



OHIO AUDITOR OF STATE
KEITH FABER



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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS OF THE MEDICAID PROGRAM APPLICABLE TO SELECT WAIVER NURSING SERVICES

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

RE: Kenneth L. Robinson, LPN
Ohio Medicaid Number: 2923224

National Provider Identifier: 1649411653

We were engaged to examine Kenneth L. Robinson's compliance with specified Medicaid requirements for provider qualifications, service documentation and service authorization related to the provision of waiver nursing services (procedure code T1003) during the period of January 1, 2020 through December 31, 2022. We were unable to conduct our examination as Mr. Robinson did not submit any documentation to support services billed to and paid by Ohio Medicaid during the examination period.

Mr. Robinson entered into an agreement with the Ohio Department of Medicaid (the Department) to provide services to Medicaid recipients and to adhere to the terms of the provider agreement, Ohio Revised Code, Ohio Administrative Code, and federal statutes and rules, including the duty to maintain all records necessary and in such form so as to fully disclose the extent of services provided and significant business transactions. Mr. Robinson is responsible for his compliance with the specified requirements.

Mr. Robinson is a licensed practical nurse (LPN) practicing in Cincinnati, Ohio. Mr. Robinson received payment of over \$297,000 for approximately 1,000 waiver nursing services.

The scope of this engagement included all instances in which a potential duplicate service (same recipient, service date, procedure code, units and paid amount) was reimbursed and a sample of waiver nursing services. All services were billed to and paid by one of Ohio's Medicaid managed care entities. 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.

Results

Provider Qualifications

Per Ohio Admin. Code 5160-1-17.2(H), in signing the Medicaid provider agreement, a 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 compared Mr. Robinson's name to the Office of Inspector General exclusion database and the Department's exclusion/suspension list and found no match.

In accordance with Ohio Admin. Code 5160-44-22(A), waiver nursing services require the skills of a registered nurse (RN) or LPN at the direction of an RN and possess a current, valid and unrestricted license with the Ohio board of nursing.

Provider Qualifications (Continued)

We verified through the e-License Ohio Professional Licensure System that Mr. Robinson had a current and valid LPN license during our examination period. We also verified that Mr. Robinson's reported directing RN had a current and valid RN license during our examination period.

Service Documentation

Per Ohio Admin. Code 5160-1-17.2, 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. Failure to supply requested records within thirty days shall result in withholding of Medicaid payments and may result in termination from the Medicaid program.

All waiver nursing service providers are required to maintain a clinical record at their place of business¹ for each individual served that includes, but is not limited to, clinical notes, signed and dated by the nurse, documenting the general condition of the individual, any unusual events occurring during the visit and the service tasks performed or not performed in accordance with Ohio Admin. Code 5160-44-22. In addition, all waiver nursing providers will also maintain a record at the individual's residence or primary service location.

During initial contact with Mr. Robison on January 23, 2025, he stated he no longer had the supporting documentation as a result of moving multiple times. In addition, an entrance conference was held on January 28, 2025, during which Mr. Robinson stated that records had been ruined by water damage. He further stated that a second set of records was not maintained at the service location. Therefore, no documentation was submitted by Mr. Robinson to support the selected services.

Furthermore, a review of the electronic visit verification (EVV) system determined Mr. Robinson did not utilize it as required by Ohio Admin. Code 5160-1-40 for providers of waiver nursing services pursuant to the MyCare waiver (effective June 12, 2020).

Service Authorization

Per Ohio Admin. Code 5160-44-22(F)(3), all waiver nursing service providers will maintain a clinical record that includes a copy of the initial and all subsequent plans of care, specifying the type, frequency, scope and duration of the nursing services being performed. In addition, waiver nursing providers shall maintain a copy of the initial and all subsequent person-centered services plans.

As noted above, Mr. Robinson did not submit any plans of care or person-center services plans to support services billed to and paid by Ohio Medicaid during the examination period.

Recommendation

Mr. Robinson should comply with the terms of the Provider agreement to maintain and furnish information for audit and review purposes. Mr. Robinson should develop procedures to ensure the secure storage and maintenance of records occurs to ensure compliance with Medicaid rules and avoid future findings.

We also recommend that Mr. Robinson comply with the requirements of EVV regarding the proper usage to avoid future findings.

¹ For the purposes of this rule, the place of business will be a location other than the individual's residence or primary location where the individual receives services.

Internal Control over Compliance

Mr. Robinson 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 Mr. Robinson's internal control over compliance.

Basis for Disclaimer of Opinion

Mr. Robinson failed to submit any documentation to support services billed to and paid by Ohio Medicaid during the examination period. As a result, we were unable to apply our planned procedures for examining compliance with the specified Medicaid requirements. Nor were we able to satisfy ourselves as to Mr. Robinson's compliance with these requirements by other examination procedures.

Disclaimer of Opinion

Our responsibility is to express an opinion on Mr. Robinson's compliance with select Medicaid requirements based on conducting the examination in accordance with attestation standards established by the American Institute of Certified Public Accountants (AICPA). 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 Mr. Robinson's compliance with the specified Medicaid requirements for the period of January 1, 2020 through December 31, 2022.

Without supporting documentation, we identified improper Medicaid payments for the selected services in the amount of \$37,913.73. This finding plus interest in the amount of \$6,068.79 (calculated as of February 27, 2025) totaling \$43,982.52 is due and payable to the Department upon its adoption and adjudication of this report. Services billed to and reimbursed by the Department, which are not validated in the records, are subject to recoupment through the audit process per Ohio Admin. Code 5160-1-27. If waste and abuse are suspected or apparent, the Department and/or the office of the attorney general will take action to gain compliance and recoup inappropriate or excess payments in accordance with Ohio Admin. Code 5160-1-29(B).²

We are required to be independent of Mr. Robinson and to meet our ethical responsibilities, in accordance with the ethical requirements established by the AICPA related to our compliance examination. This report is intended solely for the information and use of the Provider, the Department and other regulatory and oversight bodies, and is not intended to be, and should not be used by anyone other than these specified parties. Mr. Robinson declined to submit an official response to the results noted above.



Keith Faber
Auditor of State
Columbus, Ohio

April 7, 2025

² "Waste" means any preventable act such as inappropriate utilization of services or misuse of resources that results in unnecessary expenditures to the Medicaid program. "Abuse" means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. Ohio Admin. Code 5160-1-29(A) and 42 C.F.R. § 455.2.

OHIO AUDITOR OF STATE KEITH FABER



KENNETH L. ROBINSON, LPN

HAMILTON 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 4/17/2025

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