

Appendix O-Heightened Scrutiny Public Comments from September 27, 2022 to October 28, 2022

Overview: This document serves as a summary of comments that the State has received - including participants, advocacy organizations, legal entities, and provider networks - regarding Maryland's HCBS State Transition Plan (STP). This document serves as a summary of comments that the State has received - including participants, advocacy organizations, legal entities, and provider networks - regarding Maryland's HCBS State Transition Plan (STP). Any other questions or comments that go into more detail about the process will serve to guide the State as we implement each remediation strategy.

Service Settings

Questions and Comments

State Response

Winter Growth - Montgomery no longer participates in the HCB Waiver program, why is it listed?

A heightened scrutiny determination was made in 2018 for the Wintergrowth Montgomery County location. Medicaid has confirmed that this provider location has been disenrolled from Medicaid and will be taken off of the list.

Autism Waiver Service Settings

Questions and Comments

State Response

Comment regarding Compliance with Home and Community-Based Settings Requirements (Final Rule) Heightened Scrutiny for Benedictine School

Hello,

I am submitting a comment in response to the Department of Health's request for public comment regarding the identification of The Benedictine School as possibly out of compliance with the Home and Community-Based Settings Requirements (Final Rule), and MDH's plan to submit Benedictine to CMS for a heightened scrutiny review.

I am a parent of a 20-year-old son with autism, **David**, who has been a residential student at The Benedictine School for 3 years and 8 months. I very much agree with the Community-Based Settings Requirements (Final Rule) and believe all individuals, no matter their disability, should have access to settings that are integrated and to the greater community.

I have witnessed the life-saving benefit of The Benedictine School for **David**.

Thank you for your comment. After further investigation using the regulatory three pronged heightened scrutiny assessment. The state has determined that Benedictine is no longer considered heightened scrutiny. The state has considered best practices for community integration in all settings, as well as compliance for all of the guidelines set forth by the Final Rule.

When home ceased to be an environment that provided him with the support he needed, we were in crisis and our family was desperate. We were impressed when we walked through the doors at Benedictine, and found a caring staff and culture, respectful of the dignity of each individual and committed to helping them live to their full potential. And we were thrilled when David was accepted to attend the school. Thanks to the Autism Waiver, and The Benedictine School, he has flourished – become more independent, mature, better able to manage his emotions and behavior – and will leave school at the end of this school year well prepared to move on to his adult life. We are so grateful to the loving and talented staff at Benedictine who have done so much for our son.

When I was researching options for David four years ago, there was no other place like Benedictine. There were only two other residential schools approved for the Autism Waiver, and based on my research, neither of them would have been an appropriate placement for him. I strongly recommend that you not take action that would prevent The Benedictine School from continuing to participate in the Autism Waiver Program and serve children like my son. There are so many youngsters who need precisely the level and quality of education and care offered by Benedictine. I would not want to see those youngsters have to go out of state due to the lack of options in-state, or worse, not receive any placement.

My son's group home, operated by Benedictine, is in Easton, and he has a membership in the local Y, where he swims once or twice a week; a membership with the local library, where he goes weekly and takes out books; and regularly accompanies house staff when they go food shopping. They also frequent the nearby public park and attend community events (such as the high school's homecoming parade last Friday).

In addition to having access to the community, Benedictine encourages family visits. Families are also invited to school events, such as a recent swim meet. In his group home, our son has his own bedroom and bathroom, and the bedroom is decorated with his bedspread and other personal items.

Living in the group home, David has learned to become more independent in a house setting, where he does his laundry, helps with clean-up after meals, takes out the trash and does some house cleaning. He also has learned to live with housemates, important because he will likely have them in the future and grew

up as an only child. These are important life skills which are an extension of the life skills focus of his school program.

Before **David** was moved into the off-campus group home in Easton, he spent several months living in the dorms at the school. He was taken out into the community in small groups from time to time. It appeared to me that he would have been taken out more often if the school had more staff. It seemed that staffing was a chronic problem in the dorms. Many of Benedictine's students have significant behavioral challenges, and helping them is a unique area of expertise of the school. However, their behavioral challenges mean it is difficult to take a small group of students into the community without adequate staff to keep them safe.

