

Final Audit Report of Caring Counselors, Inc. An Intensive In-Community Mental Health and Behavioral Assistance Service Provider

MEDICAID FRAUD DIVISION REPORT



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Table of Contents

I.	<u>Executive Summary</u>	1
II.	<u>Background</u>	2
III.	<u>Audit Objective, Scope, and Methodology</u>	2
IV.	<u>Compliance Framework</u>	3
V.	<u>Discussion of Auditee Comments</u>	3
VI.	<u>Audit Findings</u>	4
	A. Failures to Follow Proper Billing Practices	4
	1. Billing for Unsubstantiated Services and/or Inaccurate and Incomplete Records	4
	2. Billing for Upcoded Services	5
	3. Billing for Services Without Progress Notes	6
	B. Failures to Obtain and/or Maintain Records	7
	1. Behavioral Assistance Training Certifications	7
	2. Documentation of a Current and Valid Driver's License for a Servicing Provider	8
VII.	<u>Summary of Medicaid Overpayment</u>	9
VIII.	<u>Recommendations</u>	9
	<u>Audit Claim Detail Results</u>	<u>Exhibits A-C*</u>
	<u>Caring Counselors' Response to Draft Audit Report</u>	<u>Appendix A</u>
	<u>Caring Counselors' Comments and OSC's Responses</u>	<u>Appendix B</u>

* Exhibits A-C were omitted to maintain confidentiality

I. Executive Summary

As part of its oversight of the New Jersey Medicaid program (Medicaid), the New Jersey Office of the State Comptroller, Medicaid Fraud Division (OSC) conducted an audit of Medicaid claims submitted by and paid to Caring Counselors, Inc. (Caring Counselors), for the period from January 1, 2018 through August 31, 2022 (audit period).

OSC's audit sought to determine whether Caring Counselors billed for intensive in-community mental health rehabilitation and behavioral assistance services in accordance with applicable state requirements. OSC's audit found that in over fifteen percent (15.8%) of the claims it reviewed, Caring Counselors failed to meet Medicaid program requirements. Among the failures that OSC identified, OSC found that Caring Counselors billed for services without possessing supporting documentation or with inaccurate supporting documentation. In several instances, Caring Counselors billed for services that were "upcoded" – billed for a higher-level, higher-cost service than Caring Counselors' documentation supported.

OSC also identified instances in which Caring Counselors failed to comply with regulatory requirements that are designed to safeguard the health and safety of Medicaid beneficiaries. Specifically, OSC found instances in which Caring Counselors employed personnel who lacked the necessary training required to perform their job functions, which led to Medicaid beneficiaries receiving care from staff who were not properly trained prior to performing services. OSC also found that Caring Counselors failed to ensure that a servicing provider possessed a valid driver's license.

To arrive at its overpayment findings, OSC selected a statistical sample of 211 claims totaling \$39,064 paid to Caring Counselors. Of these sampled claims, OSC found that 33 claims failed at least one test criterion, resulting in an overpayment of \$2,211. OSC extrapolated the error dollars for the sampled claims (\$2,211) to the total population from which the sample was drawn and calculated that Caring Counselors received an extrapolated overpayment of at least \$905,533.¹ In addition, OSC placed the four highest paid claims, totaling \$3,144 in Medicaid payments, in a "take-all" stratum (i.e., a stratum for which OSC reviews 100 percent of the claims). Of these four claims, one failed at least one test criterion for an overpayment of \$168. In total, Caring Counselors received an overpayment of at least \$905,701 (an extrapolated overpayment of \$905,533 plus a direct recovery of \$168).

OSC's review of Caring Counselors highlights oversight failures by an organization serving a vulnerable population. Caring Counselors did not consistently meet regulatory requirements designed to ensure that providers utilize proper billing practices and employ appropriately qualified personnel. Although OSC did not design this audit to evaluate whether Caring Counselors' failure to comply with training and certification requirements caused beneficiaries harm, its failure to consistently meet these requirements increased the risk that Caring

¹ OSC can reasonably assert, with 90 percent confidence, that the total overpayment in the universe is greater than \$905,533.25 (23.8 percent precision) with the error point estimate as \$1,188,325.55. By using the lower limit as the recovery amount, OSC has high confidence that the actual overpayment amount is at least the lower limit, \$905,533.25, but likely closer to the point estimate, \$1,188,325.55. Program oversight bodies commonly use this approach to ensure a fair and conservative recovery amount and to factor in any uncertainty inherent in the statistical sampling/extrapolation process.

Counselors may have provided suboptimal care to Medicaid beneficiaries. Caring Counselors must address these shortcomings, and it must reimburse the Medicaid program for the above-referenced overpayments.

II. Background

The Division of Medical Assistance and Health Services, within the New Jersey Department of Human Services, administers New Jersey's Medicaid program. Medicaid is a program through which individuals with disabilities and/or low incomes receive medical assistance. The Medicaid program provides intensive in-community mental health rehabilitation and behavioral assistance services to improve or stabilize the level of functioning of children and young adults within their homes and communities. These services, which are overseen by the State Department of Children and Families (DCF) when provided to youth and children, seek to prevent, decrease, or eliminate behaviors or conditions that may place the individual at an increased clinical risk or may otherwise negatively affect a person's ability to function. These services are provided in accordance with an approved plan of care.

Caring Counselors, which is located in Mount Laurel, New Jersey, has participated in the Medicaid program as an intensive in-community mental health rehabilitation and behavioral assistance services provider since January 1, 2005. Caring Counselors billed the Medicaid program for intensive in-community mental health rehabilitation and behavioral assistance services under Healthcare Common Procedure Coding System (HCPCS) codes H0036 and H2014. During the audit period, for the audit sample, Caring Counselors billed for services provided by 102 contracted behavioral healthcare professionals.

III. Audit Objective, Scope, and Methodology

The audit objective was to evaluate claims billed by and paid to Caring Counselors to determine whether Caring Counselors billed these claims in accordance with applicable state regulations.

The scope of the audit was January 1, 2018 through August 31, 2022. OSC conducted this audit pursuant to its authority set forth in N.J.S.A. 52:15C-1 to -23, and the Medicaid Program Integrity and Protection Act, N.J.S.A. 30:4D-53 to -64.

OSC reviewed 215 claims, totaling \$42,208 paid to Caring Counselors, from a population of 113,420 claims, totaling \$21,032,707 paid to Caring Counselors under HCPCS codes H0036 and H2014.

OSC reviewed Caring Counselors' records related to 215 claims to determine whether the documentation provided complied with the requirements of New Jersey Administrative Code (N.J.A.C.) 10:49-9.8(a); N.J.A.C. 10:49-9.8(b)(1) to (4); N.J.A.C. 10:77-4.8(b); N.J.A.C. 10:77-4.9(e); N.J.A.C. 10:77-4.9(f) and (g); N.J.A.C. 10:77-4.12(d)(1) to (5); N.J.A.C. 10:77-4.12(e)(6); N.J.A.C. 10:77-4.14(c)(1), (2), and (4); N.J.A.C. 10:77-4.14(d)(1) and (2); N.J.A.C. 10:77-5.7(c) to (e); N.J.A.C. 10:77-5.9(f); N.J.A.C. 10:77-5.10(b); N.J.A.C. 10:77-5.12(d)(1) to (5); N.J.A.C. 10:77-5.12(e)(6); and N.J.A.C. 10:77-5.14(b) and (d)(1).

