

Audit Committee Meeting
January 21, 2025
8:30 am

I. DECLARATION OF QUORUM

II. PUBLIC COMMENTS

III. MINUTES

- A. Approval of the Minutes of the Board of Trustees Audit Committee Meeting Held on Tuesday, October 15, 2024
(EXHIBIT A-1)

IV. REVIEW AND COMMENT

- A. External Audit Review
(Stanley Adams)
- B. Compliance FY 2025 Qtr. 1 Audit Activities
(EXHIBIT A-2 Demetria Lockett)
- C. FY2025 Q2 Audit Reports Discussion
(EXHIBIT A-3 David Fotjik)

V. EXECUTIVE SESSION

*** As authorized by Chapter §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at any time during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.**


VI. RECONVENE INTO OPEN SESSION

VII. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION

VIII. INFORMATION ONLY

- A. Compliance Department Binder
(EXHIBIT A-4)
- B. FY2025 Q2 Internal Audit Reports Binder
(EXHIBIT A-5)

IX. ADJOURN



Veronica Franco, Board Liaison
Jim Lykes
Chairperson, Audit Committee
The Harris Center for Mental Health and IDD



EXHIBIT A-1

**BOARD OF TRUSTEES
THE HARRIS CENTER *for*
MENTAL HEALTH AND IDD
AUDIT COMMITTEE MEETING
TUESDAY, OCTOBER 15, 2024
MINUTES**

Mr. J. Lykes, Committee Chair, called the meeting to order at 8:34 a.m. in Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

Committee Members in Attendance: Mr. J. Lykes, Mr. G. Womack, Dr. M. Miller,

Committee Member in Absence:

Other Board Member Present: Dr. L. Fernandez-Wische, Dr. R. Gearing, Dr. K. Bacon,
Resha Thomas-videoconference

I. DECLARATION OF QUORUM

Dr. Gearing called the meeting to order at 8:34 a.m. noting that a quorum was present.

II. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

III. PUBLIC COMMENTS

There were no requests for Public Comment.

IV. MINUTES

Approval of Minutes of the Board of Trustees Audit Committee Meeting Held on Tuesday, July 16, 2024.

MOTION: GEARING

SECOND: WOMACK

THEREFORE, BE IT RESOLVED that the Minutes of the Board of Trustees Audit Committee Meeting Held on Tuesday, July 16, 2024 as presented under Exhibit A-1, is approved, and recommended to the Full Board for acceptance.

V. REVIEW AND COMMENT

- A. FY24 Audit Update-**Stanley Adams discussed the FY24 Audit Update to the Audit Committee.
- B. Compliance Department Report-** Demetria Luckett presented the Compliance Department Report to the Audit Committee.
- C. FY2025 Q1 Audit Report-**David Fotjik presented the FY2025 Q1 Audit Report to the Audit Committee.

VI. EXECUTIVE SESSION

There was no Executive Session during the Audit Committee Meeting.

VII. ADJOURN-

MOTION: MILLER, JR.

SECOND: WOMACK

With unanimous affirmative vote

BE IT RESOLVED The meeting was adjourned at 9:09 a.m.

**Veronica Franco, Board Liaison
J. Lykes, Chairperson,
Audit Committee
*The HARRIS CENTER for
Mental Health and IDD***

DRAFT

EXHIBIT A-2

Compliance Department

FY 2025 Audit Reports

Presented by: Demetria Lockett, Compliance Director
January 2025



AMH Program Psychosocial Rehabilitative Services Billing & Coding Focus Review FY 2025

Q1: September 2024—November 2024

Review Title	Type of Review	Dates of Review	Overall Score	POI Needed	Date POI Submitted	POI Follow-up Date	Referred to PI	Date Referred to PI	PI Review Date	Scores
Adult Mental Health Psychosocial Rehab. Services Billing & Coding	Focus	09/18/2024-10/03/2024	97%	Yes	12/02/2024	180 Days	NA	NA	NA	Operations: 100% (Billing & Claims Processes) Client Records: 94% (Coding & Documentation)

Areas of Improvement

Client Records

Documentation of Progress Toward Goals/Response to Plan & Service	77%
Documentation of Duration, Frequency and/or Timeline Toward Reevaluation	86%
Evidence of Copy & Pasting/Cloning within Documentation	91%
Evidence of Appropriate Medical History/Assessments/Tools	91%

CAS Program Skills Training & Support Services Billing & Coding Focus Review

Q1: September 2024—November 2024

Review Title	Type of Review	Dates of Review	Overall Score	POI Needed	Date POI Submitted	POI Follow-up Date	Referred to PI	Date Referred to PI	PI Review Date	Scores
Children & Adolescent Services Skills Training & Support Services Billing & Coding	Focus	09/27/2024-10/09/2024	100%	No	NA	NA	NA	NA	NA	<p>Operations: 100% (Billing & Claims Processes)</p> <p>Client Records: 100% (Coding & Documentation)</p>

Early Onset Program & CAS Program Counseling Services Billing & Coding Focus Review FY 2025

Q1: September 2024—November 2024

Review Title	Type of Review	Dates of Review	Overall Score	POI Needed	Date POI Submitted	POI Follow-up Date	Referred to PI	Date Referred to PI	PI Review Date	Scores
EO & CAS Program-Counseling Services (Psychotherapy) Billing & Coding	Focus	10/18/2024-11/01/2024	98%	Yes	12/20/2024	180 Days	NA	NA	NA	Operations: 99% (Billing & Claims Processes) Client Records: 98% (Coding & Documentation)

Areas of Improvement			
Operations		Client Records	
Services Provided Correspond to Verified CPT Codes	83%	Appropriate Total Time-Based Code for Service	83%

AMH Program Case Management Services Billing & Coding Focus Review FY 2025

Q1: September 2024—November 2024

Review Title	Type of Review	Dates of Review	Overall Score	POI Needed	Date POI Submitted	POI Follow-up Date	Referred to PI	Date Referred to PI	PI Review Date	Scores
Adult Mental Health Program Case Management Services Billing & Coding	Focus	11/04/2024-11/22/2024	100%	No	NA	NA	NA	NA	NA	Operations: 100% (Billing & Claims Processes) Client Records: 100% (Coding & Documentation)

CAS Program Medication Training & Support Services Billing & Coding Focus Review FY 2025

Q1: September 2024—November 2024

Review Title	Type of Review	Dates of Review	Overall Score	POI Needed	Date POI Submitted	POI Follow-up Date	Referred to PI	Date Referred to PI	PI Review Date	Scores
Children & Adolescent Services Program MTS Services Billing & Coding	Focus	10/18/2024-11/01/2024	99%	No	NA	NA	NA	NA	NA	<p>Operations: 100% (Billing & Claims Processes)</p> <p>Client Records: 99% (Coding & Documentation)</p>

Early Onset Comprehensive Review FY 2025

Q1: September 2024—November 2024

Review Title	Type of Review	Dates of Review	Overall Score	POI Needed	Date POI Submitted	POI Follow-up Date	Referred to PI	Date Referred to PI	PI Review Date	Scores
Early Onset	Comprehensive	8/15/2024-8/28/2024	100%	No	NA	NA	NA	NA	NA	Operations: 100% Medical: 100% Environment: N/A Personnel: 100% Clinical Records: 100%

Jail Re-Entry Comprehensive Review FY 2025

Q1: September 2024—November 2024

Review Title	Type of Review	Dates of Review	Overall Score	POI Needed	Date POI Submitted	POI Follow-up Date	Referred to PI	Date Referred to PI	PI Review Date	Scores
Jail Re-Entry	Comprehensive	8/26/2024-9/12/2024	86%	Yes	9/24/2024	180 Days	NA	NA	NA	Operations: 100% Medical: 100% Environment: 100% Personnel: 92% Client Records: 27%

Areas of Improvement

Client Records				Personnel	
Client Eligibility	61%	Case Management	No Evidence	Training	94%
Client Rights	30%	Progress Notes	68%	Clinical Supervision	No evidence of supervision provided
Consents	45%	Discharge Summary	58%		
Assessments	46%	Treatment Plan	No Evidence		

JJAEP Comprehensive Review FY 2025

Q1: September 2024—November 2024

Review Title	Type of Review	Dates of Review	Overall Score	POI Needed	Date POI Submitted	POI Follow-up Date	Referred to PI	Date Referred to PI	PI Review Date	Scores
JJAEP	Comprehensive	8/26/2024 - 9/16/2024	77%	Yes	9/23/2024	180 Days	NA	NA	NA	Operation: 100% Medical: 100% Environment: NA Personnel: 25% Clinical Record: 81%

Areas of Improvement			
Clinical Record		Personnel	
Safety Plans	56%	Training	25%
Rights Acknowledgement Form	56%		
Plan of Care	93%		

MCOT FY 2025 Compliance Audit Scorecard

Q1: September 2024—November 2024

Review Title	Type of Review	Dates of Review	Overall Score	POI Needed	Date POI Submitted	POI Follow-up Date	Referred to PI	Date Referred to PI	PI Review Date	Scores
MCOT	Comprehensive	9/17/2024-10/10/2024	99%	Yes	11/1/2024	180 Days	NA	NA	NA	Operation: 100% Medical: 100% Environmental: 100% Personnel: 100% Clinical Record: 95%

Areas of Improvement

Clinical Records	
Client Rights Acknowledgements	80%
AIMS Assessments	0%

TRIAD Children’s Mental Health Services Comprehensive Review FY 2025

Q1: September 2024—November 2024

Review Title	Type of Review	Dates of Review	Overall Score	POI Needed	Date POI Submitted	POI Follow-up Date	Referred to PI	Date Referred to PI	PI Review Date	Scores
TRIAD-Children Mental Health Servies	Comprehensive	June 1, 2024- August 31, 2024	83%	Yes	10/10/2024	180 days	NA	NA	NA	Operations: NA Medical: NA Environment: NA Personnel: 79% Clinical Records: 100%

Areas of Improvement	
Personnel	
Current, Signed Job Description for each Staff Member	75%
Staff Members Training: Identifying the Cause of Aggressive Behaviors	33%
Disclosure of Allegations of Abuse and Neglect History Checks	0%

Assisted Outpatient Therapy Comprehensive Review FY 2025

Q1: September 2024—November 2024

Review Title	Type of Review	Dates of Review	Overall Score	POI Needed	Date POI Submitted	POI Follow-up Date	Referred to PI	Date Referred to PI	PI Review Date	Scores
Assisted Outpatient Treatment	Comprehensive	9/30/2024-10/22/2024	95%	Yes	11/4/2024	180 Days	NA	NA	NA	Operations: 100% Medical: 100% Environment: 100% Personnel: 99% Client Records: 78%

Areas of Improvement					
Client Records				Personnel	
Client Rights	47%	Recovery Plan Review	21%	Annual Handle with Care Recertification	80%
Medication Monitoring	50%	Case Management	2%		
Medication Consents	78%	Medication Training and Support	55%		
Assessments	59%	Discharge Summary	0%		
Recovery Plan	44%				

Youth Empowerment Services Comprehensive & Follow-up Review FY 2025

Q1: September 2024—November 2024

Review Title	Type of Review	Dates of Review	Overall Score	POI Needed	Date POI Submitted	Follow-up	Referred to PI	Date Referred to PI	PI Review Date	Scores
YES Waiver	Comprehensive	10/30/2024-11/26/2024	91%	Yes	12/13/2024	180 days	NA	NA	NA	Operations: 93% Medical: 100% Environment: 100% Personnel: 80% Client Records: 83%

Areas of Improvement							
Client Records				Personnel		Operations	
Client Rights	53%	Routine and Intensive Case Management Documentation	73%	Training	78%	Case Loads	50%
Client Files	97%	LOC 4 Intensive Family Services	88%				
Medication Monitoring	83%	Documentation of Medication Training and Support Services	0%				
Medication Consents	90%	Documentation of Services	85%				

OCR Comprehensive Review FY 2025

Q1: September 2024—November 2024

Review Title	Type of Review	Dates of Review	Overall Score	POI Needed	Date POI Submitted	POI Follow-up Date	Referred to PI	Date Referred to PI	PI Review Date	Scores
Outpatient Competency Restoration (OCR)	Comprehensive	11/11/2024 - 12/06/2024	88%	Yes	12/13/2024	6/11/2025	NA	NA	NA	Operation: 100% Medical: 100% Environment: 92% Personnel: 82% Clinical Record: 64%

Areas of Improvement							
Clinical Records				Personnel		Environment	
Client Rights Acknowledgement Forms	30%	Medication Monitoring	87%	Annual Rights Training	33%	Rights Protection Officer Posting	80%
Recovery Plan	50%	Assessments & Screenings	49%	Annual Handle with Care Training	43%		
Documentation of Services	87%	Discharge Planning Activities	55%				