As it is, The Benedictine School needs to fundraise to meet its expenses. Staffing challenges that existed pre-pandemic due to low wages (an issue for most programs serving individuals with developmental disabilities) have worsened due to the pandemic. Providers like Benedictine are struggling to attract and retain staff, due to the pandemic's impact on hiring low-wage workers. Perhaps, instead of directing greater scrutiny to Benedictine, the Health Department could be part of a meaningful solution, and advocate for more adequate funding levels, and thereby assist Benedictine in securing the staffing they need to care for the very complex and vulnerable individuals they serve with great dignity and competence.

Thank you for the opportunity to comment.

Greetings,

I am writing on behalf of my son **Roman Harris**. At the height of the pandemic and with a heavy heart, my family made the decision to pursue residential placement for **Roman**. **Roman** is a bright energetic seventeen-year-old. He loves cooking, watching movies on his i-pad and coloring. Behaviors due to puberty, typical characteristics of Autism, isolation from school, the lack of qualified service providers and fear for his physical safety guided the decision for placement. Unlike many of his peers, **Roman** was placed on the Autism Waiver early and even had a padded sensory room in his home. He ran through the wall. Roman needed around the clock routine and care in order to succeed. The residential setting at Benedictine has provided a genuine home away from home

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for him. He has peers that he lives with and participates in activities daily. He has been allowed to demonstrate his own skills gained with his family outside of the home and actively gaining more. We send Roman care packages to decorate his room and have his favorite snacks so that he will have a similar “college experience” as his older brother. We visit Roman often and bring him home for haircuts, doctors’ appointments and holidays. During his visits home, he frequently requests to go back to school after a couple of days. In the past year, I have watched my son grow, mature and thrive. The school keeps data on a regular basis that shows the decrease in self injurious behaviors and violent meltdowns because of his routine. As a resource coordinator I am aware of the lack of resources and schools in our area that provide this level of support for children like Roman. Without this placement, I do not know how our family would have kept Roman safe and most importantly happy.

I am a parent and a child advocate who has been involved with special needs for almost 40 years. One of the providers on the list is responsible for my son’s care.

My son has suffered broken bones, head trauma, and other cases of neglect with this provider. We even received a letter of dismissal request that was denied by DDA because of lack of ANY proof. That request came two weeks after neglect was reported and authenticated by OHCQ.

I am very concerned about this organization. I have served on their Board, helped lead Capital Campaigns as well as Parents Groups. I fear for the health and safety of the individuals who reside with this provider.

I would very much like to speak about positive ways to rectify the problems that exist.

The State will investigate, in the most appropriate way, to address allegations of abuse. Abuse, Neglect and Maltreatment will not be tolerated in any agency receiving funds from the Developmental Disabilities Administration (DDA). Additionally, please see the attached forms for reporting. [DDA Incident Reporting](#), [OHCQ Complaint Form](#), [Report Abuse an Neglect](#)

Questions and Comments

State Response

Problems with Adult Medical Daycare Centers

I am not against caring for the seniors, but against caring for dishonest old people, against cheating and lying to get Medicaid, against wasting resources.

Now, many Chinese seniors in adult day center rely on lying and deceit to get the government's Medicaid. The children of these people drive luxury cars, live in luxury houses, and take advantage of the opacity of tax information between China and the United States after taking their retired parents in China to the United States to obtain Medicaid benefits, welfare and relief by means of deception and lies. It's not fair to the hard-working taxpayers in America.

1. The elderly from China, almost hide their retirement income in China, China bank deposits and Chinese real estate, and even a large number of stocks. With just a note written by their children stating that they give their parents \$100-\$200 in pocket money every month, they become low-income people and receive a full range of government assistance. Why do we need formal proof of salary and income when renting an apartment, and we need official documents, while these old people are unblocked with only a private note? The mainland Chinese government has very detailed file records and can provide proof of income. Why does the government not require the applicant to provide an official notarized certificate?

2. These adult day care centers send the elderly to various clinics to see a doctor almost every day because they need to meet the conditions for going to the center to be taken care of. Almost every home has a stockpile of expired medicines. Our normal taxpayers can only enjoy Medicare when we retire. These elderly people from China who did not contribute a cent to the United States rely on lying and concealing their retirement income, they get Medicaid and Medicare at the same time by lying and hiding their retirement income. This is unfair to hardworking taxpayers. We are not opposed to helping the elderly, weak, sick, and disabled who really need it, but we are opposed to using deceit to obtain benefits that should not be deserved, and against unscrupulous wasteful behavior.

