

HEALTH & HUMAN SERVICES COMMITTEE  
June 30, 2021 4:00 p.m.

AGENDA

Chair: Tara Gaston

Members:

Phil Barrett  
Eric Connolly  
Joe Grasso  
John Lant  
Darren O'Connor - VC  
Tom Wood

- I. Welcome and Attendance
- II. Approval of the minutes of the May 26, 2021 meeting
- III. Accepting a Health Research Inc. Public Health Emergency Preparedness Grant – Daniel Kuhles, Public Health Commissioner.
- IV. Authorizing continuation of a contract with Berkshire Farms for the operation of Enhanced Stepping Stones Program (ESSP) relative to the NYS Raise the Age legislation – Tina Potter, Commissioner of Social Services.
- V. Authorizing payment of \$125,148 to New York State Office of Medicaid Inspector General for reimbursement of Medicaid over-billing - Rebecca Robarge, Youth Bureau.
- VI. RISE – Ballston Project
- VII. COVID Update
- VIII. Department of Health Expansion
- IX. Other Business
- X. Adjournment

The public will have an opportunity to hear the meeting live via an audio signal using this call-in number and access code:  
Dial: 1-978-990-5145 Access Code: 1840389



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

**TO:** Steve Bulger, County Administrator  
Ridge Harris, Deputy County Administrator  
Michael Hartnett, County Attorney  
Therese Connolly, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Bridget Rider, Deputy Clerk of the Board  
Matt Rose, Management Analyst  
Clare Giammusso, County Attorney's Office

**FROM:** Dan Kuhles, Commissioner of Public Health

**DATE:** 6/11/2021

**RE:** HRI Grant

**COMMITTEE:** Health and Social Services

1. Is a Resolution Required:  YES or  NO  
(If YES, please complete #2- #10) (If NO, skip to #10 and provide reason for bringing the item)
2. Is a Budget Amendment needed:  YES or  NO  
(If yes, budget lines and impact must be provided)  
already in budget
3. Are there Amendments to the Compensation Schedule:  YES or  NO  
(If yes, provide details)
4. Specific details on what the resolution will authorize:  
Saratoga County Public Health Services to accept Health Research, INC. (HRI) Public Health Emergency Preparedness (PHEP) Grant in the total amount of \$1,186,140 (\$186,140 immediately available for reimbursement and \$1,000,000 restricted by New York State Department of Health (NYSDOH) for use in the event of a public health emergency).
5. Does this item require hiring a Vendors/Contractors:  YES or  NO
  - a. Were bids/proposals solicited:
  - b. Is the vendor/contractor a sole source:
  - c. Commencement date of contract term:
  - d. Termination of contract date:
  - e. Contract renewal and term:
  - f. Contact information:
  - g. Is the vendor/contractor an LLS, PLLC or partnership:
  - h. State of vendor/contractor organization:
  - i. Is this a renewal agreement:  YES or  NO
  - j. Vendor/Contractor comment/remarks:



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

6. Is this an annual housekeeping resolution:  YES or  NO  
(If yes, attach the last approved resolution)
- What were the terms of the prior resolution same
  - Are the terms changing: no
  - What is the reason for the change in terms:
7. Is a new position being created:  YES or  NO
- Effective date
  - Salary and grade
8. Is a new employee being hired:  YES or  NO
- Effective date of employment
  - Salary and grade
  - Appointed position:
  - Term:
9. Is a grant being accepted:  YES or  NO
- Source of grant funding: Health Research Inc/NYSDOH Public Health Emergency Preparedness Program Grant
  - Amount of grant: 1,186,140
  - Purpose grant will be used for: Public Health Emergency Preparedness Activities
  - Equipment and/or services being purchased with the grant: see below
  - Time period grant covers:  
7/1/2021-6/30/2022
10. Remarks/Reasoning (Supporting documentation must be attached to this form):
- \$149,555 for PHEP employees (Public Health Emergency Preparedness Coordinator, Senior Health Educator and Account Clerk Typist) salaries; \$35,893 for PHEP employees fringe benefits, and \$692 for office supplies (already in budget).



