

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
ARCA
AGENCY CLERK

2018 MAY 17 A 11: 10

STATE OF FLORIDA,
AGENCY FOR HEALTH CARE
ADMINISTRATION,

Petitioner,

vs.

HARMONY MENTAL HEALTH
AND BEHAVIORAL SERVICES,

Respondent.

MPI Case No.: 2017-0008338

Provider No.: 017716500

License No.: N/A

NPI No.: 1295965234

SUSPENSION FINAL ORDER

THIS CAUSE is before me for issuance of a Final Order. In a letter dated February 12, 2018, (Ex.1) Harmony Mental Health and Behavioral Services (Respondent), was informed that the State of Florida, Agency for Health Care Administration (Agency) applied a sanction of \$2,500.00 and suspension from participation in the Florida Medicaid program pursuant to Section 409.913, Florida Statutes (F.S.), and Rule 59G-9.070, Florida Administrative Code (F.A.C.). The respondent is prohibited from performing any action that results in a claim for payment to the Medicaid program as a result of furnishing, supervising a person who is furnishing, or causing a person to furnish goods or services.

The letter contained full disclosure and notice regarding the Respondent's administrative hearing and due process rights and was sent to the address last shown on the provider's provider enrollment file in compliance with Section 409.913(6), F.S., which specifies that it is "the responsibility of the provider to furnish and keep the agency informed of the provider's current address. United States Postal Service proof of mailing or certified or registered mailing of such notice to the provider at the address shown on the provider enrollment file constitutes sufficient proof of notice." The certified mail receipt is attached hereto and incorporated herein as Ex. 2. To date, the Respondent has not requested a hearing to dispute the facts contained in the letter, and the timeframe within which Respondent had to request a hearing has expired.

FINDINGS OF FACTS

1. The letter disclosed the Respondent's administrative and due process rights and was sent via certified mail to the address last shown on the provider's provider enrollment file. See Ex. 2.
2. The Respondent has not disputed imposition of the sanction as set forth in the letter.

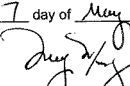
CONCLUSIONS OF LAW

1. The Agency incorporates and adopts the statements and conclusions of law as set forth in the aforementioned letter.
2. The sanction as set forth in the letter is final.

ORDER

BASED on the foregoing, it is **ORDERED** and **ADJUDGED** that the Respondent refund, forthwith, the sum of \$2,500.00 and is **SUSPENDED** from participation in the Florida Medicaid program pursuant to Rule 59G-9.070, F.A.C.

DONE AND ORDERED this 7 day of May, 2018, in Tallahassee, Florida.


Justin M. Senior, Secretary
Agency for Health Care Administration

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been served on the above-named persons by U.S. Mail or interoffice mail as indicated on this the 17th day of May, 2018.



Richard J. Shoop, Agency Clerk
State of Florida
Agency for Health Care Administration
2727 Mahan Drive, Building #3
Tallahassee, Florida 32308-5403
(850) 412-3630

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO A JUDICIAL REVIEW WHICH SHALL BE INSTITUTED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A SECOND COPY ALONG WITH FILING FEE AS PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE AGENCY MAINTAINS ITS HEADQUARTERS OR WHERE A PARTY RESIDES. REVIEW PROCEEDINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE FLORIDA APPELLATE RULES. THE NOTICE OF APPEAL MUST BE FILED WITHIN 30 DAYS OF RENDITION OF THE ORDER TO BE REVIEWED.

