



OHIO AUDITOR OF STATE
KEITH FABER



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Medicaid Contract Audit
65 East State Street
Columbus, Ohio 43215
(614) 466-3340
ContactMCA@ohioauditor.gov

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

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

RE: Caregiver Grove Behavioral Health LLC
Ohio Medicaid Numbers: 0224458 and 0223685
National Provider Identifiers: 1821525841 and 1801323928

We examined compliance with specified Medicaid requirements for provider qualifications, service documentation, service authorization and Medicaid coverage related to the provision of select behavioral health services during the period of January 1, 2020 through December 31, 2022 for Caregiver Grove Behavioral Health LLC (Caregiver Grove). We tested the following services:

- All instances in which services were billed during a potential inpatient hospital stay;
- All instances in which more than one psychiatric diagnostic evaluation was billed for the same recipient in a calendar year;
- All instances in which more than one group counseling at the intensive outpatient level of care (hereafter referred to as IOP) was billed for the same recipient on the same day;
- All instances in which more than one group therapeutic behavioral service (TBS) was billed for the same recipient on the same day;
- A select week of service in July 2020 in which all services were rendered by the same practitioner;
- A census of all instances in which three or more units of individual psychotherapy services were billed for the same recipient on the same day;
- A sample of remaining individual psychotherapy services; and
- A sample of remaining group TBS services.

Caregiver Grove 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 to fully disclose the extent of services provided and significant business transactions.

Management of Caregiver Grove is responsible for its compliance with the specified requirements. The Compliance Section of this report identifies the specific requirements examined. Our responsibility is to express an opinion on Caregiver Grove's compliance with the specified Medicaid requirements based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants (AICPA). Those standards require that we plan and perform the examination to obtain reasonable assurance about whether Caregiver Grove complied, in all material respects, with the specified requirements referenced above. We are required to be independent of Caregiver Grove and to meet our ethical responsibilities, in accordance with the ethical requirements established by the AICPA related to our compliance examination.

An examination involves performing procedures to obtain evidence about whether Caregiver Grove complied with the specified requirements. The nature, timing and extent of the procedures selected depend on our judgment, including an assessment of the risks of material noncompliance, whether due to fraud or error. We believe the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our modified opinion. Our examination does not provide a legal determination on Caregiver Grove's compliance with the specified requirements.

Internal Control over Compliance

Caregiver Grove 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 Caregiver Grove's internal control over compliance.

Basis for Adverse Opinion

Our examination disclosed material non-compliance with the following:

- Caregiver Grove did not have documentation to support services billed during a potential inpatient hospital stay and submitted documentation for dates of service in which the recipient was in the hospital and the service could not have been rendered;
- Caregiver Grove billed for diagnostic psychiatric evaluations in excess of the Medicaid coverage limitations;
- Caregiver Grove billed for more than one per diem IOP and group TBS service on the same recipient date of service (RDOS)¹;
- Caregiver Grove did not have documentation to support services billed and service duration requirements were not met for select services in July 2020 rendered by the same practitioner; and
- Caregiver Grove did not have documentation to support services billed, service duration requirements were not met, there was no treatment plan to support the service and treatment plans did not authorize the service billed for individual psychotherapy and group TBS services.

Adverse Opinion on Compliance

In our opinion, Caregiver Grove has not complied, in all material respects, with the aforementioned requirements for the select behavioral health services for the period of January 1, 2020 through December 31, 2022.

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

We identified improper Medicaid payments in the amount of \$1,752,053.27. This finding plus interest in the amount of \$204,294.21 (calculated as of October 24, 2024) totaling \$1,956,347.48 is due and payable to the Department upon its adoption and adjudication of this examination report. Services billed to and reimbursed by the Department, which are not validated in the records, are subject to recoupment through the audit process in accordance with 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.² Ohio Admin. Code § 5160-1-29(B)

¹ An RDOS is defined as all services for a given recipient on a specific date of service.

² "Waste and abuse" are practices that are inconsistent with professional standards of care; medical necessity; or sound fiscal, business, or medical practices; and that constitute an overutilization of Medicaid covered services and result in an unnecessary cost to the Medicaid program. Ohio Admin. Code § 5160-1-29(A)

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This report is intended solely for the information and use of Caregiver Grove, 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.

A handwritten signature in black ink that reads "Keith Faber". The signature is written in a cursive, flowing style.

Keith Faber
Auditor of State
Columbus, Ohio

December 10, 2024

COMPLIANCE SECTION

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 for the program are specified in the Ohio Administrative Code and the Ohio Revised Code. 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. Per Ohio Admin. Code 5160-1-17.2(D) and (E), providers must furnish such records for audit and review purposes.