External Reviews FY 2025

Q1: September 2024—November 2024

48 External Reviews were monitored by Compliance during this reporting period:

1. Datavant Cigna Medical Records Request 9/4/2024	13. Datavant Wellpoint Medical Records Request 9/26/2024	25. Datavant Wellpoint Medical Records Request 10/15/2024	37. Advantmed Ambetter Medical Records Request 10/29/2024
2. Optum Rx Southeast Clinic Pharmacy Desktop Review 9/16/2024	14. Datavant Wellpoint Medical Records Request 9/27/2024	26. Advantmed Wellcare Medical Records Request 10/15/2024	38. Datavant UnitedHealthcare Medical Records Request 10/31/2024
3. The Harris Center for Mental Health and IDD Fee for Service Claims Review 9/16/2024	15. Datavant Oscar Medical Records Request 9/30/2024	27. Advantmed Wellcare Medical Records Request 10/15/2024	39. Optum Rx Southeast Clinic Pharmacy Desktop Review 11/1/2024
4. Reveller Centers for Medicare and Medicaid Services (CMS) Medical Records Request 9/17/2024	16. Optum Rx Northwest Clinic Pharmacy Desktop Review 9/30/2024	28. Express Scripts On-site Audit Overview Entrance Letter and On-site Audit Overview Form Northwest Clinic Pharmacy 10/15/2024	40. Episource Aetna Medical Records Request 11/1/2024
5. Davante Wellcare Medical Record Request 9/17/2024	17. Datavant Wellpoint Medical Records Request 10/2/2024	29. Superior Mental Health Rehabilitation (MHR) & Mental Health Targeted Care Management (MHTCM) Provider Feedback Audit 10/16/2024	41. Optum Rx Southwest Clinic Pharmacy 11/6/2024
6. Advantmed BlueCross BlueShield of Texas Medical Records Request 9/18/2024	18. Datavant Wellpoint Medical Records Request 10/2/2024	30. Optum Rx Southwest Clinic Pharmacy Desktop Review 10/18/2024	42. Optum Behavioral Health Solutions/UnitedHealthcare Community Plan PIP Letter and Form 11/11/2024
7. Reveller Aetna Medical Records Request 9/20/2024	19. Datavant Wellpoint Medical Records Request 10/4/2024	31. Advantmed Wellcare Medical Records Request 10/22/2024	43. Advantmed BlueCross BlueShield Medical Records Request 11/12/2024
8. Episource UnitedHealthcare Medical Records Request 9/24/2024	20. Reveller Centers for Medicare and Medicaid Services (CMS) Medical Records Request 10/9/2024	32. Optum Rx Northwest Clinic Pharmacy 10/22/2024	44. Advantmed BlueCross BlueShield Medical Records Request 11/12/2024
9. Optum Rx Northwest Clinic Pharmacy Desktop Review 9/24/2024	21. Reveller Aetna Medical Records Request 10/9/2024	33. Advantmed BlueCross BlueShield Medical Records Request 10/24/2024	45. Optum Rx Southeast Clinic Pharmacy Desktop Review 11/19/2024
10. Datavant BlueCross BlueShield Medical Records Request 9/25/2024	22. Advantmed Wellcare Medical Records Request 10/11/2024	34. Advantmed Wellcare Medical Records Request 10/25/2024	46. ExlService ("EXL") Texas Children Health Plan Medical Records Request 11/21/2024
11. Advantmed BlueCross BlueShield Medical Records Request 9/26/2024	23. Datavant Wellpoint Medical Records Request 10/11/2024	35. Optum Rx Southeast Clinic Pharmacy Desktop Review 10/25/2024	47. Optum Rx Southeast Clinic Pharmacy Desktop Review 11/22/2024
12. Advantmed BlueCross BlueShield Medical Records Request 9/26/2024	24. Advantmed Superior Health Plan Medical Records Request 10/14/2024	36. Optum Rx Northwest Clinic Pharmacy Desktop Review 10/25/2024	48. Optum Rx Southeast Clinic Pharmacy Desktop Review 11/26/2024

Thank you.

EXHIBIT A-3

FY2025 Q2 Audits

Internal Audit Department

David W. Fojtik, CPA, MBA, CIA, CFE
January 21, 2025



FY2025 1st Quarter Reports

Agenda:

Projects to be presented:

- Payroll Audit
- PC Software License Compliance Audit
- Agency Overtime and Holiday Pay Audit
- Conflict of Interest Audit

Projects for future presentation:

- RM Third-Party Billing and Refunds Audit
- Cybersecurity Audit

FY2025 1st Quarter Reports

Payroll Audit

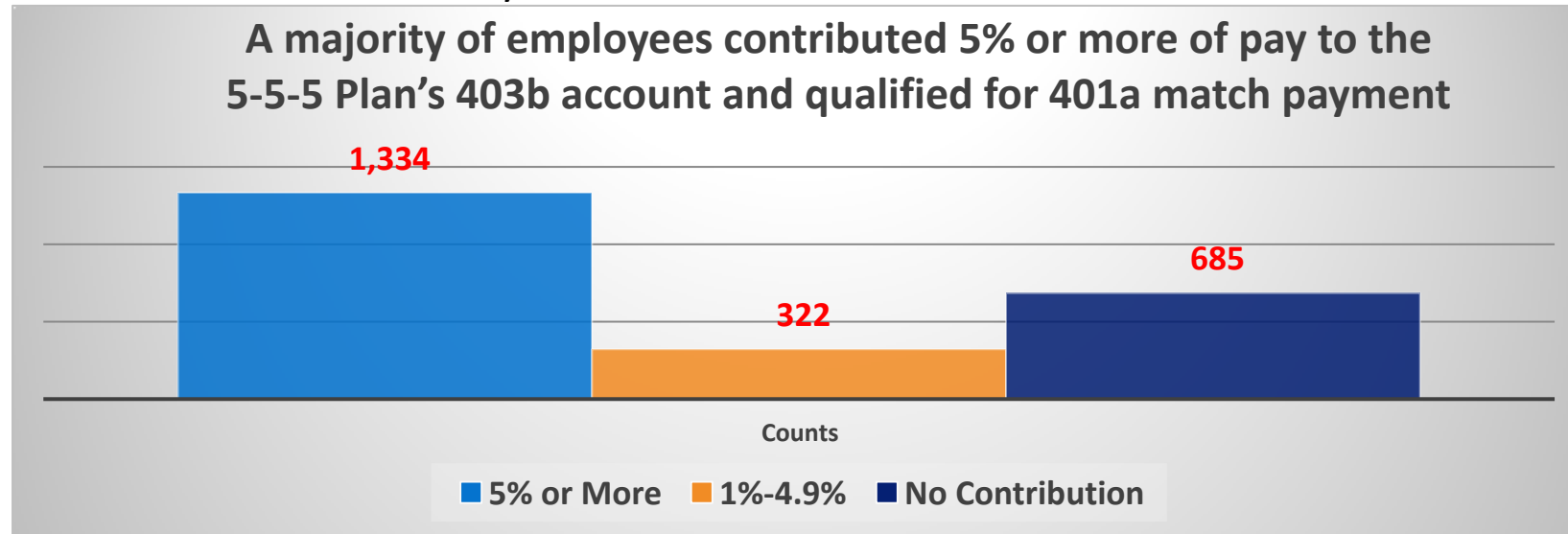
Observations –

- 1) Internal Audit examined the paystubs for pay periods 5A, 5B and 5C for ten (10) employees.
- 2) Calculations were performed on the gross and net pay and found immaterial differences in the amounts for gross pay, deductions, withholding taxes, company paid costs, and net pay calculations.
- 3) Medicare and Social Security tax calculations were found to be accurately calculated and met the thresholds. We found the contribution limits for these taxes were also correctly applied for highly compensated employees.

FY2025 1st Quarter Reports

Payroll Audit

Additional Observations – Internal Audit requested a Human Resources Department report that showed 1,334 (52.4%) employees contributed 5% or more of their salary to the 403b account while 322 (12.7%) of Center employees contributed 1% to 5% to their personal 403b account. We found 685 (26.9%) employees did not contribute to the voluntary 403b account.



FY2025 1st Quarter Reports

PC Software Licenses Compliance Audit

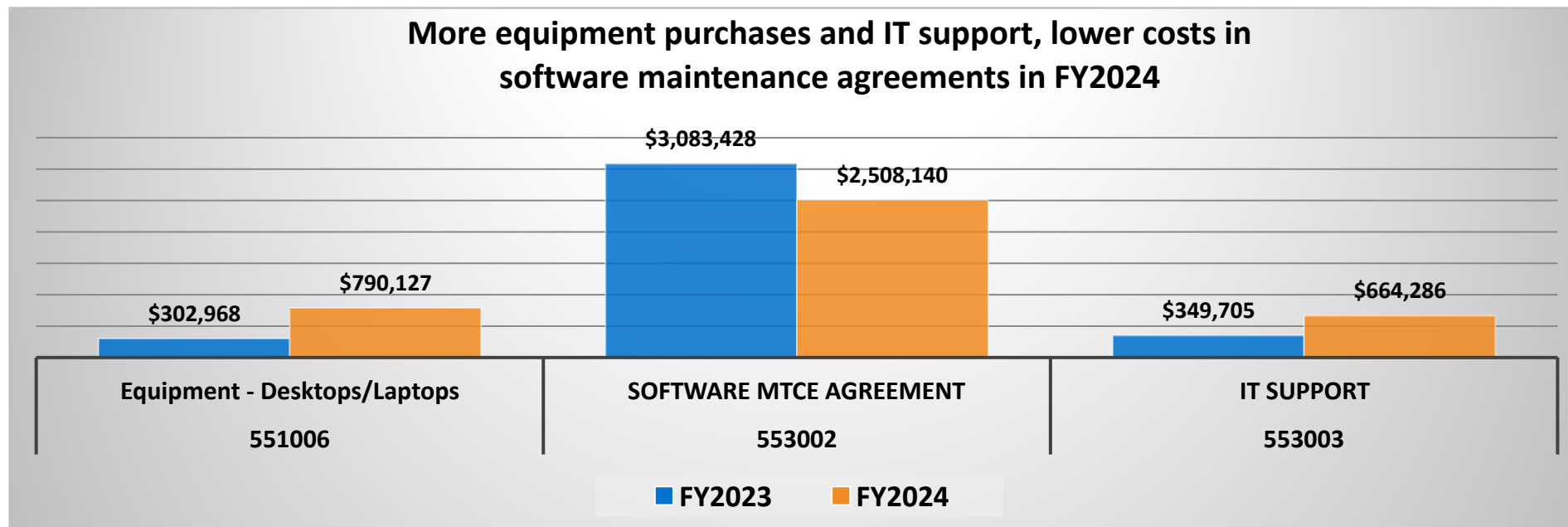
Observations –

- 1) Internal Audit compared online checklists for software compliance audits against the responses from a questionnaire sent by Internal Audit to the Information Technology contacts responsible for the process, and we found that the IT Department is fulfilling the activities needed to ensure software license compliance.
- 2) Internal Audit found that accounts representing IT Equipment (Purchase, Rent, Maintenance) rose \$675k from \$5.6 million at year-end FY2023 to \$6.3 million at the year-end FY2024.
- 3) Internal Audit found the 551001 Equipment <\$5,000 account (PCs and laptops) increased by \$275k and the 553003 IT Support account expenses for support rose by \$315k by the fiscal year-end FY2024.

FY2025 1st Quarter Reports

PC Software Licenses Compliance Audit

Additional Observations – Account 553002 Software Maintenance Agreements account fell from \$3.1 million in FY2023 to \$2.5 million at year-end FY2024. This account represents 55% of the combined Equipment (Purchase, Rent, Maintenance) account group which totaled \$6.2 million at the fiscal year-end of FY2024.



FY2025 1st Quarter Reports

Agency Overtime and Holiday Pay Audit

Observation #1 –

Internal Audit found that the total overtime and premium pay expenditures fell in 11 out of 12 reporting periods in FY2024 when compared to FY2023 overtime expenditures.