Copies furnished to:

Harmony Mental Health and Behavioral Services
1601 Park Center Drive, Suite 7
Orlando, FL 32835
(U.S. mail)

Kelly Bennett, Chief
Medicaid Program Integrity
(Interoffice mail)

Bureau of Financial Services
(Interoffice mail)

Division of Health Quality Assurance
Bureau of Health Facility Regulation
(E-mail)

Division of Health Quality Assurance
Bureau of Central Services
CSMU-86@ahca.myflorida.com

Shawn McCauley
Medicaid Fiscal Agent Operations
(E-mail)

Warren Moore
Medicaid Plan Management Operations
(E-mail)

Tracy Jeter-Cummings
Medicaid Plan Management Operations
(E-mail)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

CERTIFIED MAIL NO.: 91 7108 2133 3932 8870 4542

February 12, 2018

Harmony Mental Health and Behavioral Services
1601 Park Center Drive, Suite 7
Orlando, FL 32835

Provider No.: 017716500
MPI Case No.: 2017-0008338

License No.: N/A
NPI No.: 1295965234

In Reply Refer to: Suspension from Participation

Dear Provider:

Our records indicate that you have not responded to our BA Record Inspection December 2017 letter, requesting copies of Medicaid-related records for group members, a copy of which is attached.

In accordance with Section 409.913, Florida Statutes (F.S.), and Rule 59G-9.070, Florida Administrative Code (F.A.C.), the Agency for Health Care Administration (Agency), shall apply sanctions for violations of federal and state laws, including the failure to make available or furnish all Medicaid-related records. This letter shall serve as notice of the following sanction(s):

- A fine of **\$2,500.00** and **Suspension** for violation of Rule 59G-9.070(7)(c), F.A.C.

This correspondence is being sent to the address last shown on your provider enrollment file in compliance with Section 409.913(6), F.S. Furthermore, this letter serves as notice that continued non-compliance will result in a sanction of **termination** from participation in the Medicaid program in accordance with Rule 59G-9.070, F.A.C., and Section 409.913, F.S.

Please remit a certified check in the amount of \$2,500.00. The check must be payable to the **Florida Agency for Health Care Administration**. Questions regarding procedures for submitting payment should be directed to Medicaid Accounts Receivable, (850) 412-3901. To ensure proper credit, be certain you legibly record on your check your Medicaid provider number and the MPI case number (2017-0008338). Please mail payment to:

Agency for Health Care Administration
Medicaid Accounts Receivable
2727 Mahan Drive, Mail Stop #14
Tallahassee, FL 32308

2727 Mahan Drive • Mail Stop #6
Tallahassee, FL 32308
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

Ex 1

If payment is not received, or arranged for, within 30 days of receipt of this letter, the Agency may withhold Medicaid payments or impose additional sanctions, which include, but are not limited to, fines, suspension, and termination from the Medicaid Program.

You have the right to request a formal or informal hearing pursuant to Section 120.569, F.S. If a request for a formal hearing is made, the petition must be made in compliance with Rule 28-106.201, F.A.C., and mediation may be available. If a request for an informal hearing is made, the petition must be made in compliance with Rule 28-106.301, F.A.C. Additionally, you are hereby informed that if a request for a hearing is made, the petition must be **received by the Agency** within twenty-one (21) days of receipt of this letter. **For more information regarding your hearing and mediation rights, please see the attached Notice of Administrative Hearing and Mediation Rights.**

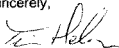
This correspondence is being sent to the address last shown on your provider enrollment file in compliance with Section 409.913(6), F.S. Section 409.913(12), F.S., provides exemptions from the provisions of Section 119.07(1), F.S., for the complaint and all information obtained pursuant to an investigation of a Medicaid provider relating to an allegation of fraud, abuse, or neglect. The Agency has made the determination that your violation(s) of Medicaid policy constitute abuse as referenced in Section 409.913, F.S. Thus, all information obtained pursuant to this review is confidential and exempt from the provisions of Section 119.07(1), F.S., until the Agency takes final agency action with respect to the provider and requires repayment of any overpayment or imposes an administrative sanction by Final Order.

