

**DEPARTMENT OF DEVELOPMENTAL SERVICES'**  
**AUDIT OF**  
**MCGREW BEHAVIOR INTERVENTION SERVICES, INC.**

**Programs and Services:**

Client/Parent Support Behavior Intervention Training – PN0624

Adaptive Skills Trainer – PN0625

**Audit Period:** July 1, 2014, through June 30, 2015

**Audit Section**

**Auditors:** Alimou Diallo, Chief of Vendor Audit Unit  
Grace Gwarada, Supervisor  
Rafael Mercado, Auditor  
Chai Saefong, Auditor

# MCGREW BEHAVIOR INTERVENTION SERVICES, INC.

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## EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) has audited McGrew Behavior Intervention Services, Inc. (MBIS). The audit was performed upon the Client/Parent Support Behavior Intervention Training (CPSBIT) and Adaptive Skills Trainer (AST) programs for the period of July 1, 2014, through June 30, 2015.

The audit disclosed the following issues of non-compliance:

### **Finding 1: Client/Parent Support Behavior Intervention Training – Overbillings**

The review of MBIS' CPSBIT program, Vendor Number PN0624, revealed that MBIS had a total of \$13,704 of overbillings to NBRC.

### **Finding 2: Adaptive Skills Trainer – Overbillings**

The review of MBIS' AST program, Vendor Number PN0625, revealed that MBIS had a total of \$2,440 of overbillings to NBRC.

### **Finding 3: Adaptive Skills Trainer – Unsupported Billings**

The review of MBIS' AST program, Vendor Number PN0625, revealed that MBIS had a total of \$1,887 of unsupported billings to NBRC.

### **Finding 4: Client/Parent Support Behavior Intervention Training – Unsupported Billings**

The review of MBIS' CPSBIT program, Vendor Number PN0624, revealed that MBIS had a total of \$4,564 unsupported billings to NBRC.

### **Finding 5: Non-Compliance with Record Maintenance and Record Retention Requirements**

The review of MBIS' CPSBIT and AST programs, Vendor Numbers PN0624 and PN0625 revealed that MBIS did not maintain and/or retain complete service records for its consumers to support all billings/invoices to NBRC.

The total of the findings identified in this audit amounts to \$22,595, which is due back to DDS. A detailed discussion of these findings is contained in the Findings and Recommendations section of this report.

## **BACKGROUND**

DDS is responsible, under the Lanterman Developmental Disabilities Services Act, for ensuring that persons with developmental disabilities receive the services and supports they need to lead more independent, productive and normal lives. DDS contracts with 21 private, nonprofit regional centers that provide fixed points of contact in the community for serving eligible individuals with developmental disabilities and their families in California. In order for regional centers to fulfill their objectives, they secure services and supports from qualified service providers and/or contractors. Pursuant to the Welfare and Institutions (W&I) Code, Section 4648.1, DDS has the authority to audit those service providers and/or contractors that provide services and supports to persons with developmental disabilities.

## **OBJECTIVE, SCOPE AND METHODOLOGY**

### **Objective**

The audit was conducted to determine whether MBIS' programs were compliant with the W&I Code, California Code of Regulations (CCR), Title 17, State and Federal laws and regulations and the regional centers' contracts with MBIS for the period of July 1, 2014, through June 30, 2015.

### **Scope**

The audit was conducted in accordance with the Generally Accepted Government Auditing Standards (GAGAS) issued by the Comptroller General of the United States. The auditors did not review the financial statements of MBIS, nor was this audit intended to express an opinion on the financial statements. The auditors limited the review of MBIS's internal controls to gain an understanding of the transaction flow and invoice preparation process, as necessary, to develop appropriate auditing procedures. The audit scope was limited to planning and performing audit procedures necessary to obtain reasonable assurance that MBIS complied with W&I Code and CCR, Title 17. Any complaints that DDS' Audit Section was aware of regarding non-compliance with laws and regulations were reviewed and addressed during the course of the audit.