# SARATOGA COUNTY BOARD OF SUPERVISORS

## RESOLUTION 167 - 2020

Introduced by Supervisors Lucia, Connolly, Kusnierz, O'Connor, Winney, Wood and Zlotnick

### AUTHORIZING AN AGREEMENT WITH HEALTH RESEARCH, INC. TO ACCEPT A NEW YORK STATE DEPARTMENT OF HEALTH PUBLIC HEALTH EMERGENCY PREPAREDNESS PROGRAM GRANT

WHEREAS, continued funding is available from the New York State Department of Health ("NYS DOH") through Health Research, Inc. in an amount up to \$384,972 for Public Health Emergency Preparedness Program activities for the period July 1, 2020 through June 30, 2021; with \$184,972 immediately available to Saratoga County Public Health Services for reimbursement of expenditures for Public Health Emergency Preparedness Program activities and \$200,000 restricted by NYS DOH for use only in the event of a public health emergency; and \$1,000,000

*Handwritten notes:* 2022, \$184,972, \$1,186,140

WHEREAS, a Resolution of this Board is required to accept these funds; now, therefore, be it

RESOLVED, that the Chair of the Board is authorized to execute all documents and agreements necessary with Health Research, Inc. to accept New York State Department of Health Public Health Emergency Preparedness Program grant funds in an amount up to \$384,972 for the term July 1, 2020 through June 30, 2021, with the form and content of such documents and agreements to be subject to the approval of the County Attorney.

*Handwritten notes:* 2021, 2022, \$1,186,140

BUDGET IMPACT STATEMENT: No budget impact.



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

**TO:** Steve Bulger, County Administrator  
Ridge Harris, Deputy County Administrator  
Michael Hartnett, County Attorney  
Therese Connelly, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Bridget Rider, Deputy Clerk of the Board  
Matt Rose, Management Analyst  
Clare Giammusso, Confidential Secretary/County Attorney's Office

**FROM:** Tina Potter, Commissioner

**DATE:** 6/21/2021

**Committee:** Health and Human Services

1. Is a Resolution Required  YES or  NO
2. (If YES, please complete #2-#10) (IF NO, skip to #10 and provide reason for bringing the item): Click here to enter text.
3. Is a Budget Amendment needed: (If yes, budget lines and impact must be provided.)  
**None required as funding is for the remainder of 2021 is included in this year's budget and funding for the remainder of the contract will be submitted with the 2022 department request.**
4. Are there Amendments to the Compensation Schedule: (If yes, provide details.)  
**No**
5. Specific details on what the resolution will authorize:  
**Resolution will authorize continuation of a contract with Berkshire Farms for operation of the Enhanced Stepping Stones Program (ESSP) relative to the NYS Raise-the-age (RTA) legislation. The ESSP contract with Berkshire Farms has previously been approved through Resolutions 144-2019 and 114-2021 (see attached).**
6. Does this item require hiring a Vendor(s)/Contractor(s): **Yes – continuing with current contractor**
  - a. Were bids/proposals solicited: **No**
  - b. Is the vendor/contractor a sole source: **Yes**
  - c. Commencement date of contract term: **July 1, 2021**
  - d. Termination of contract date: **June 30, 2022**
  - e. Contract renewal and term: **Annually subject to continuation of 100% NYS RTA funding.**
  - f. Contact information (names, addresses): **Berkshire Farm Center and Services for Youth, 13640 Route 22, Canaan, New York 120-9711**
  - g. Is the vendor/contractor an LLS, PLLC or partnership: **No**
  - h. State of vendor/contractor organization: **New York State**