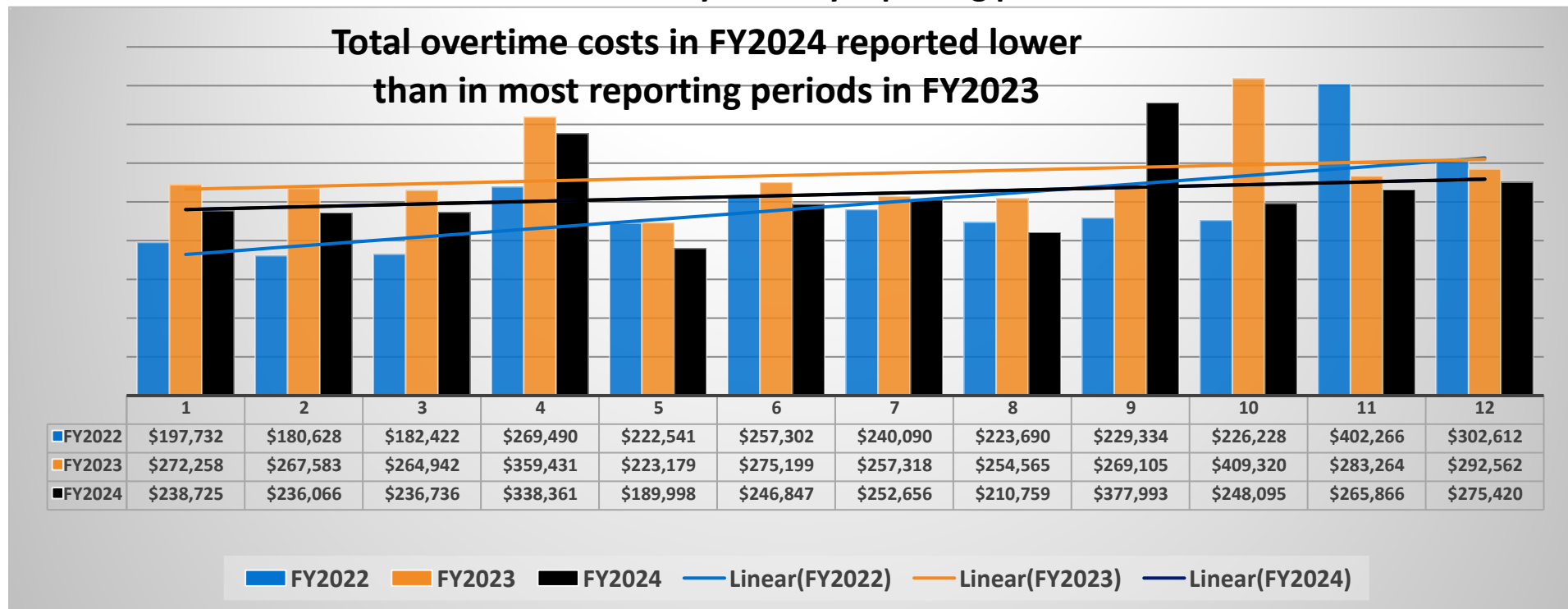
Payroll Department reports show that total overtime and premium pay totaled \$2.9 million in FY2022, \$3.5 million in FY2023 and \$3.1 million in FY2024.

FY2025 1st Quarter Reports

Agency Overtime and Holiday Pay Audit

Observation (Cont'd) – Exhibit I shows an increase in May 2024 due to three pay periods.

Exhibit I – The Harris Center’s overtime costs by monthly reporting periods



FY2025 1st Quarter Reports

Conflict of Interest Audit

Observations – Internal Audit developed a questionnaire to assess potential conflict of interest issues as identified in the audit’s test plan. The Communications Department administered the questionnaire which provided a quick and easy to use platform for the respondents who included members of the Board of Directors and members of the Harris Center’s senior management team.

There were ten (10) responses from the Harris Center’s senior management team and one (1) Board member. The survey results were reviewed, and no conflict-of-interest risks were discovered, however, two (2) respondents disclosed personal factors, yet their reported issues were *de minimus* and do not pose risk to the Harris Center’s operations.

Questions

 @TheHarrisCtr

 @The-Harris-Center

 @TheHarrisCenterForMentalHealthandIDD

EXHIBIT A-4

The Harris Center for Mental Health and IDD (The Harris Center):
Compliance Department (Compliance) Audit Committee Report

Report Description: The aim of this report is to inform the Audit Committee of the reviews/audits conducted by, or in association with, Compliance for the review period: September 1, 2024, through November 30, 2024.

Presenter: Demetria Lockett, Compliance Director

Explanation of Auditing Format:

Compliance has implemented a new format for reporting strengths and areas of improvement. This format encompasses the following categories: Personnel, Operations, Environment, Clinical Record, and Medical. By categorizing criteria within these areas, the new format aims to enhance the clarity of reports while still enabling Compliance to identify specific issues that programs need to address.

Personnel: This category pertains to the employees and staff members within an organization. It involves reviewing and evaluating their activities, roles, and adherence to policies and regulations, including training, licensing, and certification requirements.

Operations: This category covers the various activities, processes, and procedures that the organization undertakes to achieve its objectives. It ensures that these operations comply with regulatory requirements and internal policies.

Environment: This category evaluates the organization's adherence to safety postings, maintenance of a safe environment, vehicle standards, rights handbooks, rights protection officers, emergency supplies, and compliance with regulations and internal policies.

Clinical Record: This category involves a detailed collection of documents, either written or digital, that includes all notes, reports, and information about a patient's health and treatment.

Medical: This category involves the adherence to a wide range of laws, regulations, and standards designed to protect patient safety, privacy, rendering and the integrity of healthcare services.

Explanation of Reviews:

Compliance conducted the following types of reviews in the 1st Quarter (Qtr.) of Fiscal Year (FY) 2025:

Focus Review – A review concentrating on specific areas such as billing and procedural coding, individual information, confidentiality, service activities, etc. A focus review may be initiated by sources other than Compliance, including, but not limited to, directors, program managers, and administrative or direct care staff.

Five (5) focus reviews were conducted during the reporting period to ensure regulatory compliance in the following areas:

Five (5) Billing and Coding Reviews were conducted in accordance with the Compliance Department's Audit Schedule:

- 09/18/2024 Adult Mental Health (AMH) Program Psychosocial Rehabilitative Services
- 09/27/2024 Children’s & Adolescent Services (CAS) Program Skills Training & Development Services
- 10/18/2024 Early Onset (EO) and Children’s & Adolescent Services (CAS) Programs Counseling Services
- 11/04/2024 Adult Mental Health (AMH) Program Case Management Services
- 11/21/2024 Children’s & Adolescent Services (CAS) Program Medication Training & Support Services

Comprehensive Review – A review of The Harris Center’s adherence to regulatory guidelines related to Operations, Medical, Environment, Personnel Requirements, Clinical Record Review, and other areas as assigned. Records are selected randomly—the size of the programs and the frequency of entries are contributing factors to the number of records reviewed.

Eight (8) Comprehensive Reviews were conducted in accordance with the Compliance Department’s Audit Schedule during the review period to ensure the programs’ compliance with Texas Administrative Codes, Agency Policy and Procedure, programmatic guidelines, and other statutes/regulations:

- 08/15/2024 Early Onset (EO)
- 08/26/2024 Jail Re-Entry (JRE)
- 08/26/2024 Juvenile Justice Alternative Education Program (JJAEP)
- 09/17/2024 MCOT
- 09/25/2024 TRIAD-Children Mental Health Services
- 09/30/2024 Assisted Outpatient Therapy (AOT)
- 10/30/2024 YES Waiver
- 11/11/2024 Outpatient Competency Restoration (OCR) Services

Other Compliance Activities:

Training/Meeting: N/A

Compliance Week: November 4 – November 8, 2024

Other Responsibilities:

Epic Deficiency Tracking (Ongoing)

Managing The Harris Center’s legacy incident reporting system

Maintenance of The Harris Center’s policy and procedure process and platform (Ongoing)

Key Takeaways

1. **Focus Review Adult Mental Health (AMH) Program Psychosocial Rehabilitation Services Billing & Coding:** A review was conducted to ensure compliance with the following standards: the 2024 Centers for Medicare and Medicaid Services (CMS) Regulations and Guidance; the 2023 Current Procedural Terminology (CPT) Guidelines; Behavioral Health & Case Management Services Handbook - Texas Medicaid Provider Procedures Manual: Vol. 2 December 2022;

applicable Tex. Admin. Code and applicable Harris Center P&P detailed in the corresponding audit reports.

2. The program had an overall score of 97 %. The program met or exceeded standards in the following areas: operational requirements. The program did not meet standards in the following area: client record requirements, specifically documentation and coding discrepancies. The program was required to submit a POI to address this deficiency.

Action Plan: Compliance will conduct a POI Follow-up Review in one hundred eighty (180) days.

3. **Focus Review Child & Adolescent Services (CAS) Program Skills Training & Support Services Billing & Coding:** A review was conducted to ensure compliance with the following standards: the 2024 Centers for Medicare and Medicaid Services (CMS) Regulations and Guidance; the 2023 Current Procedural Terminology (CPT) Guidelines; Behavioral Health & Case Management Services Handbook - Texas Medicaid Provider Procedures Manual: Vol. 2 December 2022; applicable Tex. Admin. Code and applicable Harris Center P&P detailed in the corresponding audit reports.

The program had an overall score of 100%. The program met or exceeded standards in all areas and was not required to submit a POI.

Action Plan: Compliance will continue to conduct regular, scheduled audits and provide essential support to the CAS program and Revenue Management team regarding their documentation of services and claims processes.

4. **Focus Review Early Onset Program and Children & Adolescent Services (CAS) Program Counseling Services Billing & Coding:** A review was conducted to ensure compliance with the following standards: the 2024 Centers for Medicare and Medicaid Services (CMS) Regulations and Guidance; the 2023 Current Procedural Terminology (CPT) Guidelines; Behavioral Health & Case Management Services Handbook - Texas Medicaid Provider Procedures Manual: Vol. 2 December 2022; applicable Tex. Admin. Code and applicable Harris Center P&P detailed in the corresponding audit reports.

The program had an overall score of 98 %. Although the program did exceptionally well, they were placed on a plan of improvement relating to coding and billing.

Action Plan: Compliance will conduct a POI Follow-up Review in one hundred eighty (180) days.

5. **Focus Review Adult Mental Health (AMH) Program Case Management Services Billing & Coding:** A review was conducted to ensure compliance with the following standards: the 2024 Centers for Medicare and Medicaid Services (CMS) Regulations and Guidance; the 2023 Current Procedural Terminology (CPT) Guidelines; Behavioral Health & Case Management Services Handbook - Texas Medicaid Provider Procedures Manual: Vol. 2 December 2022; applicable Tex. Admin. Code and applicable Harris Center P&P detailed in the corresponding audit reports.

The program had an overall score of 100 %. The program met or exceeded standards in all areas and is not required to submit a POI.

Action Plan: Compliance will continue to conduct regular, scheduled audits and provide essential support to the AMH program and Revenue Management team regarding their documentation of services and claims processes.

6. **Focus Review Child & Adolescent Services (CAS) Program Medication Training & Support (MTS) Services Billing & Coding:** A review was conducted to ensure compliance with the following standards: the 2024 Centers for Medicare and Medicaid Services (CMS) Regulations and Guidance; the 2023 Current Procedural Terminology (CPT) Guidelines; Behavioral Health & Case Management Services Handbook - Texas Medicaid Provider Procedures Manual: Vol. 2 December 2022; applicable Tex. Admin. Code and applicable Harris Center P&P detailed in the corresponding audit reports.

The program had an overall score of 99 %. The program met or exceeded standards in the following areas: operations requirements and client records requirements. The program was not required to submit a POI.

Action Plan: Compliance will continue to conduct regular, scheduled audits and provide essential support to the CAS program and Revenue Management team regarding their documentation of services and claims processes.

7. **Comprehensive Review Early Onset:** A review was conducted to ensure compliance with the following standards: *Staffing Fidelity Assessment Scale (FAS) Y1A-Y1C; Team Integration FAS Y2A-Y2G; Team Communication FAS Y3A-Y3D; Caseload FAS Y7A-Y7C; Program Procedures FAS Y24D, Y24E, Y25A, and Y25B; Service Provision FAS Y21D and Y21E; Team Roles FAS Y14F, Y15A, Y16A, Y16B, Y16C, and Y16D; and Documentation of Service Provision 26 TEX. ADMIN. CODE § 301.361.*

The program had an overall score of 100 %. The program met or exceeded standards in all reviewed areas: caseload, service provision, team roles, service documentation, staffing, team integration, team communication, and program procedures. The program was not required to submit a POI.

Action Plan: Compliance will continue to conduct regular, scheduled audits and provide essential support to the Early Onset Program.

8. **Comprehensive Review Jail Re-Entry:** A comprehensive examination was completed to assess the client records in addition to operational, medical, environmental, and personnel requirements in accordance with applicable Tex. Admin. Code and applicable Harris Center P&P detailed in the corresponding audit report.

