pennsylvania
DEPARTMENT OF HUMAN SERVICES
BUREAU OF FINANCIAL OPERATIONS

August 7, 2015

Ms. Casey Ball, CEO
Casey Ball Supports Coordination, LLC
7550 Saltsburg Road
Pittsburgh, PA 15235

Dear Ms. Ball:

Enclosed for your review is the final audit report of Casey Ball Supports Coordination, which was recently completed by this office.

Your agency's response has been incorporated into the final report and is labeled Appendix B.

The final report will be forwarded to the Department's Office of Developmental Programs (ODP) Bureau of Autism Services (BAS), to begin the Department's resolution process concerning the report contents. The staff from BAS may be in contact with you to follow up on the corrective actions taken to comply with the report's recommendations.

I would like to extend my appreciation for the courtesy and cooperation extended to my staff during the course of the fieldwork.

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

Sincerely,

Tina L Long

Tina L. Long, CPA
Director

Enclosure

c: Mr. Jay Bausch
Ms. Heather Ruppe
Mr. Michael Hale
Mr. Grant Witmer
Ms. Patricia McCool
Mr. Shawn Kepner
Mr. Timothy O'Leary

bc: Mr. Alexander Matolyak
Mr. David Bryan
Mr. Michael Kiely
Mr. Grayling G. Williams
Ms. Shelly L. Lawrence
WFO Audit File (W4000)

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: ra-dpwrtkl@pa.gov.

pennsylvania
DEPARTMENT OF HUMAN SERVICES
BUREAU OF FINANCIAL OPERATIONS

August 7, 2015

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

Dear Deputy Secretary Harris:

In response to a request from the Office of Developmental Programs (ODP) Bureau of Autism Services (BAS) in conjunction with the Office of Long-Term Living (OLTL), the Bureau of Financial Operations (BFO) initiated a performance audit of Casey Ball Supports Coordination, LLC (CBSC). The audit was designed to test the validity of supports coordination (SC) claims reimbursed through the Provider Reimbursement and Operations Management Information System (PROMISe). The audit period was July 1, 2013 to June 30, 2014.

CBSC's response to the report is attached as Appendix B. The DAR has also attached an Auditor's Commentary (Appendix C) to address some of the content of the CBSC response.

Executive Summary

FINDING	SUMMARY
Finding No. 1 – ODP Adult Autism Waiver Claims of $44,964 Were For More Units Than Justified for the Activity that was Performed, Not For a Billable SC Activity, Not Supported in HCSIS, or For an Unnecessary Activity.	Our analysis of a statistically valid random sample (SVRS) of PROMISe ODP Adult Autism Waiver claims revealed certain claims that were for more units than justified for the activity that was performed, not for a billable activity, not supported in HCSIS, or for an unnecessary activity.
HIGHLIGHTS OF RECOMMENDATIONS	
• CBSC should only bill for units that represent necessary and billable services that are supported by adequate documentation. • ODP should recover $44,964 from CBSC.	

Casey Ball Supports Coordination, LLC
July 1, 2013 to June 30, 2014

FINDING	SUMMARY
Finding No. 2 – Questionable Billing and Time Management Practices.	Our analysis of SC billings found statistically improbable billing patterns. It also found billing practices that raise the concern that SCs are providing service based on achieving billing objectives instead of meeting actual consumer needs.
HIGHLIGHTS OF RECOMMENDATION	
• CBSC should bill based on the actual time it takes to perform necessary services. • ODP and OLTL should perform regular monitoring of CBSC to ensure that SC services billed to PROMISe are based on the actual needs of the consumers and accurately reflect the amount of time spent providing the services. • OLTL should develop written guidance addressing the need for and frequency of EVS eligibility checks.	

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

Results of Fieldwork

Finding No. 1 – ODP Adult Autism Waiver Claims of $44,964 Were For More Units Than Justified for the Activity that was Performed, Not For a Billable SC Activity, Not Supported in HCSIS, or For an Unnecessary Activity.

As part of our audit we randomly selected for testing 107 Adult Autism Waiver (AAW) SC claims, which represent 646 SC units and a total of $11,014 paid to CBSC.

We analyzed the claims with the assistance of BAS staff in order to determine the merits of each claim and to identify any conditions which would cause a claim to be considered unallowable. Our analysis resulted in the following findings:

- For 39 claims, representing 283 units, CBSC billed 148 more units than were justified for the activity that was performed;
- For 5 claims, representing 29 units, the service was not considered to be a SC activity. Examples included preparing consumer files for BAS monitoring, providing technical assistance to other providers, performing activities that are the responsibility of other service providers, and discussing social activities with the consumer;
- For 4 claims, representing 22 units, CBSC did not enter a service note in HCSIS, which is required to support that a SC activity occurred;
- For 7 claims, representing 54 units, CBSC billed 38 units that were determined to be unnecessary because they duplicated prior activity or were not supported by the note in HCSIS.

In summary, the BFO questioned 55 claims representing 237 (36.69 percent) of the 646 units in our sample size. When this percentage is extrapolated over the total universe of paid claims ($122,552) the result is questioned costs of $44,964.

Recommendations

The BFO recommends that CBSC only bill for units that represent necessary and billable services that are supported by adequate documentation.

The BFO also recommends that the ODP recover $44,964 from CBSC related to unallowable SC claims.

Finding No. 2 – Questionable Billing and Time Management Practices.

As the standards for the provision of SC services are largely needs based, the consumers would, in large part, dictate the level of monitoring and coordination necessary to support their ability to live at home or in the community. Instead, we found instances of billing and time management consistent with scheduled support or at least billing consistent with such. We concluded this based on the following observations of the billing and time management practices at CBSC.

Even Numbered Billed Units and Billing on the Quarter Clock Hour

Our audit identified an improbable comparative distribution of AAW SC units claimed during the period July 2013 through March 2014 when all of the SC service was provided by the owner of CBSC. During this time, our analysis of units claimed revealed that even numbered units were statistically over-represented and odd numbered units statistically under-represented. An analysis of 975 billed claims showed that 93.74% were billed in even unit increments, (for example 2, 4, 6, or 8 units) and only 6.26% were billed in odd unit increments (see chart below). CBSC provided no logical or statistical reason why this occurred. It appears that the number of units billed was either based on the scheduling needs of CBSC or did not accurately reflect the actual units provided

Number of Units Billed	Frequency of Occurrence	% of Total Occurrences	Number of Units Billed	Frequency of Occurrence	% of Total Occurrences
1	32	3.28	13	0	0.00
2	92	9.44	14	8	.82
3	7	.72	15	0	0.00
4	221	22.67	16	7	.72
5	12	1.23	17	0	0.00
6	131	13.44	18	2	.21
7	4	.41	19	0	0.00
8	360	36.92	20	1	.10
9	5	.51	21	0	0.00
10	26	2.67	22	1	.10
11	1	.10	23	0	0.00
12	64	6.56	24	1	.10

Similarly, our analysis of service notes that were entered into HCSIS to support SC claims, revealed that the amount of time this SC reported as providing service was mostly in exact multiples of 15 minutes (e.g. :15, :30, :45, minutes) starting and ending exactly on a quarter hour (e.g. 8:15 am to 8:45 am, or 1:00 pm to 2:30 pm). The wide variety of activities performed by SCs combined with the different needs of consumers, makes it is highly unlikely that the amount of time needed to provide services would be in exact 15 minute increments. Again, it appears that billings were either based on the scheduling needs of CBSC or did not accurately reflect the time spent providing the service.

Minimum Billable Units of Service per Supports Coordinator

CBSC SCs are salaried employees who typically work from home. They are not required to work a specific number of hours each week, but full-time, non-supervisory SCs are expected to bill a minimum of 120 units per week. If this target is not met, the employee could face discipline. We found that in nearly all weekly billing records, the total units billed were at or just above the 120 unit target. While we do not question the necessity of establishing expectations for employees to achieve certain goals in support of the organization, the imposition of a billing target creates an incentive for an SC to provide service that is not based on the needs of the consumers but instead based on reaching the weekly target.

Our analysis also identified 27 instances where an SC billed OLTL units for twenty or more consumers in a single day. Our further analysis of five of those instances revealed that the SC had performed the same repetitive activity for each of the consumers. This again raises the concern that the SC is providing service not based on the needs of the consumers but instead based on reaching the weekly target.

Billing Eligibility Checks

Our audit of a random sample of 112 OLTL SC claims identified 27 instances, for 26 consumers, where the claim was for verifying consumer eligibility on the Eligibility Verification System (EVS).

An analysis of all EVS check claims for these consumers revealed that from July 2013 through February 2014, a period during which all consumers received their SC from another SC provider ([redacted]) an average of 0.6 claims per consumer per month were submitted.

In March 2014, all 26 consumers transferred their SC services to CBSC. At the same time, a number of SCs that had been employed at [redacted] were recruited and hired by CBSC. For the period when these consumers received their SC services from CBSC (March 2014 through June 2014), the number of EVS checks nearly tripled to an average of 1.75 claims per consumer, per month. Nineteen of the consumers received SC services at CBSC from an SC that had come from [redacted]. None of the EVS checks resulted in the SC identifying a consumer that had become ineligible.

While we do not question the necessity of periodically verifying consumer eligibility, the imposition of a billing target (as described above) creates an incentive for an SC to provide services that are not based on the needs of the consumer but instead based on reaching the weekly target.

Recommendations

The BFO recommends that CBSC bill based on the actual time it takes to perform necessary services.

The BFO also recommends that ODP and OLTL perform regular monitoring of CBSC to ensure that SC services that are billed to PROMISe are based on the needs of the consumers and accurately reflect the amount of time spent providing the services.

The BFO further recommends that OLTL develop written guidance addressing the need for and frequency of EVS eligibility checks.

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

[redacted]

The response to the recommendations should indicate ODP's and 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,

Tina L Long

Tina L. Long, CPA
Director

CASEY BALL SUPPORTS COORDINATION, LLC

APPENDIX A

Appendix A

Background

CBSC, is a for-profit corporation located in Pittsburgh, Pennsylvania. It provides SC services to consumers receiving HCBS that are funded by OLTL, the PA Department of Aging and ODP/AAW. SCs assist consumers in gaining access to HCBS services.