Additionally, to avoid further sanctions related to the failure to provide records upon request, correspondence and the requested records should immediately be sent to the following address:

Courtney Booth, Medical Health Care Program Analyst
Agency for Health Care Administration
Medicaid Program Integrity
2727 Mahan Drive, Mail Stop # 6
Tallahassee, FL 32308-5403

Any questions you may have about this matter should be directed to: **Courtney Booth, Medical Health Care Program Analyst, Agency for Health Care Administration, Medicaid Program Integrity, 2727 Mahan Drive, Mail Stop #6, Tallahassee, Florida 32308-5403, telephone (850) 412-4600, facsimile (850) 410-1972.**

Sincerely,



Tim Helms, MHSc, AHFI
AHCA Administrator
Medicaid Program Integrity

TH/cb

Notice: Section 409.913(16), F.S., provides the authority for the Agency to impose the sanction of termination for cause if a provider voluntarily relinquishes its Medicaid provider number or an associated license, or allows the associated licensure to expire after receiving written notice that the Agency is conducting, or has conducted, an audit, survey, inspection, or investigation and that a sanction of suspension or termination will or would be imposed for noncompliance discovered as a result of the audit, survey, inspection, or investigation. This is notice that the Agency is conducting an audit, survey, inspection, or investigation within the meaning of 409.913(16), F.S. Accordingly, if you voluntarily terminate your Medicaid provider number, voluntarily relinquish an associated license, or allow an associated license to expire following receipt of this notice but prior to the conclusion of this audit, survey, inspection, or investigation, said action will result in the imposition of the sanction of termination for cause from the Medicaid program.

NOTICE OF ADMINISTRATIVE HEARING AND MEDIATION RIGHTS

You have the right to request an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. If you disagree with the facts stated in the foregoing Final Audit Report (hereinafter FAR), you may request a formal administrative hearing pursuant to Section 120.57(1), Florida Statutes. If you do not dispute the facts stated in the FAR, but believe there are additional reasons to grant the relief you seek, you may request an informal administrative hearing pursuant to Section 120.57(2), Florida Statutes. Additionally, pursuant to Section 120.573, Florida Statutes, mediation may be available if you have chosen a formal administrative hearing, as discussed more fully below.

The written request for an administrative hearing must conform to the requirements of either Rule 28-106.201(2) or Rule 28-106.301(2), Florida Administrative Code, and must be received by the Agency for Health Care Administration, by 5:00 P.M. no later than 21 days after you received the FAR. The address for filing the written request for an administrative hearing is:

Richard J. Shoop, Esquire
Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308
Fax: (850) 921-0158
Phone: (850) 412-3630
E-File Website: <http://apps.ahca.myflorida.com/Efile>

Petitions for hearing filed pursuant to the administrative process of Chapter 120, Florida Statutes may be filed with the Agency by U.S. mail or courier sent to the Agency Clerk at the address listed above, by hand delivery at the address listed above, by facsimile transmission to (850) 921-0158, or by electronic filing through the Agency's website at <http://apps.ahca.myflorida.com/Efile>.

The request must be legible, on 8 ½ by 11-inch white paper, and contain:

1. Your name, address, telephone number, any Agency identifying number on the FAR, if known, and name, address, and telephone number of your representative, if any;
2. An explanation of how your substantial interests will be affected by the action described in the FAR;
3. A statement of when and how you received the FAR;
4. For a request for formal hearing, a statement of all disputed issues of material fact;
5. For a request for formal hearing, a concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle you to relief;
6. For a request for formal hearing, whether you request mediation, if it is available;
7. For a request for informal hearing, what bases support an adjustment to the amount owed to the Agency; and
8. A demand for relief.

A formal hearing will be held if there are disputed issues of material fact. Additionally, mediation may be available in conjunction with a formal hearing. Mediation is a way to use a neutral third party to assist the parties in a legal or administrative proceeding to reach a settlement of their case. If you and the Agency agree to mediation, it does not mean that you give up the right to a hearing. Rather, you and the Agency will try to settle your case first with mediation.

