

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**REVIEW OF MEDICAID SCHOOL BASED
CHILD HEALTH SERVICES COSTS
CLAIMED BY CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OCTOBER 1999 – SEPTEMBER 2000**



JANET REHNQUIST
Inspector General

MAY 2002
A-01-01-00006

Office of Inspector General

<http://oig.hhs.gov/>

The mission of the Office of Inspector General (OIG), as mandated by Public Law 95-452, as amended, is to protect the integrity of the Department of Health and Human Services (HHS) programs, as well as the health and welfare of beneficiaries served by those programs. This statutory mission is carried out through a nationwide network of audits, investigations, and inspections conducted by the following operating components:

Office of Audit Services

The OIG's Office of Audit Services (OAS) provides all auditing services for HHS, either by conducting audits with its own audit resources or by overseeing audit work done by others. Audits examine the performance of HHS programs and/or its grantees and contractors in carrying out their respective responsibilities and are intended to provide independent assessments of HHS programs and operations in order to reduce waste, abuse, and mismanagement and to promote economy and efficiency throughout the Department.

Office of Evaluation and Inspections

The OIG's Office of Evaluation and Inspections (OEI) conducts short-term management and program evaluations (called inspections) that focus on issues of concern to the Department, the Congress, and the public. The findings and recommendations contained in the inspections reports generate rapid, accurate, and up-to-date information on the efficiency, vulnerability, and effectiveness of departmental programs.

Office of Investigations

The OIG's Office of Investigations (OI) conducts criminal, civil, and administrative investigations of allegations of wrongdoing in HHS programs or to HHS beneficiaries and of unjust enrichment by providers. The investigative efforts of OI lead to criminal convictions, administrative sanctions, or civil monetary penalties. The OI also oversees State Medicaid fraud control units, which investigate and prosecute fraud and patient abuse in the Medicaid program.

Office of Counsel to the Inspector General

The Office of Counsel to the Inspector General (OCIG) provides general legal services to OIG, rendering advice and opinions on HHS programs and operations and providing all legal support in OIG's internal operations. The OCIG imposes program exclusions and civil monetary penalties on health care providers and litigates those actions within the Department. The OCIG also represents OIG in the global settlement of cases arising under the Civil False Claims Act, develops and monitors corporate integrity agreements, develops model compliance plans, renders advisory opinions on OIG sanctions to the health care community, and issues fraud alerts and other industry guidance.

EXECUTIVE SUMMARY

Background

The Medicaid program was established under Title XIX of the Social Security Act and is jointly funded by the Federal and state governments to provide medical assistance to certain individuals with low income and resources. The Individuals with Disabilities Education Act (IDEA), formerly called the Education of the Handicapped Act, authorized Federal funding to states for programs that impact Medicaid payment for services provided in schools. Under Part B of IDEA, school districts must prepare an Individualized Education Plan (IEP) for each child, which specifies all special education and “related services” needed by the child. The Medicaid program will pay for some of the “health related services” included in the IEP, if they are among the services specified in Medicaid law and included in the state’s Medicaid Plan.

In Connecticut, the Department of Social Services (State agency) is responsible for administering the Medicaid program. The State agency’s Medicaid Plan includes School Based Child Health (SBCH) services and allows for reimbursement of these services that are provided by or through a Local Education Agency (LEA) to students with special needs pursuant to the IEP. The reimbursements are based on statewide bundled rates. During the period October 1999 through September 2000 the Medicaid program reimbursed the State agency about \$26.9 million (\$13.4 million Federal share) for 58,915 SBCH services billed by the LEAs.

Objective, Scope, and Methodology

The objective of our review was to determine if SBCH costs claimed by the State agency were reasonable, allowable and adequately supported in accordance with the terms of the State Medicaid Plan and applicable Federal regulations. Specifically, we determined whether the services were provided and the extent to which eligible recipients received these services for claims paid to the Hartford and Waterbury LEAs, the two largest LEAs participating in the SBCH program in Connecticut. Our review included SBCH costs claimed by the State agency during the period October 1999 through September 2000.

