



May 2, 2013

«Entity_Business_Name»
«Address_Line_1»
«Address_Line_2»
«CityTown» «State» «ZIP_5_digit_only»

Dear Provider:

RE: Office of Auditor General Audit of the Adult Home Help program

The Office of the Auditor General is conducting an audit of the Michigan Department of Community Health, Adult Home Help program. As part of this audit, we are requesting a list that contains the first and last name, social security number, and dates of employment (see Attachment) of **ALL** direct employees and individuals that provided services as contract workers, to participants of the program, on behalf of your agency from October 1, 2010 through March 31, 2013. The deadline for this request is **May 29, 2013**.

Under the Medical Assistance Home Help Provider Agreement (MSA-4678), agencies are required to comply with audit requests from MDCH. If you have any questions related to this request, please contact the Provider Hotline at 1-800-292-2550.

Documentation can be either mailed or faxed to:

Michigan Department of Community Health
Attn: Adult Home Help Program Audit
Capitol Commons Center – 7th Floor
400 S. Pine Street
PO Box 30479
Lansing, MI 48909-7979

Fax: (517) 241-7816

Thank you for your cooperation with this important process.

Sincerely,

Stephen Fitton, Director
Medical Services Administration

attachment

Michigan Office of Auditor General Audit of the Adult Home Help program

Report all employees and contractors who provided services to participants of the Adult Home Help program at any point during the time period from October 1, 2010 through March 31, 2013.

				Employment 10/1/2010 thru 3/31/13	
	Last Name	First Name	Social Security number	Begin Date	End Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					

Signature of Person from Home Help Agency providing this Audit request.

Individual Signature

Date