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

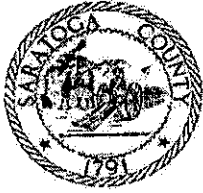
- i. Is this a renewal agreement:  YES or  NO
  - j. Vendor/Contractor comment/remarks: **The current contract with Berkshire Farm for the ESSP ends June 30, 2021. Delay in continuation of this contract would disrupt the service delivery system currently in place potentially resulting in expensive detention and foster care placements as the clients in this program are direct referrals from high risk Probation Department cases.**
7. Is this an annual housekeeping resolution (If yes, attach the last approved resolution):
- a. What were the terms of the prior resolution: **The Chairman of the Board of Supervisors was authorized to execute a renewal agreement with Berkshire Farms for the ESSP to render intensive family-based in-home services to youth at risk in Saratoga County in order to reduce and prevent the placement of 16 and 17 year old juvenile delinquents and adolescent offenders in specialized secure detention facilities. The renewal was for a term of one year commencing on July 1, 2020 and terminating on June 30, 2021. The cost was to be \$100,608.00 and the form and content of the agreement was subject to the approval of the County Attorney.**
  - b. Are the terms changing: **Only the commencement and the termination dates are changing.**
  - c. What is the reason for the change in terms: **To extend the program.**
8. 6. Is a new position being created: **No**
- a. Effective date: Click here to enter a date.
  - b. Salary and grade: Click here to enter text.
9. 7. Is a new employee being hired: **No**
- a. Effective date of employment: Click here to enter text.
  - b. Salary and grade Click here to enter text.
  - c. Appointed position: Click here to enter text.
  - d. Term: Click here to enter text.
10. 8. Is a grant being accepted: **An allocation which covers 100% of the RTA expense associated with this contract will be used.**
- a. Source of grant funding: **NYS Office of Children and Family Services**
  - b. Amount of grant: **\$100,608.00**
  - c. Purpose grant will be used for: **Intensive in-home family-based services for youth ages 16 and 17 to avoid placement in specialized secure detention when possible.**
  - d. Equipment and/or services being purchased with the grant: **Continuing contractual Services with Berkshire Farms**
  - e. Time period grant covers: **July 1, 2021 through June 30, 2022.**
11. 9. Remarks/Reasoning (Supporting documentation must be attached to this form):  
**On April 10, 2017, New York Governor Andrew M. Cuomo signed legislation raising the age of criminal responsibility to age 18 to provide young people in New York who commit non-violent crimes with the intervention and evidence-based treatment they need. The new measures are were phased in over time, raising the age of criminal responsibility from age 16 to age 17 beginning on October 1, 2018, and subsequently raising the age to 18 on October 1, 2019. The RTA Law**



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

**provides, among other things, LDSS eligibility for 100% State Raise the Age funding, net of Federal funding from Title IV-E, for Raise the Age eligible youth claims for services that are included in NYS Division of Budget-Approved Comprehensive Fiscal Plans. To be eligible for 100% reimbursement, the law required that counties submit a Comprehensive Plan to the Office of Children and Family Services (OCFS). Each year OCFS has approved and DSS has included funds for this contract in its annual budget. There are funds to cover the cost of this contract in the 2021 DSS budget and DSS will include funds to cover this in its 2022 budget submittal. Attached are the prior Board of Supervisor Resolutions regarding this contract and program.**



# SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION ~~H4-2020~~ <sup>2-2021</sup>

~~GASTON, Barrett, Connolly, Grasso, Lant, O'Connor~~

Introduced by Supervisors ~~Lucia, Connolly, Kusnierz, O'Connor, Winney, Wood and Zlotnick~~ and Wood

## AUTHORIZING THE CHAIRMAN TO ENTER INTO A RENEWAL AGREEMENT WITH BERKSHIRE FARM CENTER AND SERVICES FOR YOUTH, INC. FOR THE OPERATION OF THE ENHANCED STEPPING STONES PROGRAM

WHEREAS, as a result of the Raise the Age legislation enacted by the New York State Legislature and the Governor in 2017, the age of criminal responsibility for youths who commit crimes as defined in the Penal Law was raised from 16 years of age to 17 years of age on October 1, 2018, and 18 years of age effective October 1, 2019; and

WHEREAS, under the provisions of the Raise the Age ("RTA") law, counties are to be reimbursed for all incremental costs associated with the implementation and ongoing services associated with raising the age of criminal responsibility, including local costs incurred in such areas as law enforcement, local detention, court services, Sheriff's transportation, probation, youth services and capital expenditures; and

WHEREAS, in order to qualify for reimbursement of RTA related expenditures, counties are required to adhere to the New York State imposed property tax cap and submit to the State for approval a comprehensive plan of work for raising the age locally which identifies eligible incremental costs for which reimbursement will be requested; and

WHEREAS, Saratoga County's Comprehensive ~~2019-2020~~ <sup>2020-2021</sup> RTA Plan was approved by the New York State Office of Children and Family Services, Division of Criminal Justice Services and the Division of the Budget; and

WHEREAS, due the Coronavirus pandemic, the State has yet to provide instructions to the Saratoga County Department of Social Services ("DSS") on the submittals for approval of DSS's ~~2020-2021~~ <sup>2021-2022</sup> Comprehensive ~~2020-2021~~ RTA Plan and funding requests; however, DSS has included full funding for RTA services in its 2020 Budget, and anticipates approval of 100% of the funding associated with its proposed ~~2020-2021~~ RTA plan; and