Caregiver Grove is an Ohio Department of Mental Health and Addiction Services certified agency (provider types 84 and 95) with locations in Cincinnati and Toledo, Ohio. Caregiver Grove received payment of approximately \$6.2 million under the provider numbers examined for over 57,000 mental health and substance user disorder services.³

Table 1 contains the behavioral health procedure codes selected for this examination.

Table 1: Behavioral Health Services	
Procedure Code	Description
90791	Psychiatric Diagnostic Evaluation
90832	Individual Psychotherapy – 30 minutes
90834	Individual Psychotherapy – 45 minutes
90837	Individual Psychotherapy – 60 minutes
H0015	IOP – Per Diem
H0048	Alcohol and/or Other Drug Testing
H2020	Group TBS Services – Per Diem

Source: Appendix to Ohio Admin. Code 5160-27-03

Purpose, Scope, and Methodology

The purpose of this examination was to determine whether Caregiver Grove's 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 of the engagement was limited to select services, as specified below, for which Caregiver Grove billed with dates of service from January 1, 2020 through December 31, 2022 and received payment.

We obtained Caregiver's claims history from the Medicaid database of services billed to and paid by Ohio's Medicaid program. We removed services paid at zero, third-party payments, co-payments, and Medicare crossover claims. The scope of our examination was limited to fee-for-service claims and encounters from two Medicaid managed care entities (MCEs) and included testing procedures related to the select services as identified in the Independent Auditor's Report.

The exception tests and calculated sample sizes are shown in **Table 2**.

³ Payment data from the Medicaid claims database.

Purpose, Scope, and Methodology (Continued)

Table 2: Exception Tests and Samples			
Universe	Population Size	Sample Size	Selected Services
Exception Tests			
Services During Potential Hospital Stay (H0015, H0048, H2020)			69
More than One Diagnostic Evaluation (90791)			15
More than One IOP (H0015)			12
More than One Group TBS (H2020)			32
Rendering Practitioner (90832, 90834, and H2020)			106
Census			
Individual Psychotherapy Outliers (90837)			17
Samples			
Individual Psychotherapy Services (90837)	9,620 RDOS	84 RDOS	87
Group TBS Services (H2020)	13,261	84	84
Total			422

A notification letter was sent to Caregiver Grove setting forth the purpose and scope of the examination. During the entrance conference, Caregiver Grove described its documentation practices and billing process. During fieldwork, we obtained an understanding of the electronic health record system used, reviewed service documentation and verified professional licensure. We sent preliminary results to Caregiver Grove, and it subsequently submitted additional documentation which we reviewed for compliance prior to the completion of fieldwork.

Results

The summary results are shown in **Table 3**. While certain services had more than one error, only one finding was made per service. The non-compliance and basis for findings is discussed below in further detail.

Table 3: Results				
Universe	Services Examined	Non-compliant Services	Non-compliance Errors	Improper Payment
Exception Tests				
Services During Potential Hospital Stay	69	59	63	\$9,236.10
More than One Diagnostic Evaluation	15	8	8	\$888.88
More than One IOP	12	6	6	\$618.24
More than One Group TBS	32	16	16	\$2,314.94
Rendering Practitioner	106	89	89	\$8,384.12
Census				
Individual Psychotherapy Outliers	17	15	26	\$1,534.65
Samples				
Individual Psychotherapy Services	87	39	53	\$3,913.34
Group TBS Services	84	84	130	\$1,725,163.00 ¹
Total	422	316	391	\$1,752,053.27

Results (Continued)

¹ The overpayment identified for all 84 services from a simple random sample were projected across Caregiver Grove's population of group TBS services resulting in a projected overpayment of \$1,725,163 with a 95 percent degree of certainty that the true population overpayment amount fell within the range of \$1,647,985 to \$1,802,341 (+/- 4.47 percent). A detailed summary of our statistical sample and projection results is presented in **Appendix I**.

A. Provider Qualifications

Exclusion or Suspension List

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 identified 17 rendering practitioners in the service documentation for the selected payments and compared their names to the Office of Inspector General exclusion database and the Department's exclusion/suspension list. We also compared identified administrative staff names to the same database and exclusion/suspension list. We found no matches.

Licensure and Medicaid Enrollment

In accordance with Ohio Admin. Code 5160-1-17, the Department requires that providers and practitioners who want to furnish Medicaid covered services to Medicaid recipients enroll as Medicaid providers. This includes both providers and practitioners who will submit claims seeking reimbursement for services furnished to Medicaid recipients and rendering practitioners who are employed by provider groups or organizations who will submit claims to the department for payment.

