



OHIO AUDITOR OF STATE
KEITH FABER



**LIMA-URBAN MINORITY ALCOHOLISM AND DRUG ABUSE OUTREACH PROGRAM, INC.
ALLEN COUNTY**

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OHIO AUDITOR OF STATE KEITH FABER



Medicaid Contract Audit
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Columbus, Ohio 43215
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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS OF THE MEDICAID PROGRAM APPLICABLE TO SELECT SUBSTANCE USE DISORDER SERVICES

Ohio Department of Medicaid
50 West Town Street, Suite 400
Columbus, Ohio 43215

RE: Lima-Urban Minority Alcoholism and Drug Abuse Outreach Program, Inc.
Ohio Medicaid Number: 2921271 NPI Number: 1629144050

We were engaged to examine Lima-Urban Minority Alcoholism and Drug Abuse Outreach Program, Inc., (the Provider's) compliance with specified Medicaid requirements for provider qualifications, service documentation and service authorization related to the provision of intensive outpatient program and medically monitored intensive inpatient treatment services and provider qualifications and service documentation related to the provision of case management services during the period of January 1, 2018 through June 30, 2018. Our responsibility is to express an opinion on the Provider's compliance with the specified Medicaid requirements based on conducting the examination in accordance with attestation standards established by the American Institute of Certified Public Accountants.

We also included in our scope intensive outpatient services to recipients that received more than one service per day and instances in which other Ohio Medicaid providers were paid for the same recipient, service date and procedure code.

The Provider entered into an agreement (the Provider Agreement) with the Ohio Department of Medicaid (ODM) to provide services to Medicaid recipients and to adhere to the terms of the agreement, state statutes and rules, federal statutes and rules, including the duty to maintain records supporting claims for reimbursements made by Ohio Medicaid. Management of Lima-Urban Minority Alcoholism and Drug Abuse Outreach Program, Inc., is responsible for its compliance with the specified requirements. The accompanying Compliance Report identifies the specific requirements included in this engagement.

Internal Control over Compliance

The Provider is responsible for establishing and maintaining effective internal control over compliance with the Medicaid requirements. We did not perform any test of the internal controls and we did not rely on the internal controls in determining our examination procedures. Accordingly, we do not express an opinion on the effectiveness of the Provider's internal control over compliance.

Basis for Disclaimer of Opinion

As described in the attached Compliance Report, we noted concerns with the authenticity and validity of the Provider's service documentation. As such, we were unable to gain sufficient reliance on the documentation to determine the Provider's compliance with the specified Medicaid requirements. Nor were we able to satisfy ourselves as to the Provider's compliance with these requirements by other examination procedures.

Disclaimer of Opinion

Because of the limitation on the scope of our examination discussed in the preceding paragraph, the scope of our work was not sufficient to enable us to express, and we do not express, an opinion on the Provider's compliance with the specified Medicaid requirements for the period of January 1, 2018 through June 30, 2018.

Our testing was limited to the specified Medicaid requirements detailed in the Compliance Report. We did not test other requirements and, accordingly, we do not express an opinion on the Provider's compliance with other requirements.

We identified improper Medicaid payments in the amount of \$36,235.89. This finding plus interest in the amount of \$3,052.25 (calculated as of April 23, 2021) totaling \$39,288.14 is due and payable to the ODM upon its adoption and adjudication of this examination report. Services billed to and reimbursed by the ODM, which are not validated in the records, are subject to recoupment through the audit process. See Ohio Admin. Code § 5160-1-27 In addition, if fraud, waste and abuse¹ are suspected or apparent, the ODM and/or the office of the attorney general will take action to gain compliance and recoup inappropriate or excess payments in accordance with rule 5160-1-27 of the Administrative Code.

This report is intended solely for the information and use of the Provider, the ODM and other regulatory and oversight entities, and is not intended to be, and should not be used by anyone other than these specified parties.



Keith Faber
Auditor of State
Columbus, Ohio

April 23, 2021

¹ "Fraud" is an "intentional deception, false statement, or misrepresentation made with the knowledge that the deception, false statement, or misrepresentation could result in some unauthorized benefit to oneself or another person". "Waste and abuse" are "practices that are inconsistent with professional standards of care; medical necessity; or sound fiscal, business, or medical practices; and that constitutes an overutilization of Medicaid covered services and result in an unnecessary cost to the Medicaid program." Ohio Admin. Code § 5160-1-29(A)

COMPLIANCE REPORT

Background

Title XIX of the Social Security Act, known as Medicaid, provides federal cost-sharing for each state's Medicaid program. The rules and regulations that providers must follow are specified in the Ohio Administrative Code and the Ohio Revised Code. The fundamental concept underlying the Medicaid program is medical necessity of services: defined as services which are necessary for the prevention, diagnosis, evaluation or treatment of an adverse health condition. See Ohio Admin. Code § 5160-1-01

Medicaid providers must "maintain all records necessary and in such form so as to fully disclose the extent of services provided and significant business transactions" for a period of six years from receipt of payment or until any audit initiated within the six year period is completed. Providers must furnish such records for audit and review purposes. See Ohio Admin Code § 5160-1-17.2(D) and (E)

The Provider does business as Lima UMADAOP, Inc. although this fictitious name is not registered with the Ohio Secretary of State.