WHEREAS, pursuant to Resolution ~~144-2019~~ <sup>114-2020</sup>, the County entered into an agreement with Berkshire Farm Center and Services for Youth, Inc. ("Berkshire Farm Center") for the provision of intensive family-based in-home case management services to youth at risk in order to reduce and prevent the costly placement of 16 and 17 year old juvenile delinquents and adolescent offenders in specialized secure detention facilities for a term of one (1) year commencing on July 1, ~~2019~~ <sup>2020</sup> and terminating on June 30, ~~2020~~ <sup>2021</sup>; at a cost of \$100,608; and

WHEREAS, our Health and Social Services Committee and the County's Commissioner of Social Services have recommended the County enter into a renewal agreement with Berkshire Farm Center for the provision of intensive family-based in-home case management services to



youth at risk in order to reduce and prevent the placement of 16 and 17 year old juvenile delinquents and adolescent offenders in specialized secure detention facilities for a term of one (1) year commencing July 1, ~~2020~~ and terminating on June 30, ~~2021~~, at a cost of \$100,608; now therefore, be it ~~2021~~ ~~2022~~

RESOLVED, that the Chair of the Board is hereby authorized to execute a renewal agreement with Berkshire Farm Center and Services for Youth, Inc. of Canaan, New York, for the provision of its Enhanced Stepping Stones program services which render intensive family-based in-home case management services to youth at risk in Saratoga County in order to reduce and prevent the placement of 16 and 17 year old juvenile delinquents and adolescent offenders in specialized secure detention facilities; which renewal agreement shall be for a term of one (1) year commencing on July 1, ~~2020~~ and terminating on June 30, ~~2021~~, and at a cost of \$100,608; and, be it further ~~2021~~ ~~2022~~

RESOLVED, that the form and content of such agreement shall be subject to the approval of the County Attorney.

BUDGET IMPACT STATEMENT: None. 100% State Aid



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

**TO:** Steve Bulger, County Administrator  
Ridge Harris, Deputy County Administrator  
Michael Hartnett, County Attorney  
Therese Connolly, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Bridget Rider, Deputy Clerk of the Board  
Matt Rose, Management Analyst  
Clare Giammusso, County Attorney's Office

**FROM:** Rebecca Robarge, Youth Bureau *RJR*

**DATE:** June 22, 2021

**RE:** Medicaid repayment project #21-2807

**COMMITTEE:** Health and Human Services

1. Is a Resolution Required:  **YES** or  **NO**  
(If YES, please complete #2- #10) (If NO, skip to #10 and provide reason for bringing the item)

2. Is a Budget Amendment needed:  **YES** or  **NO**  
(If yes, budget lines and impact must be provided)

No budget impact. There are sufficient funds in the 2021 Budget, under the A.73.731.8231 - Institutional Tuition Account, to cover this reimbursement.

3. Are there Amendments to the Compensation Schedule:  **YES** or  **NO**  
(If yes, provide details)

4. Specific details on what the resolution will authorize:  
Authorizing payment of \$125,148 to New York State Office of Medicaid Inspector General for reimbursement of Medicaid over-billing.

5. Does this item require hiring a Vendors/Contractors:  **YES** or  **NO**

- a. Were bids/proposals solicited:
- b. Is the vendor/contractor a sole source:
- c. Commencement date of contract term:
- d. Termination of contract date:
- e. Contract renewal and term:
- f. Contact information:
- g. Is the vendor/contractor an LLS, PLLC or partnership:
- h. State of vendor/contractor organization:
- i. Is this a renewal agreement:  **YES** or  **NO**
- j. Vendor/Contractor comment/remarks:



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

6. Is this an annual housekeeping resolution:  YES or  NO  
(If yes, attach the last approved resolution)
- What were the terms of the prior resolution
  - Are the terms changing:
  - What is the reason for the change in terms:
7. Is a new position being created:  YES or  NO
- Effective date
  - Salary and grade
8. Is a new employee being hired:  YES or  NO
- Effective date of employment
  - Salary and grade
  - Appointed position:
  - Term:
9. Is a grant being accepted:  YES or  NO
- Source of grant funding:
  - Amount of grant:
  - Purpose grant will be used for:
  - Equipment and/or services being purchased with the grant:
  - Time period grant covers:
10. Remarks/Reasoning (Supporting documentation must be attached to this form):  
See supporting documentation attached.