Payments through the PROMISe system to CBSC totaled $296,616 (OLTL - $174,064; ODP/AAW - $122,552) for the period July 1, 2013 through June 30, 2014. During the period July 1, 2013 until March 4, 2014 Casey Ball was the sole SC for CBSC's AAW consumers.

Objective, Scope, Methodology

Our audit objective was:

- To determine the validity of Fiscal Year 2013-14 supports coordination claims.

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 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 these controls. Based on our understanding of the controls, certain material deficiencies came to our attention. Areas where we noted material deficiencies or an opportunity for improvement in management controls are addressed in the findings of this report.

Our fieldwork was performed between August 21, 2014 and December 10, 2014. A closing conference was held with CBSC on December 10, 2014 to discuss the results of the audit. The contents of this report were discussed with CBSC's legal counsel at an exit conference on July 28, 2015.

This report is available for public inspection.

Conclusion on the Objective

In conclusion, CBSC submitted claims that were not valid for PROMISe reimbursement. Claims were for more units than justified for the activity that was performed, not for a billable activity, not supported in HCSIS, or for an unnecessary activity, which resulted in overbillings. As a result, total questioned costs are $44,964.

CASEY BALL SUPPORTS COORDINATION, LLC
RESPONSE TO THE DRAFT REPORT

APPENDIX B

JONES, GREGG,
CREEHAN & GERACE LLP

ATTORNEYS AT LAW

JOHN P. CORCORAN, JR.
[redacted]

JGC&G

July 6, 2015

Michael Kiely
Division of Audit and Review
Department of Human Services
[redacted]

Re: Casey Ball Supports Coordination, LLC

Dear Mr. Kiely:

This correspondence shall constitute a formal response to the "Draft" Performance Audit Report (Draft Report) of Casey Ball Supports Coordination, LLC as prepared by the Division of Audit and Review, dated June 1, 2015. Casey Ball Supports Coordination, LLC hereby incorporates herein and as if fully set forth the response to the initial audit dated April 13, 2015 to the extent necessary.

Findings of the Draft Report:

The Draft Report states that the audit was initiated in response to a request from the Office of Developmental Programs (ODP) Bureau of Autism Services (BAS) in conjunction with the Office of Long-Term Living. The audit period was July 1, 2013 to June 30, 2014.

The draft report listed three findings as follows:

Finding No. 1	ODP Adult Autism Waiver Claims of $44,964 were for more units than justified for the activity that was performed, not for a billable SC activity, not supported in HCSIS, or for an unnecessary activity.
Finding No. 2	Questionable billing and time management practices.

411 SEVENTH AVENUE | SUITE 1200 | PITTSBURGH, PA 15219-1905 | TELEPHONE 412-261-6400 | FACSIMILE 412-261-2652 | WWW.JCCG.COM
109 S. WATER AVENUE | SHARON, PA 16146-2112 | TELEPHONE 724-981-8000 | FACSIMILE 724-981-8005 | WWW.JCCG.COM

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Finding No. 1 Response:

A. The Bureau Of Autism Services and Division of Audit and Review are precluded from challenging the Service Notes based upon the doctrine of equitable estoppel under Pennsylvania law.

Casey Ball Supports Coordination, LLC (hereinafter referred to as "Casey Ball") hereby incorporates the specific response set forth in the April 13, 2015 correspondence with respect to the inaccurate factual averments set forth in the audit.

Further responding, the affirmative defense of equitable estoppel is hereby raised as a defense to the claims referenced in Finding Number 1. Prior to January 17, 2014, Casey Ball had submitted billing with Service Notes that were detailed in accordance with the requirements of the Bureau of Autism Services. In fact, all of the billing was paid based upon the references in the Service Notes and those notes were considered to be acceptable and properly detailed by the Bureau of Autism Services for services rendered. Thereafter, Casey Ball met with representatives of the Bureau of Autism Services to discuss the necessary detail for the submission of Service Notes in January 2014.

Casey Ball contacted the Bureau of Autism Services and sent examples of Service Notes for their review, authorization and recommendations. An email dated January 17, 2014 was sent to [redacted] requesting [redacted] "thoughts?" as to the detail of the Service Notes. (See Exhibit "A" attached hereto). In response, [redacted] provided suggestions on Service Notes detail. (See Exhibit "B" attached hereto) Therefore, after January 17, 2014, Casey Ball provided more detail in the Service Notes based upon these new requirements imposed by [redacted] Accordingly, after January 17, 2014 the notes were detailed in accordance with Bureau of Autism Services new requirements imposed upon Casey Ball. Prior to that date, Casey Ball was advised that her Service Notes conformed to the necessary requirements for sufficient detail and was paid based upon that detail. Accordingly, the Bureau of Autism Services is equitably estopped from changing its position and asserting that those bills for service provided prior to January 17, 2014 lack sufficient detail.

The majority of the objections to the services provided by the Division of Audit and Review is that ***"the information detailed in the Service Notes does not justify the number of units that were billed"***. As noted above, the detail was never objected to by the Bureau of Autism Services when payments were made. Indeed, there is no dispute that the services were provided. The only real

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substantive objection is a lack of "sufficient detail". However, The Bureau of Autism Services for all Service Notes, prior to January 17, 2014 accepted the submissions of Casey Ball without objection. Therefore, Casey Ball relied upon and maintained her position that the Service Notes she submitted were accurate and sufficiently detailed. The Division of Audit and Review and Bureau of Autism Services is precluded under the doctrine of equitable estoppel from challenging the detail of the Service Notes, since they accepted those notes and induced Casey Ball into believing that those notes were proper, detailed and accurate.

Under Pennsylvania law, equitable estoppel is an equitable doctrine that acts to preclude one from doing an act differently than the manner in which another was induced by word or deed to expect. [redacted] appeal denied [redacted] *also see* 14 Standard Pennsylvania practice 2nd §79:16 (equitable estoppel). In other words, the doctrine protects the reasonable expectations of one who relies on another's course of conduct. [redacted] In the instant case, the acceptance of the Service Notes by the Bureau of Autism Services and assurances to Casey Ball that those notes contained sufficient detail for payment constituted equitable estoppel and the Bureau cannot change its position that the Service Notes lacked sufficient detail. After [redacted] and Casey Ball communicated about new requirements for Service Notes on January 7, 2014, Casey Ball changed the amount of detail for Service Notes. (See Ex. "A" and "B") When equitable estoppel is established, the person inducing the belief in the existence of a certain state of facts is estopped to denying that those state of facts exist or to deny or repudiate his or her acts, conduct. [redacted] Here, the doctrine of equitable estoppel is an absolute defense because the Bureau of Autism Services by their conduct prior to January 17, 2014 agreed to the detail in the Service Notes and thereby induced Casey Ball to believe that those notes were properly detailed. The Bureau of Autism Services did not provide new guidance as to the need for further detail in Service Notes until January 17, 2014 (see Exhibit "A" and "B"). Therefore, under the doctrine of equitable estoppel any and all challenges to the detail of Service Notes are improper and denied.

B. The units billed were for justifiable periods of time.

The Draft Report states that for 39 claims, representing 283 units, Casey Ball billed 148 more units than were justified for the activity that was performed. Essentially, the reports do agree that, for these 39 claims, all activities were valid

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billable SC activities but that the SC took longer than they should have to complete such activities.

An example of such a finding is a service dated September 24, 2013, provided to a consumer named [redacted] 4 units (one hour of services) were billed and the service note stated as follows:

> "SC spoke with [redacted] mother regarding progress, updates and areas of concern. [redacted] reported that [redacted] has spent the last 3 weekends with her and has been sleeping excessively. [redacted] reported that [redacted] appears to be over medicated however she is fine with it since [redacted] has not had any incidents recently. SC and [redacted] discussed concerns over [redacted] upcoming court case. SC will schedule a team meeting the week prior."

The service note review, contained in the Results of the ODP PROMISe Billings Sample, of the above services states as follows: "the information detailed in this service note does not justify the number of units that were billed." The number of units questioned for this service note was 2 (30 minutes of services). Therefore, Department of Audit and Review suggests, even though multiple circumstances and events regarding the consumer were discussed, and such discussion was a valid billable service, that the discussion should have only taken 30 minutes instead of 1 hour. A true and correct copy of the Results of ODP PROMISe Billing Sample is attached hereto and marked Exhibit "C".

The service note review does not state any basis for why it believes that such a conversation, that discusses multiple relevant issues regarding a consumer, should have been conducted in half the time. In an effort to best serve consumers, Casey Ball diligently and thoroughly stays up to date on the situation of the consumers, which is a valid billable activity. The position posited in the above billing sample suggests that Casey Ball should take less time to contact consumers and their family members to maintain an accurate understanding of their living situation.

Another example of such a finding is a service dated July 10, 2013, provided to a consumer named [redacted] 8 units (two hours of services) were billed and the service note stated as follows:

> "SC reviewed [redacted] BSS/CI monthly reports and began to prepare her quarterly reports."

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The service note review, contained in the Results of the ODP PROMISe Billings Sample, of the above services states as follows: "The information detailed in this service note does not justify the number of units that were billed. This is an excessive amount of time to "review" monthly reports. The number of units questioned for this service note was 4 (1 hour of services).

The service note review ignores half of the service note that clearly states "and began to prepare her quarterly reports." Two (2) hours is a reasonable amount of time to accurately review multiple monthly reports of a consumer, and then after such a review to contemplate, summarize, and reiterate such reports into a quarterly report. To state that the service should have been done in half the time ignores the compilation of the quarterly report that occurred, and also suggest that Casey Ball should spend less time reviewing consumer reports in an effort to maintain an accurate understanding of consumers that are serviced by Casey Ball and relate such an understanding in the quarterly reports.

Another example of such a finding is a service dated September 27, 2013, provided to a consumer named Sean. 8 units (two hours of services) were billed and the service note stated as follows:

> "SC followed up with [redacted] and his CI regarding his [redacted] SC was informed that [redacted] had it completed by his PCP and it would be mailed to SC. SC entered updated information into [redacted] ISP as needed from SC consult and monthly reports. SC entered all updated Service Notes into HCSIS."