IV. Compliance Framework

Medicaid regulations for intensive in-community mental health rehabilitation and behavioral assistance services establish safeguards to ensure program integrity and prevent fraud, waste, and abuse. These rules establish requirements to ensure provision of high-quality, medically necessary services and appropriate billing of these services as authorized by DCF. Understanding the broader framework provides essential context for these regulations.

The regulations governing intensive in-community mental health rehabilitation and behavioral assistance services in New Jersey emerged from broader efforts to reform the state's children's health system. In the early 2000s, New Jersey established the Children's System of Care (CSOC) to provide a comprehensive, community-based approach to supporting youth with emotional and behavioral needs. This shift aimed to reduce reliance on institutional and out-of-home placements to in-community based services. The initiative was focused on delivering care in the least restrictive environment possible, emphasizing family involvement, individualized services, and community integration.

In support of these reforms, New Jersey adopted regulations to formalize service delivery standards and ensure program integrity. Specifically, N.J.A.C. 10:77-4 and -5, along with guidance issued by DCF, impose requirements on intensive in-community and behavioral assistance providers relating to service authorization, provider qualifications, documentation, and billing practices, among other things. These rules are designed to ensure that youth receive appropriate and effective services and to protect the Medicaid program from fraud, waste, and abuse. By establishing standards, the regulations promote accountability, transparency, and the responsible use of Medicaid funds.

V. Discussion of Auditee Comments

The release of this Final Audit Report concludes a process during which OSC afforded Caring Counselors multiple opportunities to provide input regarding OSC's findings. Specifically, OSC provided Caring Counselors with a Summary of Findings (SOF) and offered Caring Counselors an opportunity to discuss the findings at an exit conference. OSC and Caring Counselors held an exit conference during which the parties discussed the SOF. Caring Counselors subsequently provided OSC with additional records. After considering Caring Counselors' submission, OSC provided Caring Counselors with a Draft Audit Report (DAR) that contained recommendations and instructed Caring Counselors to provide a Corrective Action Plan (CAP) as part of its formal response to the DAR. Caring Counselors submitted a formal response to the DAR and a CAP outlining steps it states it has taken and intends to take to address the identified failures, which is attached as Appendix A.

OSC took into consideration in this report all of the documentation and arguments raised by Caring Counselors, and OSC formally addresses each argument raised by Caring Counselors in more detail in Appendix B to this report.

VI. Audit Findings

A. Failures to Follow Proper Billing Practices

According to state regulations, N.J.A.C. 10:49-9.8(a) and (b), providers are required to certify that claim information is true, accurate, and complete and must maintain records sufficient to fully disclose the extent of services provided. OSC found that Caring Counselors submitted claims that it could not support through its documentation, and it failed to obtain and maintain required documentation. To perform this portion of the review, OSC focused on the Service Delivery Encounter Documentation (SDED) form, which DCF requires intensive in-community and behavioral health providers to complete. The SDED is a two-page document that records each service encounter and thereby facilitates proper verification of services provided in support of a provider's billing. The first page of the SDED form includes fields for the beneficiary's name, date of birth, address, the name and signature of the servicing provider, and an agency (provider) signatory certification. This page also contains fields for service authorization information, as well as the name and license number of the clinical supervisor. The second page includes fields for the service encounter date, time, and delivery location; the name of the guardian or responsible party, their address, and signature; and the date of service. This form aligns with the state Medicaid regulations that require providers to maintain records for each encounter, including the name and address of the beneficiary; the exact date, location and time of service; the type of service; and the length of time for the face-to-face encounter. In sum, the SDED form not only documents and verifies the services provided and frequency of such services but also ensures that appropriately credentialed providers rendered services and that they met at least the minimum qualifications required to provide such services.

1. Billing for Unsubstantiated Services and/or Inaccurate and Incomplete Records

OSC requested the two-page SDED forms to determine whether Caring Counselors accurately completed and maintained required documentation for all intensive in-community and behavioral assistance provider encounters. OSC found that for 10 of 215 sample claims, totaling \$992 in reimbursement, Caring Counselors billed for services for which it failed to possess adequate documentation. Specifically, OSC found the following:

- For 7 of 10 claims, the hours of service on the SDED form conflicted with hours billed and paid. For example, one SDED form documented that one servicing provider rendered services on February 2, 2018 from 4:15 PM to 5:15 PM (one hour), but Caring Counselors billed and was reimbursed by Medicaid for two hours for the same service, a difference of one hour.
- For 3 of 10 claims, Caring Counselors failed to provide SDED forms that would support the claims for which Caring Counselors billed and was paid.

Maintaining accurate and complete SDED forms (both pages) is essential for ensuring that a beneficiary received appropriate services by a qualified professional for a sufficient duration and frequency.

By failing to maintain and produce the appropriate records for these claims, Caring Counselors violated N.J.A.C. 10:49-9.8(a), N.J.A.C. 10:49-9.8(b)(1), N.J.A.C. 10:49-9.8(b)(2), and N.J.A.C. 10:49-9.8(b)(3).

Pursuant to N.J.A.C. 10:49-9.8(a), “providers shall certify that the information furnished on the claim is true, accurate, and complete.”

Pursuant to N.J.A.C. 10:49-9.8(b)(1), providers are required “[t]o keep such records as are necessary to disclose fully the extent of services provided.”

Pursuant to N.J.A.C. 10:49-9.8(b)(2), providers agree “[t]o furnish information for such services as the program may request.”

Further, pursuant to N.J.A.C. 10:49-9.8(b)(3), providers who fail to maintain appropriate records that document the extent of services billed agree that “payment adjustments shall be necessary.”

2. Billing for Upcoded Services

According to state regulations, N.J.A.C. 10:49-9.8(a), N.J.A.C. 10:49-9.8(b)(4), and N.J.A.C. 10:77-5.7(e), providers must certify that claim information is true, accurate, and complete; ensure that amounts billed are in accordance with Medicaid requirements; and assess and evaluate each Medicaid beneficiary receiving intensive in-community services to determine the appropriate level and type of medically necessary services. Intensive in-community services include three levels of service: supportive services, professional services, and clinical services. Providers must develop a service plan for those needing behavioral assistance services, based on an evaluation of the beneficiary’s needs. The provider must obtain prior authorization to bill specific services in accordance with the plan. Upcoding, or billing for services at a higher level than authorized, results in overbilling the Medicaid program and is considered wasteful and abusive.