**SARATOGA COUNTY  
DEPARTMENT OF HUMAN RESOURCES**

County Municipal Center  
40 McMaster Street  
Ballston Spa, New York 12020

MARGARET C. MCNAMARA  
DIRECTOR OF HUMAN RESOURCES

TELEPHONE: (518) 885-2225  
FAX: (518) 884-4752

April 12, 2021

Steven Bulger  
Saratoga County Administrator  
40 McMaster Street  
Ballston Spa, New York 12020

Frank T. Walsh, Jr.  
Acting Medicaid Inspector General  
Self-Disclosure Unit  
Office of Medicaid Inspector General  
800 N. Pearl Street  
Albany, New York 12204

Re: Saratoga County Youth Bureau  
Matter of Helping Hands Preschool  
**Portions of this Communication are privileged  
and confidential pursuant to 45 CFR Parts  
160, 162, and 164, also known as HIPAA**

Dear Mr. Bulger and Mr. Walsh:

I am the Medicaid Corporate Compliance Office (CO) for the County of Saratoga, and have held this position for 2020 and 2021.

This report is made pursuant to the Saratoga County Medicaid Corporate Compliance Program and involves Helping Hands School, a preschool located in Clifton Park, New York. This entity provided services to certain children who are eligible through Education Law §4410 [Pre-School Special Education (PSE)]. In Saratoga County the PSE program is administered through the Youth Bureau. Helping Hands provides tailored therapies including speech therapy to these children and typically bills approximately \$2 million per year.

Records submitted to the Youth Bureau by Helping Hands School contained invoice coding errors during the 2018-2019 and 2019-2020 school years resulting in erroneous

reimbursement by Medicaid. Helping Hands used the CLAIMS system, which is a County-linked Agency Information Management System, and entered individual speech therapy sessions with both 92507 and 92523 codes; only code 92507 should have been used. The information was then uploaded to the PSE Portal at the end of each month as part of billing and vouchering procedure. These erroneous billings are estimated at \$125,148.00 and were subsequently disallowed by Medicaid.

As part of the County's Medicaid Corporate Compliance Program the discrepancy was brought to my attention by Wes Carr, Departmental Compliance Officer, soon after the problem was brought to light.

This letter is to report the problem to the Administrator, and to the Office of the Medicaid Inspector General (OMIG), and to request the County Administrator approve future repayment of the estimated foregoing amounts directly to Office of Medicaid Inspector General. Attached hereto is the OMIG self-disclosure form required by New York State, along with the overpayment file detailing TCN number, patient's names, amounts billed and amounts paid (Exhibit A).

To avoid future problems in this area the Saratoga County Youth Bureau has implemented increased document review, increased communication with providers, correction of coding errors, retraining of county workers and assurances by Helping Hands School that they will work to these same goals. The Corrective Action Plan of Helping Hands School is attached hereto as Exhibit B.

Saratoga County contracts with James McGuiness and Associates, Inc. as consultants for the creation and management of software for claiming Medicaid for services. The McGuiness evaluative report on this occurrence is attached hereto as Exhibit C. The report explains in detail how the error occurred and what our consultant did to assist the county in correcting the error. The consultant has re-trained the provider and configured the system to avoid erroneous default entries, created a treatment log to increase accuracy, increased reviews for accuracy, and re-trained personnel in the review of warnings generated about potential problems with treatment logs. McGuiness has initiated an audit of its systems to detect this type of problem in the future to be completed by July 1, 2021.

Very truly yours,



Adam Kinowski  
Saratoga County Medicaid Corporate Compliance Officer  
Deputy Human Resource Director, Saratoga County

cc: Wes Carr



Office of the  
Medicaid Inspector  
General

**ANDREW M. CUOMO**  
Governor

**FRANK T. WALSH, JR.**  
Acting Medicaid Inspector General

## OMIG Self-Disclosure

**Instructions:**

1. Complete the form below
2. Provide narratives in the text fields where appropriate
3. If applicable, complete the embedded Excel spreadsheets
4. Provide the required signature
5. Save the file and submit it to OMIG as described in the Submission Information and Instructions.