Addiction Services

Under provider number 2921271, the Provider is identified as an Ohio Department of Mental Health and Addiction Services licensed treatment program and received \$2,138,926 in payments for 19,915 services during the examination period. The Provider billed these services for 421 unique recipients.

Mental Health Services

Under provider number 0382989, the Provider is identified as an Ohio Department of Mental Health provider and received no payments during the examination period.

Professional Medical Group

Under provider number 0362000, the Provider is identified as a professional medical group and received no payments during the examination period.

Purpose, Scope, and Methodology

The purpose of this examination was to determine whether the Provider's Medicaid claims for payment complied with Ohio Medicaid regulations. Please note that all rules and code sections relied upon in this report were those in effect during the examination period and may be different from those currently in effect.

The scope for the engagement was limited to case management (code H0006), intensive outpatient program (code H0015) and medically monitored intensive inpatient treatment services (code H2036) as specified below for which the Provider billed with dates of service from January 1, 2018 through June 30, 2018 and received payment.

We received the Provider's claims history from the Medicaid database of services billed to and paid by Ohio's Medicaid program. From the total paid services population, we removed all claims paid at zero. During our planning, we noted instances in which other Ohio Medicaid providers were paid for the same recipient, service date and procedure code. We extracted 44 services paid to the Provider that matched this criteria to test in their entirety (Multiple Service Providers exception test).

Purpose, Scope, and Methodology (Continued)

From the remaining population, we extracted all intensive outpatient program services with two or more services on a recipient date of service (RDOS) to examine as an exception test. A RDOS is defined as all services for a given recipient of a specific date of service.

Next, we extracted all case management, the remaining intensive outpatient program and all medically monitored intensive inpatient treatment services into separate files. We selected a simple random sample from each of these files.

We used a statistical sampling approach to examine services in order to facilitate a timely and efficient examination as permitted Ohio Admin. Code § 5160-1-27(B)(1). **Table 1** shows all of the exception and samples selected.

Table 1: Exception Tests and Sample Sizes		
Universe	Population Size	Services Selected
Exception Tests		
Multiple Service Providers (H0006)	44	44
RDOS Greater Than One Unit of Intensive Outpatient Program Services (H0015)	145 RDOS	292
Samples		
Case Management Services (H0006)	4,583	101
Intensive Outpatient Program Services (H0015)	2,959	100
Medically Monitored Intensive Inpatient Treatment Services (H2036)	2,531	99
Total		636

A notification letter was sent to the Provider setting forth the purpose and scope of the examination. During the entrance conference, the Provider described its documentation practices, personnel related procedures and billing process. During fieldwork, we reviewed service documentation and personnel records. We sent preliminary results to the Provider and it subsequently submitted additional documentation which we reviewed for compliance prior to the completion of our fieldwork.

Results

We obtained copies of service documentation from the Provider. Upon reviewing the documentation, we noted the following concerns:

- There were two documents for the same service but with different practitioners and distinctly different observations of the recipient;
- Multiple instances in which a document included a recipient name but the narrative reflected the name of a different recipient;
- Documents for services for the same recipient with overlapping times and different practitioners and both documents indicated the recipient was present;
- Multiple instances of documents with a service location of office but the narrative indicated a different location;
- Documents signed by practitioners with credentials that had expired and/or they did not have; and
- Documents that appear to be a template for a specific session that were signed by the practitioner and supervisor prior to being tailored for a specific recipient.

Results (Continued)

Due to the aforementioned issues, we were unable to gain assurance over the authenticity and validity of the service documentation and the errors and improper payments noted below reflect a conservative approach. Accordingly, users of this report should be aware that the actual errors and improper payments may be greater.

The summary results of the compliance examination are shown in **Table 2**. While certain services had more than one error, only one improper payment was calculated per service. The noncompliance and basis for the findings is discussed below in more detail.