The audit scope was determined by reviewing the programs and services provided to NBRC that utilized MBIS' services during the audit period. MBIS provided two different types of services, which DDS audited. Services chosen by DDS were based on the amount of purchase of service (POS) expenditures invoiced by MBIS. By analyzing the information received during a pre-audit meeting with the vendor, an internal control questionnaire and a risk analysis, it was determined that a two-month sample period would be sufficient to fulfill the audit objectives. However, the audit finding amounts for the two sampled months necessitated an expansion by an additional six months.

## **Client/Parent Support Behavior Intervention Training**

During the audit period, MBIS operated one CPSBIT program. The audit included the review of MBIS' CPSBIT program, Vendor Number PN0624, SC 048 and testing was done for the sampled months of July 2014 through January 2015, and June 2015.

## **Adaptive Skills Trainer**

During the audit period, MBIS operated one AST program. The audit included the review of MBIS' AST program, Vendor Number PN0625, SC 605 and testing was done for the sampled months of July 2014 through January 2015, and June 2015.

## **Methodology**

The following methodology was used by DDS to ensure the audit objectives were met. The methodology was designed to obtain a reasonable assurance that the evidence provided was sufficient and appropriate to support the findings and conclusions in relation to the audit objectives. The procedures performed included, but were not limited to, the following:

- Reviewed vendor files for contracts, rate letters, program designs, POS authorizations and correspondence pertinent to the review.
- Interviewed regional center staff for vendor background information and to obtain insight into the vendor's operations.
- Interviewed vendor staff and management to gain an understanding of the vendor's accounting procedures and processes for regional center billing.
- Obtained and reviewed the vendor's internal control questionnaires.
- Reviewed vendor service/attendance records to determine if the vendor had sufficient and appropriate evidence to support the direct care services billed to the regional center.
- Analyzed the vendor's payroll and attendance/service records to determine if the appropriate level of staffing was provided.
- Interviewed the vendor's Executive Director and Quality Assurance Director, for vendor background information and to gain understanding of accounting procedures and financial reporting process.

## **CONCLUSION**

Based upon items identified in the Findings and Recommendations section, MBIS had findings of non-compliance with the requirements of CCR, Title 17.

## **VIEWS OF RESPONSIBLE OFFICIALS**

DDS issued a draft audit report on July 6, 2022. The findings in the report were discussed at a Zoom conference with MBIS on July 19, 2022. Subsequent to the exit conference, on September 15, 2022, MBIS provided a response to the draft report disagreeing with all the audit findings.

## **RESTRICTED USE**

This report is solely for the information and use of DDS, Department of Health Care Services, NBRC and MBIS. This restriction is not intended to limit distribution of this report, which is a matter of public record.

## FINDINGS AND RECOMMENDATIONS

### **Finding 1: Client/Parent Support Behavior Intervention Training – Overbillings**

The review of MBIS' CPSBIT program, Vendor Number PN0624 for the sampled months of July 2014, through January 2015, and June 2015 revealed that MBIS overbilled for services to NBRC. Overbillings occurred due to billing for overlapping hours.

DDS reviewed the direct care service hours documented on the Parental Verification for Receipt of Behavioral Services (DS 5862 form), the employees timesheets, and the employees' credentials and compared those hours to the direct care hours billed to NBRC.

DDS found that MBIS overbilled NBRC by \$13,704 for 274 hours that were provided by two or more employees to the same consumer during the same or overlapping hours. MBIS' program design and contract provided for a ratio of (1:1) for the CPSBIT program. DDS allowed some instances of two staff providing service to one consumer where one of the staff was a supervisor/lead staff with a higher credential.

MBIS overbilled NBRC for a total of 274 hours, This resulted in an overbilled amount of \$13,704, which is due back to DDS. (See Attachment A)

W&I Code, Section 4648.1(e)(1) states:

“(e) A regional center or the department may recover from the provider funds paid for services when the department or the regional center determines that either of the following has occurred:

- (1) The services were not provided in accordance with the regional center's contract or authorization with the provider, or with applicable state laws or regulations.”

CCR, Title 17, Section 54326(a) (3), (10) and (13) states:

“(a) All vendors shall:

- (3) Maintain records of services provided to consumers in sufficient detail to verify delivery of the units of service billed:...
- (10) Bill only for services which are actually provided to consumers and which have been authorized by the referring regional center.
- (13) Comply with applicable staffing ratio requirements;”

## **Recommendation:**

MBIS must reimburse to DDS \$13,704 for the overbillings. In addition, MBIS should ensure proper adherence to the program design's staffing ratio of 1:1 staff to consumer.