OSC reviewed Caring Counselors’ records to determine whether it billed for services at the appropriate level using the proper billing procedure code. OSC found that for 20 of 215 claims, totaling \$1,023 in reimbursement, Caring Counselors billed for services using a higher reimbursed procedure code and/or modifier than appropriate, which resulted in Caring Counselors receiving overpayments. For example, on July 19, 2021, a Licensed Clinical Social Worker (LCSW) who provides “clinical level” services rendered services to a Medicaid beneficiary who was authorized to receive “lower level” services. In this case, according to the requirements, a LCSW must bill at the authorized level of service. However, Caring Counselors billed this encounter as a higher reimbursement clinical level even though the service was authorized at the lower reimbursement professional service level. Similarly, on March 18, 2020, a Licensed Social Worker (LSW) (professional level) rendered services to another Medicaid beneficiary who was authorized to receive “higher level” clinical services. In this case, according to the requirements, the LSW should have billed services at their non-clinical professional level, but instead billed at the higher clinical level, which was not appropriate. In both instances, the billing resulted in Caring Counselors receiving reimbursement that it was not entitled to receive.

By billing an inappropriate level of services and/or by upcoding for these claims, Caring Counselors violated N.J.A.C. 10:49-9.8(a), N.J.A.C. 10:49-9.8(b)(4), and N.J.A.C. 10:77-5.7(e).

Pursuant to N.J.A.C. 10:49-9.8(a), “providers shall certify that the information furnished on the claim is true, accurate, and complete.”

Pursuant to N.J.A.C. 10:49-9.8(b)(4), providers agree “[t]hat the services billed on any claim and the amount charged therefore, are in accordance with the requirements of the New Jersey Medicaid and/or NJ FamilyCare programs.”

Further, pursuant to N.J.A.C. 10:77-5.7(e), “[s]ervices may be provided at any level by professionals whose credentials exceed the minimum requirements for that service level; however, increased reimbursement shall not be provided.”

3. Billing for Services Without Progress Notes

According to N.J.A.C. 10:49-9.8(b)(1), N.J.A.C. 10:77-4.12(e)(6), and N.J.A.C. 10:77-5.12(e)(6), providers are required to maintain progress notes that fully disclose the extent of services provided and demonstrate progress toward the goals identified in the beneficiary’s plan of care. For both intensive in-community mental health rehabilitation and behavioral assistance services, providers must document services through progress notes. These notes detail the treatment provided, the beneficiary’s response, significant events affecting their condition, and other relevant information for their care plan. Progress notes are vital for continuity of care and evaluating service effectiveness. Inadequate notes can lead to incomplete documentation, impacting care quality and raising concerns about the legitimacy of the services for which the provider billed. Unlike the SDED form, which the parent or guardian signs to attest to the session’s date, duration, and location, the servicing provider alone completes the progress note.

OSC reviewed Caring Counselors’ records to determine whether Caring Counselors maintained progress notes that supported services billed. OSC found that for 2 of 215 claims, totaling \$304 in reimbursement, Caring Counselors failed to document services with a progress note. Moreover, for one of the sampled claims in question, Caring Counselors failed to provide any other documentation substantiating the services, such as an SDED form.

By failing to maintain appropriate records for these claims, Caring Counselors violated N.J.A.C. 10:49-9.8(b)(1), N.J.A.C. 10:77-4.12(e)(6), and N.J.A.C. 10:77-5.12(e)(6).

Pursuant to N.J.A.C. 10:49-9.8(b)(1), providers are required “[t]o keep such records as are necessary to disclose fully the extent of services provided.”

Pursuant to N.J.A.C. 10:77-4.12(e)(6), the provider shall maintain, “[w]eekly quantifiable progress notes toward defined goals as stipulated in the child/youth or young adult’s BASP [Behavioral Assistance Service Plan].”

Pursuant to N.J.A.C. 10:77-5.12(e)(6), the provider shall maintain “[f]or each discrete contact with the child/family, progress notes which address the defined goals stipulated in the child/youth or young adult’s plan of care must be completed.”

B. Failures to Obtain and/or Maintain Records

OSC found lapses in Caring Counselors' regulatory compliance, indicating areas where it could improve its oversight to reduce the risk of inconsistent or inadequate care for Medicaid beneficiaries. OSC identified the following oversight deficiencies requiring prompt corrective action.

1. Behavioral Assistance Training Certifications

Pursuant to state regulation, N.J.A.C. 10:77-4.14(c)(4), Caring Counselors was required to maintain written documentation showing that behavioral assistants (BAs) who provided services on its behalf successfully completed the Behavioral Assistance Training Certifications required by DCF. As part of the Behavioral Assistance Training Certification process, every BA must attend live trainings, meet 13 core competencies, and successfully pass a 30-question multiple-choice review. BAs are required to obtain the certification within six months of the BA's hire date, and every BA must be recertified annually.²

OSC's audit found that Caring Counselors failed to satisfy this requirement. Specifically, Caring Counselors did not possess proof of training certifications or re-certifications and provided certifications it had obtained after services were rendered. These deficiencies show a lack of oversight by Caring Counselors, which increased the risk that inadequately trained BAs provided care to Medicaid beneficiaries.

OSC requested that Caring Counselors provide the Behavioral Assistance Training Certifications for BAs in OSC's sample claims to determine whether Caring Counselors satisfied the requirement that it verified and maintained this documentation. OSC found that Caring Counselors allowed 3 of the 24 BAs in the audit sample selection to provide behavioral assistance services to beneficiaries without obtaining the required certification within six months of their hire date and/or obtaining re-certifications annually thereafter. Caring Counselors allowed these BAs to provide behavioral assistance services without ensuring and/or maintaining required BA training certifications and inappropriately billed for 3 of 215 claims, totaling \$263 in reimbursement.

- For 1 of 3 BAs, which accounted for 1 of 3 claims, Caring Counselors failed to provide documentation showing that the BA obtained their certification within the required six-

² N.J.A.C. 10:77-4.14(c) states that "[f]or the direct care staff employed by the agency, the following information shall be maintained" and lists five categories of documentation, including "[v]erified written documentation of the direct care staff person's successful completion of any Behavioral Health Assistance Rehabilitation Services training required by the Department of Children and Families." This regulation is supplemented by DCF's written policy that details how BAs should obtain their certification and recertification, including specific timelines for completion. DCF modified its policy through informal (oral) communication to providers allowing BAs who do not obtain their initial certification within the required six months, or fail to complete their annual recertification on time, to continue to provide services to established patients. Established patients are defined as those who are initially served within the six-month certification timeframe or before the BA's annual certification expired. However, in such cases, BAs are prohibited from providing services to new patients until they have obtained the required certification or recertification.

month period. Additionally, the BA provided services to a new patient after the six-month certification period had passed, in violation of DCF's guidance.