Table 2: Results				
Universe	Services Examined	Non-compliant Services	Non-compliance Errors	Improper Payment
Exception Tests				
Multiple Service Providers	44	10	10	\$410.34
RDOS Greater Than One Unit of Intensive Outpatient Program Services	292	204	221	\$27,858.80
Samples				
Case Management Services	101	27	27	\$1,016.08
Intensive Outpatient Program Services	100	30	36	\$3,184.88
Medically Monitored Intensive Inpatient Treatment Services	99	13	13	\$3,765.79
Totals	636	284	307	\$36,235.89

A. Provider Qualifications

Per Ohio Admin. Code § 5160-1-17.2, in signing the Medicaid provider agreement, the Provider agrees that the individual practitioner or employee of the company is not currently subject to sanction under Medicare, Medicaid, or Title XX; or, is otherwise prohibited from providing services to Medicaid beneficiaries.

We identified 44 individuals in the service documentation for the selected services and compared their names to the Office of Inspector General exclusion database and the ODM's exclusion or suspension list. We found no matches on the exclusion or suspension list. We also compared identified owners and administrative staff names to the exclusion or suspension list and found no matches.

For the 35 certified practitioners and six licensed practitioners, we verified via the Ohio e-License Center website that their certifications or licenses were current and valid on the first date of service found in our selected services and were active during the remainder of the examination period. We identified two practitioners who rendered services during a gap in their certifications and one practitioner which was not certified.

According to Ohio Admin. Code §5160-27-01, licensed practitioners shall have an active provider agreement with the Ohio Department of Medicaid. Each of the six identified licensed practitioners had an active provider agreement.

Exception Test: RDOS Greater than One Unit of Intensive Outpatient Program Services

The 292 services examined contained 17 services rendered by a practitioner without the proper certification. Of these 17 services, 14 were co-facilitated by a properly certified practitioner and did not result in an improper payment. The remaining three errors are included in the improper payment amount of \$27,858.80.

A. Provider Qualifications (Continued)

Intensive Outpatient Services Program Sample

The 100 services examined contained four services rendered by a practitioner without the proper certification. These four errors are included in the improper payment amount of \$3,184.88.

We noted that some documentation for intensive outpatient services indicated the service was co-facilitated but only included the name of the facilitator who documented the service. In some instances we were able to match documentation from two recipients for the same date, time of day, and service to determine the co-facilitator. In these instances we did not identify an improper payment if one of the two facilitators was properly certified.

Recommendation:

The Provider should improve its internal controls to ensure all personnel meet applicable requirements prior to rendering direct care services and maintain appropriate documentation to demonstrate that all requirements have been met. In addition, the Provider should ensure that the name of every facilitator is included on the documentation to support the service rendered. The Provider should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

B. Service Documentation

Documentation requirements include the date, time of day, and duration of service contact. See Ohio Admin. Code § 5160-8-05(F)

For errors where units billed exceeded the documented duration, the improper payment was based on unsupported units.

Exception Test: Multiple Service Providers

We obtained service documentation from two other providers² for the services in which they also received Ohio Medicaid reimbursement for the same recipient, service date and procedure code as the Provider. We compared times of service delivery and found no overlapping times. We compared the Provider's documentation to the service documentation requirements.

The 44 services examined contained the following errors:

- 8 instances in which the units billed exceeded the documented duration;
- 1 instance in which there was no service documentation; and
- 1 instance in which the documentation reflected the name of a different recipient in the service narrative.

These 10 errors resulted in an improper payment of \$410.34.

Exception Test: RDOS Greater than One Unit of Intensive Outpatient Program Services

The 292 services examined contained 148 instances in which there was no documentation to support the service and one instance in which two documents were submitted for the same recipient, service date, time of day, and procedure code but contained conflicting information. These 149 errors are included in the improper payment amount of \$27,858.80.

² Coleman Professional Services, provider number 3147768 and Philio, Inc., provider number 2901122

B. Service Documentation (Continued)

Case Management Services Sample

The 101 services examined contained the following errors:

- 20 instances in which the units billed exceeded the documented duration;
- 6 instances in which there was no service documentation; and
- 1 instance in which there were multiple services on a day and two of the documented service times overlapped and both indicated the recipient was present.

These 27 errors resulted in the improper payment amount of \$1,016.08.

Intensive Outpatient Program Services Sample

The 100 services examined contained 10 instances in which there was no service documentation and two instances in which the documentation reflected the name of a different recipient in the service narrative. These 12 errors are included in the improper payment amount of \$3,184.88.

Medically Monitored Intensive Inpatient Treatment Services Sample

The 99 services examined contained 13 instances in which there was no service documentation. These 13 errors resulted in an improper payment amount of \$3,765.79.

We also noted two instances in which the times of service overlapped for services on the same date. This did not result in an improper payment since this is a per diem rate but calls into question the reliability of the documentation.