The service note review, contained in the Results of the ODP PROMISe Billings Sample, of the above services states as follows: "this is a general update in HCSIS for this ISP update; questionable as to whether 2 hours is justifiable for this activity and one phone call. - there was no corresponding billing on this date." The number of units questioned for this service note was 4 (1 hour of services).

The service involved a phone call discussing the specifics of a visit with a primary care physician. In addition, the service involved updating information into an ISP and entering all updated Service Notes into HCSIS. It is reasonable that such a phone call and detailed updating of information to an ISP and all Service Notes in HCSIS would take 2 hours instead of 1.

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Another example of such a finding is a service dated May 7, 2014, provided to a consumer named [redacted] 11 units (2 hours and 45 minutes of services were billed and the service note stated as follows:

> "11:45AM - 2:30PM (11 units) - SC accompanied [redacted] on a community outing/picnic. SC is building rapport with [redacted] since he is a new client. We discussed his likes, dislikes, strengths and future goals. [redacted] socialized well with all the guest and set up a few social events for the following week. [redacted]"

The service note review, contained in the Results of the ODP PROMISe Billings Sample, of the above services states as follows: "The information detailed in this service note does not justify the number of units that were billed." The number of units questioned for this service note was 6 (1 hour 30 minutes of services).

The service provided was a 2 hour and 45 minute meeting on a community outing with the client. The exact time period when the service took place was documented. The service that was provided was a valid billable service. But, the Draft Report suggests that this service should have been completed in less than half the time. Not only was the amount of time reasonable for such a service, but the provision of such a service fell directly in line with the government issued supports coordinator manual. Chapter 2 of which, Supports Coordinator Roles and Functions, states that to be able to establish positive, collaborative relationships with the participant and other planning team members supports coordinators should:

- "Provide fact-to-face contact when possible."
- "Meet with the participant informally to discuss life plans and to review experiences, skills, and desires."
- "Meet with key people who know the participant well."
- "Spend time with the participant doing activities or conversing about topics of interest to the participant."
- "Be available for questions or concerns to help maintain a positive, constructive relationship"
- "Have the necessary information and paperwork ready."
- "Keep everyone informed of the status of changes throughout the process."

A true and correct copy of Chapter 2 of the Manual is attached hereto and marked Exhibit "D".

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The services Casey Ball has provided fall directly in line with the suggested actions that should be taken in the supports coordinator manual, which was issued in 2009. At the time, this was the only guidance provided to supports coordinators.

In summary, the findings merely suggest that although these were valid billable activities they should have been done in half the time. Such a time constraint would severely limit Casey Ball's ability to provide thorough, accurate, and diligent reviews and summaries of its consumer files, and effective services to consumers.

In addition, from June 3 to June 4 of 2014, Casey Ball was monitored by the Quality Management Efficiency Team (QMET) of the Office of Long Term Living Bureau of Quality and Provider Management. This monitoring took place during the audit period that is the subject of the Draft Report and this response thereto. A Statement of Findings (SoF) for the June 3-4, 2014, monitoring was emailed to Casey Ball on October 22, 2014. The first page of the SoF clearly and conspicuously states as follows: "The Regulatory Monitoring Claims Review resulted in **No Overpaid Claims**." A true and correct copy of the first page of the SoF is attached hereto and marked "Exhibit "E".

The audit at issue in this response was initiated in response to a request from Bureau of Autism Services in conjunction with Office of Long Term Living. During the audit period Casey Ball received significantly more payments from Office of Long Term Living than from Adult Autism Waivers (AAW), none of which were overpaid according to Office of Long Term Living. Therefore, there is a clear discrepancy between the how Office of Long Term Living and Department of Audit and Review view Casey Ball's billing claims over the same period of time.

The Draft Report provides a stark contrast to Office of Long Term Living monitoring of Casey Ball claims over the same time period. Therefore, consistent with Office of Long Term Living view of Casey Ball's billing practices, Casey Ball responds to this finding by asserting that all units billed were justified for the activity that was performed, and that the assertion contained in Draft Report Finding No. 1 to the contrary is incorrect.

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C. Casey Ball provided services that are billable activities.

Finding No. 1 of the Draft Report also states for 5 claims, representing 28 units, the service was not considered to be a SC activity. Examples included preparing consumer files for BAS monitoring, providing technical assistance to other providers, performing activities that are the responsibility of other service providers and discussing social activities with the consumer.

As stated above Casey Ball provided services that are directly in line with the supports coordinator manual. One such activity "Spend time with the participant doing activities or conversing about topics of interest to the participant" is in contrast to the finding provided in the Draft Report that "discussing social activities with the consumer" is not a SC activity.

In addition, DPW released AAW billing guidelines in September, 2014, after the audit period at issue. Listed in the billing guidelines it is stated that preparing consumer files for BAS monitoring is not a billable activity. Such guidance was never given during or prior to the July 1, 2013 to June 30, 2014 audit period. Therefore, an attempt to classify Casey Ball's billed services as "not a SC activity" by using guidelines set after the audit period is an attempt to retroactively set the rules which govern service coordinators, and penalize them for not adhering to such rules. A true and correct copy of the AAW billing guidelines is attached hereto and marked "Exhibit F".

Casey Ball responds to this finding by asserting that all units billed were SC activities, and that the assertion contained in Draft Report Finding No. 1 to the contrary is incorrect.

<u>Finding No. 2 Response:</u>

Casey Ball accurately reflected its time spent providing services.

Finding No. 2 identifies patterns in the billing practices of Casey Ball and discusses minimum billing expectations of Casey Ball SCs. Neither of these issues in Finding No. 2 constitutes impropriety or overbilling.

Casey Ball's pattern of billing merely suggests that Casey Ball generally organized its workload into half hour segments of time prior to providing the services. In addition, the finding states that services were provided in exact multiples of 15 minutes. This is because billing units are 15 minute increments. As such the amount of time reported was given in such increments. It is very

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possible that services that took 19 minutes were listed as only taking 15 minutes. In this event, 1 unit would be billed whether 19 minutes or 15 minutes was listed. As such this finding does not suggest any amount of overbilling occurred and is irrelevant to the previous finding that requests a total questioned cost of $44, 964. As such this finding should be disregarded as it confounds the issue of the legitimacy of the dollar amount of questioned costs. Notwithstanding the foregoing, Casey Ball has modified the requirements to use exact time as opposed to increments of a quarter hour. Therefore, this issue is rendered moot.

In addition, the auditors take issue with minimum billing requirements. It is common and standard practice in the industry to require weekly billing requirements. The amount of billing hours are reasonable based upon the significant non-billable hours that fill up the remainder of the providers work week.

Conclusion:

Casey Ball provides services to its consumers in accordance with diligence, integrity, attention to detail, and in accordance with the guidelines provided in the government issued service manual. Also, Office of Long Term Living has found no instances of Casey Ball over billing during the same audit period. Casey Ball responds to Finding No. 1 by stating that the number of units it has billed in the past is justifiable for the services provided, move over, under the doctrine of equitable estoppel the Bureau of Autism Services cannot challenge the detail of the Service Notes provided. As such, Casey Ball should not be required to remit any amount of the $44, 964.00 for prior services rendered.

Nothing in this correspondence is intended to waive or alter any of the terms, conditions, provisions or rights as granted under the Pennsylvania Rules of Civil Procedure, Pennsylvania Code and/or Pennsylvania Rules of Administrative Procedure, all of which are expressly reserved and reaffirmed.

By the sending of this letter and contents hereof, my client does not waive any rights, claims or defenses, but expressly reaffirms same.

Please contact me if you have any questions. Thank you.

JGC&G

Very truly yours,

John P. Corcoran, Jr.

JPC/srp

Casey Ball [redacted]

SC SERVICE NOTE

2 messages

[redacted]

Thoughts?

10-10:15 SC SPOKE WITH CASEWORKER [redacted] REGARDING [redacted] UPDATED LIVING ARRANGMENTS, INFORMATION REGARDING SERVICES AND UPDATED CONTACT INFO. 10:15-10:45 SC OBTAINED UPDATED INFORMATION ON [redacted] COURT CASE. [redacted] MET WITH AN ATTORNEY FROM THE PUBLIC DEFENDERS OFFICE AND [redacted] IS REQUIRED TO COMPLETE 9 MONTHS OF PROBATION AND 50 HOURS OF COMMUNITY SERVICE. [redacted] NEXT STEP IS THAT SHE WILL MEET WITH HER PROBATION OFFICER ON MARCH 7TH AT 7AM. AT THAT TIME SHE WILL NEED TO PRESENT TO HIM/HER INFORMATION ON WHERE SHE IS GOING TO COMPLETE HER COMMUNITY SERVICE. SHE WILL ALSO NEED TO PAY $50 ON OR BEFORE MARCH 7TH. [redacted] HAS BEEN PROVIDED WITH OPTIONS FOR COMMUNITY SERVICE AND WILL NEED TO SELECT A LOCATION. SHE WILL BE REQUIRED TO SELECT A NON-PROFIT LOCATION AND SHE IS RESPONSIBLE FOR KEEPING TRACK OF HER OWN HOURS. [redacted] WILL BE INFORMED OF HER FINES ON 3/7/14, PAYMENTS WILL BE STRETCHED OUT OVER NINE MONTHS. 10:45-11:00- SC RECEIVED MEDICAL UPDATES INCLUDING MEDICATION CHANGES PRESTIQ FROM 50MG ONCE A DAY TO 100MG ONCE A DAY, INCREASED TO TAPOZOLE FROM 5MG MON, WED, FRIDAY TO 10MG EVERY DAY. SHE HAD BLOOD WORK DONE AT THE HOSPITAL THEY CHECKED HER TSH. [redacted] IS SCHEDULED TO SEE [redacted] TODAY AT 2:15PM. SHE HAS AN ENDOCRINOLOGIST APPOINTMENT ON FEB 4TH. 11:00-11:4545 SC ENTERED UPDATED BSS OBJECTIVES AND BSS QUARTERLY. SC ENTERED UPDATED INFORMATION INTO [redacted] ISP FOR HER AR. SC REQUESTED CI/RES HAB MONTHLY.