If you request mediation, and the Agency agrees to it, you will be contacted by the Agency to set up a time for the mediation and to enter into a mediation agreement. If a mediation agreement is not reached within 10 days following the request for mediation, the matter will proceed without mediation. The mediation must be concluded within 60 days of having entered into the agreement, unless you and the Agency agree to a different time period. The mediation agreement between you and the Agency will include provisions for selecting the mediator, the allocation of costs and fees associated with the mediation, and the confidentiality of discussions and documents involved in the mediation. Mediators charge hourly fees that must be shared equally by you and the Agency.

If a written request for an administrative hearing is not timely received you will have waived your right to have the intended action reviewed pursuant to Chapter 120, Florida Statutes, and the action set forth in the FAR shall be conclusive and final.

Harmony Mental Health and Behavioral Services
Provider No.: 017716500
MPI Case No.: 2017-0008338
Page 6 of 6

Complete this form and send along with your check to:

Agency for Health Care Administration
Medicaid Accounts Receivable
2727 Mahan Drive, Mail Stop #14
Tallahassee, Florida 32308

**CHECK MUST BE MADE PAYABLE TO: FLORIDA AGENCY FOR HEALTH CARE
ADMINISTRATION**

Provider Name: Harmony Mental Health and Behavioral Services
Provider No.: 017716500
MPI Case No.: 2017-0008338
Fine Amount: \$2,500.00
Check Number: # _____



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

CERTIFIED MAIL NO.: 91 7108 2133 3932 8870 7819

December 8, 2017

Provider No.: 017716500
NPI No.: 1295965234

Harmony Mental Health and Behavioral Services
1601 Park Center Drive, Suite 7
Orlando, FL 32835

In Reply Refer to: MPI Case No.: 2017-0008338
BA Record Inspection December 2017

Dear Provider:

The Agency for Health Care Administration (Agency), Medicaid Program Integrity is in the process of completing an inspection of Medicaid participation during the period March 1, 2017 through November 30, 2017. Pursuant to Section 409.913, Florida Statutes (F.S.), this is official notice that the Agency requests Medicaid-related records. The specific records being sought are (1) confirmation of group members (see Appendix A), (2) records pertaining to employees or subcontractors (see Appendix B), and (3) a certification that the response to the Agency is complete and accurate (see Appendix C). The requested documentation is due to the Agency within ten (10) calendar days of your receipt of this notification. Please submit the completed Appendix A (Group Members), furnish the documentation listed on Appendix B (Documentation Guidelines), and submit the completed Appendix C (Certification of Completeness of Records) to the Agency within this time frame, or other agreed upon time frame.

Requested records should be sent to the following address:

Catherine Nowotny, Medical/Health Care Program Analyst
Agency for Health Care Administration
Medicaid Program Integrity
400 W. Robinson Street, Suite S-309
Orlando, FL 32801-1736

Records submitted via electronic media are preferred and will assist in expediting this inspection.

In accordance with Section 409.913, F.S., and Rule 59G-9.070, Florida Administrative Code, the Agency shall apply sanctions for violations of federal and state laws, including Medicaid policy. Pursuant to the aforementioned provisions, failure to provide all requested Medicaid-related records in compliance with this request will result in the application of sanctions, which include, but are not limited to, fines, suspension and termination. The Medicaid-related records associated with this inspection should be retained until the inspection is completed, or such longer period as required by law.

2727 Mahan Drive • Mail Stop #6
Tallahassee, FL 32306
AHCA MyFlorida.com

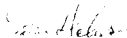


Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

Section 409.913(12), F.S., provides exemptions from the provisions of Section 119.07(1), F.S. All information obtained pursuant to this inspection is confidential and exempt from the provisions of Section 119.07(1), F.S., until the Agency takes final agency action with respect to the provider and requires repayment of any overpayment or imposes an administrative sanction by Final Order.

If you have any questions, please contact Catherine Nowotny
(Catherine.Nowotny@ahca.myflorida.com), Medical/Health Care Program Analyst.