Summary Results of Review

The State agency reimburses LEAs for SBCH services on the basis of statewide bundled rates, which are designed to provide a standard reimbursement for all SBCH services included in the recipients IEP. However, our review of LEA documentation supporting random samples of SBCH claims paid to two LEAs disclosed that about 80 percent of the Hartford recipients and 82 percent of the Waterbury recipients received only about one-half of the total amount of SBCH treatment services recommended in the IEPs. As a result, we have no assurance that all Federal Medicaid funds earmarked for SBCH services are being spent by LEAs on all recommended health related activities for Medicaid eligible children.

The implementation of the SBCH program required the coordination of the State agency, Connecticut State Department of Education (SDE) and LEAs. However, we noted that none of the agencies had developed formalized procedures to periodically monitor SBCH services to ensure that Medicaid eligible children are receiving services in accordance with their IEPs. We believe that the bundled rate reimbursement methodology may be a contributing factor to the problem of not providing all recommended services. Although utilizing bundled rates for reimbursement of SBCH services can simplify requirements for schools that participate in the Medicaid program, we believe that bundled rates can also create an incentive to reduce costs by limiting services provided to eligible recipients.

During our review we also noted the State agency had made duplicate payments because (1) certain LEAs assigned two different patient account numbers to the same recipient, (2) made input errors in entering data in the payment files and (3) reimbursed LEAs for more than one recipient evaluation per year. The State agency took corrective action on all these duplicate payment items.

Recommendations

We recommend that the State agency:

- Coordinate the delivery of SBCH services with the SDE and LEAs to ensure that they are provided in accordance with all recommended services included in the IEPs, and
- Establish procedures to periodically monitor the LEAs to ensure that Medicaid recipients are receiving all recommended services.

The State agency, in its response dated April 4, 2002 (See APPENDIX), indicated that it will request that SDE work with the State agency to examine current IEP implementation review and reporting activities and identify steps to improve IEP services. However, the State agency did not believe that the Medicaid reimbursement rate was overstated and did not result in inappropriate Medicaid cost claiming.

We are currently performing a separate audit of the methodology used to develop the SBCH reimbursement rate. The results of this audit will be included in a separate audit report and will provide us with more definitive information to determine if the bundled rates are equitable.

TABLE OF CONTENTS

	Page
INTRODUCTION	1
BACKGROUND	1
OBJECTIVE, SCOPE AND METHODOLOGY	2
RESULTS OF REVIEW	3
Program Requirements For SBCH Services	3
Services Not Provided In Accordance With IEP	4
Recommendations	6
State agency Response	6
OIG Comments	6
OTHER MATTERS	7
APPENDIX	
State Agency Response to Draft Report	

INTRODUCTION

BACKGROUND

The Medicaid program was established by Title XIX of the Social Security Act and is jointly funded by the Federal and state governments to provide medical assistance to certain individuals and families with low income and resources. Within broad Federal guidelines, states design and administer the Medicaid program under the general oversight of the Centers for Medicare & Medicaid Services (CMS). The IDEA, formerly called the Education of the Handicapped Act, authorized Federal funding to states for programs that impact Medicaid payment for services provided in schools. Specifically, Section 411(k)(13) of the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360) amended Section 1903(c) of the Act to permit Medicaid payment for medical services provided to children under IDEA through a child's IEP or Individualized Family Service Plan.

Under Part B of IDEA, school districts must prepare an IEP for each child, which specifies all special education and "related services" needed by the child. The Medicaid program can pay for some of the "health related services" included in the IEP, if they are among the services specified in Medicaid law and included in the state's Medicaid Plan. Examples of such services include physical therapy, speech pathology services, occupational therapy, psychological services and medical screening and assessment services. Within Federal and state Medicaid program requirements regarding allowable services and providers, the Medicaid program can pay for some or all of the cost of these health related services when provided to children eligible for Medicaid.

In Connecticut, the State agency is responsible for administering the SBCH program. The State agency submits claims for reimbursement of these services to CMS and receives Federal Financial Participation at the rate of 50 percent of the total amount claimed. The SBCH services reimbursable under Medicaid are provided by or through LEAs to students with special needs pursuant to the IEP. The State agency reimburses the LEAs for evaluation and treatment services and also for the costs of medical equipment provided to eligible program participants. Reimbursements are based on statewide bundled rates based on the costs of these services. The reimbursement rates in effect during the time of our audit were interim rates based on fiscal year 1997 cost data and had not been finalized. Services were reimbursed as follows: evaluations at the rate of \$2,100 per child per year; medical equipment at the rate of \$3,500 per child receiving such equipment; and treatments at the rate of \$320 per child per month. The rate for treatments was paid regardless of the number of treatments provided in the month, i.e., \$320 was paid to the LEA whether one or more treatments were provided.