- For 2 of 3 BAs, which accounted for 2 of 3 claims, Caring Counselors provided a BA training certification that the BAs had obtained after the encounter date. For example, one BA performed services on April 12, 2018, but Caring Counselors did not obtain the BA Certification until November 6, 2018, over six months after the service date. Caring Counselors did not obtain subsequent recertification until four years later on November 7, 2022. Additionally, these BAs continued providing services to new patients after the certification and recertification period had passed, in violation of DCF's guidance.

By failing to obtain such certificates within six months of hire date and re-certifications annually thereafter, Caring Counselors violated N.J.A.C. 10:77-4.14(c)(4).

Pursuant to N.J.A.C. 10:77-4.14(c)(4), the provider must maintain "[v]erified written documentation of the direct care staff person's successful completion of any Behavioral Health Assistance Rehabilitation Services training required by the Department of Children and Families." DCF guidance requires BAs to obtain initial certification within six months of their hire date.

2. Documentation of a Current and Valid Driver's License for a Servicing Provider

According to state regulations, N.J.A.C. 10:77-4.9(f), N.J.A.C. 10:77-4.14(d)(1), N.J.A.C. 10:77-5.9(f), and N.J.A.C. 10:77-5.14(d)(1), to perform intensive in-community and behavioral assistance services, all employees shall have a current and valid driver's license if their job functions include the operation of a vehicle. Behavioral assistance and intensive in-community services provided to beneficiaries, up to 21 years of age, may occur outside of their place of residence, in playgrounds and in other in-community settings. For such services, providers may drive beneficiaries to the service location. As such, state regulations require all servicing providers whose job functions include operating a vehicle used to transport children, youth, or young adults or their family or caregiver, to have a current and valid driver's license. State regulations further require providers to maintain a copy of each servicing provider's current and valid driver's license.

Caring Counselors' progress notes referenced BAs having transported beneficiaries for services. Moreover, Caring Counselors explained that it verified each BA's driver's license. To verify whether each BA possessed a current and valid driver's license and whether Caring Counselors obtained and maintained these licenses, OSC requested driver's license documentation from Caring Counselors. OSC found that for one BA in the audit sample, which accounted for 1 of 215 claims, totaling \$78 in reimbursement, Caring Counselors failed to maintain a copy of the servicing provider's current and valid driver's license. Specifically, Caring Counselors maintained a copy of a driver's license that had expired at the time services were provided to a Medicaid beneficiary. In this instance, Caring Counselors did not ensure that its BA had a valid driver's license when the BA rendered services to a Medicaid beneficiary, which increased the risk to the safety and/or well-being of the Medicaid beneficiary.

By failing to maintain a copy of a current and valid driver's license, Caring Counselors violated N.J.A.C. 10:77-4.9(f), N.J.A.C. 10:77-4.14(d)(1), N.J.A.C. 10:77-5.9(f), and N.J.A.C. 10:77-5.14(d)(1).

Pursuant to N.J.A.C. 10:77-4.9(f), “[a]ll employees shall have a valid driver’s license if his or her job functions include the operation of a vehicle used in the transportation of the children/youth or young adults. Transportation is not a covered behavioral assistance service.”

Pursuant to N.J.A.C. 10:77-4.14(d)(1), “[a] copy of [a BA’s] current valid driver’s license, if driving is required to fulfill the responsibilities of the job,” is required to be maintained by the provider.

Pursuant to N.J.A.C. 10:77-5.9(f), “[a]ll employees shall have a valid driver’s license if [their] job functions include the operation of a vehicle used in the transportation of the children, youth or young adults or their family or caregiver.”

Pursuant to N.J.A.C. 10:77-5.14(d)(1), “[a] copy of [a BA’s] current valid driver’s license, if job duties include transportation of children, youth or young adults or their families/caregivers” is required to be maintained by the provider.

VII. Summary of Medicaid Overpayment

OSC determined that Caring Counselors incorrectly billed 34 (36 total exceptions) of 215 claims reviewed, which resulted in an overpayment of \$2,379. To ascertain the total overpayment Caring Counselors received, OSC extrapolated the error dollars from the 211 sampled claims, totaling \$2,211, to the total population from which the sample was drawn, which was 113,416 claims, with a total payment amount of \$21,029,563. From this extrapolation, OSC calculated that Caring Counselors received an overpayment of at least \$905,533 that Caring Counselors must repay to the Medicaid program.³ OSC also determined that from the four additional claims in the take-all stratum it reviewed, Caring Counselors submitted one deficient claim for which it received an overpayment of \$168, which means that Caring Counselors received a total overpayment of at least \$905,701 (an extrapolated overpayment of \$905,533 plus a direct recovery of \$168).

VIII. Recommendations

Caring Counselors shall:

1. Reimburse the Medicaid program the overpayment amount of \$905,701.
2. Adhere to state regulations and guidance for Medicaid services provided by Caring Counselors and its health care professionals.
3. Obtain and maintain required documentation (e.g., valid driver’s licenses) before assigning servicing providers case referrals to ensure compliance with state regulations.
4. Ensure that all BAs successfully complete their initial behavioral assistance training certification within six months from the date of hire, complete recertification annually thereafter, and maintain proof of all such certifications as required by DCF.

³ See Footnote 1.

5. Ensure that all professionals employed by Caring Counselors receive training to foster compliance with applicable state regulations and guidance.
6. Provide OSC with a CAP indicating the steps Caring Counselors will take to implement procedures to correct the deficiencies identified herein.

OSC Note: Caring Counselors submitted a CAP outlining steps it states it has taken and intends to take to address the identified deficiencies, but its CAP did not address repayment of the identified overpayment.

Caring Counselors Response to Audit Findings

Caring Counselors accepts the New Jersey Office of the State Comptroller, Medicaid Fraud Division (OSC) audit findings. The audit findings conducted by (OSC) has provided the opportunity to reflect on areas of improvement identified through the review process. We are committed to transparency, accountability, and continuous growth, and we value the guidance provided to help strengthen our organization and the services we deliver.

From its inception, Caring Counselors was founded with a clear mission: to provide high-quality, compassionate, and effective services to children, families, and individuals. Our organization was established by a collective of dedicated professionals who share a deep commitment to improving the lives of those we serve. We strive to deliver services with integrity, professionalism, and a strong adherence to best practices and regulatory standards.

Caring Counselors provides a wide range of services, including in-home therapy for children and families, socialization groups for children and adolescents, sensory enrichment services, as well as educational workshops for parents and professionals. Over the years, we have proudly served thousands of children and families, particularly within the New Jersey Children's System of Care.

A core priority of our organization is ensuring that our clinical team remains well-trained, informed, and equipped to meet the evolving needs of the populations we serve. We consistently invest in professional development and continuing education for our staff. This includes sponsoring several multi-day sand tray therapy trainings for licensed clinicians. In addition, Caring Counselors has participated as an agency in ARC Grow curriculum (caregiver skill building), Trauma-Focused Cognitive Behavioral Therapy, and Child-Parent Psychotherapy trainings which involved a year-long commitment. These trainings were supported through the New Jersey Children's System of Care. Caring Counselors requires ongoing professional development beyond state and licensing mandates. For example, all Behavioral Assistants were required to complete Trauma-Informed Insight training through NAMI (National Alliance on Mental Illness). Behavioral Assistants are also required to participate in ethical standards and codes of conduct trainings twice annually to reinforce accountability and quality of care.