Sincerely,



Tim Helms, MHSc, LDO
AHCA Administrator
Medicaid Program Integrity

Enclosure(s):

- Appendix A (Group Members)
- Appendix B (Documentation Guidelines)
- Appendix C (Certification of Completeness of Records)

Notice: Section 409.913(16), F.S., provides the authority for the Agency to impose the sanction of termination for cause if a provider voluntarily relinquishes its Medicaid provider number or an associated license, or allows the associated licensure to expire after receiving written notice that the Agency is conducting, or has conducted, an audit, survey, inspection, or investigation and that a sanction of suspension or termination will or would be imposed for noncompliance discovered as a result of the audit, survey, inspection, or investigation. This is notice that the Agency is conducting an audit, survey, inspection, or investigation within the meaning of 409.913(16), F.S. Accordingly, if you voluntarily terminate your Medicaid provider number, voluntarily relinquish an associated license, or allow an associated license to expire following receipt of this notice but prior to the conclusion of this audit, survey, inspection, or investigation, said action will result in the imposition of the sanction of termination for cause from the Medicaid program.

Appendix A: Group Members

Harmony Mental Health and Behavioral Services - 017716500

Provider ID	Employee/Contractor Name	Please indicate which employment/contract status is accurate (check the appropriate box).		For former employees/contractors, indicate dates (start and end) of employment.		
		<input type="checkbox"/> Current employee	<input type="checkbox"/> Never an employee	<input type="checkbox"/> Previous employee	Start date: / /	End date: / /
1	018413800 PATRICIA BUSH	<input type="checkbox"/> Current employee	<input type="checkbox"/> Never an employee	<input type="checkbox"/> Previous employee	Start date: / /	End date: / /
2	020635200 ROBIN WILLIAMS	<input type="checkbox"/> Current employee	<input type="checkbox"/> Never an employee	<input type="checkbox"/> Previous employee	Start date: / /	End date: / /
3	020824900 TAMESHA L WILLIAMS	<input type="checkbox"/> Current employee	<input type="checkbox"/> Never an employee	<input type="checkbox"/> Previous employee	Start date: / /	End date: / /
4	021537100 LYNETTE BAEZ-FELICIANO	<input type="checkbox"/> Current employee	<input type="checkbox"/> Never an employee	<input type="checkbox"/> Previous employee	Start date: / /	End date: / /
5	022727000 MICHELLE GRANT	<input type="checkbox"/> Current employee	<input type="checkbox"/> Never an employee	<input type="checkbox"/> Previous employee	Start date: / /	End date: / /

Appendix B: Documentation Guidelines

Required Documentation to be submitted for group members:

All Employer and Employee Records - to include, but not limited to:

1. Employment application
2. Employee resume
3. Employment contract
4. Copies of all required AHCA training certificates
5. Copies of all required APD training certificates
6. BACB certifications/re-certifications (BCBA, BCaBA, RBT)
7. High school diploma
8. College degree/diploma
9. Level 2 Background check results
10. Driver's License or Photo Identification
11. Copy of Social Security card
12. Proof of eligibility for employment in the United States
13. Any additional group member information

NOTE: Records submitted via electronic media are preferred and will assist in expediting this inspection.

Appendix C: Certification of Completeness of Records

Appendix C: Certification of Completeness of Records

In response to the request for Medicaid-related records dated December 8, 2017,

I, _____ hereby certify that I am the official custodian of records
(name)

for _____ Medicaid Provider number _____
(Provider Name) (Provider #)

(hereinafter referred to as "Provider"). My title is: _____ The
(title)

Provider's address is: _____
(address)

I hereby verify that I have searched the Medicaid-related records maintained by the
Provider and have determined that the attached records consisting of _____ pages are
true and correct copies of the Medicaid-related records requested by the Agency for Health
(# of pages)
Care Administration, Medicaid Program Integrity.