**NOTE: Do not include a check for overpayment. Do not void the claims after they are submitted for review.**

<b>Provider Information</b>	Name: Saratoga County Address: 40 McMaster Street, Ballston Spa, NY 12020 Medicaid Billing MMIS ID: 01430877 Medicaid Billing NPI number: 1073650453
<b>Provider's Point of Contact Information</b>	Name: Wes Carr Title: Director, Youth Bureau Phone number: 518-884-4180 Mailing address: Saratoga County Youth Bureau 152 West High Street, Ballston Spa, NY 12020 Email address: wcarr@saratogacountyny.gov

**Overpayment Information**

Amount of the overpayment: \$125,148.00

Dates of service (DOS) the claims error or matter encompasses: 1/3/2019 – 1/31/2020

Names and titles of individuals who discovered the error or matter, involved in the error or matter, and involved in rectifying the problem: Wes Carr, Director Youth Bureau; Diane Burke, Executive Director Helping Hands; Tim Frament, programmer McGuiness and Associates

Describe the error or matter that occurred: One pre-school agency was using new software to record their progress notes and did not realize that the speech evaluation CPT code 92523 was automatically attached to speech services CPT code 92507 so that both codes were billed.

Describe how the error or matter was found: Paula Cooper of SED Medicaid

Actions taken to stop the error or matter and prevent recurrence: Helping Hands (the agency) contacted their software provider and had a modification to the program made so that the evaluation CPT code 92523 was no longer linked to the service CPT code 92507.

Type of claims affected (check all that apply):  Managed Care (list MCO/MLTC names):

Medicaid Fee For Service (FFS)  FFS APG (ambulatory patient group)  FFS EPS (episodic)

Other (please provide additional explanation to assist in identifying your overpayment)

Have the disclosed claims been voided or adjusted? (If so please provide the date of the void/adjustment): NO

*\* Providers who wish to repay by voiding or adjusting claims, please do so prior to submission of this self-disclosure. \**

**Claims Data  
Form –**

Complete this form  
to disclose overpaid  
claims.

*To complete the Claims Data spreadsheet, double-click the spreadsheet below.*



Claims Data  
Form.xlsx

**Mixed Payer  
Calculation  
Form –**

Complete this form  
to disclose Excluded  
Provider(s)

*To complete the Mixed Payer Calculation spreadsheet, double-click the spreadsheet below.*



**Mixed Payer Calculation Form**

The following formula is used to determine the repayment amount for Excluded individuals whose salaries were paid through multiple sources.

\* Fill in the sections highlighted in blue\*

Enter dates worked & compensation earned while Excluded; 1 year per column.

	Enter Dates	Enter Dates	Enter Dates	Enter Dates	Enter Dates
Gross earnings					
Benefit & Welfare					
Pension					
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Enter the revenue amounts below as found in the Provider's fiscal or calendar year records.

Total Revenue from all sources (including Medicaid)  
Total Revenue (Medicaid only)


This is the Provider's Medicaid Revenue %

	0.0%	0.0%	0.0%	0.0%	0.0%
--	------	------	------	------	------

Overpayment equals the Medicaid Revenue % multiplied by the Total compensation.

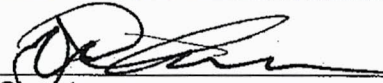
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
--	--------	--------	--------	--------	--------

**Total Overpayment** \$0.00

The undersigned affirms that the information contained herein and attached hereto is true and accurate, to the best of my knowledge.

WES CARR

Name



Electronic Signature

DIRECTOR

Title

4/12/21

Date

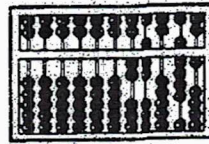
**SUBMITTING THIS FORM:**

After completing this form, please save the file and submit it to OMIG as described in the Submission Information and Instructions.

EXHIBIT 'C'

Gold

Microsoft Partner



JAMES MCGUINNESS  
& ASSOCIATES INC.  
Consultants

1482 Erie Boulevard • Schenectady, New York 12305 • 518 393-3635

April 6, 2021

Wes Carr  
Saratoga County Youth Bureau  
40 McMaster St.  
Ballston Spa, NY, 12020

Subject: Erroneous Medicaid Claims for Speech Evaluations

### **Background**

Our firm, James McGuinness & Associates, provides a software system named "Preschool" to Saratoga County to help manage their Preschool Aged Children with Special Needs program. This software includes functionality for claiming Medicaid for services.

We also have a web based system named CPSE Portal which Saratoga County utilizes to collect service encounter information (session notes / treatment logs) about services provided to the children. This information gets loaded into the Preschool system. If the entry is for a child with Medicaid coverage, the entry can potentially result in generating a claim to Medicaid. As part of the Medicaid claiming module, the Preschool system performs a series of audits to attempt to detect problems that could result erroneous claims to Medicaid.

Additionally, our company has a software product named CLAIMS/EnterCLAIMS, which is used by agencies that provided educational and therapy services, including services for children with special needs. Helping Hands uses our CLAIMS/EnterCLAIMS software.