## **Vendor's Response:**

MBIS stated in its response dated September 15, 2022, that it disagreed with the finding. See Attachment C for the full text of MBIS' response to the draft audit report and Attachment D for DDS' evaluation of MBIS' response.

## **Finding 2: Adaptive Skills Trainer – Overbillings**

The review of MBIS' AST program, Vendor Number PN0625 for the sample months of July 2014, August 2014, September 2014, October 2014, November 2014, December 2014, January 2015, and June 2015 revealed that MBIS overbilled for services to NBRC.

DDS reviewed the direct care service hours documented on the DS 5862 forms, the employees' timesheets, and the employees' credentials and compared those hours to the direct care hours billed to NBRC.

DDS found that MBIS overbilled NBRC by \$2,440 for 49 hours that were provided by two or more employees to the same consumer during the same or overlapping hours. MBIS' program design and contract provided for a ratio of (1:1) for the AST program. DDS allowed some instances of two staff providing service to one consumer where one of the staff was a supervisor/lead staff with a higher credential.

MBIS overbilled NBRC for a total of 49 hours. This resulted in an overbilled amount of \$2,440, which is due back to DDS. (See Attachment A)

W&I Code, Section 4648.1(e)(1) states:

“(e) A regional center or the department may recover from the provider funds paid for services when the department or the regional center determines that either of the following has occurred:

- (1) The services were not provided in accordance with the regional center's contract or authorization with the provider, or with applicable state laws or regulations.”

CCR, Title 17, Section 54326(a) (3), (10) and (13) states:



“(a) All vendors shall: ...

- (3) Maintain records of services provided to consumers in sufficient detail to verify delivery of the units of service billed:...
- (10) Bill only for services which are actually provided to consumers and which have been authorized by the referring regional center.
- (13) Comply with applicable staffing ratio requirements;”

**Recommendation:**

MBIS must reimburse to DDS \$2,440 for the overbillings. In addition, MBIS should ensure proper adherence to the program design’s staffing ratio of 1:1 staff to consumer.

**Vendor’s Response:**

MBIS stated in its response dated September 15, 2022, that it disagreed with the finding. See Attachment C for the full text of MBIS’ response to the draft audit report and Attachment D for DDS’ evaluation of MBIS’ response.

**Finding 3: Adaptive Skills Trainer – Unsupported Billings**

The review of MBIS’ CPSBIT program, Vendor Number PN0625 for the sampled months of July 2014 through January 2015, and June 2015, revealed that MBIS had unsupported billings for services billed to NBRC. Unsupported billings occurred due to a lack of appropriate documentation to support the units of service billed to NBRC and non-compliance with the CCR, Title 17.

DDS reviewed the direct care service hours and miles documented on the employees’ time sheets and compared those units to the direct care service units billed to NBRC.

MBIS was not able to provide appropriate supporting documentation for 21 hours and 1,337 miles of services billed. The lack of documentation resulted in unsupported billings to NBRC in the amount of \$1,887, which is due back to DDS. (See Attachment B)

W&I Code, Section 4648.1(e)(1) states:

- “(e) A regional center or the department may recover from the provider funds paid for services when the department or the regional center determines that either of the following has occurred:

- (1) The services were not provided in accordance with the regional center's contract or authorization with the provider, or with applicable state laws or regulations."

CCR, Title 17, Section 54326(a)(3) and (10) states:

"(a) All vendors shall: ...

- (3) Maintain records of services provided to consumers in sufficient detail to verify delivery of the units of service billed: ...

- (10) Bill only for services which are actually provided to consumers and which have been authorized by the referring regional center."

CCR, Title 17, Section 50604(d) and (e) states:

"(d) All service providers shall maintain complete service records to support all billing/invoicing for each regional center consumer in the program....

- (e) All service providers' records shall be supported by source documentation."

**Recommendation:**

MBIS must reimburse to DDS \$1,887 for the unsupported billings. In addition, MBIS should comply with the CCR, Title 17 as stated above to ensure that proper documentation is maintained to support the amounts billed to NBRC.