3. Many Chinese elderly people go back to China once a year to bring cash from China to the United States. Their cash is kept with their children. Some

The State will investigate in the most appropriate way to address Medicaid credible allegations of fraud. Additionally, please also utilize the fraud hotline to anonymously report any allegations of fraud at 1-800-447-8477. [DHHS Fraud Hotline](#)

have cash at home and a few hundred dollars in their bank accounts.

4. Most of the elderly do not appreciate what American taxpayers have paid for them, and many are anti-American and scolding the United States.

5. A couple goes to an adult day care center and also enjoys home care (average 20 hours/week). Such an elderly person still farms the land. Some elderly people don't want a caregiver to come and ask for a rebate. Government housing subsidies, food stamps, electricity subsidies, free mobile phones, Wi-Fi subsidies, more than \$10,000 a month. The medical and drug expenses paid by insurance companies are astronomical. Many elderly people prescribe a lot of medicines they don't need and don't take them.

6. Many of these elderly people who go to the adult day care center have home care. They go to the center seven days a week. Every adult day care center has a cash reward, called the full attendance award, and even goes to the center on holiday. The elderly need to have a comprehensive physical examination every three months, which is done by a Chinese doctor. The children of these elderly people are basically wealthy people who live in luxury houses.

7. All Chinese adult day centers use cash incentives to attract elderly people to join their centers, and some centers fight for the elderly to come. The amount of cash given by each center for attracting seniors and the monthly cash found for seniors:

Center Name	Address	Cash for recruiting	Monthly pay cash for attend
A Plus Adult Medical Day Care Center	50 West Guide Drive, Rockville MD 20850	\$200/person	\$3/day/person
AA Plus Adult Medical Day Care Center	20467 Seneca Meadows Parkway Germantown	\$300/person	\$3/day/person

Ccacc Adult Day Healthcare Center	9366 Gaither Road Gaithersburg MD 20877	\$200/person	\$100/month/person
Jarher Senior Center	1335 Piccard Drive Rockville MD 20850	\$400 or \$500/person	?
Royal Garden Adult Medical Day Care Center	9212 Berger Road Suite #100 Columbia MD 21046	\$300/person	\$3/day /person
Worldshine Care LLC	5801 Ammendale Road Beltsville MD 20705	\$300/person	\$100/month/person
Worldshine International LLC	20420 Century Blvd Germantown MD 20874	\$300/person	\$100/month/person

8. There is money laundering in these Chinese adult day care centers. Because they are going to use cash. I have worked in five Chinese adult day care centers and know that they all do this.

9. When these elderly people from China applied for Medicaid, the government official asked if they had any retirement income or assets. They all answer with no income and assets. The reality is that they have retirement income in China and know that the United States cannot find China's financial records.

10. When they applied for the Medical Day Care Waiver Program, they all lied when they showed and answered questions and said that they could not take care of themselves and had a poor memory, but after they were approved, they danced and played sports in the adult day care center, which was very different from when they applied.

In conclusion, I hope that the government will do something to not allow this situation to spread:

Punishes deceptive means of obtaining benefits. It's not fair to taxpayers for people who don't contribute to America to enjoy a full range of medical care.

For all elderly people who have not worked in the United States who apply for or renew public benefits, medical insurance, food stamps, and other public benefits, the income certificate written by their children is invalid. People must provide proof of income issued by the official country of origin (or no income proof, including income from pensions, rental housing, stocks, etc.) and a list of bank accounts outside the United States within five years, and requires a valid official notarization of the country of origin (reserved by the federal government) right to check authenticity). Those who cannot provide valid proof will not be able to enjoy public resources. For U.S. residents who cannot provide proof of income and those who cannot provide valid proof, all benefits will be suspended, and the federal government reserves the right to further pursue responsibility and demand compensation. Children who provide parental income note certificates, still issue false certificates when they clearly know that their parents have income and property outside the United States. This kind of deception is a federal crime, and the federal government reserves the right to pursue accountability.

Questions and Comments

State Response

Dear Sirs/Madam,

This is in response to MDH's "Public Notice - Heightened Scrutiny" dated on September 29th, 2022. In the Notice, MDH requested public comments and CCACC-ADHC is hereby submitting public comments which is elaborated in the attached document.

The attached video is also evidence of unethical practices in our industries.

If any question, please let us know.