Beyond clinical services, Caring Counselors is deeply committed to community engagement and social responsibility. We have provided housing support, food assistance, and access to critical community resources for families in need. Our mission has never been driven by profit, but by purpose. We strive to leave a positive and lasting impact by strengthening families, supporting vulnerable communities, and contributing meaningfully to the well-being of those we serve.

We would like to address issues reported in the Audit Report.

Response to Executive Summary

The OSC reported an error rate of 15.8% of the total claims reviewed. However, this percentage does not align with the report previously provided by OSC, which reflected an actual error rate of 5.64%. That report supports and affirms Caring Counselors' ongoing intention and efforts to maintain compliance.

Caring Counselors Failed to Follow Proper Billing Practices

Caring Counselors acknowledges that, in some instances, certain fields on the SDED forms were not fully completed. Specifically, there were occasions when sections related to youth demographic information or the youth's authorization information was not completed.

However, it is important to note that Caring Counselors consistently maintained accurate authorization information for all clients. Authorization details, including authorization numbers and service dates, were always verified through the NJ Children's System of Care (CSOC) system, which served as the official source for authorization tracking and billing.

In instances where certain demographic or authorization fields were not completed on the SDED form, the parent or guardian's signature confirming the date and time of services was always present. This signature served as verification that services were rendered as documented.

Additionally, Caring Counselors employed designated staff whose responsibility was to review all SDED forms to ensure that required signatures were obtained and that documentation reflected confirmation of services provided. While some demographic fields may have been incomplete, all required parental confirmations and service verifications were properly documented and reviewed.

Caring Counselors Billed Unsubstantiated Services and/or Maintained Inaccurate and Incomplete Records

Prior to the implementation of digital documentation, clinicians submitted paper invoices along with corresponding SDED forms. In some instances, clinicians inadvertently reported service hours on invoices that did not precisely match the hours documented on the SDED forms. Although Caring Counselors employed designated administrative and quality assurance staff responsible for reviewing and reconciling invoices against SDED documentation, these discrepancies were not always identified. The volume of documentation reviewed each week was substantial, and despite established procedures, some human errors occurred.

Once quality assurance staff verified that invoice information matched the SDED documentation, invoices were forwarded to the billing department. In many cases, discrepancies were identified and corrected prior to submission. Additionally, during periodic internal audits, Caring Counselors identified billing inconsistencies and issued refunds to Medicaid when appropriate. These actions demonstrate the organization's ongoing commitment to accountability and compliance.

With respect to instances in which SDED forms could not be located, Caring Counselors maintains that claims were not submitted unless an SDED form was present at the time of billing. During subsequent internal reviews, it was determined that some SDED forms had been misfiled. While many of these forms were later recovered, a limited number could not be located.

To further strengthen oversight and prevent recurrence, Caring Counselors has eliminated the use of paper invoices and transitioned fully to a digital documentation system. In addition, the organization has expanded its internal audit processes, increased the frequency of compliance reviews, and enhanced staff training related to documentation accuracy and billing requirements. These corrective measures are intended to improve oversight, reduce the risk of human error, and ensure continued compliance with all regulatory standards.

Caring Counselors Upcoded Services Provided

Caring Counselors has always employed licensed clinicians to provide services within the organization. At times, however, there has been confusion within the system of care regarding the distinction between licensed-level clinicians (LPCs and LCSWs) and master's-level clinicians (LSWs and LACs). In several instances, Care Managers and Mobile Response Specialists demonstrated uncertainty regarding these distinctions, which resulted in authorization discrepancies.

Caring Counselors has routinely informed Care Managers/Mobile Response Specialists on the appropriate classification of clinician credentials. Despite these efforts, some authorizations continued to be issued at incorrect service levels. In certain cases, Care Managers incorrectly classified licensed clinicians as master's-level providers. In other instances, licensed clinicians were authorized at a master's level or vice versa. These discrepancies were not intentional and did not reflect any effort to misrepresent services rendered.

Caring Counselors understands that ultimately it is our responsibility to detect any authorization errors and ensure that they are corrected. However, these authorization errors were missed due to human error. At the time, the Caring Counselors relied heavily on paper-based systems, including SDED forms, treatment plans, progress notes, monthly summaries, and invoices. Given the volume of documentation and the manual nature of the process, occasional inconsistencies occurred across records. In

some cases, billing staff were unaware of discrepancies and submitted claims based on the information available at that time.

Additionally, there were instances in which Caring Counselors was actively awaiting corrections from Care Managers/Mobile Response Specialists regarding authorization levels. During these periods, services continued in good faith while efforts were made to obtain accurate and updated authorizations.

Caring Counselors acknowledges these administrative errors and affirms that they were unintentional. Since the audit, the organization has since taken steps to strengthen internal review processes, improve documentation accuracy, and enhance communication with Care Managers to prevent similar issues in the future

Caring Counselors Failed to Document Services with a Progress Note

Caring Counselors has always documented every encounter with a client or family with a progress note that substantiates the services provided for every single encounter. This is an industry standard and required for providing services. There were two progress notes that were not submitted due to an error with the date. The date was mistakenly one day off for both encounters. Due to high volumes of paperwork, the hardcopy of the paperwork was filed in an errors folder for correction by clinicians. This was a way to correct those errors, prior to our Electronic Health Record which identifies the error quickly. Those progress notes were not accepted despite the date being off by one day and no SDED form submitted for the incorrect date of the progress note.

II. Caring Counselors Failed to Obtain and/or Maintain Required Vetting Information

A. Caring Counselors Failed to Maintain Behavioral Assistance Training Certifications for Behavioral Assistants

It is important to note that there have been longstanding challenges within the CSOC certification process itself. The CSOC has acknowledged these challenges in a recent memorandum.

Prior to the COVID-19 pandemic, all Behavioral Assistant certification trainings were conducted in person, with limited sessions offered across various regions of New Jersey. These classes were subject to strict participant caps, and staff were sometimes turned away after traveling long distances because the sessions were full. In some cases, staff who did attend did not pass on the first attempt, requiring supervisors to provide additional guidance and training on CSOC policies, structure, and the BA role.

Following the pandemic, trainings transitioned to a virtual format. While this improved accessibility in certain ways, challenges persisted. Monthly participant caps still limited the number of staff who could attend, and required classes were not always offered

consistently. As a result, some staff members experienced delays in fulfilling certification requirements despite their active efforts to register and participate.

At no point were IIC providers, including Caring Counselors, directed by the State or Rutgers (the training provider) to terminate staff due to certification delays. In fact, providers were encouraged to remain in communication with CSOC and Rutgers (organization providing BA training) to address these challenges collaboratively. Furthermore, the policy historically included a 90-day grace period for recertification, during which BAs were permitted to continue working while completing requirements.