### **What happened**

In CLAIMS/EnterCLAIMS, users can configure the system to "pre-fill" a treatment log with certain information to assist the completion of a session note. This includes information such as the child's name, diagnosis, place of service, etc. It also can include procedure codes (CPT Codes). As a

therapist completes their session note, they can add / edit / delete any of the prefilled information to complete the session note for what actually occurred in that session.

Here is a sample screen shot. You can see where it shows a grid of CPT Codes along with their description.

Add/Edit Attendance Entry

Add: BENNETT, HR - ST 2x30 WEEKLY IND  
Location Of Attendance: Teletherapy

Service Date: 03/23/2021    Makeup For:

DONNA BAILEY - ST 2x30 WEEKLY IND  
Start Time: 09:00 AM    End Time: 09:30 AM    Type Code: p  
 Parent/Crigger Present     Parent Communication

Assigned CPT Codes (Click to Hide)

Code #	Description	Delete
92587	Treatment of speech, language, voice, communication, and/or auditory processing disorder.	<input type="checkbox"/>
+	Add Available CPT Code: 92506 - Evaluation of speech, language, voice, communication, and/or auditory processing disorder.	

Notes:

- 92587 - Treatment of speech, language, voice, communication, and/or auditory processing disorder
- 92508 - Treatment of speech, language, voice, communication, and/or auditory processing disorder group, two or more individuals (auditory rehab)
- 92526 - Treatment of swallowing dysfunction and/or oral function for feeding.
- NOCPT - Not Medicaid Billable

Assigned Goals (Click to view)

Response:    Session Progress:

Coworking Therapist:

Show Additional Info

Attendance Is Medicaid Eligible:  Override Group Size:

Request Online Signature:  Guardian:

Remove    Update

Therapists also must review and then digitally sign their session notes. The screen for signing the session note, also displays the CPT codes that are included on that treatment log.

Sign Attendance

Child Last Name: Services From: To: 3/23/2021 Program Type: All Filter

\* Staff filters will receive all unlogged attendances.

ID	Type	Date	Start Time	End Time	Type	Setting	CPT Codes	HCY ID Codes	Fee Rates	Expanded CPT Codes	Medicaid Eligible	Comments
<input type="checkbox"/>	BALLET DOMINA	3/23/2021	9:00 AM	9:30 AM	Individual	Telerehab	92507	780.9	Testing 92507	Attendance Log Note: Testing 92507	y	650
<input type="checkbox"/>	CANNETTI ALAN	3/23/2021	11:45 AM	12:15 PM	Individual	Telerehab	92507, 92514	780.9, 782.30	Testing 92507 and 92526	Attendance Log Note: Testing 92507 and 92526	y	500

Sign Attendances Delete Attendances

The staff at Helping Hands configured the system to "prefill" all treatment logs for children receiving speech services with two CPT Codes

92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)

In a typical session, a therapist would only be performing one of these, not both. A therapist would rarely have a treatment session in which 92523 would be appropriate.

As therapists completed and signed their treatment logs, they were not removing the 92523 code, even though they were not doing an evaluation.

As part of the CLAIMS/EnterCLAIMS system, there are several automated audits that look for potential problems and provide warnings to alert the staff of a possible problem. Sessions containing both of these CPT codes appeared on these warning screens, but were not acted upon.

These signed treatment logs that included both procedure codes were uploaded into CPSE Portal and used to generate an invoice to Saratoga County.

Saratoga County imported these erroneous treatment logs into the Preschool system to process for payment and Medicaid Claiming.

For any of these sessions where the child had Medicaid coverage and the entry passed all other audits, a claim was generated to Medicaid for both a procedure of 92507 and a procedure of 92523.

**What we did and are doing to assist**

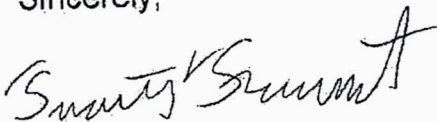
In terms of Helping Hands and CLAIMS/EnterCLAIMS, we worked with Helping Hands to change what they had set up so that all speech sessions are not prefilled with 92523 in addition to 92507.