During the period October 1999 through September 2000, a total of 33 Connecticut LEAs participated in the program. The State agency submitted for Medicaid reimbursement about \$26.9 million (\$13.4 million Federal share) in claims for 58,915 services billed by the LEAs.

OBJECTIVE, SCOPE AND METHODOLOGY

We conducted our audit in accordance with generally accepted government auditing standards. The objective of our review was to determine if costs claimed by the State agency for SBCH services were reasonable, allowable and adequately supported in accordance with the terms of the State Medicaid Plan and applicable Federal regulations. Specifically, we determined whether the services were provided and the extent to which eligible recipients received these services. To accomplish our audit objective, we:

- Reviewed Federal and State laws, regulations and guidelines pertaining to the Medicaid program and special education services provided under the SBCH program.
- Obtained an understanding of LEA public school operations of the SBCH program relative to recipient and provider eligibility, payment rates and billing processes, and reviewed related provider agreements.
- Selected two separate random samples of 100 paid SBCH claims reimbursed to the Hartford and Waterbury LEAs during the period October 1999 through September 2000. These samples were selected from a population of 15,590 claims with payments totaling \$7,359,960 for the Hartford LEA and a population of 9,775 claims with payments totaling \$4,206,620 for the Waterbury LEA.
- Obtained and analyzed information from the Hartford and Waterbury LEA records which supported the SBCH claims for Medicaid reimbursement, including recipient program eligibility, recipient IEPs and school attendance records, and provider qualifications.
- Held discussions with various officials from CMS, the State agency, SDE and LEAs.

Our internal control review was limited to obtaining an understanding of the State agency's claim processing system and procedures in place to ensure that the SBCH services were reimbursed in accordance with program regulations.

We did not review the methodology used for the development of the bundled reimbursement rates because the rates were interim and had not been finalized at the time of our review. However, at the end of our audit field work, State agency officials informed us that the rates have now been finalized. As a result, we are performing a review of the reasonableness of the rates and will report the results in a separate audit report under Common Identification Number A-01-02-00006.

Our review covered SBCH service costs claimed during the period October 1999 through September 2000. During this period, the State agency paid 33 school districts

\$26,902,880 (\$13,451,440 Federal share) for SBCH services. We selected the Hartford and Waterbury LEAs for detailed review. Reimbursements to these LEAs represented about 43 percent of the State's total reimbursements for SBCH services for this period.

Our fieldwork was performed at the State agency's main office in Hartford, Connecticut, the SDE office in Middletown, Connecticut, and the LEAs offices in Hartford and Waterbury, Connecticut.

RESULTS OF REVIEW

The State agency reimburses LEAs for SBCH services on the basis of statewide bundled rates. Under this reimbursement methodology, all health related treatment services are paid a standard monthly reimbursement rate of \$320 for those services included in the recipients IEP. Our review of SBCH treatment services provided by the Hartford and Waterbury LEAs disclosed that the Medicaid eligible recipients were not always provided health related services to the extent recommended in the recipients' IEPs. Our review of LEA documentation supporting random samples of SBCH paid claims disclosed that about 80 percent of the Hartford recipients and 82 percent of the Waterbury recipients received only about one-half of the total of SBCH services recommended in the IEPs. Based on our review, we believe that the LEAs are not fully complying with requirements set forth in IDEA. As a result, we have no assurance that all Federal Medicaid funds earmarked for SBCH services are being spent by LEAs on all recommended health related activities for Medicaid eligible children.

Program Requirements For SBCH Services

Implementation of the SBCH program required coordination between the State agency, SDE and LEAs. In this regard, the State agency established an interagency agreement that delineated the responsibilities of the various agencies. Under the agreement the State agency acts as the fiscal agent, ensuring that claims submitted for reimbursement are in accordance with Federal and State Medicaid regulations. The SDE is responsible for implementation of the services required under Part B of IDEA and provides general guidance to LEAs regarding the program. The LEAs identify children who have special education needs, determine the extent of services necessary to meet these needs and provide the services.