Caring Counselors has consistently worked with our staff to support completion of BA certification and has taken corrective action when employees did not actively pursue or comply with requirements. We strongly value compliance with CSOC and Medicaid regulations and have made good-faith efforts to uphold these standards despite systemic barriers.

As documented in the Audit Report there were issues with Behavioral Assistant certifications.

- For 1 of 3 BAs, which accounted for 1 of 3 claims, Caring Counselors failed to provide documentation showing that the BA obtained their certification within the required six-month period. Additionally, the BA provided services to a new patient after the six-month certification period had passed, which violates DCF's guidance.
- For 2 of 3 BAs, which accounted for 2 of 3 claims, Caring Counselors provided a BA training certification that it had obtained after the encounter date. For example, one BA performed services on April 12, 2018, but Caring Counselors did not obtain the BA Certification until November 7, 2022, over 4 years after the service date. Additionally, these BAs continued providing services to new patients after the certification and recertification period had passed, which violates DCF guidance.

Regarding the 1st of the 3 Behavioral Assistants, the individual completed majority of the required coursework, which was submitted to the Comptroller's Office. At the time services were rendered, the Behavioral Assistant was actively working toward certification and was in the process of completing the remaining requirements. However, this individual separated from the organization prior to obtaining full certification.

Regarding the Behavioral Assistant who provided services on April 12, 2018, the audit draft contains an inaccuracy. The statement indicating that the clinician did not receive certification until four years later is incorrect. The Behavioral Assistant obtained certification on November 6, 2018, and documentation verifying this was submitted to the Comptroller's Office. Receipt of this documentation was confirmed by the Comptroller's Office at that time.

B. Caring Counselors Failed to Maintain a Current and Valid Driver's License for a Servicing Provider

Caring Counselors has always required a valid driver's license for all providers as part of the onboarding and employment process, regardless of whether the staff member transports clients. It is also important to note that many staff at Caring Counselors do not transport clients. This requirement has consistently been applied to all behavioral assistants and clinicians.

In this instance, the Behavioral Assistant's initial driver's license, which expired on 8/31/2017, was properly obtained and maintained in the employee file. However, the renewed license was inadvertently misfiled. This was an administrative error related to document management, not a failure to obtain or verify the required documentation.

We acknowledge that accuracy in recordkeeping is essential and that such errors should not occur. As a corrective action, Caring Counselors has implemented improved procedures, including the digital storage of all licensure and identification documents, to prevent future misfiling and to ensure enhanced compliance and record accuracy moving forward.

Corrective Action Plan for Caring Counselors

Caring Counselors has already implemented new practices during the four years of the audit process. We have identified flaws within our operations that have been modified to support required regulations.

We have implemented an EHR, Electronic Health Record system. This system allows us to always have access to progress notes, SDED forms and documentation. This system allows us to cross reference documents for conflicts with progress notes and SDED forms which can be corrected and updated more efficiently to avoid deficient claims. This allows our team to have a lower error rate and to attempt to get it 100% accurate as expected by the Comptroller's Office. We do run weekly audits to support these expectations and requirements.

We have implemented another layer of auditing for our billing. This system allows us to cross reference what was billed against what was provided. Our EHR creates a report and we use this report to monitor accurate data. This allows us to correct errors with billing in real time. We have already implemented a plan to make sure that services are provided for the correct level of service which differentiates between H0036 TJ U1 and H0036 TJ U2. The level is discussed prior to receiving the referral. We have cross referenced referrals and contacted those entities to correct level errors for services.

Our new system also supports an electronic record of staff documents such as driver's license and clinical licenses. This eliminates issues with lost paperwork and misfiling of paperwork due to human error.

We are compliant with DCF's system regarding Behavioral Assistant's certifications and licenses. We have created an extra layer of security and supervision to adhere to the certification process. It has been simplified and enhanced by DCF offering online classes as opposed to only in person and clear direction from their office about expectations which previously did not occur during the audit years. We recognize that most behavioral assistants are part time and transient which created barriers with certifications. Despite all those barriers, we are committed to complying and making sure every behavioral assistant whether they are providing services or not providing services are certified within six months. We will need assistance from DCF to address when behavioral assistants are inactive or on medical leave and want to return. We will need a way to provide documentation for those staff members so it doesn't look like they are working outside of the regulation due to their time of not working. Despite all of this, our goal is 100% compliance.

Lastly, staff members and professionals do attend trainings explaining the system of care and learn about regulations required by DCF and Medicaid to implement these services. We are dedicated to being better and complying with required regulations.

Caring Counselors' Comments and OSC's Responses

In response to the Draft Audit Report (DAR) issued by the Office of the State Comptroller, Medicaid Fraud Division (OSC), Caring Counselors, Inc. (Caring Counselors), submitted a response that agrees with many of OSC's findings and took issue with others. Caring Counselors also provided OSC with a Corrective Action Plan (CAP) outlining steps it has taken or intends to take to address the deficiencies identified in the report. However, the CAP does not address whether Caring Counselors will repay the identified overpayment.

Set forth below are direct quotes from Caring Counselors' response to the DAR and OSC's response to each. After reviewing Caring Counselors' submission, OSC determined that there was no basis to revise its audit results. Caring Counselors' full response is attached to the Final Audit Report (FAR) as Appendix A.

Caring Counselors' Objection to the Executive Summary

Excerpt of Caring Counselors' Comments

The OSC reported an error rate of 15.8% of the total claims reviewed. However, this percentage does not align with the report previously provided by OSC, which reflected an actual error rate of 5.64%. That report supports and affirms Caring Counselors' ongoing intention and efforts to maintain compliance.

OSC's Response

Caring Counselors raised concerns that the error rate reported in the DAR Executive Summary did not align with the error rate previously reported in OSC's Summary of Findings. Caring Counselors misconstrues the two error rates. The 15.8 percent error rate reported in the DAR represents the percentage of total claims reviewed that contained errors. The 5.64 percent figure referenced in the Summary of Findings reflects the percentage of total dollars associated with the identified errors. Since one percentage reflects the frequency of claims with errors and the other reflects the proportion of dollars associated with those errors, the two figures measure different attributes. The 15.8 percent figure accurately reflects the frequency of claims that contained errors.

Caring Counselors' Objections to the Audit Findings

Caring Counselors' Objection: Failure to Follow Proper Billing Practices

Excerpt of Caring Counselors' Comments

Caring Counselors acknowledge that, in some instances, certain fields on the SDED forms were not fully completed. Specifically, there were occasions when sections related to youth demographic information or the youth's authorization information was not completed.

However, it is important to note that Caring Counselors consistently maintained accurate authorization information for all clients. Authorization details, including authorization numbers and service dates, were always verified through the NJ Children's System of Care (CSOC) system, which served as the official source for authorization tracking and billing.