The program had an overall score of 86 %. The program met or exceeded standards in the following areas: policy requirements, medical requirements, and environmental requirements. The program did not meet standards in the following areas: personnel requirements and client record requirements. The program was required to submit a POI to address these deficiencies.

Action Plan: Compliance will conduct a POI Follow-up Review in one hundred eighty (180) days.

9. **Comprehensive Review Juvenile Justice Alternative Education Program (JJAEP):** A comprehensive examination was completed to assess the client records in addition to operational, medical, and personnel requirements in accordance with applicable Tex. Admin. Code and applicable Harris Center P&P detailed in the corresponding audit report.

The program had an overall score of 77%. The program met and exceeded standards in the following areas: Operations 100% and Medical 100%.

The program did not meet standards in the following area: Clinical Record and personnel.

Action Plan: Compliance will continue to provide essential support for program compliance and will conduct a follow-up review in the next one hundred eighty (180) days.

10. **Comprehensive and Follow Review Mobile Crisis Outreach Team (MCOT):** A comprehensive examination was completed to assess the client records in addition to operational, medical, environmental, and personnel requirements in accordance with applicable Tex. Admin. Code and applicable Harris Center P&P detailed in the corresponding audit report.

The program had an overall score of 99%, meeting and exceeding standards in the following areas: operational requirements, medical requirements, environmental requirements, and personnel requirements. The program did not meet standards in the following areas: not having updated signed rights acknowledgment forms and not completing the abnormal involuntary movement (AIMS) screening, resulting in the program having to submit a Plan of Improvement (POI).

Action Plan: Compliance will continue to provide essential support for program compliance and will conduct a follow-up review in the next one hundred eighty (180) days.

11. **Comprehensive Review Triad-Children Mental Health Service:** A comprehensive review was conducted to ensure compliance with the following standards: *the Interlocal Agreement between Harris County Resources for Children and Adult Department (Department) and the Harris Center for Mental Health and IDD (The Harris Center and Agency)*; applicable Tex. Admin. Code and applicable Harris Center P&P provided in the Audit Report.

The program had an overall score of 83 %. The program met or exceeded standards in the following areas: client records, criminal background checks, staff certification and licensing, staff training in the rights of persons receiving mental services, employment eligibility, staff salary schedule, and documented periodic performance review. The program did not meet standards in the following areas: current, signed job description for each staff member; staff member training, *Identifying the Cause of Aggressive Behaviors*; and Disclosure of Allegations of Abuse and Neglect History Checks. The program was required to submit a POI to address these deficiencies.

Action Plan: Compliance will conduct a POI Follow-up in one hundred eight (180) days.

12. **Comprehensive Review Assisted Outpatient Therapy:** A comprehensive examination was completed to assess the client records in addition to operational, medical, environmental, and personnel requirements in accordance with applicable Tex. Admin. Code and applicable Harris Center P&P detailed in the corresponding audit report.

The program had an overall score of 95%. The program met or exceeded standards in the following areas: operations requirements, medical requirements, environmental requirements, and personnel requirements. The program did not meet the standards in the following area: client record requirements and personnel pertaining to the completion of the annual Handle with Care Recertifications. The program was required to submit a POI to address these deficiencies.

Action Plan: Compliance will conduct a POI Follow-up Review in one hundred eighty (180) days.

13. **Comprehensive and Follow-up Review Youth Empowerment Services (YES) Waiver:** A comprehensive examination was completed to assess the client records in addition to operational, medical, environmental, and personnel requirements in accordance with applicable Tex. Admin. Code and applicable Harris Center P&P detailed in the corresponding audit report.

The program had an overall score of 91%. The program met or exceeded standards in the following areas: medical and environmental requirements. The program did not meet standards in the following areas: operations requirements, personnel requirements, and client record requirements. The program was required to submit a POI to address these deficiencies.

Action Plan: Compliance will conduct a POI Follow-up Review in one hundred eighty (180) days.

14. **Comprehensive Review Outpatient Competency Restoration (OCR) Services:** A comprehensive examination was completed to assess the client records in addition to operational, medical, environmental, and personnel requirements in accordance with applicable Tex. Admin. Code and applicable Harris Center P&P detailed in the corresponding audit report.

The program had an overall score of 88 %. The program met and exceeded standards in the following areas: operational and medical requirements. The program did not meet or exceed the standards in the following areas: environmental, personnel and clinical requirements, resulting in the program having to submit a Plan of Improvement (POI).

Action Plan: Compliance will continue to provide essential support for program compliance and will conduct a follow-up review in the next one hundred eighty (180) days.

The following is a list of the external reviews (i.e., Governing Bodies, Managed Care Organizations (MCO), etc.) completed during the review period with involvement or oversight from Compliance:

1. Datavant Cigna Medical Records Request 9/4/2024: Datavant, on behalf of Cigna, conducted a Risk Adjustment review. Datavant requested one (1) member's medical record for services rendered. The documentation requested for this chart review was the Admitting Documents, History & Physical, Consult notes, Progress notes, Discharge Summary, Medication List, Demographic Sheet, and Signature Log. **Outcome:** HIM ROI sent the requested documentation, and a confirmation receipt was received upon completion. No further communication has been received.
2. Optum Rx Southeast Clinic Pharmacy 09/16/2024: Optum Rx conducted a Desktop Audit EXL ID 1239930. Supporting documentation was submitted to verify the claim for one prescription of Invega Sustenna Injection 234/1.5 was billed correctly. This documentation was reviewed and signed off by the Pharmacy Manager/Representative on September 16, 2024. **Outcome:** All audits were accepted and closed with no chargebacks or fines.
3. The Harris Center for Mental Health and IDD Substance Use Disorder Fee for Service Claims Review Virtual Review 9/03/2024

Review Overview- Sample Month **May 2024: 291** Claims for **36** Clients were billed through CMBHS for the sample month. HHSC randomly selected a sample of **14** (ten percent plus ten) clients served and reviewed each claim billed. HHSC reviewed **104** claims along with supporting documentation to ensure compliance with contract requirements.

Scope The scope encompassed the review and validation of information and supporting documentation for sampled paid claims. Review components included:

- Review Proof of Texas Residency or allowable attestation
- Review Financial assessment and required documentation or signed attestation statement
- Review Medicaid Eligibility verification was submitted and closed completely
- Review Screening and Assessment documentation signed by a Qualified Credential Counselor (QCC) within 3 service days of admission
- Review Informed Consent documentation for treatment signed by client for Medication Assisted Treatment (MAT)
- Review Medication order signed by the Physician program for Medication Assisted Treatment (MAT)
- The initial treatment plan for Medication Assisted Treatment (MAT) shall make entries immediately after the patient is stabilized on a dose or within four weeks after admission, whichever is sooner
- Review Treatment Plan for authorized services signed by the Qualified Credential Counselor (QCC) within five (5) service days
- Review progress note(s) and verify that service was authorized on the treatment plan
- Review progress notes date, start/end times and compare to the units of service billed from sample

- Verify progress note was signed and dated
- Verify credentials of service workers providing the service

Finding # 1 – Treatment

Criteria: TAC Rule §448.804 (a) Treatment Planning, Implementation and Review.

Condition: HHSC reviewed 14 client files, and a treatment plan was completed in 13 of the 14 client files reviewed. However, One, (1) client file did not have a current treatment plan completed in the file.

Finding # 2 - Treatment

Criteria: TAC Rule §448.804. (b), 2&3 Treatment Planning, Implementation and Review.

Condition: HHS reviewed 14 client files and a treatment plan with Objectives and Strategies was recorded in 13 of the 14 client files reviewed. However, the treatment plan did not include Objectives and Strategies and was not recorded in 1 of the client files.

Finding # 3 – Treatment

Criteria: TAC Rule §448.804 (d) Treatment Planning, Implementation and Review.

Condition: HHS reviewed a sample of 14 client files and a treatment plan with a projected length of stay was recorded in 13 of the 14 client files reviewed. However, the treatment plan did not include a projected length of stay for 1 of the client files.

Finding #4 – Treatment

Criteria: TAC Rule §448.804. (1) Treatment Planning, Implementation and Review.

Condition: Progress notes were reviewed to verify if they were completed and approved by a QCC within 72 hours of providing the service. HHSC reviewed claims and progress notes were approved within the required timelines for 93 of the 104 claims reviewed. However, 11 progress notes were not recorded in the client’s file within 72 hours after the service date.

Outcome: To resolve the findings, the program had to provide a management response detailing the corrective actions. The management response was submitted on 09/12/2024.

4. Reveleer Centers for Medicare and Medicaid Services (CMS) Medical Records Request 9/17/2024: Reveleer, on behalf of CMS, conducted a Medicare Risk Adjustment Data review. Reveleer requested two (2) member's medical records for services rendered. The documentation requested for this chart review was the Demographic/Face Sheet, Physical, Occupational, and other Therapy; History & Physical notes; Consult notes; Pathology reports; Progress notes; Health Assessment Forms; Office notes; Emergency Department notes; Operative Reports/Procedure notes; Radiology Reports/Mammogram Reports, Signature Log; Skilled Nursing Facility (SNF) encounters; Problem list/Medication list; Labs/Laboratory Reports; Chemo/Radiation Reports and Consultation Correspondence (Inpatient and Encounters Outpatient); Admission/Discharge Summaries for Hospital and Skilled Nursing Facility (SNF) where applicable. **Outcome:** HIM ROI submitted the requested documentation, and a confirmation receipt was received upon completion of the medical records. No further communication has been received.

5. Advantmed Wellcare Medical Record Request 9/17/2024: Wellcare was hired to conduct a medical chart review. The medical record for one (1) member was requested for services rendered. The documents requested include the member's Demographic Sheet: Name and Date of Birth, all Blood Pressure Readings from 1/1/2023 to present, Cervical Cancer Screening, Child Immunization status, Medication List, Colorectal Cancer Screening, Diabetes Care for People with Serious Mental Illness, Hemoglobin A1C (HbA1c), Developmental Screening (First three years of life, second and third years of life), Eye Exam for People with Diabetes, Immunization for Adolescents, Lead Screening in children, Perinatal depression screening, Prenatal Screening for Smoking and Treatment Discussion during Prenatal visit, Prenatal, Prenatal and Postpartum Care, Weight Assessment and Counseling for Nutrition and Physical Activity Children/Adolescents Progress notes, History and Physical, Consult/Specialist notes or letters, Operative notes, Procedures notes, Reports, Vital Signs and Lab result where applicable. **Outcome:** The requested documentation was submitted by HIM ROI, and confirmation receipt was received upon completion. No further communication has been received.
6. Advantmed Blue Cross Blue Shield of Texas Medical Records Request 9/18/2024: Advantmed, on behalf of Blue Cross Blue Shield of Texas, conducted a Medicare Risk Adjustment Data review. Advantmed requested one (1) member's medical record for services rendered. The documentation requested for this chart review was Demographic/Face Sheet, Physical, Occupational, and other Therapy; History & Physical notes; Consult notes; Pathology reports; Progress notes; Health Assessment Forms; Office notes; Emergency Department notes; Operative reports/Procedure notes, Radiology Reports/Mammogram Reports, Signature Log, Skilled Nursing Facility (SNF) encounters, Problem list/ Medication list, Labs/Laboratory reports, Chemo/Radiation reports and Consultation correspondence (Inpatient and Outpatient encounters), Admission/Discharge Summaries for Hospital and SNF facility where applicable. **Outcome:** HIM ROI submitted the requested documentation, and a confirmation receipt was received upon completion of the medical records. No further communication has been received.
7. Reveleer Aetna Medical Records Request 9/20/2024: Reveleer, on behalf of Aetna, conducted a Medicare Risk Adjustment Data review. Reveleer requested one (1) member's medical record for services rendered. The documentation requested for this chart review was Demographic/Face Sheet, Physical, Occupational, and other Therapy; History & Physical notes; Consult notes; Pathology reports; Progress notes; Health Assessment Forms; Office notes; Emergency Department notes; Operative reports/Procedure notes, Radiology Reports/Mammogram Reports, Signature Log, Skilled Nursing Facility (SNF) encounters, Problem list/ Medication List, Labs/Laboratory Reports, Chemo/Radiation Reports and Consultation Correspondence (Inpatient and Outpatient encounters), Admission/Discharge Summaries for Hospital and SNF facility where applicable. **Outcome:** HIM ROI submitted the requested documentation, and a confirmation receipt was received upon completion of the medical records. No further communication has been received.
8. Episource United Healthcare Medical Records Request 9/24/2024: Episource was hired to conduct a Risk Adjustment Review. The medical records of three (3) members were requested for services rendered. The documents requested included the member's Demographic Sheet: Name and Date of Birth, all Blood Pressure Readings from 1/1/202 to 12/31/2024, Cervical Cancer Screening, Child Immunization status, Medication List,

Colorectal Cancer Screening, Diabetes Care for People with Serious Mental Illness: Hemoglobin A1C (HbA1c), Developmental Screening (First three years of Life, second and third Years of Life), Eye Exam for People with Diabetes, Immunization for Adolescents, Lead Screening in children, Perinatal depression screening, Prenatal Screening for Smoking and Treatment Discussion during Prenatal visit, Prenatal, Prenatal and Postpartum Care, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents Progress Notes, History and Physical, Consult/Specialist Notes or Letters, Operative Notes, Procedures Notes, Reports, Vital Signs and Lab result where applicable. **Outcome:** The requested documentation was submitted by HIM ROI, and confirmation receipt was received upon completion. No further communication has been received.