The IDEA specifies that once the child's special education needs are identified, the LEAs are required to prepare the IEP as follows:

- Develop, in conjunction with the child's parents, teachers, and others, an IEP that details the education and supportive services a student will receive;
- Provide services in accordance with the IEP;
- Review each child's IEP at least annually and revise it as appropriate, and

- Re-evaluate the child’s need for special education services at least once every three years.

The U.S. Department of Education Guide to the Individualized Education Program provides further guidance to state and local educational agencies in implementing the requirements of Part B of IDEA. In this regard, once the service needs of a child are determined and the IEP is developed:

“The school makes sure that the child’s IEP is being carried out as it was written. Parents are given a copy of the IEP...teachers and service providers...know his or her specific responsibilities for carrying out the IEP. This includes the accommodations, modifications, and supports that must be provided to the child, in keeping with the IEP.” The Guide further states that implementing the IEP will “...provide the student with the special education and related services as listed in the IEP. This includes all...services...that the IEP team has identified as necessary for the student to advance appropriately toward his or her IEP goals, to be involved in and progress in the general curriculum, and participate in other school activities....” (Emphasis added)

Appendix A to Part 300 of IDEA provides further discussions and interpretations regarding the requirements of the IEP process. Of particular note, this Appendix indicates that the state educational agency “...is ultimately responsible for ensuring that all Part B requirements, including the IEP requirements, are met for eligible children within the State....”

Services Not Provided In Accordance With IEP

In order to determine if SBCH services were being provided in accordance with IDEA, we selected the Hartford and Waterbury LEAs for detailed review of SBCH services reimbursed by Medicaid during the period October 1999 through September 2000. These two LEAs represented about 43 percent of the total Medicaid reimbursements claimed by the State agency for SBCH services during the period. We selected separate statistical samples of 100 paid services made to each LEA. In addition to the sample service, we reviewed all other SBCH services provided by the LEA to the recipient during the same month to determine the total amount of SBCH services provided to these recipients in the month. The sample selection was based on valid statistical sampling methodology and, therefore, we believe that the sample results are representative of all SBCH services provided by the Hartford and Waterbury LEAs for the period under review.

Our review disclosed that the Medicaid eligible health related services were not being provided to the extent recommended in the recipients’ IEPs. We found that about 80 percent of the Hartford recipients and 82 percent of the Waterbury recipients received only about one-half of the total amount of SBCH services recommended in the IEPs. The following examples illustrate this situation:

- Hartford sample # 33 - recipient's IEP required 4 hours of speech therapy and 2 hours of social work/counseling per month. Our review of the LEA documentation for this recipient disclosed that for the month of October 1999 the Hartford LEA provided only 1.5 hours of speech therapy and 1 hour of social work/counseling.
- Waterbury sample # 64 - recipient's IEP required 6 hours of speech therapy and 2 hours of social work/counseling per month. The documentation for this recipient disclosed that for the month of October 1999 the Waterbury LEA provided only 1.5 hours of speech therapy and 1 hour of social work/counseling.

Further analysis of the SBCH services for the recipients in the sample disclosed that 126 out of 193 recipients were provided SBCH treatment services totaling three hours or less per month. (The remaining 7 sample claims were for evaluation services not treatments.) These SBCH services amounted to less than 3 percent of the total educational services typically provided to these recipients during a month, i.e., regular education services, non-SBCH special education services and SBCH services.

Based on the results of our sample, we believe that the State agency, SDE and LEAs are not fully meeting their responsibilities to ensure that recipients receive all services recommended in their IEPs. We believe that there is a need for better coordination between these agencies regarding the implementation of the IEPs. State agency officials indicated that they do not have formalized procedures to periodically monitor the extent of SBCH services provided to recipients. It was their opinion that the SDE was responsible for ensuring that all IEP services are provided. Our discussions with officials from the SDE and LEAs indicated that they also did not have any formal procedures to periodically review recipient services to ensure that all IEP services are being provided. They indicated that usually it is only on an exception basis that they are made aware of IEP services not being provided either through complaints received from parents or teachers indicating that services are not being provided.

We further believe that bundled rate reimbursement methodology may be a contributing factor to the problem of not providing all recommended services. This subject was discussed in a General Accounting Office (GAO) audit report issued in April 2000 (GAO/HEHS/OSI-00-69). The report notes that:

“Some methods used to claim Medicaid reimbursement do not adequately ensure that health services are provided...Paying bundled rates for health services can simplify requirements for schools that participate in the Medicaid program; however, bundled rates can also create an incentive to stint on services...Under a bundled approach...costs can...be limited by neglecting to provide all needed services....”