In instances where certain demographic or authorization fields were not completed on the SDED form, the parent or guardian's signature confirming the date and time of services was always present. This signature served as verification that services were rendered as documented.

Additionally, Caring Counselors employed designated staff whose responsibility was to review all SDED forms to ensure that required signatures were obtained and that documentation reflected confirmation of services provided. While some demographic fields may have been incomplete, all required parental confirmations and service verifications were properly documented and reviewed.

OSC's Response

Caring Counselors acknowledges instances where it failed to complete certain Service Delivery Encounter Documentation (SDED) fields such as youth demographic or authorization information. While Caring Counselors notes that it maintained authorization details in the CSOC system and obtained parent or guardian signatures, these factors do not resolve the documentation deficiencies OSC identified.

Relevant regulations require providers to maintain fully completed SDED forms to document and support billed services. Accordingly, Caring Counselors' claim that it maintained internal processes outside of the SDED form does not justify using those processes as a substitute for a fully completed SDED form. Therefore, OSC will not modify this audit finding.

Caring Counselors' Objection: Billing for Unsubstantiated Services and/or Maintaining Inaccurate and Incomplete Records

Excerpt of Caring Counselors' Comments

Prior to the implementation of digital documentation, clinicians submitted paper invoices along with corresponding SDED forms. In some instances, clinicians inadvertently reported service hours on invoices that did not precisely match the hours documented on the SDED forms. Although Caring Counselors employed designated administrative and quality assurance staff responsible for reviewing and reconciling invoices against SDED documentation, these discrepancies were not always identified. The volume of documentation reviewed each week was substantial, and despite established procedures, some human errors occurred.

Once quality assurance staff verified that invoice information matched the SDED documentation, invoices were forwarded to the billing department. In many cases, discrepancies were identified and corrected prior to submission. Additionally, during periodic internal audits, Caring Counselors identified billing inconsistencies and issued refunds to Medicaid when appropriate. These actions demonstrate the organization's ongoing commitment to accountability and compliance.

With respect to instances in which SDED forms could not be located, Caring Counselors maintains that claims were not submitted unless an SDED form was present at the time of billing. During subsequent internal reviews, it was determined that some SDED forms had been misfiled. While many of these forms were later recovered, a limited number could not be located.

To further strengthen oversight and prevent recurrence, Caring Counselors has eliminated the use of paper invoices and transitioned fully to a digital documentation system. In addition, the organization has expanded its internal audit processes, increased the frequency of compliance reviews, and enhanced staff training related to documentation accuracy and billing requirements. These corrective measures are intended to improve oversight, reduce the risk of human error, and ensure continued compliance with all regulatory standards.

OSC's Response

OSC found that for 7 of the 10 claims reviewed, the hours of service documented on the SDED forms conflicted with the hours billed to and paid by Medicaid. Caring Counselors acknowledges that the hours billed and paid did not match the hours documented on the SDED forms and attributes these discrepancies to human error and the high volume of documentation reviewed. Regardless of the explanation provided, Medicaid regulations require that claims submitted for reimbursement accurately reflect the services documented as provided.

OSC found that for 3 of the 10 claims reviewed, Caring Counselors failed to provide SDED forms to support the claims. Caring Counselors acknowledges that it could not locate the SDED forms and attributes their absence to potential misfiling. However, the absence of the required SDED forms prevents OSC from verifying the propriety of these claims.

While Caring Counselors acknowledges the documentation deficiencies and describes post-audit corrective actions, these actions do not negate the deficiencies that OSC identified. Accordingly, OSC will not modify this audit finding.

Caring Counselors' Objection: Upcoded Services Provided

Excerpt of Caring Counselors' Comments

Caring Counselors has always employed licensed clinicians to provide services within the organization. At times, however, there has been confusion within the system of care regarding the distinction between licensed-level clinicians (LPCs and LCSWs) and master's-level clinicians (LSWs and LACs). In several instances, Care Managers and Mobile Response Specialists demonstrated uncertainty regarding these distinctions, which resulted in authorization discrepancies.

Caring Counselors has routinely informed Care Managers/Mobile Response Specialists on the appropriate classification of clinician credentials. Despite these efforts, some authorizations continued to be issued at incorrect service levels. In certain cases, Care Managers incorrectly classified licensed clinicians as master's-level providers. In other instances, licensed clinicians

were authorized at a master's level or vice versa. These discrepancies were not intentional and did not reflect any effort to misrepresent services rendered.

Caring Counselors understands that ultimately it is our responsibility to detect any authorization errors and ensure that they are corrected. However, these authorization errors were missed due to human error. At the time, the Caring Counselors relied heavily on paper-based systems, including SDED forms, treatment plans, progress notes, monthly summaries, and invoices. Given the volume of documentation and the manual nature of the process, occasional inconsistencies occurred across records. In some cases, billing staff were unaware of discrepancies and submitted claims based on the information available at that time.

Additionally, there were instances in which Caring Counselors was actively awaiting corrections from Care Managers/Mobile Response Specialists regarding authorization levels. During these periods, services continued in good faith while efforts were made to obtain accurate and updated authorizations.

Caring Counselors acknowledges these administrative errors and affirms that they were unintentional. Since the audit, the organization has since taken steps to strengthen internal review processes, improve documentation accuracy, and enhance communication with Care Managers to prevent similar issues in the future.

OSC's Response

OSC found that for 20 of the 215 claims, Caring Counselors billed for services using a higher reimbursed procedure code and/or modifier than was supported by the authorization and the credentials of the servicing provider, which resulted in Caring Counselors receiving overpayments. Caring Counselors acknowledges these deficiencies but attributes them to confusion within the system of care, errors by Care Managers, and limitations associated with paper-based processes. Regardless of how or why the discrepancies originated, it is the provider's responsibility to review authorizations and ensure that the procedure code and modifier billed accurately reflect the credentials of the servicing provider before submitting claims for reimbursement.

In short, providers are responsible for ensuring that claims they submit to Medicaid are supported by true, accurate, and complete information. Caring Counselors did not do that in these instances. Accordingly, OSC will not modify these audit findings.

Caring Counselors' Objection: Failure to Document Services with a Progress Note

Excerpt of Caring Counselors' Comments

Caring Counselors has always documented every encounter with a client or family with a progress note that substantiates the services provided for every single encounter. This is an industry standard and required for providing services. There were two progress notes that were not submitted due to an error with the date. The date was mistakenly one day off for both encounters. Due to high volumes of paperwork, the hardcopy of the paperwork was filed in an errors folder for

correction by clinicians. This was a way to correct those errors, prior to our Electronic Health Record which identifies the error quickly. Those progress notes were not accepted despite the date being off by one day and no SDED form submitted for the incorrect date of the progress note.

