



Eric Holcomb, Governor
State of Indiana

Indiana Health Coverage Programs
www.in.gov/medicaid

MYERS AND STAUFFER LC
800 EAST 96TH STREET, STE 200
INDIANAPOLIS, IN 46240

800.877.6927 | 317.846.9521
www.mslc.com/Indiana

May 30, 2022

**CERTIFIED MAIL
RECEIPT NO.:**

"Type Receipt No"

Hoosier Group Home CEO
Hoosier Group Home
123 ABC Road
Hoosierville, IN

Subject: Medicaid Compliance Review
Provider: Hoosier Group Home
Period: July 1, 2017 through June 30, 2018

Dear CEO:

This letter is to confirm the period of August 12, 2022 through August 23, 2022, to conduct a compliance review of your Indiana Financial Report for Non-State Owned Intermediate Care Facilities for Individuals with Intellectual Disabilities and Community Residential Facilities for the Developmentally Disabled and the Home Offices(s) for the period(s) referenced above.

Enclosed is a list of records and other information that is required for the compliance review. This list of records and information is due to Myers and Stauffer by June 30, 2022. Failure to submit this information by the aforementioned date shall result in the implementation of a 10% rate reduction in accordance with 405 IAC 1-12-3(c)(3). Information submitted prior to field work should be submitted electronically through the secure Myers and Stauffer LTC web portal. Please note, documentation not uploaded via the web portal that contains Protected Health Information (PHI) should be submitted securely in compliance with HIPAA regulations.

As previously discussed, this review will be conducted remotely. Our review team will not be onsite in your facility or offices at any time to perform the review. The remote review process will involve the utilization of Myers and Stauffer hosted Microsoft Teams conference calls for established entrance and exit conferences, as well as to facilitate questions and issue resolution during the compliance review process. Microsoft Teams allows for screen sharing, document sharing, and other interactive means to facilitate communication and will be a useful tool throughout the review process. No subscription or additional technical resources from the provider are necessary to utilize or access these Microsoft Team meetings.

Representatives who are familiar with these records and the operation of the facility should be available during the time of the scheduled review.

An exit conference will be scheduled near the end of the field work. At that time, all known adjustments will be presented and a list of outstanding information will be discussed. There may be additional requests for information after the team has finished the scheduled review. A signed letter of provider representation should be available at the conclusion of the exit conference.



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"Click here and enter Date"

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We will do our best to accommodate your needs so the review can be completed as quickly and efficiently as possible.

Thank you for your cooperation and assistance in scheduling this compliance review. If you have any questions or concerns, please contact me at clahey@mslc.com, 317-846-9521 or (800) 877-6927.

Sincerely,

Chrissy Lahey-Hawkins
Myers and Stauffer LC

cc:

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Please submit the following information, for **all facilities and Home Offices** under review, in an electronic format, by **June 30, 2022**. Reminder: Documentation containing Protected Health Information (PHI) should be submitted securely in compliance with HIPAA regulations.

Please note: failure to submit the information requested below (items 1-32) by the above due date shall result in the implementation of a 10% rate reduction in accordance with 405 IAC 1-12-3(c)(3).

1. The trial balance(s)/cross-walk(s), sorted and subtotaled by cost report line with an audit trail documenting the schedule number, line number, and column where each general ledger account is reported. (If not included with the submission of your annual financial report.)
2. Complete financial statements, which include the balance sheet, revenue, and expense accounts that is a direct product of the accounting system. (If not included with the submission of your annual financial report.)
3. Accounts Receivable Aging Schedule (by resident) at cost report year-end. This report should agree with, or be reconciled to, the balance of patient accounts receivable reported on the General Ledger Trial Balance. The report should list each individual patient showing the payor, age and balance of receivable.
4. Annual Audit Report (or compilation or review from independent accountant) for the period covering the cost report period(s) under review as well as the consolidating trial balance by cost center that agrees to the balance sheet and income statement in the Annual Audit Report.
5. Detail Property Fixed Assets and Accumulated Depreciation Schedule that support the assets included on the cost report. This includes the Fixed Assets and Accumulated Depreciation Schedule for any related party property companies with assets on the cost report.
6. Lease/Loan Agreements entered into in the current year, along with Amortization Schedules.
7. Copies of the quarterly State Unemployment Tax Reports, the quarterly Internal Revenue Payroll Reports Form 941, and the Annual Federal Unemployment Tax Form 940 for the period(s) under review.
8. Management Company Contract(s) and Allocation Basis and Schedules.
9. Chart of Accounts with account number and account title.
10. Department, Division, Segment, and or Cost Center Listing by number and description/title.
11. Please provide the detail general ledger(s) for the period under review. The general ledger(s) must include all year-to-date transactions by account (not a listing by month by account) and be detailed at the invoice level. Additionally, the general ledger should include all income statement as well as balance sheet accounts. We will select a sample of invoices / transaction from the general ledger for our review during the remote. We intend to send the request for invoices prior to our remote review to give you adequate time to retrieve the information.
12. Accounts Payable Ledgers if vender detail is not identified in the General Ledger, in an electronic format.

13. Completed Cost Reporting Questionnaire (located at mslc.com/Indiana).
14. If related party day habilitation services are utilized, please provide the Related Party Income Statements and workpapers supporting the allocation of day habilitation services to each facility.
15. If related party day habilitation services are utilized, please provide support for the day habilitation units.
16. Contract(s) with non-related party day habilitation service provider.
17. Workpapers used to complete the Medicaid Cost Report(s).
18. Year-end Accounts Payable Aging Report(s).
19. Monthly, and year-to-date census summary reports by facility.
20. Detailed monthly Census Reports for the month of "**Enter Month and Year**". The reports should include for each resident: name of resident, payor type, number of days in the facility and number of reserve days.
21. Resident Personal Account (Trust Fund) ledgers for "**Enter Month and Year**". From this information, for a sample of Medicaid residents, a request will be made for the following information to be provided during the remote review: the residents' bank statements, bank statement reconciliations, and transaction level detail support. We intend to send the request for this information before our remote review to give you adequate time to retrieve the information.
22. Adjusting Journal Entries (AJE), such as audit AJE's, if not included in the general ledger.
23. Year-end Operating Cash Account Bank Statement(s) and Reconciliation(s). This includes the listing of all outstanding checks utilized in the reconciliation.
24. Detailed listing of all vehicles at the facility and home office levels. This detail should include make and model of vehicle, which facility/home office uses each vehicle and the purchase/lease price.
25. Financial Statement(s) for all Related Parties that have costs included on the Medicaid Financial Report.
26. Organization Chart.
27. Management letters and/or reports on reportable conditions of internal control from your independent auditor.
28. Payroll Registers (year-to-date) with Distribution Reports which trace to the general ledger accounts.
29. Support for the allocation of direct payroll costs, including documentation supporting the statistics utilized to allocate the direct payroll to the group home(s)/home office(s).
30. Loan agreements, notes and mortgage contracts or a copy of your independent auditor's workpapers verifying interest.
31. Lease and rental agreements.

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32. Capitalization/Depreciation Policies.

The following items should be available for review if deemed necessary by the accountants.

33. Contracts with vendors or others.

34. W-2s and 1099s. (If a review is necessary, a sample will be selected.)

35. Timesheets/activity logs and job descriptions for related party employees.

Please note in your cover letter response if any of the above items are not applicable.