--
Thank you,
Casey Ball

Casey Ball Supports Coordination LLC
[redacted]

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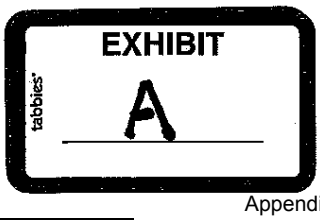

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[redacted]

Hi [redacted]

That looks great just a few suggestions:

- 10-10:15-It would be helpful to state what the updates on the living arrangements were and what information regarding services did you discuss? If this were for more than one unit we would definitely need to see more detailed information but it's also helpful for us to know what these details are in the event we don't hear them directly from you. Now had you mentioned the updated living arrangements in a previous note you wouldn't necessarily need to spell them out again here but they should be detailed somewhere in the service notes.

- 10:15-10:45-SC obtained updated information-my question would be from who and what type of communication was received, phone call, email, in person? The rest of the detail you provided there was very thorough so that's good.

- 11:00-11:45-while I can definitely see this being 3 units worth of work you should still document some of the finer details. So who did you request the reports from, what form of communications did you use to request the reports,(it's also good to document to cover yourself in the event the provider isn't doing their job) what sections did you update for the AR?

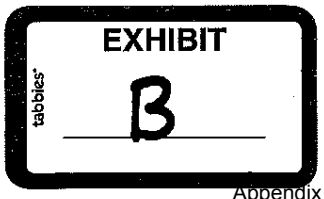
[redacted] is still out sick, but I spoke to [redacted] about this too and he agreed that he had the same questions but overall we thought this is a MAJOR improvement so well done.

Thanks,

Heather

[redacted]

Thoughts?



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--

Thank you,

Casey Ball

[redacted]

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Casey Ball Supports Coordination
Service Note Testing
Results of ODP PROMISe Billings Sample

[redacted]

Units Billed	Service Note	Service Note Review	Units Questioned
4	[redacted]	The information detailed in this service note does not justify the number of units that were billed.	2
8	[redacted]	The information detailed in this service note does not justify the number of units that were billed.	4
8	[redacted]	The information detailed in this service note does not justify the number of units that were billed. This is an excessive amount of time to "review" monthly reports.	4
8	[redacted]	The information detailed in this service note does not justify the number of units that were billed.	4
8	[redacted]	The information detailed in this service note does not justify the number of units that were billed. There was a corresponding BSD billing claim (7 units) but not a BSC claim for the phone call.	4
8	[redacted]	This is not a billable activity. Claim must be voided.	8
8	[redacted]	The information detailed in this service note does not justify the number of units that were billed. Also, the highlighted activity is not billable.	4
4	[redacted]	The information detailed in this service note does not justify the number of units that were billed. In particular, the note does not detail how this activity was performed (i.e. in person, by phone, etc.), where it was performed (i.e. community, office, etc.), or what specifically was observed/monitored.	1
8	[redacted]	The information detailed in this service note does not justify the number of units that were billed.	4
8	[redacted]	There is not a corresponding General Update or Critical Revision that supports updates being made to the plan. There was no corresponding billing on this date (though CI would not have been able to bill for this contact if the participant was not present).	4
8	[redacted]	The information detailed in this service note does not justify the number of units that were billed. In addition, the Annual Review was not created until 12/22/13 and there is not an associated Critical Revision or General Update. This means no changes could have been made to the plan.	6
4	[redacted]	No note in HCSIS. Claim must be voided.	4
8	[redacted]	The information detailed in this service note does not justify the number of units that were billed. There was corresponding billing claims for BSC (30) & BSD (16).	4

EXHIBIT
C

Casey Ball Supports Coordination
Service Note Testing
Results of DDP PROMISe Billings Sample

Code	Sample #	Last Name	First Name	Date of Service	Units Billed	Service Note	Service Note Review	Units Questioned
[redacted]					8	[redacted]	There is not a corresponding General Update or Critical Revision that supports updates being made to the plan. The highlighted activity also does not provide sufficient detail.	4
					8		No note in HCSIS. Claim must be voided.	8
					2		No note in HCSIS. Claim must be voided.	2
					6		The information detailed in this service note does not justify the number of units that were billed. There was corresponding billing claims for BSC (4) & CI (1S).	4
					8		The information detailed in this service note does not justify the number of units that were billed.	4
					8		This is not a billable activity. Claim must be voided.	8
					8		Observing participant and staff working on goals is an activity completed with SC monitoring. No SC monitoring in HCSIS for this date. There is no justifiable reason for this meeting especially since the SC subsequently met with Josh and staff in the two following weeks for an additional 20 units/5 hours of time.	8
					8		The 2:30 to 3 p.m. time is a duplication of what was done during the team meeting as noted in the body of the note. SC had scheduled monthly "team meetings" without a crisis or monitoring scheduled; these meetings were routinely held and billed for no less than 8 to 10 units per visit.	6
					6		The information detailed in this service note does not justify the number of units that were billed.	3
					6		The information detailed in this service note does not justify the number of units that were billed.	3
					8		The need for this meeting is questionable as there was a meeting with Renee only one week prior for 3 hours to do assessments and discuss much of the same information as noted here.	6
					8		The information detailed in this service note does not justify the number of units that were billed. - There was no corresponding billing on this date.	4

Casey Ball Supports Coordination
Service Note Testing
Results of ODP PROMISe Billings Sample

Code	Sample #	Last Name	First Name	Date of Service	Units Billed	Service Note	Service Note Review	Units Questioned
[redacted]					8	[redacted]	There is a general update in HCSIS for this ISP update; questionable as to whether 2 hours is justifiable for this activity and one phone call. - There was no corresponding billing on this date.	4
					12		There is note from 12/4 indicating that a "team meeting" was already scheduled for 12/30. That meeting was held and SC also billed 3 hours for that meating. This social event is Sean's annual Christmas party. - There was corresponding billing claims for BSD (6) & CI (20)	12
					8		Parts of this note is a duplication of a note from the day before when SC discussing the same information.	3
					4		On 3/11, SC entered a note that she researched social events and provided them to the CI, for which she billed an additional 6 units. - There was no corresponding billing on this date.	2
					11		The information detailed in this service note does not justify the number of units that were billed.	6
					4		The information detailed in this service note does not justify the number of units that were billed.	3
					2		SC had a face to face meeting the following day to discuss the same topics and billed an additional 12 units.	1
					12		Observing participant and staff working on goals is an activity completed with SC monitoring. No SC monitoring in HCSIS for this date. There is no justifiable reason for this meeting especially since the SC subsequently "MET WITH JEREMY, HIS MOTHER, CI, BSS AND CASE MANAGER TO CONDUCT THE SC QUARTERLY MONITORING. DURING THIS TIME, THE TEAM DISCUSSED PROGRESS" on 7/16/13. On that date there is an SC monitoring listed in HCSIS - There was no corresponding billing on this date.	8

Casey Ball Supports Coordination
Service Note Testing
Results of ODP PROMISe Billings Sample

Code	Sample #	Last Name	First Name	Date of Service	Units Billed	Service Note	Service Note Review	Units Questioned
[redacted]					12	[redacted]	SC had contacted SE agency to discuss transportation	6
					12		The information detailed in this service note does not justify the number of units that were billed. There was a corresponding billing claim for SE (17).	6
					8		The information detailed in this service note does not justify the number of units that were billed. There was no corresponding billing on this date.	4
					6		The information detailed in this service note does not justify the number of units that were billed.	2
					4		The information detailed in this service note does not justify the number of units that were billed. - There was a corresponding billing claim for CI (24)	2
					10		The information detailed in this service note does not justify the number of units that were billed. - There was corresponding billing claims for BSD (8) & BSC (4)	5
					4		The information detailed in this service note does not justify the number of units that were billed. There was no corresponding billing on this date (though CI would not have been able to bill for this contact if the participant was not present).	2
					4		The information detailed in this service note does not justify the number of units that were billed. - There was corresponding billing claims for CI (4), BSC (2), & BSD (4).	2
					6		The information detailed in this service note does not justify the number of units that were billed. - There was no corresponding billing on this date	4
					10		The information detailed in this service note does not justify the number of units that were billed. There was corresponding billing claims for CI (13), BSD (7)	5
					6		No corresponding General update in HCSIS. The information detailed in this service note does not justify the number of units that were billed.	5
					4		Providing technical assistance on billing to other providers is not an SC billable activity. This is not a billable activity.	4

Casey Ball Supports Coordination
Service Note Testing
Results of ODP PROMISe Billings Sample

Code	Sample #	Last Name	First Name	Date of Service	Units Billed	Service Note	Service Note Review	Units Questioned
[redacted]						[redacted]	The information detailed in this service note does not justify the number of units that were billed. - There was no corresponding billing on this date	3
							The information detailed in this service note does not justify the number of units that were billed.	3
							The information detailed in this service note does not justify the number of units that were billed. - There was no corresponding billing on this date	3
							The information detailed in this service note does not justify the number of units that were billed. - There was no corresponding billing on this date.	2
							Not a billable activity.	1
							The information detailed in this service note does not justify the number of units that were billed.	6
							No corresponding General update in HCSIS. The information detailed in this service note does not justify the number of units that were billed.	8
							The information detailed in this service note does not justify the number of units that were billed. There was a corresponding billing claim for BSC (4) but no claims for BSD or CI.	8
							No corresponding General update in HCSIS. The information detailed in this service note does not justify the number of units that were billed.	2
							The information detailed in this service note does not justify the number of units that were billed.	2
								237

Chapter 2
SUPPORTS COORDINATOR ROLES AND FUNCTIONS

Objectives:

1. To be able to establish positive, collaborative relationships with the participant and other planning team members.
2. To understand the roles of the Supports Coordinator.
3. To understand the functions of the Supports Coordinator and the standards within those functions.

WHY IS SUPPORTS COORDINATION IMPORTANT?

Supports Coordination is the infrastructure for providing effective supports and services that will facilitate growth and development and provide adults in the Adult Autism Waiver the opportunity to have meaningful life experiences. Within the Adult Autism Waiver, the Supports Coordinator holds a pivotal position in service provision for the participants and their families. In most instances, the Supports Coordinator will be the first professional on the participant's support team with whom they will have direct contact. Beginning with that initial contact and thereafter, it is imperative that individuals and families have positive interactions with the Supports Coordinator.

WHAT CAN I DO TO ESTABLISH POSITIVE WORKING RELATIONSHIPS?