9. Optum Rx Northwest Clinic Pharmacy 09/24/2024: Optum Rx conducted a Desktop Audit EXL ID 12243039. Supporting Documentation was submitted to attest to the claim being billed correctly for one prescription of Invega Hafyera INJ 1560mg. This documentation was reviewed and signed off by the Pharmacy Manager/Representative on September 24, 2024. **Outcome:** All audits were accepted and closed with no chargebacks or fines.
10. Datavant Blue Cross Blue Shield Medical Records Request 9/25/2024: Datavant, on behalf of Blue Cross Blue Shield, conducted a medical chart review. Datavant requested one (1) member's medical record for services rendered. The documentation requested for this chart review were Consult notes, Demographic-face sheet, History and Physical, Inpatient hospital notes, emergency department notes; history and physical; discharge summary; outpatient notes; labs and diagnostics to include, but not limited to, blood labs, imaging studies and X-rays, Problem list, Physician progress notes. **Outcome:** HIM ROI submitted the requested documentation, and a confirmation receipt was received upon completion of the medical records. No further communication has been received.
11. Molina Healthcare conducted a Behavioral Health Medical Record Review Project on 9/25/2024. The results are of a medical records request for Quality Improvement purposes. The results are from a review conducted at The Harris Center's office/facility/remotely for Quarter 2 of Calendar year 2024. The areas of review were Medical Necessity 9.2/12, Screening and Assessment 1.3/2, Medication Management 2/2, and Coordination of Care 2.7/4. The total was 15.1/20. **Outcome:** The final score was 76%. No further actions are required.
12. Advantmed BlueCross Blue Shield Medical Records Request 9/26/2024: Advantmed, on behalf of BlueCross, conducted a Risk Adjustment review. Advantmed requested one (1) member's medical record for services rendered. The documentation requested for this chart review was the Demographic/Face Sheet, Physical, Occupational, and other Therapy; History & Physical notes; Consult notes; Pathology reports; Progress notes; Health Assessment forms; Office notes; Emergency Department notes; Operative Reports/Procedure notes, Radiology Reports/Mammogram Reports, Signature Log, Skilled Nursing Facility (SNF) encounters, Problem list/Medication List, Labs/Laboratory Reports, Chemo/Radiation Reports and Consultation Correspondence (Inpatient and Outpatient Encounters), Admission/Discharge Summaries for Hospital and SNF facilities. **Outcome:**

HIM ROI sent the requested documentation, and a confirmation receipt was received upon completion. No further communication has been received.

13. Datavant Wellpoint Medical Records Request 9/26/2024: Datavant, on behalf of Wellpoint, conducted a Medicare Risk Adjustment Data review. Datavant requested eighteen (18) members' medical records for services rendered. The documentation requested for this chart review was Demographic/Face Sheet, Physical, Occupational, and other Therapy; History & Physical notes; Consult notes; Pathology reports; Progress notes; Health Assessment forms; Office notes; Emergency Department notes; Operative Reports/Procedure notes, Radiology Reports/Mammogram Reports, Signature Log, Skilled Nursing Facility (SNF) encounters, Problem list/Medication list, Labs/Laboratory Reports, Chemo/Radiation Reports and Consultation Correspondence (Inpatient and Outpatient encounters), Admission/Discharge Summaries for Hospital and SNF facility where applicable. **Outcome:** HIM ROI submitted the requested documentation, and a confirmation receipt was received upon completion of the medical records. No further communication has been received.
14. Datavant Wellpoint Medical Records Request 9/27/2024: Datavant, on behalf of Wellpoint, conducted a Medicare Risk Adjustment Data review. Datavant requested one (1) member's medical record for services rendered. The documentation requested for this chart review was Progress notes; History and Physical; Consult/specialist notes or letters; Operative and Pathology notes; Procedure notes/reports; physical, speech, and/or occupational therapist reports; Emergency Department records and Discharge summary. **Outcome:** HIM ROI submitted the requested documentation, and a confirmation receipt was received upon completion of the medical records. No further communication has been received.
15. Datavant Oscar Medical Records Request 9/30/2024: Datavant, on behalf of Oscar, conducted a Risk Adjustment review. Datavant requested forty-five (45) members' medical records for services rendered. The documentation requested for this chart review was the Demographic/Face Sheet, Physical, Occupational, and other Therapy; History & Physical notes; Consult Notes; Pathology reports; Progress notes; Health Assessment Forms; Office notes; Emergency Department notes; Operative Reports/Procedure notes, Radiology Reports/Mammogram Reports, Signature Log, Skilled Nursing Facility (SNF) encounters, Problem list/Medication list, Labs/Laboratory reports, Chemo/Radiation reports and Consultation Correspondence (Inpatient and Outpatient Encounters), Admission/Discharge Summaries for Hospital and SNF facilities. **Outcome:** HIM ROI sent the requested documentation, and a confirmation receipt was received upon completion. No further communication has been received.
16. Optum Rx Northwest Clinic Pharmacy 09/30/2024: Optum Rx conducted a Desktop Audit EXL ID 1240383. Supporting Documentation was submitted to attest to the claim being billed correctly for one prescription of Invega Trinz INJ 546mg. This documentation was reviewed and signed off by the Pharmacy Manager/Representative on September 30, 2024. **Outcome:** All audits were accepted and closed with no chargebacks or fines.
17. Datavant Wellpoint Medical Records Request 10/2/2024: Datavant, on behalf of Wellpoint, conducted a Medicare Risk Adjustment Data review. Datavant requested nineteen (19) members' medical records for services rendered. The documentation requested for this chart review was Progress notes; History and Physical; Consult/specialist notes or letters;

Operative and Pathology notes; Procedure notes/reports; physical, speech, and/or occupational therapist reports; Emergency Department records; and Discharge Summary.

Outcome: HIM ROI submitted the requested documentation, and a confirmation receipt was received upon completion of the medical records. No further communication has been received.

18. Datavant Wellpoint Medical Records Request 10/2/2024: Datavant, on behalf of Wellpoint, conducted a Medicare Risk Adjustment Data review. Datavant requested thirty-six (36) members' medical records for services rendered. The documentation requested for this chart review was Progress notes; History and Physical; Consult/specialist notes or letters; Operative and Pathology notes; Procedure notes/reports; physical, speech, and/or occupational therapist reports; Emergency Department records and Discharge summary.
Outcome: HIM ROI submitted the requested documentation, and a confirmation receipt was received upon completion of the medical records. No further communication has been received.
19. Datavant Wellpoint Medical Records Request 10/04/2024: Datavant, on behalf of Wellpoint, conducted a Medicare Risk Adjustment Data review. Datavant requested two (2) members' medical records for services rendered. The documentation requested for this chart review was Progress notes; History and Physical; Consult/specialist notes or letters; Operative and Pathology notes; Procedure notes/reports; physical, speech, and/or occupational therapist reports; Emergency Department records; Discharge Summary.
Outcome: HIM ROI submitted the requested documentation, and a confirmation receipt was received upon completion of the medical records. No further communication has been received.
20. Reveleer Centers for Medicare and Medicaid Services (CMS) Medical Records Request 10/9/2024: Reveleer, on behalf of CMS, conducted a Medicare Risk Adjustment Data review. Reveleer requested two (2) members' medical records for services rendered. The documentation requested for this chart review was Demographic/Face Sheet, Physical, Occupational, and other Therapy; History & Physical notes; Consult notes; Pathology reports; Progress notes; Health Assessment Forms; Office notes; Emergency Department notes; Operative reports/Procedure notes, Radiology reports/Mammogram reports, Signature Log, Skilled Nursing Facility (SNF) encounters, Problem list/Medication list, Labs/Laboratory reports, Chemo/Radiation reports and Consultation Correspondence (Inpatient and Outpatient encounters), Admission/Discharge Summaries for Hospital and SNF facility where applicable. **Outcome:** HIM ROI submitted the requested documentation, and a confirmation receipt was received upon completion of the medical records. No further communication has been received.
21. Reveleer Aetna Medical Records Request 10/9/2024: Reveleer, on behalf of Aetna, conducted a Medicare Risk Adjustment Data review. Reveleer requested one (1) member's medical record for services rendered. The documentation requested for this chart review was Demographic/Face Sheet, Physical, Occupational, and other Therapy; History & Physical notes; consult Notes; Pathology reports; Progress notes; Health Assessment Forms; Office notes; Emergency Department notes; Operative reports/Procedure notes; Radiology reports/Mammogram reports; Signature Log; Skilled Nursing Facility (SNF) encounters; Problem list/ Medication list; Labs/Laboratory reports; Chemo/Radiation reports and

- Consultation Correspondence (Inpatient and Outpatient encounters), Admission/Discharge Summaries for Hospital and SNF facility where applicable. **Outcome:** HIM ROI submitted the requested documentation, and a confirmation receipt was received upon completion of the medical records. No further communication has been received.
22. Advantmed Wellcare Medical Records Request 10/11/2024, Wellcare was hired to conduct a Risk Adjustment Review. The medical records of two (2) members were requested for services rendered. The documents requested included the member's demographic sheet: name and date of birth, all blood pressure readings from 1/1/2023 to 12/31/2023, Cervical Cancer Screening, child immunization status, medication list, colorectal cancer screening, diabetes Care for People with Serious Mental Illnesses: Hemoglobin A1C (HbA1c), Developmental Screening (First three years of Life, second and third Years of Life), Eye Exam for People with Diabetes, Immunization for Adolescents, Lead Screening in children, Perinatal depression screening, Prenatal Screening for Smoking and Treatment Discussion during Prenatal visit, Prenatal, Prenatal and Postpartum Care, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents Progress Notes, History and Physical, Consult/Specialist Notes or Letters, Operative Notes, Procedures Notes, Reports, Vital Signs and Lab result where applicable. **Outcome:** The requested documentation was submitted by HIM ROI, and a confirmation receipt was received upon completion. No further communication has been received.
23. Datavant Wellpoint Medical Records Request 10/11/2024: Datavant, on behalf of Wellpoint, conducted a Medicare Risk Adjustment Data review. Datavant requested one (1) member's medical record for services rendered. The documentation requested for this chart review was Progress notes; History and Physical; Consult/specialist notes or letters; Operative and Pathology notes; Procedure notes/reports; physical, speech, and/or occupational therapist reports; Emergency Department records and Discharge summary. **Outcome:** HIM ROI submitted the requested documentation, and a confirmation receipt was received upon completion of the medical records. No further communication has been received.
24. Advantmed Ambetter Superior Health Plan Medical Records Request 10/14/2024: Advantmed, on behalf of Ambetter Superior Health Plan, conducted a Medicare Risk Adjustment Data review. Advantmed requested forty-six (46) members' medical records for services rendered. The documentation requested for this chart review was Demographic/Face Sheet, Physical, Occupational, and other Therapy; History & Physical notes; Consult notes; Pathology reports; Progress notes; Health Assessment Forms; Office notes; Emergency Department notes; Operative reports/Procedure notes; Radiology reports/Mammogram reports; Signature Log; Skilled Nursing Facility (SNF) encounters; Problem list/ Medication list; Labs/Laboratory reports; Chemo/Radiation Reports and Consultation Correspondence (Inpatient and Outpatient encounters); Admission/Discharge Summaries for Hospital and SNF facility where applicable. **Outcome:** HIM ROI submitted the requested documentation, and a confirmation receipt was received upon completion of the medical records. No further communication has been received.
25. Datavant Wellpoint Medical Records Request 10/15/2024: Datavant, on behalf of Wellpoint, conducted a Medicare Risk Adjustment Data review. Datavant requested one (1) member's medical record for services rendered. The documentation requested for this chart review was

Progress notes; History and Physical; Consult/specialist notes or letters; Operative and pathology notes; Procedure notes/reports; physical, speech, and/or occupational therapist reports; Emergency Department records and Discharge summary. **Outcome:** HIM ROI submitted the requested documentation, and a confirmation receipt was received upon completion of the medical records. No further communication has been received.

