



Eric Holcomb, Governor  
State of Indiana

**Indiana Health Coverage Programs**  
[www.in.gov/medicaid](http://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](http://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 Enhanced 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 13, 2022, to conduct an enhanced 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 Teams 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 review. 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.



"Type Addressee Name, Title"

"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](mailto:clahey@mslc.com), 317-846-9521 or (800) 877-6927.

Sincerely,

Chrissy Lahey-Hawkins  
Myers and Stauffer LC

cc:

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 1-16) 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. Please provide the Home Office Trial Balance, sorted and subtotaled by cost report line, used to prepare the home office cost report(s) with an audit trail documenting the schedule number, line number and column where each general ledger account is reported.
  - This request includes all home offices that fall within the review period.
2. Please provide the complete Home Office Financial Statements for the cost report period, which includes the balance sheet, revenue and expense accounts that is a direct product of the accounting system. (Only applicable if not included with the submission of your annual financial report.)
  - This request includes all home offices that fall within the review period.
  - Please also include the company-wide consolidated financials and the consolidation schedules.
3. Please provide the Annual Audit Report (or compilation or review from independent accountant) for the period covering the cost report period(s) under review. (Only applicable if not included with the submission of your annual financial report.)
4. Please provide the Detail Property Fixed Assets and Accumulated Depreciation Schedule for all assets whose depreciation is included on the facility and home office cost reports.
  - This request includes all home offices that fall within the review period.
5. Please provide copies of the quarterly State Unemployment Tax Reports, 941s and 940s for the period(s) under review.
6. Please provide the Detail General Ledger for the period(s) under review, in an electronic format. This electronic version must be at an invoice level detail. We will select a sample of invoices/transactions from the general ledger for our review.
  - This request includes all home offices that fall within the review period.
7. Please provide Accounts Payable Ledgers if vendor detail is not identified in the General Ledger, in an electronic format.
  - This request includes all home offices and facilities that fall within the review period.
8. Please provide a completed Internal Control Questionnaire (located at [mslc.com/Indiana](http://mslc.com/Indiana)).
9. For related party day habilitation services, please provide the related party income statements for the period under review (if applicable).
10. For related party day habilitation services, please provide the workpapers that allocate day habilitation services to each facility (if applicable).
11. Please provide the workpapers used to complete the Medicaid Cost Report(s). (Only applicable if not included with the submission of your annual financial report.)
  - This request includes all home offices that fall within the review period.



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"Click here and enter Date"

*Enclosure Page 2 of 2*

12. Please provide monthly Census Summary Reports for all group homes.
13. Please provide Detailed Monthly Census Reports for **"Enter Month and Year"** for all group homes. The report should identify the daily occupancy of the group homes and should include for each resident, the resident's name, payor type and type of occupancy (such as present in facility or Reserve/Leave of Absence (LOA day).
14. Please provide contract(s) with non-related party day habilitation service provider(s).
15. Please provide a 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.
16. Please provide a listing of the five highest paid employees at the home office level(s). This listing should include: employee name, position, brief job description, line number wages are reported on the cost report and total wages for the year under review.
17. Invoices and supporting documentation on transactions to be requested after we receive the Detail General Ledger and, if necessary, the Accounts Payable Journals.

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