The following are guiding principles to assist in establishing and maintaining positive and collaborative relationships with the participants, families, and service providers:

Make People Feel Valued - The participant, family, and other planning team members should feel that their opinions, needs, and concerns matter and that they are valued members of the support team. This can be accomplished through the following actions:

- Be respectful when interacting with the participant, family, and service providers.
- Demonstrate concern and listen to what the participant and family have to say.
- Take the time to answer initial questions in a way that can be understood.
- Make sure your responses are based on what the person or family has indicated they need, not what you think they need.
- Try to see things from the perspective of the participant and family. Acknowledge their perspective, even if you do not agree with their point of view.

Establish Trust – The participant and planning team members will be more willing to trust and try new suggestions from someone with whom they are familiar.

- Provide face-to-face contact when possible.
- Meet with the participant informally to discuss life plans and to review experiences, skills, and desires.
- Meet with key people who know the participant well.

- Spend time with the participant doing activities or conversing about topics of interest to the participant.

Be Accessible - The participant and planning team members will feel more satisfied and valued when they are able to reach you when they have questions and concerns.

- Be available for questions or concerns to help maintain a positive, constructive relationship.
- Be responsive and prompt in answering telephone calls and emails.
- Make returning calls to and on behalf of participants a priority.
- If phone access is problematic, provide emails or other methods of communication.
- Make sure the participant and other team members can talk to a live person, when needed.
- Inform team members when you will be away or on vacation and inform them of the assigned back-up Supports Coordinator who will be their contact in your absence.

Be Organized – Time is valuable for you as well as for the participant and planning team. People do not like to feel that their time is being wasted.

- Be on time for meetings and appointments and come prepared.
- Have the necessary information and paperwork ready.
- Remember that others' time is as important as yours.
- Focus on the person and not on other distractions

Be a Good Communicator – It is important that all team members understand each other. The Supports Coordinator is the lead team member for assuring a timely flow of accurate communications.

- Assure that when decisions are made that all team members are clear on what was agreed upon. This is especially true as it relates to Individual Service Plan (ISP) outcomes.
- Avoid using jargon and acronyms.
- Keep everyone informed of the status of changes throughout the process.

WHAT IS MY ROLE AS SUPPORTS COORDINATOR?

The role of the Supports Coordinator is three-fold: to locate, coordinate and monitor needed supports and services. Before supports and services can be located, the process begins with the Supports Coordinator establishing contact with the participant (and family, if appropriate). The Supports Coordinator will meet with the participant and family to begin collecting information that is needed to facilitate the development of the ISP. The Parent Stress Scale and the Scales of Independent Behavior – Revised will be administered by the Supports Coordinator during these initial contacts. The initial ISP meeting will be scheduled within 10 days of the participant's notification of eligibility. During the ISP meeting the participant and his/her support team will identify needed supports and services. The Supports Coordinator will assist the participant in obtaining and coordinating waiver services and other State Plan services, as well as housing, medical, social, and community services as specified in the ISP. Once supports and services are up and running, the Supports Coordinator engages in monitoring activities to include generating monitoring reports, reviewing monitoring instruments, responding to monitoring alerts, and documenting all contacts and actions taken on behalf of the participant. The Supports

Coordinator reviews appropriate data when an updated ISP is required, makes determinations and updates based on the needs of the individual, and revisits outcomes of service.

HOW MANY PARTICIPANTS WILL BE ASSIGNED TO MY CASELOAD?

The Supports Coordinator will support a maximum of 35 waiver participants, including other PA waivers, unless waived in writing by the Bureau of Autism Services.

WHAT ARE THE MAJOR FUNCTIONS OF THE SUPPORTS COORDINATOR?

The chart below highlights the major roles and functions of the Supports Coordinator.

1. Individual Support Plan (ISP)	Standards
Completion of Assessments	Complete Scales of Independent Behavior – Revised (SIB-R) during home visit prior to initial planning meeting
	For participants who are residing at home with family, assure that parent(s) completed the Parental Stress Scale
	Complete Quality of Life Questionnaire with Participant during home visit prior to initial planning meeting
	Assure the Behavioral Specialist completes the Functional Behavioral Assessment for those Participants for whom Behavioral Specialist Services are needed
Completion of the ISP	Schedule ISP planning meeting within 10 working days of notice of Participant eligibility. ISP meeting should be held within 25 days of SC notice of participant eligibility.
	Revise ISP to include results of other assessments and evaluations that may have been completed after the initial ISP, such as the Functional Behavioral Assessment, and Vocational Assessments when appropriate.
	Assure individual, family and/or team's participation in the ISP process
	For annual updates, the ISP will be entered into the Home and Community Services Information System (HCSIS) within 30 working days prior to the expiration of the ISP
	Assure quarterly review of the ISP

Completion of Annual Level of Care re-evaluations	Ensure timely completion of annual Level of Care re-evaluations. One month prior to the anniversary date of the participant's initial certification of level of care to receive waiver services, the SC will meet with the participant to collect information to inform BAS level of care determination. SC may assist physician in completing medical evaluation form when necessary.
2. Service Notes	**Standards**
Document all contacts with individuals, families, providers, etc.	Service Notes will be entered into HCSIS as soon as possible following a contact, but no later than 5 working days after the contact.
3. Supports Coordinator Responsiveness	**Standards**
	Supports Coordinators will respond to emergency inquiries within 24 hours of receipt of a call or email
	Supports Coordinators will respond to non-emergency inquiries within 3 days of receipt of a call or email.
	Supports Coordinator will track appropriate corrective actions relative to: • Concerns resulting from SC monitoring • Incident management • BAS reviews as they relate to the individual
4. Coordination of Services	**Standards**
Locate, coordinate and monitor supports and services	Locate: Link, arrange for, and obtain services specified in the ISP including medical, social, habilitation, education, or other community services the participant needs to live at home or in the community
	Coordinate: Ongoing management of services and support stipulated in the ISP in cooperation with the participant, family, and providers of service
	Monitor: Establish and implement a means to assure the participant is receiving the appropriate quality, type, duration and frequency of services and benefits
	Supports Coordinator will provide the participant (and/or family) with a hard copy of the Provider Directory.

5. Monitor Services	Standards
Assure services are provided as specified in the ISP	Supports Coordinator will have, at minimum, monthly contact with the participant, either by phone or in person. If the participant is non-verbal, it is recommended that the Supports Coordinator conduct face to face visits.
	Supports Coordinator will have quarterly face to face contact with the participant. Visits/observations will occur in the settings in which services and supports are provided and at the participant's home.
	Supports Coordinator will utilize a standard monitoring form developed by BAS
	Contact will be documented in HCSIS via service note

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

Statement of Findings / Corrective Action Plan

MA /Provider Number: **Provider Agency:** **Address:** **Provider Contact:** **E-mail Address:**	[redacted]	**QMET Program Specialist:** **Contact Information:** [redacted]	**Monitoring Date(s):** June 3-4, 2014 **SoF email Date:** **October 22, 2014**

Background:
A Regulatory Monitoring performed by the Quality Management Efficiency Team (QMET) on June 3-4, 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 4.

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 4.

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 Tricia Masters at c-tmasters@pa.gov no later than November 12, 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 a listed in 55 Pa. Code § 52.64 (relating to payment sanctions).** Please provide your authorization of the Corrective Action Plan by sig

EXHIBIT
E

pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Adult Autism Waiver (AAW): Billing Guidelines for Supports Coordinators

Billable time is that time spent carrying out the duties of the Supports Coordinator (SC) consistent with the AAW service definition, related to a specific participant. Service units for the ongoing service are billed in 15 minute units.

The following items are provided to clarify what is and what is not billable time.

Billable SC Activities

Locating services and supports consists of assistance to the participant and his or her representative in linking, arranging for, and obtaining waiver and non-waiver services specified in the ISP, including needed medical, social, habilitation, education, or other community services. Activities included under the locating function include all of the following, in addition to the documentation of activities:

- Assist the participant in identifying people to serve as part of the ISP team, and offer support to invite other people who may contribute valuable information during the planning process;
- Assist the participant and his or her representative in identifying and choosing willing and qualified providers;
- Inform participants about unpaid, informal, and specialized services and supports that are necessary to address the identified needs of the participant and to achieve the outcomes specified in the ISP;
- Assist participants in gaining access to needed services and entitlements, and to exercise civil rights.

Reviewing and Revising the Individual Support Plan (ISP) consists of gathering information about the participant's current needs and progress towards goals, meeting with the ISP Team at least once a year to determine needed changes to the ISP and keeping the ISP Team informed of significant changes that may affect the participant or services. Activities included under the reviewing and revising function include all of the following, in addition to the documentation of activities:

- Administer annual assessment tools to inform development of the ISP, including any necessary ISP updates;
- Update the ISP and submit to BAS for approval and authorization
- Periodically review the ISP with the participant, including update of the ISP at least annually and whenever a participant's goals or needs change;
- Periodically review the assessments through face-to-face visits with the participant at least annually or more frequently based on changes in a participant's needs, to ensure the assessment is current and the needs identified through the assessment are being addressed;
- Provide information to participants on fair hearing rights and assist with fair hearing requests when needed and upon request; and

Coordinating consists of ongoing management of the ISP in cooperation with the participant, his or her representative, service providers and any other members of the ISP team, Activities included under the

coordinating function include all of the following, in addition to the documentation of activities:

- Coordinate and facilitate meetings of the ISP Team;
- Collect and share information outside of the ISP annual review period with the participant, service providers, and the participant's natural supports network.
- Use information from the annual assessments, as well as any additional assessments (psych evals, etc.) based on the unique needs of the participant, to improve the ISP to address all of the participant's needs;
- Coordinate additional participant supports with providers of service to ensure consistency of services;
- Coordinate with other program areas (e.g., County MH, OMHSAS, County Assistance Offices, etc.) as necessary to ensure all areas of the participant's needs are addressed;
- Contact with family, friends, other community members or anyone involved in the participant's life to encourage the growth and development of the participant's natural support network (if granted permission by the participant);
- Facilitate the resolution of barriers to service delivery and civil rights (such as voting);
- Disseminate information and support to participants and others who are responsible for planning and implementation of services;
- Communicate participant eligibility status to the ISP team members, as appropriate;
- Ensure that all services are consistent with the Behavioral Support Plan if the participant receives Behavioral Specialist Services; and
- Facilitate resolution of issues or concerns between providers or between providers and the participant or representative, including helping a participant to file a complaint.
- Work with BAS regarding the authorization of services where applicable (i.e. submitting job assessment so BAS can authorize job assessment for billing).