We searched the Medicaid Information Technology System and verified that each rendering practitioner had an active Medicaid provider number on the first date found in our selected services and was active during the remainder of the examination period.

For the 15 licensed practitioners identified in the service documentation for this examination, we verified via the e-License Ohio Professional Licensure System that their licenses were current and valid on the first date found in our selected payments and were active during the remainder of the examination period.

B. Service Documentation

In accordance with Ohio Admin. Code 5160-27-02(H), providers shall maintain treatment records and progress notes as specified in rules 5160-1-27 and 5160-8-05 of the Ohio Administrative Code. Per Ohio Admin. Code 5160-8-05(F), documentation requirements include the date, time of day, and duration of service contact. In addition, each record is expected to bear the signature and indicate the discipline of the professional who recorded it.

We obtained service documentation from Caregiver Grove and compared it to the required elements. We also compared units billed to documented duration and ensured the services met the duration requirements, where applicable. For errors where units billed exceeded the documented duration, the improper payment was based on the unsupported units.

B. Service Documentation (Continued)

Services During Potential Inpatient Hospital Stay Exception Test

The 69 services examined consisted of 12 recipients in which the reported date of service occurred during a potential inpatient hospital stay. We requested verification from the six rendering hospitals to confirm dates of admission and discharge for each of the 12 recipients. The rendering hospitals for 10 of the recipients did not respond to our request for confirmation; therefore, we were unable to determine whether services were billed during the hospital stay. For these 10 recipients, there were 59 instances in which there was no documentation from Caregiver Grove to support the payment. For the two confirmed recipients, we determined Caregiver Grove billed for four services it did not render as the hospital confirmed the recipient was an inpatient on the date of service.

These 63 errors resulted in the improper payment amount of \$9,236.10.

More than One Diagnostic Evaluation Exception Test

The 15 services examined contained two instances in which there was no documentation to support the payment. These two errors are included in the improper payment of \$888.88.

Rendering Practitioner Exception Test

The 106 services examined consisted of one week of services in July 2020 rendered by one practitioner. There were 78 instances in which there was no documentation to support the payment and 11 instances in which the service duration requirements were not met. These 89 resulted in the improper payment amount of \$8,384.12.

Individual Psychotherapy Outliers Census

The 17 services examined contained 15 instances in which there was no documentation to support the payment. These 15 errors are included in the improper payment of \$1,534.65.

Individual Psychotherapy Services Sample

The 87 services examined contained the following errors:

- 22 instances in which there was no documentation to support the payment;
- Four instances in which the service documentation did not contain the time of day or duration of the service; and
- One instance in which the name of the rendering practitioner was not documented.

These 27 errors are included in the improper payment of \$3,913.34.

Group TBS Services Sample

The 84 services examined contained 45 instances in which there was no documentation to support the payment and 39 instances in which the service duration requirements were not met. These 84 errors are included in the improper payment of \$1,725,163.

Recommendation

Caregiver Grove should develop and implement procedures to ensure that all service documentation and billing practices fully comply with requirements contained in the Ohio Medicaid rules. In addition, Caregiver Grove should implement a quality review process to ensure that documentation is complete and accurate prior to submitting claims for payment. Caregiver Grove should address the identified issues to ensure compliance with the 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 in accordance with Ohio Admin. Code 5160-27-02(H) and 5160-8-05(F).

We obtained treatment plans from Caregiver Grove to confirm if the treatment plan authorized the service examined and was signed by the recording practitioner. We limited our testing of treatment plans to the services described below.

Individual Psychotherapy Outliers Census

The 17 services examined contained 11 instances in which there was no treatment plan to support the payment. These 11 errors are included in the improper payment of \$1,534.65.

Individual Psychotherapy Services Sample

The 87 services examined contained the following errors:

- 13 instances in which the treatment plan did not authorize the service billed;
- 11 instances in which there was no treatment plan; and
- Two instances in which the treatment plan was not signed by the practitioner.

These 26 errors resulted in the improper payment of \$3,913.34.

Group TBS Services Sample

The 84 services examined contained 40 instances in which the treatment plan did not authorize the service billed and six instances in which there was no treatment plan. These 46 errors were included in the improper payment of \$1,725,163.

Recommendation

Caregiver Grove should develop and implement controls to ensure that all services billed are authorized by a signed treatment plan. Caregiver Grove should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

D. Medicaid Coverage

More than One Diagnostic Evaluation Exception Test

Ohio Admin. Code 5160-27-02(B) limits psychiatric diagnostic evaluations to one per recipient, per calendar year, per billing provider. We confirmed with each MCO that it imposed the same limitation.