OSC's Response

OSC found that for 2 of the 215 claims, Caring Counselors failed to document services with required progress notes for the billed dates of service. In one of these claims, in addition to the discrepancy in date, the documentation submitted only indicated that the beneficiary was sleeping, with no memorialization of the services rendered. Caring Counselors acknowledges that it failed to submit these progress notes for the billed dates of service and attributes this to a date discrepancy and its internal filing practices. Regardless of the reason for the discrepancy or the intent to correct documentation internally, Caring Counselors did not provide progress notes supporting the specific dates of service billed to Medicaid. Medicaid requirements mandate that providers maintain and produce records that fully disclose the extent of services provided for each billed encounter. Because Caring Counselors failed to provide progress notes supporting the billed dates of service for these two claims, OSC determined that the claims were appropriately included in the audit findings. Accordingly, OSC will not modify these findings.

Caring Counselors' Objection: Failure to Maintain Assistance Training Certifications for Behavioral Assistants

Excerpt of Caring Counselors' Comments

It is important to note that there have been longstanding challenges within the CSOC certification process itself. The CSOC has acknowledged these challenges in a recent memorandum.

Prior to the COVID-19 pandemic, all Behavioral Assistant certification trainings were conducted in person, with limited sessions offered across various regions of New Jersey. These classes were subject to strict participant caps, and staff were sometimes turned away after traveling long distances because the sessions were full. In some cases, staff who did attend did not pass on the first attempt, requiring supervisors to provide additional guidance and training on CSOC policies, structure, and the BA role.

Following the pandemic, trainings transitioned to a virtual format. While this improved accessibility in certain ways, challenges persisted. Monthly participant caps still limited the number of staff who could attend, and required classes were not always offered consistently. As a result, some staff members experienced delays in fulfilling certification requirements despite their active efforts to register and participate.

At no point were IIC providers, including Caring Counselors, directed by the State or Rutgers (the training provider) to terminate staff due to certification delays. In fact, providers were encouraged to remain in communication with CSOC and Rutgers (organization providing BA training) to address these challenges collaboratively. Furthermore, the policy historically included a 90-day grace period for recertification, during which BAs were permitted to continue working while completing requirements.

Caring Counselors has consistently worked with our staff to support completion of BA certification and has taken corrective action when employees did not actively pursue or comply with requirements. We strongly value compliance with CSOC and Medicaid regulations and have made good-faith efforts to uphold these standards despite systemic barriers.

As documented in the Audit Report there were issues with Behavioral Assistant certifications.

- For 1 of 3 BAs, which accounted for 1 of 3 claims, Caring Counselors failed to provide documentation showing that the BA obtained their certification within the required six-month period. Additionally, the BA provided services to a new patient after the six-month certification period had passed, which violates DCF's guidance.
- For 2 of 3 BAs, which accounted for 2 of 3 claims, Caring Counselors provided a BA training certification that it had obtained after the encounter date. For example, one BA performed services on April 12, 2018, but Caring Counselors did not obtain the BA Certification until November 7, 2022, over 4 years after the service date. Additionally, these BAs continued providing services to new patients after the certification and recertification period had passed, which violates DCF guidance.

Regarding the 1st of the 3 Behavioral Assistants, the individual completed majority of the required coursework, which was submitted to the Comptroller's Office. At the time services were rendered, the Behavioral Assistant was actively working toward certification and was in the process of completing the remaining requirements. However, this individual separated from the organization prior to obtaining full certification.

Regarding the Behavioral Assistant who provided services on April 12, 2018, the audit draft contains an inaccuracy. The statement indicating that the clinician did not receive certification until four years later is incorrect. The Behavioral Assistant obtained certification on November 6, 2018, and documentation verifying this was submitted to the Comptroller's Office. Receipt of this documentation was confirmed by the Comptroller's Office at that time.

OSC's Response

OSC found that Caring Counselors allowed 1 of 3 behavioral assistants (BAs) included in the audit sample to provide behavioral assistant services to beneficiaries without having obtained the required initial certification within six months of the BA's hire date. Caring Counselors asserted that the BA had completed the majority of the required training and was in the process of completing the remaining requirements before the BAs separation from the organization. However, the documentation reviewed does not support this. The BA was hired in October of 2016 and was required to obtain certification within six months of that date. As of December 21, 2017, over one year after the BA's hire date, the BA had completed five of the seven required live training courses and had not completed the required core competencies section in the training system. Accordingly, the BA had not met the certification requirements when the BA provided services. Additionally, this BA continued providing services to a new patient after the six-month certification period had passed, which violates DCF's guidance.

OSC found that for 2 of the 3 BAs, Caring Counselors provided BA training certifications that were obtained after the encounter date. Specifically, for the BA who provided services on April 12, 2018, Caring Counselors clarified that it obtained the training certification in November 2018, not in 2022. While this clarification is noted, Caring Counselors nonetheless acknowledges that it obtained the Certification more than six months after the April 12, 2018 date of service, and more than one year after the BA's June 12, 2017 hire date, which violates the Department of Children and Families (DCF) certification requirements. With respect to the other BA, Caring Counselors did not object to the finding. Services billed prior to the date of certification remain unsupported because BAs must obtain the required certification before rendering services.

Caring Counselors also noted longstanding challenges within the CSOC certification process, including limited class availability, participant capacity restrictions, and pandemic-related disruptions. While these circumstances may have contributed to delays in completing certification requirements, they do not alter the requirement that BAs obtain and maintain valid certification within the required timelines before rendering and billing for services. Accordingly, OSC determined that the deficiencies identified in the audit were appropriately included in the audit findings. As such, OSC will not modify its findings.

Caring Counselors' Objection: Failure to Maintain a Current and Valid Driver's License for Servicing Providers

Excerpt of Caring Counselors' Comments

Caring Counselors has always required a valid driver's license for all providers as part of the onboarding and employment process, regardless of whether the staff member transports clients. It is also important to note that many staff at Caring Counselors do not transport clients. This requirement has consistently been applied to all behavioral assistants and clinicians.

In this instance, the Behavioral Assistant's initial driver's license, which expired on 8/31/2017, was properly obtained and maintained in the employee file. However, the renewed license was inadvertently misfiled. This was an administrative error related to document management, not a failure to obtain or verify the required documentation.

We acknowledge that accuracy in recordkeeping is essential and that such errors should not occur. As a corrective action, Caring Counselors has implemented improved procedures, including the digital storage of all licensure and identification documents, to prevent future misfiling and to ensure enhanced compliance and record accuracy moving forward.

OSC's Response

OSC found that for one BA in the audit sample, which accounted for 1 of the 215 claims, Caring Counselors failed to maintain a copy of the servicing provider's current and valid driver's license. Caring Counselors asserts that it requires a valid driver's license for all providers and that it obtained and maintained this BA's renewed license but inadvertently misfiled it. Notwithstanding that statement, Caring Counselors did not provide documentation demonstrating that it had obtained the current and valid driver's license at the time the BA provided services. Instead, the

only documentation Caring Counselors provided to OSC was a copy of the driver's license that had expired prior to the date the BA provided services. Accordingly, OSC determined that the identified claim was appropriately included in the audit findings. As such, OSC will not modify its audit finding.