**Vendor's Response:**

MBIS stated in its response dated September 15, 2022, that it disagreed with the finding. See Attachment C for the full text of MBIS' response to the draft audit report and Attachment D for DDS' evaluation of MBIS' response.

**Finding 4: Client/Parent Support Behavior Intervention Training – Unsupported Billings**

The review of MBIS' CPSBIT program, Vendor Number PN0624 for the sample months of July 2014 through January 2015, and June 2015, revealed that MBIS had unsupported billings for services billed to NBRC. Unsupported billings occurred due to a lack of appropriate documentation to support the units of service billed to NBRC and non-compliance with the CCR, Title 17.

DDS reviewed the direct care service hours and miles documented on the employees' time sheets and DS 5862 forms and compared those units to the direct care service units billed to NBRC.

MBIS was not able to provide appropriate supporting documentation for 66 hours and 808 miles of services billed. The lack of documentation resulted in unsupported billings to NBRC in the amount of \$4,564, which is due back to DDS. (See Attachment B)

W&I Code, Section 4648.1(e)(1) states:

“(e) A regional center or the department may recover from the provider funds paid for services when the department or the regional center determines that either of the following has occurred:

- (1) The services were not provided in accordance with the regional center's contract or authorization with the provider, or with applicable state laws or regulations.”

CCR, Title 17, Section 54326(a)(3) and (10) states:

“(a) All vendors shall: ...

- (3) Maintain records of services provided to consumers in sufficient detail to verify delivery of the units of service billed: ...

- (10) Bill only for services which are actually provided to consumers and which have been authorized by the referring regional center.”

CCR, Title 17, Section 50604(d) and (e) states:

“(d) All service providers shall maintain complete service records to support all billing/invoicing for each regional center consumer in the program....

- (e) All service providers' records shall be supported by source documentation.”

W&I Code Section 4686.31. states:

- “(1) The department shall develop and post a standard form for vendors to complete and provide to the family for signature. The form shall include, but not be limited to, the name and title of the vendor, the vendor identification number, the name of the consumer, the unique client identifier, the location of the service, the date and start and end times of the service, and a description of the service provided. The

form shall also include instructions for the parents or legally appointed guardians to contact the regional center service coordinator immediately if they are unable to sign the form.

- (1) The vendor shall provide the parents or legally appointed guardians of a minor consumer with the department form to sign. The form shall be signed and dated by the parents or legally appointed guardians of a minor consumer and be submitted to the vendor providing services within 30 days of the month in which the services were provided.
- (2) The vendor shall submit the completed forms to the regional center together with the vendor's invoices for the services provided."

**Recommendation:**

MBIS must reimburse to DDS \$4,564 for the unsupported billings. In addition, MBIS should comply with the W&I Code, Section 4686.31 and CCR, Title 17 as stated above to ensure that proper documentation is maintained to support the amounts billed to NBRC.

**Vendor's Response:**

MBIS stated in its response dated September 15, 2022, that it disagreed with the finding. See Attachment C for the full text of MBIS' response to the draft audit report and Attachment D for DDS' evaluation of MBIS' response.

**Finding 5: Non Compliance with Record Maintenance and Record Retention Requirements**

The review of MBIS' CPSBIT and AST programs, Vendor Numbers PN0624 and PN0625, for the sampled months of July 2014, through January 2015, and June 2015 revealed that MBIS did not maintain and /or retain complete service records for its consumers to support billings to NBRC.

MBIS' Program Design required MBIS' staff to keep records of all family contact. The employees were to document on the records, the time, duration of visit and category designation of the type of service a consumer would have received. The Program Design also required MBIS' staff to collect data throughout each session with a consumer. However, for the sampled months, DDS found that records for several consumers did not have the type of service provided documented. Also, MBIS did not have session notes for these consumers.

Section C of MBIS' Program Design under Attendance Records states:

“Behavior Specialists and Associate Behavior Specialists will keep records of all family contact. Records will include date, time, and duration of visit, and a category designation for type of service. This information will be forwarded to the Regional Center with a monthly invoice”

CCR, Title 17, Section 54326(a)(3) and (10) states:

“(a) All vendors shall: ...