Recommendation:

The Provider should review its quality review process to develop and implement procedures to ensure that documentation is present, complete, and accurate and that units documented agree to the units billed prior to submitting claims for reimbursement. The Provider should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

C. Authorization to Provide Services

A treatment plan must be completed within five sessions or one month of admission, whichever is longer, must specify mutually agreed treatment goals and track responses to treatment and is expected to bear the signature of the professional who recorded it. See Ohio Admin. Code § 5160-8-05(F)

Exception Test: RDOS Greater than One Unit of Intensive Outpatient Program Services

Of the 143 services for which the Provider had documentation to support the service, there was no treatment plan to authorize 55 of the services. These 55 errors are included in the improper payment amount of \$27,858.80.

Intensive Outpatient Program Services Sample

Of the 100 services examined, there was no treatment plan to authorize 20 services. These 20 errors are included in the improper payment amount of \$3,184.88.

Medically Monitored Intensive Inpatient Treatment Services Sample

We found no errors.

C. Authorization to Provide Services (Continued)

Recommendation:

The Provider should development and implement controls to ensure all individual treatment plans are completed within the required timeframe. The Provider should address the identified issue to ensure compliance with Medicaid rules and avoid future findings.

Official Response

The Provider submitted an official response to the results of this examination which is presented in the **Appendix**. The Provider outlined its corrective measures, but it is beyond the scope of our examination to verify those statements and, accordingly, we express no opinion on the response.

APPENDIX



Lima Urban Minority Alcoholism and Drug Abuse Outreach Program Inc.
311 E. Market Street
Lima Ohio 45801
(419) 222-4474/ FAX (419)-222-7044
Website: www.limaumadaop.com

April 21, 2021

CEO

Myrtle Boykin-Lighton

Chief Operating Officer

Marcell King

Board of Trustees

Arcee Carter

Frances Amison

Lola Glover

Jill Ackerman

Perry Boise

Brenda Frazier

Mission

To reduce the incidence and prevalence of violence, poly substance use/abuse and its negative affects among at-risk individuals and families.

Other Locations

Hope Recovery Center

416 S Main Street
Kenton Ohio 43326
(419) 697-1697

Wauseon Wellness Center

3491 St. RT 108 (Shoop)
Wauseon Ohio 43567
(419) 335-3355

Joshua Treatment Center

350 S. Irwin Road
Holland, Ohio 43528
567-703-9064

Cherie Coutts, Senior Audit Manager
Ohio Auditor of State Keith Faber's Office
88 East Broad Street
Columbus, Ohio 43215

Dear Ms. Coutts,

I would like to thank you and your team's professionalism and continued dealing with our organization. My team worked to provide your team with the information desired. We are a stronger organization because of this. We have been working on implementing a strategic plan to address potential adverse issues that could negatively impact our ability to services and bill Ohio Department of Medicaid and other MCO's.

1. In 2020 – Changed EHR Systems.
2. Stronger Monitoring of Employee Certifications.
3. Stronger Marketing.
4. Hire Clinicians with Higher Licenses.
5. Stronger Monitoring Through Clinical & Medical Supervision.

FROM: Mr. Reggie Coley, Lima UMADAOP Clinical Director

We the Clinical Team have put into place measures to address employee's certification and licensures that will give warning of six (6) months and again ninety (90) days before expiration of licensures. In the same way we have addressed this as it relates to individual service plans been done in a timely manner and updated when required.

We are refining our protocol for supervision to catch when another person's name appears in a note other than the person whose note it is.



A United Way Participating Organization

Funded by The Ohio Department of Mental Health and Drug Addiction Services, Mental Health and Recovery Services Board of Allen, Auglaize and Hardin Counties and United Way

Lima UMADAOP does not discriminate because of color, religion, sex, national origin, handicap or age

We are working with system providers to prevent from being overlap time. (We thought we had it.) We are much better because of the audit and we are in continuous contact with our EHR system provider to make necessary changes.

Should you have additional question or concerns, please contact me at (419) 222-4474, Extension #7003.

Respectfully,



Myrtle Boykin-Lighton
CEO

cc: Lima UMADAOP Board of Directors
John Jones, Auditor Manager
Grace Brown, Medicaid Auditor
Ohio Federation of UMADAOP's
Shemaine Marsh, Ohio MHAS
MHR SB of Allen, Auglaize & Hardin Counties
MHR SB of Lucas County
Reginald Coley, Clinical Director
Frank Johnson, Clinical Supervisor
Jim Perrin, Clinical Supervisor

OHIO AUDITOR OF STATE KEITH FABER



LIMA-URBAN MINORITY ALCOHOLISM AND DRUG ABUSE OUTREACH PROGRAM, INC.

ALLEN COUNTY

AUDITOR OF STATE OF OHIO CERTIFICATION

This is a true and correct copy of the report, which is required to be filed pursuant to Section 117.26, Revised Code, and which is filed in the Office of the Ohio Auditor of State in Columbus, Ohio.



Certified for Release 5/6/2021

88 East Broad Street, Columbus, Ohio 43215
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This report is a matter of public record and is available online at
www.ohioauditor.gov