In summary, our review has determined that Medicaid eligible children are not obtaining all SBCH services recommended in their IEPs. We believe that this situation is directly

related to the lack of formalized procedures, at the State agency, SDE and LEA levels, to periodically monitor the extent of SBCH services provided. A contributing factor may be the bundled rate reimbursement methodology, which we believe can create an incentive to reduce costs by limiting services provided to eligible recipients. As a result, we have no assurance that all Federal Medicaid funds earmarked for SBCH services are being spent by the LEAs on all recommended health related activities for Medicaid eligible children.

Recommendations

We recommend that the State agency:

- Coordinate the delivery of SBCH services with the SDE and LEAs to ensure that the SBCH services are provided in accordance with all recommended services included in the IEPs, and
- Establish procedures to periodically monitor the LEAs to ensure that Medicaid recipients are receiving all recommended services.

State agency Response

The State agency, in its response to the draft report dated April 4, 2002 (See APPENDIX), indicated that "...The extent of under service is a concern that we will need to review and address with SDE and LEAs... While under service is a concern, it is important to recognize that this has not resulted in inappropriate Medicaid claiming. Since Medicaid rates are based upon the cost of actual services provided and not the planned services in the IEP, the Medicaid rate is not overstated...."

The State agency response indicated that "...SDE has a formalized review process in place...that includes a comprehensive program review of each LEA... The Hartford Public Schools special education programs were reviewed during the 2000-2001 school year..." However, the response concluded that "Based upon your findings and recommendations the Department will request that SDE work with DSS to examine current IEP implementation review and reporting activities and identify steps to improve IEP service provision and billing...."

OIG Comments

Regarding the State agency's reference to the SDE review of Hartford, we obtained and reviewed the SDE's report which indicated that the IEPs were completed and in place for the special education children. However, the report did not provide any comments as to whether all services recommended in the IEPs were provided to the children. We believe that, as part of the monitoring process, the SDE reviews should include this additional analysis to ensure that all recommended services included on the IEPs are provided.

As we mentioned in the draft report, the State agency indicated that they have finalized the bundled rates for the period July 1996 through June 2000. These rates reflected a significant increase of between 20 and 35 percent in the reimbursement for SBCH treatment services from the reimbursements originally provided to the LEAs. The State agency also indicated during our review that an adjustment will be processed to increase the claim for FFP accordingly. Based on the significant increase, we are currently reviewing the rates to determine if they are reasonable. The results of this review will be reported in a separate audit report (CIN: A-01-02-00006). Once the review is completed we will be able to make more definitive conclusions as to whether the bundled rates are equitable.

OTHER MATTERS

During our review we found that the State agency made duplicate payments to various LEAs. In this regard, we found 16 treatment services and 2 evaluation services amounting to \$9,320 (\$4,660 Federal share) in duplicate payments. This was due to the fact that the same recipient had been assigned two different patient account numbers. We brought this to the State agency's attention and they took immediate action and processed a credit for the duplicates. The State agency also has now enhanced the system used to process LEA billings to identify and prevent this type of duplicate payment situation.

Our analysis also disclosed that the State agency reimbursed two different LEAs for SBCH services for the same recipient in the same month. We reviewed the State agency payment file and found 13 instances in which this occurred totaling \$4,160 (\$2,080 Federal share) in duplicate payments. These duplicate payments were caused by input errors when the payment information was entered into the State agency computer system. The State agency took immediate action to process credits to correct the overpayments.

During discussions with State agency personnel regarding these duplicate payment items, we were informed that they recently identified and processed a credit to the Federal government of \$1,560,806 (\$780,403 Federal share) for other duplicate payments claimed under the SBCH program. These duplicates occurred during the period July 1995 through June 1999 and were caused by the State agency reimbursing LEAs for more than one evaluation per year for individual recipients. According to State agency policy, only one recipient evaluation per year is reimbursable under the SBCH program. The State agency identified the multiple evaluations and took action to process an adjustment to the Federal government for these overpayments. We verified that the adjustment was made in the December 2000 HCFA-64 Quarterly Statement of Medicaid Expenditures.