The 15 services examined consisted of eight instances in which more than one psychiatric diagnostic evaluation was billed for the same recipient in a calendar year. In two instances, there was no documentation to support one of the evaluations as described in the Service Documentation section. In the remaining six instances, Medicaid's coverage limitation was exceeded and no prior authorization was obtained. These six errors are included in the improper payment of \$888.88.

More than One IOP Exception Test

The 12 services examined contained six instances in which more than one per diem IOP service was reimbursed for the same recipient on the same day. These six errors resulted in the improper payment amount of \$618.24.

D. Medicaid Coverage (Continued)

More than One Group TBS Exception Test

The 32 services examined contained 16 instances in which more than one per diem group TBS service was reimbursed for the same recipient on the same day. These 16 errors resulted in the improper payment amount of \$2,314.94.

Recommendation

Caregiver Grove should ensure that services billed to Medicaid are consistent with limitations contained in the Ohio Admin. Code. Cadence should address the identified issue to ensure compliance with Medicaid rules and avoid future findings.

Official Response

Caregiver Grove submitted an official response to the results of this examination which is presented in **Appendix II**. Caregiver Grove described corrective actions that have been initiated, but it is beyond the scope of our examination to verify those statements. In addition, Caregiver Grove stated it was previously audited over the same services that were included in the scope of our compliance examination.

Auditor of State Conclusion

The Auditor of State confirmed the scope of the previous audit with the regulatory agency and determined that no claims were adjusted or improper payments recouped as part of the audit. In addition, the Auditor of State made attempts to obtain the results of the audit from Caregiver Grove; however, it did not respond to our requests. As such, we maintain that our results and recommendations are valid.

APPENDIX I

Summary of Group TBS (H2020) Sample

POPULATION

The population is all group TBS services (H2020), net of any adjustments and less exception test services, where the service was billed with dates of service during the examination period of January 1, 2020 through December 31, 2022 and payment was made by the Department or the two selected MCEs.

SAMPLING FRAME

The sampling frame was paid and processed claims from the Department's and the MCE's claim systems. These systems contain all Medicaid payments and adjustments made to the Medicaid payments by the Department and the MCEs.

SAMPLE UNIT

The sampling unit was a service.

SAMPLE DESIGN

We used a simple random sample.

Description	Results
Number of Services in Population	13,261
Number of Services Sampled	84
Number of Services Sampled with Errors	84
Total Medicaid Amount Paid for Population	\$1,937,507.63
Amount Paid for Population Sampled	\$12,195.15
Projected Population Overpayment (Point Estimate)	\$1,725,163
Upper Limit Overpayment Estimate at 95% Confidence Level	\$1,802,341
Lower Limit Overpayment Estimate at 95% Confidence Level	\$1,647,985
Precision of Overpayment Projection at 95% Confidence Level	\$77,178 (4.47%)

Source: Analysis of the Department and MCE's information and Caregiver Grove records

APPENDIX II

Official Response from Caregiver Grove



Caregiver Grove Behavioral Health, LLC
3950 Sunforest Court Suite 207 Toledo, OH 43623
Office: 419-720-6811 | Fax: 419-754-2271
www.caregivergrove.com

Sunday, December 1, 2024

Subject: Response to the Findings of the Medicaid Audit

To whom it may concern

Caregiver Grove Behavioral Health LLC acknowledges the findings outlined in the audit conducted by the Ohio Auditor of State regarding compliance with Medicaid requirements for the period of January 1, 2020, through December 31, 2022. We take these findings seriously and remain committed to full compliance with all applicable Medicaid rules and regulations.

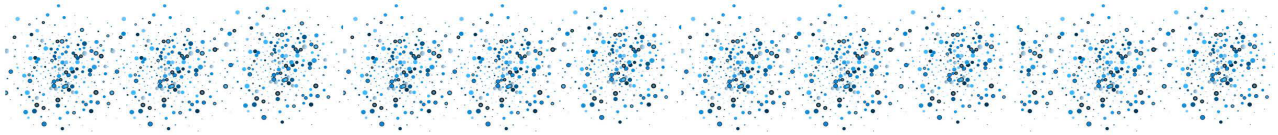
We would like to note that we have undergone a recent Medicaid Investigation audit, which also included a review of services provided to the same population. Through this process, we became acutely aware of the billing issues identified in the current audit report. In response to these findings, Caregiver Grove has taken significant steps to enhance our billing and compliance processes.