Monitoring consists of ongoing contact with the participant and their representative, and oversight to ensure services are implemented per the participant's support plan. Activities included under the monitoring function include all of the following, in addition to the documentation of activities:

- Monitor the health and welfare of participants through regular contacts at the minimum monthly frequency outlined in Appendix C of the Adult Autism Waiver;
- Monitor ISP implementation through in-person monitoring visits with the participant, at least quarterly as outlined in Appendix C-2 of the Adult Autism Waiver;
- Respond to and assess emergency situations and incidents and assure that appropriate actions are taken to protect the health and welfare of participants;
- Evaluate and document participant progress;
- Monitor participant and representative satisfaction with services;
- Ensure that all sections of the ISP are up to date and service details are accurate and current ;
- Validate that service objectives and outcomes are consistent with the participant's needs and desired outcomes;

- Advocate for continuity of services, system flexibility and integration, proper utilization of facilities and resources, accessibility, and participant rights.

Non-Billable SC Activities

- General information to participants, families, and the public that is not on behalf of a particular waiver participant;
- Travel expenses and transportation time (such as transportation provided to participants to gain access to medical appointments or direct waiver services);
- Time spent on general duties such as staff meetings, trainings and visits to providers not related to a specific participant;
- Any billing-related functions including, but not limited to, providing technical assistance on billing to other providers, completing time sheets, processing billing claims, and speaking to ODP's claims resolution unit about billing issues;
- Any activity that does not directly benefit a specific participant or any administrative functions including but not limited to filing, billing, preparing for BAS monitoring visits, training, or giving or receiving supervision;
- Duplication of case management services otherwise available under the Medicaid state plan
- The actual cost of the direct services other than Supports Coordination that the SC links, arranges, or obtains on behalf of the participant (i.e. attending a concert);
- Transportation provided to participants to gain access to medical appointments or direct waiver services;
- Representative payee functions;
- Assistance in locating and/or coordinating burial or other services for a deceased participant;
- Activities conducted while a participant is hospitalized;
- Conducting a certified investigation and
- Any activities which are inconsistent with the SC service definition.

JONES, GREGG,
CREEHAN & GERACE LLP

ATTORNEYS AT LAW

JOHN P. CORCORAN, JR.
[redacted]

JGC&G

July 27, 2015

VIA ELECTRONIC MAIL [redacted] and ***FIRST CLASS MAIL***
Michael Kiely
Division of Audit and Review
Department of Human Services
[redacted]

Re: Casey Ball Supports Coordination, LLC
Supplemental Exhibit to July 6, 2015 Response

Dear Mr. Kiely:

It was a pleasure meeting with [redacted] on Tuesday, July 28, 2015, to discuss the above referenced matter.

As a follow up to our meeting, please find enclosed for submission with the record in this matter the "Service Note Exemplar" indicating that Bureau of Autism Services provided examples of service note requirements in January of 2014. Please provide this information as a supplemental exhibit with my earlier response to Audit dated July 6, 2015.

Nothing in this correspondence is intended to waive or alter any of the terms, conditions, provisions or rights as granted under the Pennsylvania Rules of Civil Procedure, Pennsylvania Code and/or Pennsylvania Rules of Administrative Procedure, all of which are expressly reserved and reaffirmed.

By the sending of this letter and contents hereof, my client does not waive any rights, claims or defenses, but expressly reaffirms same.

411 SEVENTH AVENUE | SUITE 1200 | PITTSBURGH, PA 15219-1905 | TELEPHONE 412-261-6400 | FACSIMILE 412-261-2652 | WWW.JGCG.COM
109 S. WATER AVENUE | SHARON, PA 16146-2112 | TELEPHONE 724-981-8000 | FACSIMILE 724-981-8005 | WWW.JGCG.COM

JGC&G

Please contact me if you have any questions. Thank you.

Very truly yours,

John P. Corcoran, Jr.

JPC/srp

SC must document monitoring visits more thoroughly:

VISIT 10/29/13 12:45PM-2:45PM; SC COMPLETED COMMUNITY VISIT WITH PARTICIPANT, PARTICIPANT'S AUNT, AND PARTICIPANT'S CURRENT [redacted] SC MET PARTICIPANT AT THE DREAM TEAM DROP IN CENTER IN [redacted] COUNTY. SC REVIEWED CURRENT PLAN WITH PARTICIPANT'S AUNT AND [redacted] TO GET PLAN UPDATED AS PARTICIPANT DID NOT KNOW ANSWERS AT THE AR IN SEPTEMBER WHEN NOBODY ATTENDED. SC WENT THROUGH EACH SECTION OF THE ISP TO HAVE AUNT AND CI ASSIST WITH UPDATING ACCORDING TO PARTICIPANT'S CURRENT ABILITIES FOR DAILY LIVING. AUNT AND CI WERE VERY DISAPPOINTED TO HOW WRONG THE ISP WAS. SC EXPLAINED ANY RECENT CHANGES MADE BY CURRENT SC CAME DIRECTLY FROM THE PROVIDER VIA CONFERENCE CALLS AND OVER THE PHONE MEETINGS. CI HAS BEEN WORKING WITH PARTICIPANT SINCE JUNE 2013 AND FEELS PARTICIPANT HAS MADE GREAT PROGRESS. PARTICIPANT HAS BEEN ABLE TO LEARN BASIC DAILY LIVING SKILLS. PARTICIPANT DOES HAVE MANY NEEDS AND REQUIRES ASSISTANCE WITH DAILY LIVING TASKS BUT HAS BECOME VERY COMFORTABLE WITH CI STAFF THAT HE IS NOW ABLE TO ENGAGE IN CONVERSATION IN COMPLETE SENTENCES. CI STATED CI HAS BEEN HAVING GREAT DIFFICULTY WITH THE PROVIDER AND ACTUALLY PUT IN HER RESIGNATION DUE TO THEIR LACK OF EFFORTS WITH PARTICIPANT BUT WHEN PARTICIPANT FOUND OUT CI WAS LEAVING, PARTICIPANT WAS DEVASTATED AND WAS NOT HANDLING IT WELL. CI DECIDED PARTICIPANT NEEDED HER AS CI WAS THE ONLY ONE WHO EVER PUT ANY EFFORT INTO WORKING WITH PARTICIPANT. CURRENTLY, CI PROVIDES 10HRS/DAY 3 DAYS/WK OF SERVICE TO ASSIST PARTICIPANT WITH HIS DAILY LIVING AND SOCIALIZATION. SC REVIEWED THE MEDICAL INFORMATION SECTION IN THE ISP TO INDICATE THAT ALL THE CONTACTS AND INFORMATION WERE CORRECT. SC GOT THE DATES PARTICIPANT RECEIVED HIS UPDATED PHYSICAL AND EYE EXAM TO UPDATE HCSIS. SC ALSO RECEIVED PARTICIPANT'S DENTIST WITH DATES LAST SEEN. CI AND AUNT MADE CHANGES TO THE FOLLOWING SCREENS: PSYCHOSOCIAL INFORMATION, GENERAL HEALTH AND SAFETY, FIRE SAFETY, TRAFFIC, COOKING/APPLIANCE USE, OUTDOOR APPLIANCES, WATER SAFETY, SAFETY PRECAUTIONS, KNOWLEDGE OF SELF IDENTIFYING INFO, STRANGER AWARENESS, SENSORY CONCERNS, MEALS/EATING, PHYSICAL DEVELOPMENT, ADAPTIVE/SELF HELP, LEARNING/COGNITION, COMMUNICATION DETAILS, AND SOCIAL/EMOTIONAL INFORMATION. SC THEN WENT THROUGH MONTHLY REPORTS FROM JULY, AUGUST, AND SEPTEMBER WITH CI AND PARTICIPANT'S AUNT. SC EXPRESSED CONCERN AS PARTICIPANT IS RECEIVING 30HRS/WK BUT THERE IS NOT ENOUGH DATA TO BACK UP ALL THE TIME CI IS SPENDING WITH PARTICIPANT. SC REVIEWED CURRENT GOALS WITH CI TO NOTE THAT CI WAS WORKING ON MUCH MORE THAN WHAT IS BEING RECORDED. CI STATED SHE WAS ASKED BY THE PROVIDER TO COME UP WITH MORE GOALS FOR PARTICIPANT WHEN SC WENT TO THE PROVIDER ABOUT NOT HAVING ENOUGH. CI STATED SHE HAS BEEN WORKING WITH PARTICIPANT ON MANY DAILY LIVING TASKS THAT WERE NOT

EXAMPLES

Writing notes in 15 minute incrememtns:

12:00PM-12:15PM-SC RECEIVED EMAIL FROM PROVIDER WITH FOLLOW UP IN REGARDS TO NEW PARTICIPANT STARTING WITH PROVIDER. PROVIDER BELIEVE A START DATE OF 1/14/14 WILL BE ENOUGH TIME TO GET CI TRAINED AND READY TO WORK WITH AGENCY. PROVIDER FEEL 40HRS/WK WOULD BE BENEFICIAL TO PARTICIPANT AND THINK THERE ARE SOME BOUNDARY ISSUES THAT NEED TO BE ADDRESSED WITH CI AND PARTICIPANT AS PARTICIPANT FREQUENTLY GOES TO CI'S HOME ON WEEKENDS AND PROVIDER FEEL THERE ARE BOUNDARIES CONCERNS WITH THAT. SC WENT THROUGH PARTICIPANT'S BINDER TO SEE IF MONTHLY REPORT WAS FILED. SC THEN PRINTED MONTHLY REPORT FROM PARTICIPANT FOLDER AND FILED IN BINDER.

