> <li>• Ensure that AIM's billings for PAS only include units provided during the time period indicated.</li> </ul>	

**AIM Response - No. 1:**

Abilities in Motion does agree that the samples in the BFO's audit were overbilled or underbilled for the subsequent pay period's billing, however, AIM has reviewed each sample and has determined that, in all but one sample, if the BFO compared or computed the total units used in the month the pay period occurred, with the total units billed, they would realize that AIM has billed the proper total amount of units used in that month. In sample #2, it should be noted that for the month AIM underbilled 512 units, which would equal \$1,945.60.

The position of AIM is; if the total monthly amounts are correct they should not be calculating a total overbilling. Nowhere in the BFO findings does it provide the sample size used or the methodology for extracting the \$454 overbillings to conclude on a disallowance of \$55,825.

Going forward, AIM has retrained billing staff on all proper billing procedures. All units billed, whether original and/or adjustment will be billed in the proper pay period.

FINDING NO. 2	SUMMARY
<p align="center"><b>Supports Coordinators' Case Notes did not Substantiate Units Billed to PROMISE</b></p>	<ul style="list-style-type: none"> <li>• AIM could not produce supporting documentation to match PROMISE Supports Coordination (SC) billings for 9 out of 50 billings tested. When the BFO extrapolated the percentage over the entire population of billings for SC, it results in a disallowance of \$57,375.</li> <li>• AIM could not produce supporting documentation to verify that its supports coordinators contacted consumers at least quarterly in the audit period of 3 out of 41 consumers tested.</li> </ul>
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<p>AIM should:</p> <ul style="list-style-type: none"> <li>• Improve its supports coordination billing procedures to ensure all PROMISE billings are supported by the required service notes and that all service notes correspond to the dates or periods the services were provided.</li> <li>• Monitor service notes to ensure that Supports Coordinators fully document their services and dates of service to support the claims billed in PROMISE as well as to track quarterly and face to face contacts.</li> </ul> <p>OLTL should:</p> <ul style="list-style-type: none"> <li>• Recover \$57,375 for unsupported supports coordination billings during the audit period.</li> <li>• Consult with ODP and consider utilizing HCSIS to bill for supports</li> </ul>	



coordination claims, which would prevent providers from billing without a supporting service note. This practice would also strengthen provider management and OLTL oversight.

**AIM Response No. 2:**

Upon review of the summary of the supporting documentation regarding to Promise, under the Attendant Care Program requirement; the service coordinator is required to make 4 quarterly contacts, one monitoring visit and one reassessment visit. The Audit date used did not always fall on the month that the contacts were made; for instance the audit date may have been made in March, however a visit was made in April, with telephone contacts that were made in January, which falls under the State requirements.

We reviewed the budget for Attendant care waiver only, since CSPPD had no findings and the procedure is; that it's billed as a service provided and not a monthly rate.

Total Revenue for 01/01/2011-12/31/2011 was \$236,211.02. The highest number of consumers served under this program was 150. We included Act 150 income with attendant care waiver since some of these consumers were served under this program.

Abilities in Motion has for over 5 years separated Service Coordination and FMS services, not only by department but also by budget. Beginning in July 2011, AIM instituted a new Service Coordination Quality assurance system. In anticipation of all programs changing to a reimbursement of a service provided verses a monthly billing, AIM rolled out a system where all the service coordinators were required to substantiate through case notes all contacts. The form of contact could be through telephone, email, or home visits. Each contact was to be documented through either the contact log or Service notes in HCSIS.

In order for AIM to monitor the progress of the Service Coordinators, we developed a monitoring system to measure quarterly. Each Service Coordinator submits a report to their supervisor with there corresponding

caseload for review. The measurements were: timeliness of required contacts, completion of all required paperwork, billable units as well as non-billable units.

This new system has been monitored and revised multiple times. Service Coordinators were trained and retrained until they reached a level of competency, the process was completed February, 2012. At that time with CSPPPD only, AIM started to directly bill using HCSIS report of the Service Coordination units, which is directly downloaded into our billing program, on June 30, 2012 it was rolled out on all programs.

Regarding “written documentation of consumer Satisfaction not always obtained” AIM has changed the policy of receiving consumer satisfaction of home modifications to the following: The Service Coordinator completes a follow up visit with the consumer and has them sign a written document that verify they are satisfied with the home modification before the contractor is paid the final payment. The Service Coordinator documents this in the HCSIS notes.

<b>FINDING NO. 3</b>	<b>SUMMARY</b>
<p>The Propriety of Non-Medical Transportation Expenditures was not Supported by the Records</p>	<ul style="list-style-type: none"> <li>• AIM did not always document in the individuals’ ISPs the particular places, activities, or other unique identifying information that would provide sufficient detail to show the need for NMT services.</li> <li>• Some of the exceptions found during testing include NMT units for billed medical and dental trips that should have been paid for with MATP funding, the cost of a rental vehicle, and mileage reimbursement for consumers’ attendants during times when PAS services were also being billed.</li> <li>• The total of exceptions found is \$1,337. When the BFO extrapolates this amount over the entire population of AIM’s NMT billings, it results in a disallowance of \$2,266.</li> </ul>

### **HIGHLIGHTS OF RECOMMENDATIONS**

AIM should:

- Improve its supports coordination procedures to ensure Supports Coordinators provide more complete detail in the participants' ISPs to support the need for NMT Services.

OLTL should:

- Recover \$2,266 for unallowable non-medical transportation claims.
- Ensure that authorizations for NMT are approved based in individual service plans that state the specific reasons for and the number and types of trips to be taken.

#### **AIM Response No. 3:**

Abilities In Motion has changed the procedure for mileage reimbursement. No direct reimbursement to consumers is allowed. Payments are made to vendors only.

AIM has also changed the procedure on reimbursement for Vendors of transportation. All transportation invoices are submitted to the Service Coordinator for review. The service Coordinator then ensures that the trip was for nonmedical purposes only.

The claim submitted for a rental vehicle will no longer be permitted, however it was for a consumer who needed to take a trip to Philadelphia and could not find appropriate affordable transportation to get from Allentown to Philadelphia, so they rented a U-haul.

It must be noted that prior to June 1, 2012 transportation to medical appointments was able to paid for in the Aging Waiver under certain situations. When the new service definitions became effective transportation to and from medical appointments is not able to be provided through the Aging Waiver.