RESPONSE TO THE FINDINGS OF THE MEDICAID AUDIT

Caregiver Grove Behavioral Health LLC acknowledges the findings presented in the recent Medicaid audit and appreciates the opportunity to address and respond to the identified issues. We take the concerns raised in the audit seriously and are committed to maintaining the highest standards of compliance with Medicaid regulations. Awareness and Recent Improvements

We want to note that a prior Medicaid audit reviewed many of the same services and clients identified in this audit. As part of our continuous improvement efforts, we have already taken significant steps to address the issues identified in our billing and documentation practices. These improvements include:

- 1. Implementation of Insync EHR System:**
We have transitioned our billing processes to an integrated Electronic Health Record (EHR) system, Insync, to ensure greater accuracy in documentation, billing, and compliance. This system has automated critical checks, such as service duration and practitioner documentation, reducing the likelihood of errors.
- 2. Adoption of Revenue Cycle Management (RCM):**
We now utilize professional Revenue Cycle Management services to process claims. This has enhanced our



ability to detect and prevent billing errors before submission. RCM ensures that all claims meet Medicaid requirements and minimizes risks of noncompliance.

3. Strengthened Auditing Procedures:

We have improved our internal auditing measures, including pre-billing audits and regular quality reviews of documentation, to ensure all services comply with Medicaid rules. Our team conducts routine training to keep staff informed of updated requirements.

DETAILED RESPONSES TO AUDIT FINDINGS

1. Services Billed During Inpatient Hospital Stay

- **Audit Finding:** Improper billing for services while clients were hospitalized.
- **Response and Plan:**

We acknowledge the errors and have enhanced our EHR system to cross-check hospital admission and discharge dates before billing. Moving forward, we will request hospital stay confirmations in real-time to prevent similar occurrences.

2. Excessive Psychiatric Diagnostic Evaluations

- **Audit Finding:** Billing for more than one psychiatric diagnostic evaluation per client in a calendar year without prior authorization.
- **Response and Plan:**
Our billing team now adheres strictly to Medicaid's coverage limitations. The EHR system flags attempts to submit claims for additional evaluations, ensuring they are either justified or canceled.

3. Multiple IOP and Group TBS Services on the Same Day

- **Audit Finding:** Instances of billing for more than one IOP or group TBS session per client on the same day.
- **Response and Plan:**

We have updated our EHR system to prohibit multiple per diem claims for the same service on the same date. Staff have been retrained on billing rules to ensure compliance.

4. Service Documentation Issues in July 2020

- **Audit Finding:** Missing or incomplete documentation for services rendered by one practitioner.
- **Response and Plan:**

We have introduced mandatory documentation audits before claims submission. Practitioners must complete detailed service notes that meet Medicaid standards, verified by supervisors.

5. Individual Psychotherapy and Group TBS Errors

- **Audit Finding:** Missing treatment plans, lack of authorization, and failure to meet service duration requirements.
- **Response and Plan:**

Treatment plans are now integrated into the EHR system, requiring practitioner signatures and electronic validation before services can be billed. Supervisors audit treatment plans to ensure proper alignment with billed services.

ADDITIONAL MEASURES TO ADDRESS NONCOMPLIANCE

1. Provider Training:

All practitioners have undergone training to understand Medicaid documentation and billing requirements. Refresher sessions are conducted bi-annually.



Caregiver Grove Behavioral Health LLC
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2. **Compliance Officer Role:**

We have designated a compliance officer to oversee adherence to Medicaid requirements and serve as a point of contact for staff regarding billing and documentation questions.

3. **Independent Audits:**

To validate the effectiveness of our new processes, we have engaged an independent auditor to conduct periodic reviews of our claims and documentation practices.

COMMITMENT TO COMPLIANCE

Caregiver Grove is committed to addressing the issues raised in this audit and ensuring compliance moving forward. We deeply value the trust placed in us to provide services to Medicaid recipients and are dedicated to aligning our practices with all regulatory requirements.

We appreciate the opportunity to resolve these findings and remain available for any follow-up discussions or verifications.

Sincerely,

John Tooson IV
Chief Executive Officer

Mobile: 419-349-2664

Office: 419-720-6811

Web: www.caregivergrove.com

Address: 3950 Sunforest Court STE 207 Toledo, OH 43623

OHIO AUDITOR OF STATE KEITH FABER



CAREGIVER GROVE BEHAVIORAL HEALTH, LLC

LUCAS 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 12/24/2024

65 East State Street, Columbus, Ohio 43215
Phone: 614-466-4514 or 800-282-0370

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