7:45AM-8:15AM: SC RECEIVED EMAIL FROM PROVIDER STATED THEY WERE MEETING WITH PARTICIPANT'S CURRENT CI TO GET PAPERWORK COMPLETED ON 12/13/13. BSS WITH PROVIDER STATED CI NEEDS TO COMPLETE A LOT OF WORK BEFORE BEING ABLE TO OFFICIALLY START. CI WILL NEED TO COMPLETE ALL THE TRAININGS OFFERED THROUGH PROVIDER ON THE INTERNET WHICH CI HAS LIMITED ACCESS TO. PROVIDER ALSO NEEDS TO BE SURE CI COMPLETED THE SPECTRUM TRAINING. PROVIDER FEELS THEY WOULD NEED UNTIL AFTER THE HOLIDAYS TO GET PARTICIPANT AND CI TRANSFERRED OVER TO BE CERTAIN THERE WILL BE NO LAPS IN SERVICES. SC FEELS AFTER THE HOLIDAYS WILL BE FINE AND WILL WAIT UNTIL CI HAS THE GO AHEAD BEFORE TRANSFERRING PARTICIPANT OVER TO PROVIDER FROM CURRENT PROVIDER. SC ALSO RECEIVED PARTICIPANT'S MONTHLY CI REPORT SUBMITTED BY DARLENE WITH THE PROVIDER. SC REVIEWED REPORT TO NOTE ANY PROGRESS OR CHANGES. REPORT INDICATED THAT PARTICIPANT PARTICIPATED IN THE DREAM TEAM DROP IN CENTER 4 TIMES IN NOVEMBER WHERE HE PLAYED BINGO AND POOL WITH HIS FRIEND MARK. PARTICIPANT ALSO WENT TO FUN CENTRAL AND BOWLING FOR THE MONTH WITH STAFF. PARTICIPANT WENT TO CURWENSVILLE FOR A FAIR AND CRAFT SHOW. PARTICIPANT DOES WELL WITH HIS BATH ROUTINE. CI WILL ASSIST PARTICIPANT WITH REGULATING HIS BATH WATER TEMPERATURE TO BE SURE IT'S NOT TOO HOT AS PARTICIPANT OFTEN TIMES HAS TROUBLE FEELING TEMPERATURES. PARTICIPANT CONTINUES TO WASH HIS CLOTHES AT THE LAUNDROMAT WITH CI EVERY OTHER WEEK. PARTICIPANT HELPS WITH LOADING THE MACHINE, DRYING, AND FOLDING HIS CLOTHES. THERE WERE NO MAJOR CONCERNS FOR NOVEMBER.

10:15AM-11:30AM; 10:15AM-11:00AM- SC RECEIVED CALL FROM SUPERVISOR INDICATING THERE HAS BEEN SOME ISSUES WITH PARTICIPANT'S CURRENT SITUATION. SC WAS ADVISED THAT PARTICIPANT'S CI PUT IN HER NOTICE DUE TO THE PROVIDER NOT PAYING HER FOR GAS OR THE 30HRS/WK SHE WORKS WITH PARTICIPANT. SUPERVISOR ALSO INDICATED TO SC THAT PARTICIPANT

RECORDED ON MONTHLY REPORTS AND PARTICIPANT HAS EVEN ACCOMPLISHED SOME GOALS. CI REVIEWED THE CURRENT GOALS TO NOTE THEY DO NOT MATCH UP AT ALL WITH WHAT CI IS WORKING ON WITH PARTICIPANT. CI WAS VERY DISAPPOINTED AND BECOMING VERY FRUSTRATED WITH THE HARD WORK SHE PUTS INTO WORKING WITH PARTICIPANT AND FEELS IT IS COMING BACK ON HER THAT SHE ISN'T DOING ANYTHING WHEN SHE SUBMITS EVERYTHING TO DARLENE AND RANDY. CI INDICATED TO SC THAT WHEN SHE TURNED IN HER RESIGNATION WITH THE PROVIDER IT WAS BECAUSE SHE WAS HAVING PROBLEMS WITH THE AGENCY NOT THE PARTICIPANT. CI WAS HAVING ISSUES WITH COMMUNICATING WITH THE PROVIDER. CI WAS ALSO TOLD THE AGENCY DID NOT HAVE ENOUGH FUNDING TO COVER MILEAGE FOR CI TO TAKE PARTICIPANT INTO THE COMMUNITY EVERY WEEK. CI STATED IN 1 MONTH (12 VISITS) SHE HAS CLAIMED 160 MILES DUE TO TRAVELING 30MINS TO PARTICIPANT'S HOME THEN TAKING PARTICIPANT INTO THE COMMUNITY TO WORK ON SOCIALIZATION AND INCREASING INDEPENDENCE. MONTHLY REPORTS THAT IN JULY CI TOOK PARTICIPANT HIKING 8 TIMES WHEN CI REPORTED THEY WENT 1 TIME TO BILGERS ROCKS TO IDENTIFY BIRDS AND TREES BUT DID NOT RECORD THEY HIKED FOR 2 MILES. REPORTS ALSO INDICATE THAT PARTICIPANT'S OVEN IS NOT RELIABLE AND CI STATED THAT IS NOT TRUE AND CI HAS USED PARTICIPANT'S OVEN DURING HER TIME WITH HIM. AUGUST REPORT INDICATES THAT PARTICIPANT ATTENDED THE GRANGE FAIR IN STATE COLLEGE AND THAT PARTICIPANT GETS FRUSTRATED WHEN HE WANTS TO PURCHASE SOMETHING THAT HE DOESN'T HAVE ENOUGH MONEY FOR. CI INDICATED PARTICIPANT NEVER WENT TO GRANGE FAIR AND HE UNDERSTANDS WHEN HE DOESN'T HAVE ENOUGH MONEY FOR PURCHASES AND DOES NOT SHOW FRUSTRATION. IT WAS ALSO REPORTED THAT (BECAUSE PARTICIPANT'S OVEN WAS NOT RELIABLE), CI HAS TAKEN PARTICIPANT OVER TO HER HOUSE WHERE SHE PREPARED HIM SEVERAL MEALS TO LAST THE REMAINDER OF THE WEEK. CI STATED THIS WAS ALSO NOT TRUE AS PARTICIPANT NEVER PREPARED MEALS AT CI'S HOME; BUT YES PARTICIPANT HAS EATEN MEALS AT CI'S HOME. ALSO REPORTED IS THAT PARTICIPANT CHOSE TO GO TO THE LIBRARY, GRANGE FAIR, AND FESTIVALS FOR THE MONTH OF AUGUST. CI REPORTED THAT PARTICIPANT IS UNABLE TO MAKE THOSE DECISIONS AND CI USUALLY PLANS OUT HIS DAY AND MAY SUGGEST WHICH ACTIVITY PARTICIPANT WOULD CHOOSE TO DO BUT PARTICIPANT IS NOT ABLE TO PICK SOMEWHERE ON HIS OWN. CI AND PARTICIPANT'S AUNT REPORTED THAT THEY NEVER REPORTED PARTICIPANT WILL EAT ALL THE FOOD IN HIS HOME IN 2 DAYS RATHER THAN THE 4 DAYS THEY ARE TO LAST. CI AND AUNT DO REPORT THAT PARTICIPANT HAS EATEN A FULL BOX OF CEREAL IN 2 DAYS, WHICH HE OFTEN DOES, BUT PARTICIPANT HAS NEVER EATEN EVERYTHING IN THE HOME. CI WILL PUT NOTES ON A BOX OF COOKIES FOR HOW MANY COOKIES PARTICIPANT IS ALLOWED TO EAT A DAY AND HAS NOTICED THAT PARTICIPANT IS ABLE TO STICK TO THAT AND DOES NOT EAT MORE THAN WHAT IT WRITTEN ON THE CONTAINER. THE MOST INACCURATE REPORT WAS FOR SEPTEMBER. SEPTEMBER REPORTS THAT PARTICIPANT ATTENDED THE COVE AND PLAYED POOL. CI STATED PARTICIPANT HAS NEVER BEEN TO THE COVE. THE REPORT

WAS WITHOUT HEAT IN THE HOME DUE TO THE FURNACE BREAKING FOR 2 DAYS AND WAS ALONE. SUPERVISOR GAVE BAS CONTACT FOR SC TO CALL TO GET MORE INFORMATION ABOUT THE SITUATION. **11:00am-11:15AM-** SC THEN CONTACTED PROGRAM REP WITH BAS TO FURTHER DISCUSS THE SITUATION. PROGRAM REP STATED CURRENT CI IS LOOKING TO GO BACK TO JOB AT THE NURSING HOME AND HAS HAD ENOUGH WITH THE PROVIDER AND DOES NOT AGREE WITH THE WAY THINGS ARE DONE. SC ASKED IF THE PROVIDER SHOULD HAVE BEEN AWARE OF THE FURNACE BREAKING OR CHECKING ON PARTICIPANT WEEKLY DUE TO BEING PARTICIPANT'S REP PAYEE. PROGRAM REP ALSO AGREED THAT THE PROVIDER SHOULD BE AWARE OF THINGS THAT NEED TAKEN CARE OF IN THE HOME AND SHOULD BE MONITORING THE HOME CONDITION. PROGRAM REP FEELS IT WOULD BE BEST FOR SC TO LOCATE ANOTHER PROVIDER AS THE FRUSTRATION WITH THE PROVIDER HAS ONLY WORSENED. SC WILL EXPLAIN TO PARTICIPANT SINCE THE HOURS ARE NOT BEING MET AND THE PROVIDER DOES NOT HAVE THE STAFF TO FILL THE HOURS. SC HAS LOOKED FOR OTHER PROVIDERS IN THE AREA WITH STAFF AVAILABLE. PROGRAM REP STATED THE PROVIDER WILL BE HAVING A MONITORING FOR SERVICES AND THIS PARTICIPANT WILL BE REVIEWED. AFTER CLOSING THE CONVERSATION, **11:15-11:30AM**-SC CONTACTED PROVIDER TO SEE IF THEY STILL HAD AVAILABILITY FOR CI FOR 30HRS/WK FOR PARTICIPANT. SC INDICATED IN EMAIL THAT PARTICIPANT WILL BE SWITCHING PROVIDERS AS SOON AS A PROVIDER IS AVAILABLE TO COVER ALL HOURS. SC TRIED CONTACTING PARTICIPANT'S AUNT BUT THERE WAS NO ANSWER AND NO VOICEMAIL SET UP TO LEAVE A MESSAGE. SC THEN CONTACTED PARTICIPANT TO INFORM PARTICIPANT SC WAS LOOKING FOR ANOTHER PROVIDER TO PROVIDE CI SERVICES. SC SPOKE TO PARTICIPANT TO INFORM SC WAS GOING TO GET A DIFFERENT PROVIDER IN THE HOME SO HE RECEIVES ALL HIS HOURS. SC ASKED PARTICIPANT IF HE GOT HIS FURNACE FIXED AND PARTICIPANT INDICATED IT IS WORKING NOW AND [redacted] FIXED IT. SC AKSED IF THERE WERE ANY OTHER ISSUES IN THE HOME OR IF PARTICIPANT NEEDED ANYTHING ELSE; PARTICIPANT INDICATED [redacted] SC STATED TO PARTICIPANT SC WILL CONTACT PARTICIPANT AGAIN ONCE A PROVIDER IS LOCATED SO PARTICIPANT AND SIGN PAPERS OF APPROVAL.

