Mark Gaskill, MFT, PMFT

Senator Charles Scott 13900 State Highway 487 Casper, WY 82604

RE: Wyoming's Lost Children

Senator Scott,

Enclose is a referral I made today to the Wyoming Department of Family Services.

This referral requests DFS investigate what may be a terrible situation where some of Wyoming's children may be unnecessarily institutionalized at considerable emotional and financial expense.

I opened an audit on this subject while I was the Manager of Medicaid Program Integrity. I am informed the audit was terminated by Teri Green shortly after my termination as Program Integrity Director and lead auditor on this matter.

I suspect this topic may have been too uncomfortable to the Medicaid Director at the time.

I know this, in addition to the other correspondence mailed to you regarding the Gibson Condie and Northwest Wyoming Treatment Center issues, may seem overwhelming. I think they are just a couple examples pointing to the need to remove Program Integrity from Medicaid and to place it in an independent setting – such as an office of Medicaid Inspector General.

I would welcome the opportunity to speak to you and hopefully the Labor, Health and Social Services Committee soon about legislative solutions to this and other closely related matters.

Respectfully,

Mark Gaskill

Mark Gaskill, MFT, PMFT

October 22, 2019

Cheyenne Department of Family Services Attn.: Chad Dunlay 1510 E. Pershing Blvd. Cheyenne, WY 82002-0490

Mr. Dunlay:

When I was employed as the Manager of Wyoming Medicaid Program Integrity, I opened an audit that was examining adoption subsidies and residential treatment contacts for Medicaid beneficiaries. The audit was to examine inpatient and residential behavioral health contacts among children involved in subsidized adoption. The referral prompting the audit suggested some parents receiving adoption subsidies were refusing to accept the child back into the home after the initial inpatient/residential treatment contact - the clinical records indicate the event(s) leading to the initial inpatient/residential treatment had stabilized and had been addressed. The preliminary audit findings indicated the medical recommendation was for the child to return home.

These children were not returned home but were apparently transferred to second, third and fourth residential/inpatient programs after the adopted and subsidized parents refused to allow the child to return home. Although not confirmed in the preliminary audit findings the subsidy payments to the parents may have been occurring concurrently with the long-term and progressing residential treatment contacts.

Preliminary data examination and analyses indicated a high risk of successive and possibly medically unnecessary long-term residential hospitalizations across this population. Early data examination indicated the children were 'living' without clinical justification in successive residential treatment programs. (See the Attached Preliminary Data Examination Summary)

The referral that prompted this audit suggested that 1) Wyoming was paying for very expensive residential treatment that was not clinically indicated; 2) any subsidy payments to the parents represented a double payment; 3) the children in this scenario may have been destructively pathologized (harmed) by continuous and unnecessary treatment.

Mark Gaskill, MFT, PMFT

I believe the scenario identified in the audit opened by Medicaid Program Integrity may represent abuse to the children caught in this cycle. The continued and potentially unnecessary hospitalization of children whose treatment plans indicate no need for inpatient and residential care is a clear abuse of children at this critical developmental period. The attachment to the audit announcement presents scenarios for five children examined – the data presented in this announcement letter are remarkable and potentially disturbing

Shortly after I was terminated as the Manager of Medicaid Program Integrity and as principal auditor on this issue, and based upon information and belief, Teri Green, Director Wyoming Medicaid, terminated this audit. I have serious concerns the audit was not conducted to its logical conclusion and that Wyoming children may have been and may continue to be harmed.

I request that the Department of Family Services investigate the children referenced in the attached preliminary audit finding and others that may be currently lost in the system described. The patient PHI was scrubbed from the audit announcement and attachment. Wyoming Medicaid Program Integrity should be able to provide the audit file, working papers and medical records of those beneficiaries examined. I can assist DFS in locating these materials if Medicaid struggles to provide the materials necessary for your investigation.

Respectfully-submitted,

Mark Gaskill

Enc.

Commit to your health.



Thomas O. Forslund, Director

Governor Matthew H. Mead

January 8, 2016

Ref: MG-2016-002

Teri Green, State Medicaid Agent 6101 Yellowstone Road, Suite 210 Cheyenne, WY 82002

RE: Audit Announcement

Dear Ms. Green:

The Medicaid Program Integrity (PI) staff will be performing an audit beginning 1/11/16 of Medicaid beneficiaries enrolled under program codes A86 and A52 - Subsidized Adoption Title 19, IV-E Adoption respectively.

The audit will examine costs, care, and policy associated with A86 and A52 children and adolescents who received extended residential care.

Tisha Kilpatrick and I will be conducting the audit. I do not believe an entrance meeting is necessary unless you wish to schedule one. We will begin our fieldwork next week and anticipate completing the audit in four to six weeks.