26. Advantmed Wellcare Medical Records Request 10/15/2024: Advantmed, on behalf of Blue Cross Blue Shield of Texas, conducted a Medicare Risk Adjustment Data review. Advantmed requested one (1) member's medical record for services rendered. The documentation requested for this chart review was Demographic/Face Sheet, Physical, Occupational, and other Therapy; History & Physical notes; Consult notes; Pathology reports; Progress notes; Health Assessment Forms; Office notes; Emergency Department notes; Operative reports/Procedure notes; Radiology reports/Mammogram reports; Signature Log; Skilled Nursing Facility (SNF) encounters; Problem list/Medication list; Labs/Laboratory reports; Chemo/Radiation reports and Consultation Correspondence (Inpatient and Outpatient encounters), Admission/Discharge Summaries for Hospital and SNF facility where applicable. **Outcome:** HIM ROI submitted the requested documentation, and a confirmation receipt was received upon completion of the medical records. No further communication has been received.
27. Advantmed Wellcare Medical Records Request 10/15/2024: Advantmed, on behalf of Wellcare, conducted a Medicare Risk Adjustment Data review. Advantmed requested two (2) member's medical record for services rendered. The documentation requested for this chart review was Demographic/Face Sheet, Physical, Occupational, and other Therapy; History & Physical notes; Consult notes; Pathology reports; Progress notes; Health Assessment Forms; Office notes; Emergency Department notes; Operative Reports/Procedure notes, Radiology reports/Mammogram reports; Signature Log; Skilled Nursing Facility (SNF) encounters; Problem list/Medication list; Labs/Laboratory reports; Chemo/Radiation reports and Consultation Correspondence (Inpatient and Outpatient encounters), Admission/Discharge Summaries for Hospital and SNF facility where applicable. **Outcome:** HIM ROI submitted the requested documentation, and a confirmation receipt was received upon completion of the medical records. No further communication has been received.
28. Express Scripts On-Site Audit Overview Entrance Letter and On-site Audit Overview Form Northwest Clinic Pharmacy 10/15/2024: During this visit, the Auditor looked at 30 hardcopy prescriptions and the processing of each one. Some items that they generally look for are Days' Supply Quantities and Dispense as Written Codes. The auditor also reviewed five (5) Patient pick-up signatures. **Outcome:** There were no findings resulting in a Perfect Audit for the Northwest Pharmacy Clinic.
29. Superior Mental Health Rehabilitation (MHR) & Mental Health Targeted Care Management (MHTCM) Provider Feedback audit 10/16/2024. The UM review was provided with scoring for the following areas: Chart Compliance 98.30%, Claims Compliance 91.43%, Assessment 98.44%, Recovery Plan 96.06%, Service Documentation 100%, Adult 100%, Child and Adolescent 100%, Claims Issues 91.43%. **Outcome:** The Program is good standing.

30. Optum Rx Southwest Clinic Pharmacy 10/18/2024: Optum Rx conducted a Desktop Audit EXL ID 1255291. Supporting documentation was submitted to attest to the claim being corrected to 28 days' supply of Invega Sustenna INJ 234/1.5mg. This documentation was reviewed and signed off by the Pharmacy Manager/Representative on October 21, 2024. **Outcome:** All audits were accepted and closed with no chargebacks or fines.
31. Advantmed Wellcare Medical Records Request 10/22/2024: Advantmed, on behalf of Wellcare, conducted a Medicare Risk Adjustment Data review. Advantmed requested one (1) member's medical record for services rendered. The documentation requested for this chart review was Demographic/Face Sheet, Physical, Occupational, and other Therapy; History & Physical notes; Consult notes; Pathology reports; Progress notes; Health Assessment Forms; Office notes; Emergency Department notes; Operative Reports/Procedure notes; Radiology reports/Mammogram reports; Signature Log; Skilled Nursing Facility (SNF) encounters; Problem list/Medication list, Labs/Laboratory reports; Chemo/Radiation Reports and Consultation Correspondence (Inpatient and Outpatient encounters); Admission/Discharge Summaries for Hospital and SNF facility where applicable. **Outcome:** HIM ROI submitted the requested documentation, and a confirmation receipt was received upon completion of the medical records. No further communication has been received.
32. Optum Rx Northwest Clinic Pharmacy 10/22/2024: Optum Rx conducted a Desktop Audit EXL ID 1256469. Supporting documentation was submitted to the claim being billed correctly for one prescription, Invega Trinz INJ 546mg. This documentation was reviewed and signed off by the Pharmacy Manager/Representative on October 23, 2024. **Outcome:** All audits were accepted and closed with no chargebacks or fines.
33. Advantmed BlueCross Blue Shield Medical Records Request 10/24/2024: Advantmed, on behalf of BlueCross, conducted a Risk Adjustment review. Advantmed requested one (1) member's medical record for services rendered. The documentation requested for this chart review was the Demographic/Face Sheet, Physical, Occupational, and other Therapy; History & Physical notes; Consult notes; Pathology reports; Progress notes; Health Assessment forms; Office notes; Emergency Department notes; Operative reports/Procedure notes; Radiology reports/Mammogram reports; Signature Log; Skilled Nursing Facility (SNF) encounters; Problem list/Medication list; Labs/Laboratory reports; Chemo/Radiation Reports and Consultation Correspondence (Inpatient and Outpatient encounters), Admission/Discharge Summaries for Hospital and SNF facilities. **Outcome:** HIM ROI sent the requested documentation, and a confirmation receipt was received upon completion. No further communication has been received.
34. Advantmed Wellcare Medical Records Request 10/25/2024: Advantmed, on behalf of Wellcare, conducted a Medicare Risk Adjustment Data review. Advantmed requested four (4) members' medical record for services rendered. The documentation requested for this chart review was Demographic/Face Sheet, Physical, Occupational, and other Therapy; History & Physical notes; Consult notes; Pathology reports; Progress notes; Health Assessment Forms; Office notes; Emergency Department notes; Operative

reports/Procedure notes; Radiology reports/Mammogram reports; Signature Log; Skilled Nursing Facility (SNF) encounters; Problem list/Medication list; Labs/Laboratory reports; Chemo/Radiation Reports and Consultation Correspondence (Inpatient and Outpatient encounters); Admission/Discharge Summaries for Hospital and SNF facility where applicable. **Outcome:** HIM ROI submitted the requested documentation, and a confirmation receipt was received upon completion of the medical records. No further communication has been received.

35. Optum Rx Southeast Clinic Pharmacy 10/25/2024: Optum Rx conducted a Desktop Audit EXL ID 1258581. Supporting documentation was submitted, attesting the claim being billed correctly for one prescription of Invega Trinz INJ 819 mg. This documentation was reviewed and signed off by the Pharmacy Manager/Representative on October 25, 2024. **Outcome:** All audits were accepted and closed with no chargebacks or fines.

36. Optum Rx Northwest Clinic Pharmacy 10/25/2024: Optum Rx conducted a Desktop Audit EXL ID 1258412. Supporting Documentation was submitted attesting the claim being billed correctly for one prescription, Invega Trinz INJ 410mg. The documentation was submitted for this review and signed off by the Pharmacy Manager/Representative on 10/25/2024. **Outcome:** The Pharmacy Manager/Representative submitted the requested documentation. All audits were accepted and closed with no charge backs or fines.

37. Advantmed Ambetter Medical Records Request 10/29/2024: Advantmed, on behalf of Ambetter, conducted a Risk Adjustment review. Advantmed requested one (1) member's medical record for services rendered. The documentation requested for this chart review was the Patient Demographic Sheet, History and physical records, progress notes, consultations, Discharge records, consult and pathology summaries and reports, Surgical procedures and operating summaries, Subjective and objective assessments and plan notes, Diagnostic testing, including, but not limited to cardiovascular diagnostic testing reports (EKG, Stress test, Holter monitors, Doppler studies), interventional, radiology (MRA, catheter angiography, etc.), neurology (EEG, EMG, nerve conduction studies, sleep studies), Emergency and Urgent Care records and Consultation reports. **Outcome:** HIM ROI sent the requested documentation, and a confirmation receipt was received upon completion. No further communication has been received.

38. Datavant United Healthcare Medical Records Request 10/31/2024: Datavant, on behalf of United Healthcare, conducted a Medicare Risk Adjustment Data review. Datavant requested one (1) member's medical record for services rendered. The documentation requested for this chart review was Progress notes, History and physical, Consult/specialist notes or letters, Operative and pathology notes, Procedure notes/reports, Physical, speech, and/or occupational therapist reports, Emergency department records, and Discharge summary. **Outcome:** HIM ROI submitted the requested documentation, and a confirmation receipt was received upon completion of the medical records. No further communication has been received.

39. Optum Rx Southeast Clinic Pharmacy 11/01/2024: Optum Rx conducted a Desktop Audit EXL ID 1261122. Supporting documentation was submitted attesting to the claim being billed correctly for one prescription of Invega Trinz INJ 546 mg. This documentation was reviewed and signed off by the Pharmacy Manager/Representative on November 01, 2024. **Outcome:** All audits were accepted and closed with no chargebacks or fines.
40. Episource Aetna Medical Records Request 11/01/2024: Episource was hired to conduct a Risk Adjustment Review. The medical records of forty-seven (47) members were requested for services rendered. The documents requested included the Demographic/Face Sheet, Hospital Records, Progress Notes, Consult Notes, History & Physical Reports, Pathology reports, Diagnostics, Medication & Problem List, and Past Medical History Log. **Outcome:** The requested documentation was submitted by HIM ROI, and confirmation receipt was received upon completion. No further communication has been received.
41. Optum Rx Southwest Clinic Pharmacy 11/06/2024: Optum Rx conducted a Desktop Audit EXL ID 1264383. Supporting documentation was submitted, attesting to the claim being billed correctly for one prescription of Invega Trinz INJ 819 mg. This documentation was reviewed and signed off by the Pharmacy Manager/Representative on November 06, 2024. **Outcome:** All audits were accepted and closed with no chargebacks or fines.
42. Optum Behavioral Health Solutions/UnitedHealthcare Community Plan Audit follow-up activities. 11/11/2024 **Outcome:** The Harris Center's Behavioral Health Division received a Performance Improvement Plan Acceptance Letter for a Plan of Improvement prompted by a medical record review conducted FY 23 Qtr. 4. The Behavioral Health Division is under a Plan of Improvement to there is a written protocol, training activities and demonstration of accurate documentation in the following areas:
- Coordination of care with outside providers who are treating members who are also receiving services from The Harris Center for Mental Health and IDD
 - Completion of Initial Treatment Plans consistent with the guidelines outlined in the Texas Medicaid Provider Procedures Manual and Texas Administrative Code (§354.2609 and §306.311).
 - Completion of Treatment Plan Reviews consistent with the guidelines outlined in the Texas Medicaid Provider Procedures Manual and Texas Administrative Code (§354.2609 and §306.311
 - Discharge Summaries that that include the following elements:
 - Discharge Summaries should be completed for all patients who discharge from treatment and include all required elements.
 - Discharge Summaries should be appropriate based on assessment/diagnosis/goals