(3) Maintain records of services provided to consumers in sufficient detail to verify delivery of the units of service billed

CCR, Title 17, Section 50604(d) and (e) states:

“(d) All service providers shall maintain complete service records to support all billing/invoicing for each regional center consumer in the program

(3) A record of services provided to each consumer. The record shall include:

D) For all other services, the date, the start and end times of service provided to the consumer, street address where service was provided, and daily or hourly units of service provided.”

**Recommendation:**

MBIS must maintain records of services provided to consumers in sufficient detail to verify delivery of the units billed. MBIS should comply with the program design requirements to ensure that proper documentation is maintained to support the amounts billed to NBRC.

**Vendor's Response:**

MBIS stated in its response dated September 15, 2022, that it disagreed with the finding. See Attachment C for the full text of MBIS' response to the draft audit report and Attachment D for DDS' evaluation of MBIS' response.

## **ATTACHMENTS A-B**

### **MCGREW BEHAVIOR INTERVENTION SERVICES, INC.**

**To request a copy of the attachments for this audit report, please contact the DDS Audit Section at (916) 654-3695.**

**ATTACHMENT C – VENDOR’S RESPONSE**  
**MCGREW BEHAVIOR INTERVENTION SERVICES, INC.**

To request a copy of the vendor’s response to the audit findings, please contact the DDS Audit Section at (916) 654-3695.

## ATTACHMENT D – DDS’ EVALUATION OF MBIS’ RESPONSE

DDS evaluated MBIS’ written response to the draft audit report and determined that MBIS did not agree with the draft audit report findings. Additionally, DDS will only address assertions pertinent to the facts of the audit findings. Below is a summary of MBIS’ response as well as the DDS’ evaluation of the vendor’s response.

In the second paragraph on the first page of its response, MBIS stated, *“Most notably DDS improperly disallowed hours based on the incorrect premise that 1:1 hours should be allowed. There are also mathematical errors and incorrect rates used in the draft audit’s calculations, indicating that the findings are suspect and unreliable. For example, MBIS only billed 12.75 hours for consumer David D. in December, 2014, but the audit purports to audit 20.5 hours, and then found that the additional hours (that were not provided and were never billed) were “unsupported”.”*

DDS disagrees with MBIS’ assertions. For consumers with a 1:1 staffing ratio, DDS disallowed overlapping hours if two employees with a bachelor’s degree provided services to one consumer during the same session. However, DDS allowed the overlapping hours if one of the staff had a Master’s degree or higher, to allow for supervision.

DDS disagrees with MBIS on the statement regarding using “incorrect rates”. DDS used the rate letters for both Service Codes (SC) 048 and 605 provided by NBRC which showed the rates as \$75.00/hour for a Supervisor and \$50/hour for a Behavior Intervention Tutor or an Adaptive Skills Trainer Assistant. Although NBRC paid MBIS \$50 per hour for SC 048 in July 2014, for SC 605, it paid MBIS the rate of \$49.68 per hour. DDS had used the rate of \$50 stated in the rate letter for SC 605 to compute units of service billed but it has now reduced the rate to \$49.68 to match the one paid by NBRC. DDS also noted that from August 2014 onwards, NBRC paid MBIS’ \$50 per hour for SC 605.

DDS agrees with MBIS regarding the 12.75 hours and has corrected this.

In addition, DDS responds to the issue raised by MBIS concerning the timeliness of the draft audit report. The sixty-day timeline provided in California Code of Regulations (CCR), title 17, section 50606, subdivision (d) is only directory in nature because the regulation does not state, nor even suggest, any penalty for the delay in processing a draft audit report. As such, a delay in providing the draft audit report does not nullify the results of the audit. In addition, vendors are required to maintain records of services provided for a minimum of five years from the date of final payment for the fiscal year in which services were rendered or until audit findings have been resolved, whichever is longer. (CCR, tit. 17, § 54326.) Therefore, MBIS should have all records DDS relied upon in reaching its conclusions. Nevertheless, should MBIS request an administrative review of the final



## **ATTACHMENT D – DDS’ EVALUATION OF MBIS’ RESPONSE**

audit report, DDS will work with MBIS to make necessary records available for inspection at the DDS headquarters, if desired.