APPENDIX



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

25 SIGOURNEY STREET • HARTFORD, CONNECTICUT 06106-5033

April 4, 2002

Michael J. Armstrong
Reg. Inspector General for Audit Services
Office of the Inspector General
Office of Audit Services, Region I
John F. Kennedy, Federal Building
Boston, MA 02203

RE: Review of Medicaid School Based Child Health
Services Costs (10/99-9/00), March 2002 (A-01-01-00006)

Dear Mr. Armstrong:

Thank you for the opportunity to comment on the draft report entitled, "Review of Medicaid School Based Child Health Services Costs Claimed by Connecticut Department of Social Services (10/99-9/00)" that was recently completed by your office. Mr. Grip and Mr. Ziencina of your field audit staff were a pleasure to work with on this project.

The report contains two recommendations:

- Coordinate the delivery of SBCH services with the State Department of Education (the "SDE") and the Local Education Agencies (the "LEAs") to ensure that the SBCH services are provided in accordance with all recommended services included in the Individualized Education Programs (the "IEPs").
- Establish procedures to periodically monitor the LEAs to ensure that Medicaid recipients are receiving all recommended services.

Both recommendations in the report are based upon case reviews of Medicaid eligible Hartford and Waterbury students indicating that a significant portion of health related services included in IEPs were not provided. The extent of under service is a concern that we will need to review and address with SDE and LEAs before the next school year. Part of the under service identified by the audit may be attributable to under reporting of service provision to the Medicaid program by health professionals or other factors including whether IEP planned services scheduled should be adjusted for vacation and holidays.

While under service is a concern, it is important to recognize that this has not resulted in inappropriate Medicaid claiming. Since Medicaid rates are based upon the cost of actual services provided and not the planned services in the IEP, the Medicaid rate is not overstated and does not need to be revised due to lower service volume. As you know, the time studies completed by health service providers that are used for Medicaid rate setting reflect actual service provision time.

Mr. Armstrong
April 4, 2002
Page 2

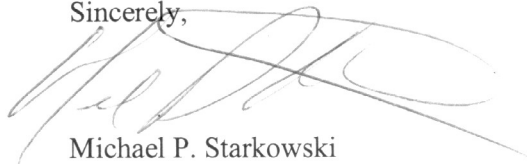
The draft report suggests that the bundled Medicaid rates for SBCH services, "...create an incentive to reduce costs by limiting services provided to eligible recipients." Further the report indicates that, "...we have no assurance that all Federal Medicaid funds earmarked for SBCH services are being spent by the LEAs on all recommended health related activities for Medicaid eligible children." The implication that the Hartford and Waterbury LEAs are taking advantage of the Medicaid system is not substantiated by the report. The Medicaid rates for all years, with the exception of July 1, 1999 through June 30, 2000, are interim rates that are subject to cost settlement based on actual costs. Therefore, service and cost reductions would result in lower rates after cost settlement assuming other factors remain equal. As a result there is no financial incentive to the schools to provide fewer services than those specified in IEPs. The July 1, 1999 though June 30, 2000 period is a prospective rate period based upon the 1997 cost period. This was a one-time prospective period for which cost reports were not required due to the planned transition to a revised cost study rate model effective July 1, 2000. This new method was not approved by HCFA and we reverted to interim rates and cost settlement again effective July 1, 2000.

As you may know, SDE has a formalized review process in place that has been approved by the U.S. Department of Education, that includes a comprehensive program review of each LEA in the state on a 6-year cycle. The Hartford Public Schools special education programs were reviewed during the 2000-01 school year, while Waterbury Public Schools are scheduled for review during 2002-03.

Based upon your findings and recommendations the Department will request that SDE work with DSS to examine current IEP implementation review and reporting activities and identify steps to improve IEP service provision and billing. We expect this process will be completed within the next two months, so that any required changes can be implemented for the September 1, 2002 school year.

Thank you for the opportunity to comment on your SBCH review findings. Please contact Craig Zimmerman at (860) 424-5617 with any questions.

Sincerely,



Michael P. Starkowski
Deputy Commissioner

cc: Theodore S. Sergi, Commissioner, SDE
George Dowaliby, Chief, Special Education
Patricia A. Wilson-Coker, Commissioner, DSS
David Parrella, Director, Medical Administration
Gary Richter, Director, CON and Rate Setting
James Wietrak, Director, Quality Assurance
Lee Voghel, Director, Fiscal Analysis