12:30PM-1:15PM SC COMPLETED QUARTERLY REPORT BASED OFF SUMMARY OF MONTHLY REPORTS. SC INDICATED PROGRESS STATED ON MONTHLY REPORT. SC REVIEWED MONTHLY REPORTS FROM QUARTER TO COMPLETE REPORT IN HCSIS. SC COMPLETED MONITORING BASED OFF NOTES FROM VISIT ON 10/29/13. SC NOTED THAT PARTICIPANT, FAMILY, AND CURRENT CI WERE NOT HAPPY WITH SERVICES THROUGH THE PROVIDER. PARTICIPANT AND CI INDICATED THAT THE PROVIDER IS PARTICIPANT'S REP PAYEE BUT STAFF THROUGH THE PROVIDER IS NEVER SEEN. THE CONTINGENCY PLAN INDICATED [redacted] AND DARLENE WERE RESPONSIBLE FOR COVERAGE IN CASE OF NO STAFF AVAILABLE BUT THERE WAS NO COVERAGE UNTIL A STABLE CI CAME IN JUNE 2013. SC IS WORKING WITH BAS ON CONCERNS/ISSUES.

RECEIVED ALL POSITIVE REPORTS. SC READ LETTER FROM DOCTOR STATING HE WAS 'VERY PLEASED WITH LAB RESULTS' AND THEY HAVE 'IMPROVED NICELY'. THERE IS NO CONCERN THAT PARTICIPANT IS OVERWEIGHT AS CI INDICATED PARTICIPANT IS EATING HEALTHY AND GETTING A WELL BALANCED DIET. CI STATES SHE DOES NOT FEEL THAT IT COUNTS AS PARTICIPANT PREPARING HIS OWN MEALS BY PUTTING A PREMADE DINNER IN THE MICROWAVE. PARTICIPANT HAS ASSISTED CI WITH PREPARING MEALS WEEKLY BY USING PARTICIPANT'S OVEN AND STOVE. CI AND PARTICIPANT WOULD THEN FREEZE MEALS FOR PARTICIPANT TO EAT LATER IN THE WEEK WHEN CI WAS NOT PROVIDING SERVICES. PARTICIPANT WILL MAKE A LIST WITH CI OF ITEMS HE NEEDS FOR A MEAL AND WOULD GO TO THE GROCERY STORE WITH CI TO LOCATE THOSE ITEMS. CURRENTLY, PARTICIPANT IS NOT ABLE TO SWIPE HIS OWN FOOD STAMPS CARD AND CI WOULD LIKE TO WORK ON THAT AS A GOAL SO PARTICIPANT CAN BE MORE INDEPENDENT IN GROCERY SHOPPING AND NOT RELY ON STAFF. SC EMAILED BAS WITH SC CONCERNS WITH THE PROVIDER AND TEAM SET UP A CONFERENCE CALL FOR THIS MORNING. SC THEN BEGIN UPDATED HCSIS SCREENS WITH REPORTS FROM AUNT AND CI TO BE SURE EACH SCREEN IS UPDATED ACCORDING TO THOSE WHO WORK DIRECTLY WITH PARTICIPANT AND KNOW HIM BEST.

Annual review notes must be more detailed:

9.6.13 SERVICE NOTE FROM VISIT-SC COMPLETED ANNUAL REVIEW WITH PARTICIPANT. SC NOTES THAT PARTICIPANT'S CI SUPERVISOR CANCELLED VIA EMAIL LATE AT NIGHT ON 9/5/13. CI SUPERVISOR STATED THERE WAS A FAMILY EMERGENCY AND SHE WAS UNABLE TO ATTEND AR MEETING. SC NOTES THROUGH EMAILS SINCE AUGUST 6TH, 2013, AR MEETING WAS SCHEDULED AND SC CHANGED DATES AND TIMES SEVERAL TIMES TO ACCOMMODATE CI SUPERVISOR. SC EMAILED CI SUPERVISOR ON 9/5/13 TO ASK IF THERE WAS ARRANGEMENTS MADE TO HAVE CI STAFF AND ANOTHER SUPERVISOR TO BE PRESENT AT THE MEETING. CI SUPERVISOR STATED THERE WERE NO ARRANGEMENTS MADE AND THE CI STAFF WAS NOT GOING TO THE MEETING EITHER. SC HAS NOT MET CI STAFF OR SUPERVISOR YET FOR ALMOST A YEAR. SC NOTES THAT CI SUPERVISOR AND STAFF ARE VERY DIFFICULT TOG ET A HOLD OF AND ARE NEVER AVAILABLE FOR QUARTERLY MEETINGS. SC MET WITH PARTICIPANT TO GO OVER SERVICES AND TO REVIEW GOALS/OBJECTIVES TO SEE IF THERE NEEDS TO BE ANY CHANGES OR REVISIONS. SC DISCUSSED HOW OFTEN PARTICIPANT IS RECEIVING SERVICES AND PARTICIPANT NOTED THAT CI ONLY COMPLETED SERVICES 1 DAY FOR THE WEEK FOR 6HRS. PARTICIPANT IS APPROVED FOR 30HRS/WK AND SC FEELS HE IS NOT RECEIVING THE APPROVED AMOUNT DUE TO LOW UTILIZATION FROM PREVIOUS REPORTS. SC ALSO NOTES THAT THE PROVIDER WAS TO BE LOOKING FOR STAFF TO FILL THE CI HOURS AS THEY WERE NOT BEING PROVIDED ENOUGH. SC NOTES THAT PARTICIPANT WAS WELL DRESSED FOR THE DAY. PARTICIPANT'S HOME WAS CHILLY AND PARTICIPANT WAS AWARE AND DID NOT OFFER TO TURN THE HEAT UP. SC REVIEWED THE GOALS WITH PARTICIPANT TO SEE IF HE WAS STILL

WORKING ON THEM AND HOW THEY WERE GOING. PARTICIPANT STATED HE HAS NEVER DONE HIS OWN LAUNDRY AS STAFF TAKES HIS LAUNDRY AND DOES ON HER OWN THEN RETURNS TO PARTICIPANT WASHED AND FOLDED. SC ASKED IT WAS GOING WITH PREPARING MEALS AND PARTICIPANT STATED HE DOES NOT PREPARE MEALS OFTEN AND ON MONTHLY REPORTS IT IS INDICATED THAT PARTICIPANT PURCHASES TV DINNERS FOR THE MICROWAVE. SC IS CONCERNED THAT CI STAFF ARE NOT IMPLEMENTING THE GOALS/OBJECTIVES APPROPRIATELY AND BELIEVES THERE COULD BE MORE GOALS ADDED FOR THE 30HRS/WK THAT ARE APPROVED IN PARTICIPANT'S ISP. SC REVIEWED THE SIB-R WITH PARTICIPANT AND NOTES THAT PARTICIPANT CONTINUES TO STRUGGLE WITH INDEPENDENCE CENTERED AROUND HOME IMPROVEMENTS SUCH AS PUTTING SOMETHING TOGETHER OR CHANGING LIGHT BULBS. PARTICIPANT DOES NOT HANDLE HIS OWN MONEY OR BILLS AS HIS AUNT PAYS HIS BILLS. PARTICIPANT INDICATED HE ONLY HAS CASH GIVEN TO HIM BY HIS AUNT THAT HE USES FOR ACTIVITIES. SC COMPLETED QUALITY OF LIFE QUESTIONNAIRE WITH PARTICIPANT TO SEE HOW PARTICIPANT FEELS ABOUT HIS LIFE. SC NOTES PARTICIPANT STRUGGLED TO ANSWER QUESTIONS AND NEEDED THEM TO BE REPEATED AS HE DID NOT UNDERSTAND THE QUESTION. SC IS CONCERNED THAT PARTICIPANT STILL DID NOT FULL UNDERSTAND SOME QUESTIONS BEING ASKED BUT GAVE AN ANSWER ANYWAYS. SC REVIEWED PAPERWORK WITH PARTICIPANT TO SIGN TO UPDATE PARTICIPANT'S BINDER. SC DISCUSSED WITH PARTICIPANT WHAT HE ENJOYS DOING INDICATING THAT PARTICIPANT LIKES TO GO TO FUN CITY (PROVIDERADE) AND PLAY GAMES. PARTICIPANT ALSO ENJOYS PLAYING POOL AT A LOCAL COMMUNITY CENTER THAT HE ATTENDS WITH CI STAFF. SC MENTIONED TO PARTICIPANT THAT THE NEXT VISIT WILL BE IN THE COMMUNITY AND HOPEFULLY PARTICIPANT'S AUNT AND CI WILL BE AVAILABLE

CASEY BALL SUPPORTS COORDINATION, INC.
AUDITOR'S COMMENTARY

APPENDIX C

Casey Ball Supports Coordination, Inc.
Auditor's Commentary

In its response to Finding No. 1 of the audit, CBSC states that for claims for service provided prior to January 17, 2014 "all of the billing was paid based upon the references in the Service Notes and those notes were considered acceptable and properly detailed by the Bureau of Autism Services for services rendered."

Claims submitted by supports coordination providers are not reviewed and approved for payment by BAS. Therefore CBSC's contention that all billings were reviewed and approved by BAS is inaccurate. In addition, BAS found significant deficiencies with the small number of claims reviewed (after they had already been paid) as part of their monitoring process.