- Completion of accurate progress note documentation.
43. Advantmed BlueCross Blue Shield Medical Records Request 11/12/2024: Advantmed, on behalf of BlueCross, conducted a Risk Adjustment review. Advantmed requested one (1) member's medical record for services rendered. The documentation requested for this chart review was the Demographic/Face Sheet, Physical, Occupational, and other Therapy; History & Physical notes; Consult notes; Pathology reports; Progress notes; Health Assessment forms; Office notes; Emergency Department notes; Operative reports/Procedure notes; Radiology reports/Mammogram reports; Signature Log; Skilled Nursing Facility (SNF) encounters; Problem list/Medication list; Labs/Laboratory reports; Chemo/Radiation Reports and Consultation Correspondence (Inpatient and Outpatient encounters), Admission/Discharge Summaries for Hospital and SNF facilities. **Outcome:** HIM ROI sent the requested documentation, and a confirmation receipt was received upon completion. No further communication has been received.
44. Advantmed BlueCross Blue Shield Medical Records Request 11/12/2024: Advantmed, on behalf of BlueCross, conducted a Risk Adjustment review. Advantmed requested one (1) member's medical record for services rendered. The documentation requested for this chart review was the Demographic/Face Sheet, Physical, Occupational, and other Therapy; History & Physical notes; Consult notes; Pathology reports; Progress notes; Health Assessment forms; Office notes; Emergency Department notes; Operative reports/Procedure notes; Radiology reports/Mammogram reports; Signature Log; Skilled Nursing Facility (SNF) encounters; Problem list/Medication list; Labs/Laboratory reports; Chemo/Radiation Reports and Consultation Correspondence (Inpatient and Outpatient encounters), Admission/Discharge Summaries for Hospital and SNF facilities. **Outcome:** HIM ROI sent the requested documentation, and a confirmation receipt was received upon completion. No further communication has been received.
45. Optum Rx Southeast Clinic Pharmacy 11/19/2024: Optum Rx conducted a Desktop Audit EXL ID 1269676. Supporting documentation was submitted, attesting the claim being billed correctly for one prescription of Invega Trinz INJ 546 mg. This documentation was reviewed and signed off by the Pharmacy Manager/Representative on November 19, 2024. Outcome: All audits were accepted and closed with no chargebacks or fines.
46. ExlService ("EXL") Texas Children Health Plan Medical Records Request 11/21/2024. EXL, on behalf of Texas Children's Health Plan, conducted an HCD audit on its behalf. EXL requested one (1) member's medical record for services rendered. The documentation requested for this chart review was Medication Administration Records (MAR)/Flow Sheets, Medication Wastage Documentation showing discarded amounts and reasons for wastage, Treatment/Progress Notes, or any other specific records to support the medications given for this timeframe, Authorization for treatment (if applicable), Physician Order/Prescription, and any other specific records to support medications given. Additionally, include CMS-1500 and UB-04 forms. If your office provides pharmacy and/or infusion services, please also provide the Physician Order/Prescription and any other specific records to support medications given, Medication Wastage Documentation showing discarded amounts and reasons for wastage, Pharmacy Distribution Record/Compounding Record with NDC number, Pharmacy Assessment/Care Plan, Authorization for treatment (if

applicable), Itemized Delivery Ticket/Confirmation of Delivery to the member, and Nursing Notes/Visits. **Outcome:** HIM ROI submitted the requested documentation, and a confirmation receipt was received upon completion of the medical records. No further communication has been received.

47. Optum Rx Southeast Clinic Pharmacy 11/22/2024: Optum Rx conducted a Desktop Audit EXL ID 1271728. Supporting Documentation was submitted, attesting to the claim being billed correctly for one prescription of Invega Trinz INJ. This documentation was reviewed and signed off by the Pharmacy Manager/Representative on November 22, 2024. **Outcome:** All audits were accepted and closed with no chargebacks or fines.
48. Optum Rx Southeast Clinic Pharmacy 11/26/2024: Optum Rx conducted a Desktop Audit EXL ID 1272674. Supporting Documentation was submitted for a prescription validation request for one prescription of Invega Trinz INJ 234/1.5. This documentation was reviewed and signed off by the Pharmacy Manager/Representative on November 26, 2024. **Outcome:** All audits were accepted and closed with no chargebacks or fines.



The Harris Center for Mental Health and IDD
 The Compliance Department
 Executive Summary Cover Sheet
 Adult Mental Health (AMH) Psychosocial Rehabilitative Services Focused Billing & Coding Review
 Review Dates: September 18, 2024 – October 3, 2024

I. Audit Type:
 Focused

II. Purpose:

The purpose of this review was to assist the Adult Mental Health (AMH) Program and Revenue Management division assess Psychosocial Rehabilitative service clinical documentation and billing & claims practices for compliance with the 2024 Centers for Medicare and Medicaid Services (CMS) Regulations and Guidance, 2023 Current Procedural Terminology (CPT) guidelines, Behavioral Health & Case Management Services Handbook - Texas Medicaid Provider Procedures Manual: Vol. 2 December 2022; the Texas Administrative Code (TEX. ADMIN. CODE) *Psychosocial Rehabilitative Services 1 TEX. ADMIN. CODE §354.2711; MH Case Management Medicaid Reimbursement 26 TEX. ADMIN. CODE §306.277; Telemedicine and Telehealth Benefits and Limitations 1 TEX. ADMIN. CODE §354.1432; Documentation of Service Provision 26 TEX. ADMIN. CODE §301.361; Reimbursement Methodology for Physicians and Other Practitioners 1 TEX. ADMIN. CODE §355.8085, Reimbursement Methodology for Mental Health Case Management 1 TEX. ADMIN. CODE §355.743, Rehabilitative Services Reimbursement Methodology 1 TEX. ADMIN. CODE §355.781; Provider Responsibilities for Treatment Planning and Service Authorization 26 TEX. ADMIN. CODE §301.353 and The Harris Center Policy and Procedures (P&P), Content of Patient/Individual Records HIM.EHR.B.5; Correcting Documentation and Coding Errors HIM.EHR.A.6; Telehealth & Telemedicine Procedure MED.B.6; Corporate Compliance Documentation and Claims Integrity Plan EM.P.4, Code of Ethics LD.A.13, State Service Contract Monitoring and Performance Reporting ACC.A.13, Financial Assessment ACC.A.11, Writing Off Self Pay Balances FM.B.10, Charity Care Procedures FM.B.11, Telehealth & Telemedicine Procedure MED.B.6.*

III. Audit Method:

Active records were randomly selected by generating the Compliance PB Transaction Report in the EPIC (EHR) system for persons served during the 2nd Qtr. of FY 2024 (January 1, 2024 – January 31, 2024). Compliance reviewed Thirty-Five (35) client encounters containing qualified mental health care provider documentation for AMH Psychosocial Rehabilitative service codes H2017. The above-mentioned sample size was obtained on 09/17/2024. This desk review was conducted using the Compliance Coding & Billing Audit Review Tool. It consisted of 2 (Two) components: Medical Billing & Coding requirements (Operations) and Clinical Documentation requirements (Client records).

IV. Audit Findings/History:

Overall Audit Score (AMH Program) – 97%

Compliance identified documentation that did not contain (1) claimant-specific progress towards goals and (2) a clear timeline detailing a set duration and frequency of rehabilitative services currently utilized by claimant. Compliance recommends the removal of generic (non-specific) statements from documentation and incorporate statement(s) that (a) specifically address the individual's unique needs, preferences, experiences, and cultural background, (b) be expressed in terms of overt, observable actions of the individual, (c) be objective and measurable using quantifiable criteria, and (d) reflect the individual's self-direction, autonomy, and desired outcomes.

V. Recommendations:

It is recommended that the Vice President (VP) of Mental Health (MH) Division and the VP of Revenue Cycle and Grants review the findings and collaborate with the appropriate personnel to assess and ensure physician and other QMHP services are billed, and claims are filed and collected in a timely and accurate manner in accordance with information in TAC, CPT, CMS guidelines and Agency P&P. A Plan of Improvement (POI) is required to address the deficiencies noted in this report. Compliance will review provider documentation and coding in the next one hundred eighty (180) days to ensure the program has implemented its POI towards increased claimant specific language and appropriate documentation related to service duration and frequency.



**Compliance Department (Compliance) Review Report
1st Quarter (Qtr.) of Fiscal Year (FY) 2025
Mental Health (MH) Division
Adult Mental Health Services (AMH) Program
Psychosocial Rehabilitative Services Medical Billing & Coding Review**

Compliance Auditor(s): Prakash Thomas

Compliance Review: 09/18/2024 to 10/03/2024

Purpose

The purpose of this review was to assist the Adult Mental Health (AMH) Program and Revenue Management division assess Psychosocial Rehabilitative service clinical documentation and billing & claims practices for compliance with the 2024 Centers for Medicare and Medicaid Services (CMS) Regulations and Guidance, 2023 Current Procedural Terminology (CPT) guidelines, Behavioral Health & Case Management Services Handbook - Texas Medicaid Provider Procedures Manual: Vol. 2 December 2022; the Texas Administrative Code (TEX. ADMIN. CODE) *Psychosocial Rehabilitative Services 1 TEX. ADMIN. CODE §354.2711; MH Case Management Medicaid Reimbursement 26 TEX. ADMIN. CODE §306.277; Telemedicine and Telehealth Benefits and Limitations 1 TEX. ADMIN. CODE §354.1432; Documentation of Service Provision 26 TEX. ADMIN. CODE §301.361; Reimbursement Methodology for Physicians and Other Practitioners 1 TEX. ADMIN. CODE §355.8085, Reimbursement Methodology for Mental Health Case Management 1 TEX. ADMIN. CODE §355.743, Rehabilitative Services Reimbursement Methodology 1 TEX. ADMIN. CODE §355.781; Provider Responsibilities for Treatment Planning and Service Authorization 26 TEX. ADMIN. CODE §301.353 and The Harris Center Policy and Procedures (P&P), Content of Patient/Individual Records HIM.EHR.B.5; Correcting Documentation and Coding Errors HIM.EHR.A.6; Telehealth & Telemedicine Procedure MED.B.6; Corporate Compliance Documentation and Claims Integrity Plan EM.P.4, Code of Ethics LD.A.13, State Service Contract Monitoring and Performance Reporting ACC.A.13, Financial Assessment ACC.A.11, Writing Off Self Pay Balances FM.B.10, Charity Care Procedures FM.B.11, Telehealth & Telemedicine Procedure MED.B.6.*

Method

Active records were randomly selected by generating the *Compliance PB Transaction Report* in the EPIC (EHR) system for persons served during the 1st Qtr. of FY 2025 (January 1, 2024 – January 31, 2024). Compliance reviewed Thirty-Five (35) client encounters containing qualified mental health care provider documentation for AMH Psychosocial Rehabilitative service codes H2017. The above mentioned sample size was obtained on 09/17/2024. This desk review was conducted using the *Compliance Coding & Billing Audit Review Tool*. It consisted of 2 (Two) components: *Medical Billing & Coding requirements (Operations) and Clinical Documentation requirements (Client records)*.



Findings

Overall Audit Score (AMH Program) – 97%

Detailed findings below:

Strengths:

- Operations - (100%)**

 - Services provided correspond to verified CPT code 100%
1 TEX. ADMIN. CODE §354.2711
 - Services provided correspond to verified Modifier codes 100%
CMS Regulations and Guidance, CPT Guidelines
 - Services provided correspond to verified Add-On codes 100%
CMS Regulations and Guidance, CPT Guidelines
 - Claim contains appropriate demographics set as detailed in EMR 100%
HIM.EHR.B.5
 - Appropriate Payor approved codes documented within claim 100%
1 TEX. ADMIN. CODE §355.8085
 - Appropriate billing provider details listed within claim 100%
1 TEX. ADMIN. CODE §355.8085
 - Appropriate billing Units documented 100%
Agency P&P EM.P.4, LD.A.13
 - Services provided are not billed as Duplicate 100%
Agency P&P EM.P.4, LD.A.13
 - Services provided are not billed as a Bundle 100%
Agency P&P EM.P.4, LD.A.13
 - Appropriate and verified Copay amount for billed service 100%
1 TEX. ADMIN. CODE §355.8085
 - Appropriate and verified original charges on claim 100%
1 TEX. ADMIN. CODE §355.8085
 - Appropriate and verified Adjustments on claim 100%
Agency P&P ACC.A.11, FM.B.10, FM.B.11
 - Appropriate and verified Reimbursement collected 100%
Agency P&P ACC.A.11, FM.B.10, FM.B.11
 - Collections resolution, overpayment verification completed 100%
Agency P&P ACC.A.13

- Client Records – (94%)**

 - Evidence of Incorrect / Overlap / Duplicate Appointment Times 100%
Agency P&P EM.P.4, LD.A.13
 - Evidence of Copy & Pasting / Cloning within Documentation 91%
Agency P&P EM.P.4, LD.A.13, HIM.EHR.B.5
 - Evidence of Medically Appropriate History / Assessments / Tools 91%
Behavioral Health & Case Management Services Handbook
 - Evidence of Medically Appropriate Examination 95%



- Behavioral Health & Case Management Services Handbook
- Appropriate Total Time-Based Code for service 100%
1 TEX. ADMIN. CODE §355.8085
 - Consent & Medical Necessity supported from Treatment plan 100%
26 TEX. ADMIN. CODE §301.353
 - Documentation of Face to Face / Telehealth (TH) on date of service 100%
Agency P&P MED.B.6, 1 TEX. ADMIN. CODE §354.1432
 - Documentation of duration, frequency, and re-evaluation of service 86%
26 TEX. ADMIN. CODE §306.317
 - Appropriate person specific Goals documented / Assessment & Plan 77%
Behavioral Health & Case Management Services Handbook
 - Evidence for authorized QMHP (signature/Title) for MH services 100%
26 TEX. ADMIN. CODE §301.353

Observations:

Based on the above-mentioned deficiencies, compliance identified documentation that did not contain (1) claimant-specific progress towards goals and (2) a clear timeline detailing a set duration and frequency of rehabilitative services currently utilized by claimant. Compliance recommends the removal of generic (non-specific) statements from documentation and incorporate statement(s) that (a) specifically address the individual's unique needs, preferences, experiences, and cultural background, (b) be expressed in terms of overt, observable actions of the individual, (c) be objective and measurable using quantifiable criteria, and (d) reflect the individual's self-direction, autonomy, and desired outcomes.