### **Finding 1: Client/Parent Support Behavior Intervention Training – Overbillings**

MBIS stated, *“Accompanying this response is additional supporting*

*documentation for several of the consumers identified by DDS demonstrating the need for 2:1 services. In many instances, the documentation shows that NBRC was aware of, approved, and in some cases even included the need for additional staffing on consumers’ IPPs or other service documents.”*

MBIS further stated, *“In addition to and expressly reserving its general objections and responses to the audit as a whole, MBIS has reviewed its records and disputes \$5,462.50 of the \$17,407.00 finding.”*

DDS reviewed the supporting documentation provided by MBIS, that had not been provided during the audit fieldwork, and allowed an additional 69 hours. This reduced the overbilled hours from 343 to 274 hours. As a result, there was a reduction of the finding amount from \$17,407 to \$13,704, which is due back to DDS.  
(See Attachment A)

### **Finding 2: Adaptive Skills Trainer – Overbillings**

MBIS states that *“the draft audit report lists an incorrect rate of \$50.00 for the ASST during July and August of 2014. The correct rate was \$49.38. All of the draft audit’s calculations for these two months are therefore inaccurate and overstated.”*

DDS agrees that the rate for July 2014 was \$49.38 but disagrees that the rate for August 2014 was also \$49.38. DDS used the correct rate of \$49.38 in computing the finding amount for July 2014.

MBIS further stated, *“Accompanying this response is additional supporting documentation for several of the consumers identified by DDS demonstrating the need for 2:1 services. In many instances, the documentation shows that NBRC was aware of, approved, and in some cases even included the need for additional staffing on consumers’ IPPs or other service documents.”*

DDS reviewed the documentation provided by MBIS, that had not been provided during the audit fieldwork, and allowed an additional 273 hours. This reduced the overbilled

## **ATTACHMENT D – DDS’ EVALUATION OF MBIS’ RESPONSE**

hours from 322 to 49 hours. As a result, there was a reduction of the finding amount from \$16,793 to \$2,440, which is due back to DDS.  
(See Attachment A)

### Finding 3: Adaptive Skills Trainer – Unsupported Billings

*MBIS stated, “MBIS has reviewed its records and disputes \$19,445.92 of this \$21,212 finding. A spreadsheet and additional documents that support MBIS’ position are being provided to DDS via email.”*

DDS reviewed the documentation provided by MBIS, that had not been provided during the audit fieldwork, and allowed additional hours and miles. This reduced the unsupported units from 331 to 21 hours and 3,993 to 1,337 miles. As a result, there was a reduction of the finding amount from \$21,212 to \$1,887, which is due back to DDS.  
(See Attachment B)

### Finding 4: Client/Parent Support Behavior Intervention Training – Unsupported Billings

*MBIS stated, “MBIS has reviewed its records and disputes \$9,659.91 of this \$13,103 finding. A spreadsheet and additional documents that support MBIS’ position are being provided to DDS via email.”*

DDS reviewed the documentation provided by MBIS, that had not been provided during the audit fieldwork, and allowed additional hours and miles. This reduced the unsupported units from 206 to 66 hours and 2,304 to 808 miles. As result, there was a reduction of the finding amount from \$13,103 to \$4,564, which is due back to DDS. (See Attachment B)

### Finding 5: Noncompliance with Record Maintenance and Record Retention Requirements

*MBIS stated that, “There is no stated standard or criteria in the draft audit report explaining how the auditors determined whether or not the records examined were “sufficient” or “complete.”*

DDS disagrees with this statement because on page 10 of the draft audit report DDS clearly stated that “records for several consumers did not have the type of service provided documented. DDS further cited the criteria as:

“Section C of MBIS’ Program Design under Attendance Records”, which states:

## **ATTACHMENT D – DDS’ EVALUATION OF MBIS’ RESPONSE**

*“Behavior Specialists and Associate Behavior Specialists will keep records of all family contact. Records will include date, time, and duration of visit, and a category designation for type of service.”*

### **Conclusion:**

DDS made adjustments to Findings 1 through 4 to reflect the additional documentation received. As a result, the total amount of the findings was reduced from \$68,515 to \$22,595 for July 2014 through January 2015, and June 2015.