Sincerely,

Mark Gaskill
Manager of Quality Assurance and
Program Integrity
Wyoming Department of Health
Division of Healthcare Financing

MG Attachment Example 1: Contiguous Treatment Contacts at Residential Treatment Facilities (Differential Admitting Diagnoses)

Idmitting Diagnoses	Beneficiary A	Grand Tota
Residential Treatment Center 1	Residential Treatment Center 1	\$550,471.00
OPPOSITIONAL DEFIANT DISORDER	3/13/11 Admission Date	Days
	5/20/12 Discharge Date	1,724
Residential Treatment Center 2	Residential Treatment Center 2	
POSTTRAUMATIC STRESS DISORDER	5/21/12 Admission Date	Years
	10/9/14 Discharge Date	4.72
Residential Treatment Center 3	Residential Treatment Center 3	
POST-TRAUMATIC STRESS DISORDER UNSPECIFI	10/9/14 Admission Date	
POSTTRAUMATIC STRESS DISORDER	11/30/15 Discharge Date	

Example 2: Contiguous Treatment Contacts at Residential Treatment Facilities

Admitting Diagnoses	Beneficiary B	A52	AB6	Grand Total
Residential Treatment Center 1	Residential Treatment Center 1	\$360,280.00	\$141,771.00	\$502,051.00
BIPOLAR AFFECTIVE DISORDER, MIXED, SEVER	1/4/11 Admission Date			
	9/1/11 Discharge Date			
Residential Treatment Center 2	Residential Treatment Center 2			Days
BIPOLAR AFFECTIVE DISORDER, MIXED, SEVER	9/1/11 Admission Date			1,792
	7/31/12 Discharge Date	V T		
Residential Treatment Center 3	Residential Treatment Center 3			Years
BIPOLAR AFFECTIVE DISORDER, MIXED, SEVER	7/31/12 Admission Date			4.91
	6/29/15 Discharge Date			1
Residential Treatment Center 4	Residential Treatment Center 4			
BIPOLAR AFFECTIVE DISORDER, MIXED, UNSPE	6/29/15 Admission Date			
BIPOLAR D/O CURRENT EPISODE DEPRESSED MO	11/30/15 Discharge Date			

Example 3: Near Contiguous Treatment Contacts at Residential Facilities (Differential Admitting Diagnoses)

Grand Tota	Beneficiary C	Idmitting Diagnoses
\$443,670.85	Residential Treatment Center 1	Residential Treatment Center 1
Days	6/10/11 Admission Date	MAJOR DEPRESSIVE DISORDER, RECURRENT EPI
1,115	9/2/11 Discharge Date	MAJOR DEPRESSIVE DISORDER, SINGLE EPISOD
	Residential Treatment Center 2	Residential Treatment Center 2
	9/14/11 Admission Date	MAJOR DEPRESSIVE DISORDER, SINGLE EPISOD
Years	4/23/12 Discharge Date	
3.05	Residential Treatment Center 3	Residential Treatment Center 3
	4/23/12 Admission Date	MAJOR DEPRESSIVE DISORDER, RECURRENT EPI
	7/23/13 Discharge Date	
	Residential Treatment Center 4	Residential Treatment Center 4
	8/12/13 Admission Date	MAJOR DEPRESSIVE DISORDER, RECURRENT EPI
	10/28/13 Discharge Date	
	Residential Treatment Center 5	Residential Treatment Center 5
	10/28/13 Admission Date	POSTTRAUMATIC STRESS DISORDER
	6/28/14 Discharge Date	UNSPECIFIED AFFECTIVE PSYCHOSIS

Example 4: Near Contiguous Treatment Contacts at Residential Facilities (Differential Admitting Diagnoses)

Admitting Diagnoses	Beneficiary D	Grand Total
Residential Treatment Center 1	Residential Treatment Center 1	\$412,974.73
MAJOR DEPRESSIVE DISORDER, SINGLE EPISOD	4/8/11 Admission Date	Days
	11/1/11 Discharge Date	1433
Residential Treatment Center 2	Residential Treatment Center 2	
BIPOLAR AFFECTIVE DISORDER, MIXED, SEVER	11/1/11 Admission Date	Years
	4/27/12 Discharge Date	3.93
Residential Treatment Center 3	Residential Treatment Center 3	
BIPOLAR AFFECTIVE DISORDER, MIXED, SEVER	4/27/12 Admission Date	

	1/10/13 Discharge Date	
Inpatient Treatment Center 4	Inpatient Treatment Center 4	
(blank)	11/19/13 Admission Date	
	11/29/13 Discharge Date	
Residential Treatment Center 5	Residential Treatment Center 5	
POSTTRAUMATIC STRESS DISORDER	1/11/13 Admission Date	
	3/10/15 Discharge Date	

Example 5: Near Contiguous Treatment Contacts at Residential Facilities (Differential Admitting Diagnoses)

Admitting Diagnoses	Beneficiary E	\$325,371.57
Residential Treatment Center 1	Residential Treatment Center 1	
MAJOR DEPRESSIVE DISORDER, SINGLE EPISOD	4/25/13 Admission Date	Days
	8/14/13 Discharge Date	~ 946
Residential Treatment Center 2	Residential Treatment Center 2	
REACTIVE ATTACHMENT DISORDER OF INFANCY	8/17/13 Admission Date	Years
UNSPECIFIED AFFECTIVE PSYCHOSIS	4/14/14	2.60
Residential Treatment Center 3	Residential Treatment Center 3	
REACTIVE ATTACHMENT DISORDER OF INFANCY	4/14/14 Admission Date	
	5/28/15 Discharge Date	
Residential Treatment Center 4	Residential Treatment Center 4	
OTHER CHILDHOOD EMOTIONAL DISORDERS	6/1/15 Admission Date	
REACTIVE ATTACHMENT DISORDER OF INFANCY	11/30/15 Discharge Date	