Thanks,

https://mail.google.com/mail/b/AL3S3IZE1xH94pws8-n9yduYUWiX5cgmKhHlvwMH9AhhbEX1oAsS/u/0?ui=2&ik=df8064c716&attid=0.1&permmsgid=msg-a:r8808475744632528966&th=1842e8ddd53e0b8&view=att&disp=inline&realattid=f_19ss5af30

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[DHHS Fraud Hotline](#)

Medical Day Centers

Kick Back Fraud - Paying cash inducements for clients to live at their assisted living and attend their day care center downstairs in the same building, using this cash inducement to steal clients from other neighboring assisted livings and day care centers

Kick Back Fraud - With high number of clients, these entities partner with other Medicaid providers such as Durable Medical Equipment and Community First Choice Residential Service Agencies to provide additional fraudulent services and to bill Medicaid Dear CMS and MDH,

This email is regarding Compliance with Home and Community-Based Settings Requirements (Final Rule) from concerned citizens seeing the daily open abuse of Medicaid programs in Maryland.

MDH needs to abide by the final rule set by CMS. MDH needs to enforce the

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federal rule that medical day care and assisted living can not be at the same location, regardless of being on different levels, or separate places. All medical day cares and assisted livings in the United States cannot exist at one location without exception. Day cares and assisted livings have been closed over the years entirely due to noncompliance across the United States. If MDH does not enforce this rule, this creates an environment ripe for fraud. These dual-entity single location businesses are controlled by the same or related family members and friends. This allows the fraudulent billing of clients for both services daily.

No other facilities have been allowed this across the United States. These centers and assisted living facilities broke the rules and must be shut down. The heightened scrutiny list is meaningless. Many of these dual-entity single location operators use the assisted living component as a kickback incentive to illegally induce day care clients along with cash incentives.

Fraud - Double Billing regardless if Medicaid recipients attend day care

Fraud - Billing of Child and Adult Care Food Program daily regardless of day care attendance due to person being in building. Both programs provide funding for meals, these entities are able to receive double the funding. Assisted livings regularly also collect the food stamps, and social security amounts from their clients as rent on top of billing Medicaid.

Fraud - Medical Day Care funding includes transportation and nursing care. Assisted Living funding includes payroll for 24-hour care. By having the assisted living in the same place, dual-entity single location providers have higher profit margins than competing adult day cares and assisted livings.

Threats and Bribes - Dual-entity single location providers intimidate other providers with threats of physical violence or other methods at the expense of the taxpayer. These providers were able to open both types of businesses at a single location. All others looking to do the same are told they are not allowed to do so by OHCQ and MDH.

Fraud - Dual-entity single location providers pay cash incentives to Medicaid recipients on welfare programs to dual enroll in their programs so that they can bill Medicaid twice a day. These cash incentives are not reported to Department of Social Services or the Social Security Administration which pay income-based benefits such as Food Stamps, Energy Assistance, Medicaid.

Fraud - using names of those dual-enrolled in their programs to submit public comments to the final rule to try to gain an exemption for their illegal operations.

Fraud - able to bill Medicaid two times for providing no services if client sleeps during the day.

Referral Fraud - dual entity providers refer their large client list to Residential service agencies which bill Medicaid to provide Durable Medical Equipment and provide Community First Choice home care, usually to family members of clients, telling clients when they transfer, their family member can sit at home and earn a high income "providing services"

Medical day care must be kept separate entirely from assisted living and MDH must comply with the CMS rule and not allow any exception in the state of Maryland. All providers providing assisted living and day care services at a single location must be investigated for providing kickbacks, attendance of medical day, and cash inducements for transfers. Clients transferred to these centers must be investigated as they are used to perpetuate the kickback schemes to recruit friends.

Taxpayers have been paying their lavish lifestyles long enough waiting for MDH to act. Search the addresses of these listed assisted living facilities and the addresses of day care centers. These must be closed and the US government reimbursed. The rule of law applies to everyone.

Cost to taxpayers Annually per Medicaid Client

Assisted Living Client cost to Medicaid - \$37,573

Assisted Living Food Stamps and Social Security Retirement collected as Rent - \$15,000-\$25,000

Day Care Client cost to Medicaid - \$32,000 - \$35,000

With Referral to other providers

Durable Medical Equipment cost to Medicaid - \$3000 - \$10,000+

Community First Choice cost to Medicaid - average \$25,000-\$55,000+ **paid to family/friend without work done**

Combined with income based benefits, the cost to US Taxpayers can reach \$100,000-\$150,000 or higher per year.