I further certify that these are all of the Medicaid-related records that were made at or
near the time that the services were rendered by, or from information transmitted by, the
Provider; are kept in the course of the regularly conducted business of the Provider; and that it
is the regular practice of the Provider to keep such records.

Signature

Date

Type or Print Name

Medicaid-related records are records related to the provider's business, profession, or to a Medicaid recipient. They are the records necessary to determine a provider's entitlement to payments under the Medicaid program. All documentation that relates to the Medicaid payments and Medicaid recipients under review should be submitted in response to the Agency's request for records. Failure to furnish all Medicaid-related records within the timeframe requested by the Agency, or other mutually agreed upon timeframe, shall result in the imposition of sanctions pursuant to section 409.913, Florida Statutes, and Rule 59G-9.070, Florida Administrative Code. The Medicaid-related records associated with this review should be retained until the review is completed, or such longer period of time as is required by law.

Track Another Package +

Tracking Number: 9171082133393288707819

Remove X

Your item was delivered to an individual at the address at 11:08 am on December 11, 2017 in ORLANDO, FL 32835.

Delivered

December 11, 2017 at 11:08 am
DELIVERED, LEFT WITH INDIVIDUAL
ORLANDO, FL 32835

Get Updates 

Text & Email Updates



Tracking History



December 11, 2017, 11:08 am
Delivered, Left with Individual
ORLANDO, FL 32835

Your item was delivered to an individual at the address at 11:08 am on December 11, 2017 in ORLANDO, FL 32835.

December 10, 2017, 12:16 pm
In Transit to Destination
On its way to ORLANDO, FL 32835

December 9, 2017, 10:16 pm
Departed USPS Regional Facility

ORLANDO FL DISTRIBUTION CENTER

December 9, 2017, 1:05 pm
Arrived at USPS Regional Facility
ORLANDO FL DISTRIBUTION CENTER

December 9, 2017, 12:28 pm
In Transit to Destination
On its way to ORLANDO, FL 32835

December 8, 2017, 9:28 pm
Departed USPS Regional Facility
TALLAHASSEE FL DISTRIBUTION CENTER

December 8, 2017, 9:25 pm
Arrived at USPS Regional Facility
TALLAHASSEE FL DISTRIBUTION CENTER

Product Information



See Less ^

Can't find what you're looking for?

Go to our **FAQs** (<http://faq.usps.com/?articleId=220900>) section to find answers to your tracking questions.

Track Another Package +

Tracking Number: 9171082133393288704542

Remove X

Your item was delivered to an individual at the address at 10:28 am on February 16, 2018 in ORLANDO, FL 32835.

Delivered

February 16, 2018 at 10:28 am
Delivered, Left with Individual
ORLANDO, FL 32835

Get Updates 

Text & Email Updates 

Tracking History 

February 16, 2018, 10:28 am

Delivered, Left with Individual
ORLANDO, FL 32835

Your item was delivered to an individual at the address at 10:28 am on February 16, 2018 in ORLANDO, FL 32835.

February 15, 2018, 12:49 pm

In Transit to Next Facility
On its way to ORLANDO, FL 32835

How can I help you?

Ex 2

February 15, 2018, 10:47 am

Delivery Attempted - No Access to Delivery Location
ORLANDO, FL 32835

February 14, 2018, 11:49 pm

Departed USPS Regional Facility
ORLANDO FL DISTRIBUTION CENTER

February 14, 2018, 2:27 pm

Arrived at USPS Regional Facility
ORLANDO FL DISTRIBUTION CENTER

February 14, 2018, 3:57 am

Departed USPS Regional Facility
TALLAHASSEE FL DISTRIBUTION CENTER

February 14, 2018, 12:15 am

Arrived at USPS Regional Facility
TALLAHASSEE FL DISTRIBUTION CENTER

Product Information



See Less ^

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs (<http://faq.usps.com/?articleId=220900>)

How can I help you?