Final Informal Review Decision

December 24, 2012

Charlotte White Center
Attn. M. Dale Shaw
572 Bangor Road
Dover-Foxcroft, Maine 04426

Re: Expanding Horizons

Dear Mr. Shaw:


As a result of this request, we have prepared an informal review. Our Final Informal Review Decision is as follows:

Self-insured Workers’ Compensation Administrative Costs
As noted in the provider’s appeal letter dated November 23, 2012, administrative costs for the provider’s self-insured workers’ compensation policy were not allowed as costs for the audit period July 1, 2009 through June 30, 2010 per WP 7. Upon further discussion, it was agreed that a portion of the administrative costs based on a percentage of administrative costs to the salaries of direct care personnel be allowed. An adjustment to WP 7 was made to allow the administrative and actual claims costs. A revised audit report will follow.

This final informal review decision was based upon a consultation with the auditor of record, a review of her audit report and the related work papers, and your subsequent communications to us.

Please refer to the attached Notice of Appeal Rights of MaineCare Providers for an explanation of your facility’s further appeal options.

Sincerely,

Rhonda L. Parker
Auditor of Record

Herbert F. Downs, Director
Division of Audit

Enclosures:
Notice of Appeal Rights of MaineCare Providers
NOTICE OF APPEAL RIGHTS OF MAINECARE PROVIDERS

1. Informal Review:

   If you disagree with any portion of the audit report, you must request an informal review by the Director of the Division of Audit – MaineCare and Social Services, or his designee, by notifying the Division of Audit – MaineCare and Social Services, 11 State House Station, Augusta, Maine 04333-0011, in writing within 60 days of receipt of the audit report of the issues that are in dispute. Failure to give timely notice or to include the information relied upon shall constitute a waiver of your facility’s right to an informal review and to any subsequent administrative appeals. See the following chart for a reference to the Department’s regulation that provides further explanation of your facility’s appeal rights and the information you must present in your response:

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Effective Date</th>
<th>Appeal Regulation Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PNMI</td>
<td>8-1-08</td>
<td>Principle #6000 (MBM, Chapter III ,Section 97)</td>
</tr>
<tr>
<td>PNMI</td>
<td>7-2-09</td>
<td>Principle #6000 (MBM, Chapter III ,Section 97)</td>
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<tr>
<td>PNMI</td>
<td>8-1-09</td>
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<tr>
<td>PNMI</td>
<td>5-15-10</td>
<td>Principle #6000 (MBM, Chapter III ,Section 97)</td>
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   (Note: MBM = MaineCare Benefits Manual)

2. Administrative Hearing:

   If you disagree with the decision made after an informal review, you must request an administrative hearing by the Commissioner of the Department of Health and Human Services, or his designee, by notifying the Commissioner’s office, in writing within 60 days of receipt of the informal review decision of the issues that are in dispute. Only those issues presented for informal review will be considered at the administrative hearing. See MaineCare Benefits Manual, Chapter I, Section 1.21; see also Administrative Hearing Regulations.

3. Petition for Judicial Review:

   If you disagree with the Commissioner’s final decision made after an administrative hearing, you may petition the Superior Court for judicial review of final agency action. See 5 M.R.S.A §§ 11001-11007.