We further provided re-training on the following aspects of the system

- Configuring defaults that are used prefill treatment logs
- Configuring the system to not allow certain CPT codes on service sessions
- Completing a treatment log including editing any default information such as location, diagnosis codes and CPSE to make sure it accurately matches what actually occurred in the session
- Reviewing and ensuring the accuracy of treatment logs when signing them
- Reviewing the warnings that the system generates about potential problems with treatment logs

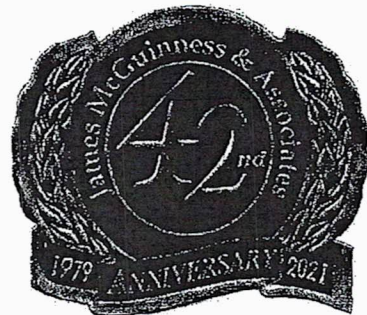
In terms of the CPSE Portal / Preschool systems, we are working to provide further audits to detect this type of problem and prevent it from generating a claim to Medicaid. We expect this to be completed by July 1<sup>st</sup>, 2021.

Sincerely,



Timothy Frament, Vice President Government Solutions

cc: Jessica Christian  
James McGuinness  
William Smith  
Christopher Weis





Office of the  
Medicaid Inspector  
General

**ANDREW M. CUOMO**  
Governor

**FRANK T. WALSH, JR.**  
Acting Medicaid Inspector General

June 1, 2021

Attn: Rebecca Robarge  
SARATOGA CO YOUTH BUREAU PSSHS  
152 W HIGH STREET  
BALLSTON SPA, NY 12020-3528

Re: SARATOGA CO YOUTH BUREAU PSSHS  
Provider ID # **01430877**  
Self-Disclosure Project # **21-2807**

Dear Rebecca Robarge,

The New York State Office of the Medicaid Inspector General (OMIG) has completed a review of the self-disclosure for SARATOGA CO YOUTH BUREAU PSSHS dated April 12, 2021. This documentation disclosed that due to inappropriate billings, SARATOGA CO YOUTH BUREAU PSSHS was overpaid by Medicaid.

OMIG staff reviewed the documentation submitted as part of your disclosure correspondence and finds that the Medicaid overpayment amount is **\$125,148.00**. SARATOGA CO YOUTH BUREAU PSSHS has agreed to repay this **\$125,148.00** by check or electronic payment.

In accordance with 18 NYCRR Part 518 which regulates the collection of overpayments, please make full payment by check, money order, or OMIG's Online Payment Portal **by July 23, 2021.**

The check should be made payable to the **New York State Department of Health, should include *the project number 21-2807 on the memo line***, and be mailed with the attached remittance advice to:

NYS Office of the Medicaid Inspector General  
Bureau of Collections Management  
800 North Pearl Street  
Albany, NY 12204  
Phone #: (518) 474-5878  
Fax #: (518) 408-0593  
Email: [collections@omig.ny.gov](mailto:collections@omig.ny.gov)



If you elect to pay electronically through OMIG's Online Payment Portal, please visit <https://omig.ny.gov/online-payment-portal> or contact OMIG's Bureau of Collections Management by telephone or email, at the above number or address.

We would like to thank SARATOGA CO YOUTH BUREAU PSSHS for reporting the disclosure and thank you for your assistance in facilitating the process. If you have any questions, please contact OMIG Self Disclosures by phone at 518-402-7030 or by e-mail at: [selfdisclosures@omig.ny.gov](mailto:selfdisclosures@omig.ny.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas D. Gallagher". The signature is fluid and cursive, with a large initial "T" and "D".

Self-Disclosure Unit

# Dominic Hollow Apartments

1 Dominic Drive, Ballston Spa, NY

A shovel-ready 60-unit affordable housing project with:

- Site Plan Approval
- Building Permit Approval
- PILOT Agreement with Town of Ballston
- \$8.9m- LIHTC 9% capital award from NYS Homes and Community Renewal (HCR)
- \$3.6m capital award from NYS Office of Mental Health (OMH)
- \$4.4m operating award from OMH

Original Construction Budget= \$12.5m

**New Construction Budget= \$14m**  
**(commodity cost increases due to Covid)**

**Total gap= \$1.5m**

Our request from Saratoga County:  
**\$400,000 ARPA funds**

Funds may be used by state and local governments for:

- Costs associated with responding to the COVID-19 public health emergency or its negative economic impacts, including but not limited to, assistance to households, small businesses, and nonprofits or aid to impacted industries such as tourism, travel, and hospitality.

Other requests for gap funding:

- \$500,000 NYS OMH
- \$100,000 Town of Ballston

# Dominic Hollow Apartments

1 Dominic Drive, Ballston Spa, NY