Recommendations

It is recommended that the Vice President (VP) of Mental Health (MH) Division and the VP of Revenue Cycle and Grants review the findings and collaborate with the appropriate personnel to assess and ensure physician and other QMHP services are billed, and claims are filed and collected in a timely and accurate manner in accordance with information in TAC, CPT, CMS guidelines and Agency P&P. A Plan of Improvement (POI) is required to address the deficiencies noted in this report. Compliance will review provider documentation and coding in the next one hundred eighty (180) days to ensure the program has implemented its POI towards increased claimant specific language and appropriate documentation related to service duration and frequency. Compliance will continue to provide essential support to the MH Division and Revenue Management team regarding their documentation of services, including review of clinical documentation from a credentialed professional coder. The VP of both MH Division and Revenue Cycle and Grants must return a signed copy acknowledging receipt of this report to Compliance within three (3) business days.



Management Response:
[Insert Response Here]

Signed by:
X *Prakash Thomas*
C33696334A5647E...

Compliance Auditor

Signed by:
X *Rachel Brasley*
D7108AE937E640D...

VP of Revenue Cycle & Grants

Signed by:
X *Lance Britt*
BAR06A90B5EE4AC...

VP of Behavioral Health Services

X

Director - Revenue Management

X

Director - Adult Mental Health Services

Signed by:
X *Demetria Luckett*
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Compliance Director/Manager



The Harris Center for Mental Health and IDD

The Compliance Department

Executive Summary Cover Sheet

Children & Adolescent Services(CAS) Skills Training & Support Services Focused Billing & Coding Review

Review Dates: September 27, 2024 – October 09, 2024

I. Audit Type:

Focused

II. Purpose:

The purpose of this review was to assist the Children & Adolescent Services (CAS) Program and Revenue Management division assess Skills Training & Support Service clinical documentation and billing & claims practices for compliance with the 2024 Centers for Medicare and Medicaid Services (CMS) Regulations and Guidance, the 2023 Current Procedural Terminology (CPT) guidelines, Behavioral Health & Case Management Services Handbook - Texas Medicaid Provider Procedures Manual: Vol. 2 December 2022; the Texas Administrative Code (TEX. ADMIN. CODE) *Skills Training & Development Services 1 TEX. ADMIN. CODE §354.2713; MH Case Management Medicaid Reimbursement 26 TEX. ADMIN. CODE §306.277; Telemedicine and Telehealth Benefits and Limitations 1 TEX. ADMIN. CODE §354.1432; Documentation of Service Provision 26 TEX. ADMIN. CODE §301.361; Reimbursement Methodology for Physicians and Other Practitioners 1 TEX. ADMIN. CODE §355.8085, Reimbursement Methodology for Mental Health Case Management 1 TEX. ADMIN. CODE §355.743, Rehabilitative Services Reimbursement Methodology 1 TEX. ADMIN. CODE §355.781; Provider Responsibilities for Treatment Planning and Service Authorization 26 TEX. ADMIN. CODE §301.353 and The Harris Center Policy and Procedures (P&P), Content of Patient/Individual Records HIM.EHR.B.5; Correcting Documentation and Coding Errors HIM.EHR.A.6; Telehealth & Telemedicine Procedure MED.B.6; Corporate Compliance Documentation and Claims Integrity Plan EM.P.4, Code of Ethics LD.A.13, State Service Contract Monitoring and Performance Reporting ACC.A.13, Financial Assessment ACC.A.11, Writing Off Self Pay Balances FM.B.10, Charity Care Procedures FM.B.11, Telehealth & Telemedicine Procedure MED.B.6.*

III. Audit Method:

Active records were randomly selected by generating the Compliance PB Transaction Report in the EPIC (EHR) system for persons served during the 2nd Qtr. of FY 2024 (January 1, 2024 – April 5, 2024). Compliance reviewed Nineteen (19) client encounters containing qualified mental health care provider documentation for CAS Skills Training & Support service code H2014. Above mentioned sample size was obtained on 09/17/2024. This desk review was conducted using the Compliance Coding & Billing Audit Review Tool. It consisted of 2 (Two) components: Medical Billing & Coding requirements (Operations) and Clinical Documentation requirements (Client records).

IV. Audit Findings/History:

Overall Audit Score (CAS Program) – 100%

V. Recommendations:

It is recommended that the Vice President (VP) of Mental Health (MH) Division and the VP of Revenue Cycle and Grants review the findings and collaborate with the appropriate personnel to assess and ensure physician and other QMHP services are billed, and claims are filed and collected in a timely and accurate manner in accordance with Information in TAC, CPT, CMS guidelines and Agency P&P. Compliance will continue to provide essential support to the MH Division and Revenue Management team regarding their documentation of services, including review of clinical documentation from a credentialed professional coder.



**Compliance Department (Compliance) Review Report
1st Quarter (Qtr.) of Fiscal Year (FY) 2025
Mental Health (MH) Division
Children & Adolescent Services (CAS) Program
Skills Training & Support Services Medical Billing & Coding Review**

Compliance Auditor(s): Prakash Thomas

Compliance Review: 09/27/2024 to 10/09/2024

Purpose

The purpose of this review was to assist the Children & Adolescent Services (CAS) Program and Revenue Management division assess Skills Training & Support Service clinical documentation and billing & claims practices for compliance with the 2024 Centers for Medicare and Medicaid Services (CMS) Regulations and Guidance, the 2023 Current Procedural Terminology (CPT) guidelines, Behavioral Health & Case Management Services Handbook - Texas Medicaid Provider Procedures Manual: Vol. 2 December 2022; the Texas Administrative Code (TEX. ADMIN. CODE) *Skills Training & Development Services 1 TEX. ADMIN. CODE §354.2713; MH Case Management Medicaid Reimbursement 26 TEX. ADMIN. CODE §306.277; Telemedicine and Telehealth Benefits and Limitations 1 TEX. ADMIN. CODE §354.1432; Documentation of Service Provision 26 TEX. ADMIN. CODE §301.361; Reimbursement Methodology for Physicians and Other Practitioners 1 TEX. ADMIN. CODE §355.8085, Reimbursement Methodology for Mental Health Case Management 1 TEX. ADMIN. CODE §355.743, Rehabilitative Services Reimbursement Methodology 1 TEX. ADMIN. CODE §355.781; Provider Responsibilities for Treatment Planning and Service Authorization 26 TEX. ADMIN. CODE §301.353 and The Harris Center Policy and Procedures (P&P), Content of Patient/Individual Records HIM.EHR.B.5; Correcting Documentation and Coding Errors HIM.EHR.A.6; Telehealth & Telemedicine Procedure MED.B.6; Corporate Compliance Documentation and Claims Integrity Plan EM.P.4, Code of Ethics LD.A.13, State Service Contract Monitoring and Performance Reporting ACC.A.13, Financial Assessment ACC.A.11, Writing Off Self Pay Balances FM.B.10, Charity Care Procedures FM.B.11, Telehealth & Telemedicine Procedure MED.B.6.*

Method

Active records were randomly selected by generating the *Compliance PB Transaction Report* in the EPIC (EHR) system for persons served during the 1st Qtr. of FY 2025 (January 1, 2024 – April 5, 2024). Compliance reviewed Nineteen (19) client encounters containing qualified mental health care provider documentation for CAS Skills Training & Support service code H2014. Above mentioned sample size was obtained on 09/17/2024. This desk review was conducted using the *Compliance Coding & Billing Audit Review Tool*. It consisted of 2 (Two) components: *Medical Billing & Coding requirements (Operations) and Clinical Documentation requirements (Client records)*.



Findings

Overall Audit Score (CAS Program) – 100%

Detailed findings below:

Strengths:

- Operations - (100%)**

 - Services provided correspond to verified CPT code 100%
1 TEX. ADMIN. CODE §354.2713;
 - Services provided correspond to verified Modifier codes 100%
CMS Regulations and Guidance, CPT Guidelines
 - Services provided correspond to verified Add-On codes 100%
CMS Regulations and Guidance, CPT Guidelines
 - Claim contains appropriate demographics set as detailed in EMR 100%
HIM.EHR.B.5
 - Appropriate Payor approved codes documented within claim 100%
1 TEX. ADMIN. CODE §355.8085
 - Appropriate billing provider details listed within claim 100%
1 TEX. ADMIN. CODE §355.8085
 - Appropriate billing Units documented 100%
Agency P&P EM.P.4, LD.A.13
 - Services provided are not billed as Duplicate 100%
Agency P&P EM.P.4, LD.A.13
 - Services provided are not billed as a Bundle 100%
Agency P&P EM.P.4, LD.A.13
 - Appropriate and verified Copay amount for billed service 100%
1 TEX. ADMIN. CODE §355.781
 - Appropriate and verified original charges on claim 100%
1 TEX. ADMIN. CODE §355.781
 - Appropriate and verified Adjustments on claim 100%
Agency P&P ACC.A.11, FM.B.10, FM.B.11
 - Appropriate and verified Reimbursement collected 100%
Agency P&P ACC.A.11, FM.B.10, FM.B.11
 - Collections resolution, overpayment verification completed 100%
Agency P&P ACC.A.13

- Client Records – (100%)**

 - Evidence of Incorrect / Overlap / Duplicate Appointment Times 100%
Agency P&P EM.P.4, LD.A.13
 - Evidence of Copy & Pasting / Cloning within Documentation 100%
Agency P&P EM.P.4, LD.A.13, HIM.EHR.B.5
 - Evidence of Medically Appropriate History / Assessments 100%
Behavioral Health & Case Management Services Handbook



- Evidence of Medically Appropriate Examination Behavioral Health & Case Management Services Handbook 100%
- Appropriate Total Time-Based Code for service *1 TEX. ADMIN. CODE §355.8085* 100%
- Consent & Medical Necessity supported from Treatment plan *26 TEX. ADMIN. CODE §301.353* 100%
- Documentation of Face to Face / Telehealth (TH) on date of service *Agency P&P MED.B.6, 1 TEX. ADMIN. CODE §354.1432* 100%
- Documentation of duration, frequency, and re-evaluation of service *26 TEX. ADMIN. CODE §355.743* 100%
- Appropriate person specific Goals documented / Assessment & Plan Behavioral Health & Case Management Services Handbook 100%
- Evidence for authorized QMHP (signature/Title) for MH services *26 TEX. ADMIN. CODE §301.353* 100%

Recommendations

It is recommended that the Vice President (VP) of Mental Health (MH) Division and the VP of Revenue Cycle and Grants review the findings and collaborate with the appropriate personnel to assess and ensure physician and other QMHP services are billed, and claims are filed and collected in a timely and accurate manner in accordance with Information in TAC, CPT, CMS guidelines and Agency P&P. Compliance will continue to provide essential support to the MH Division and Revenue Management team regarding their documentation of services, including review of clinical documentation from a credentialed professional coder. The VP of both MH Division and Revenue Cycle and Grants must return a signed copy acknowledging receipt of this report to Compliance within three (3) business days.



Management Response:
[Insert Response Here]

X ^{Signed by:}
Prakash Thomas
C33696334A5647E

Compliance Auditor

X ^{Signed by:}
Rachel Brasley
D7408AF037F640D...

VP of Revenue Cycle & Grants

X ^{Signed by:}
Lance Britt
BAB06A90B5EE4AC

VP of Behavioral Health Services

X

Director - Revenue Management

X

Director - Childrens & Adolescents Services

X ^{Signed by:}
Demetria Lockett
B4ED8213F5ED41A

Compliance Director/Manager



The Harris Center for Mental Health and IDD
 The Compliance Department
 Executive Summary Cover Sheet
 Early Onset (EO) and Children & Adolescent Services (CAS) Counseling Services
 Focused Billing & Coding Review
 Review Dates: October 18, 2024 – November 1, 2024

I. Audit Type:

Focused

II. Purpose:

The purpose of this review was to assist Early Onset (EO) Program, Children & Adolescent Services (CAS) Program and Revenue Management division assess Counseling Services (Psychotherapy) clinical documentation and billing & claims practices for compliance with the 2024 Centers for Medicare and Medicaid Services (CMS) Regulations and Guidance, the 2023 Current Procedural Terminology (CPT) guidelines, Behavioral Health & Case Management Services Handbook - Texas Medicaid Provider Procedures Manual: Vol. 2 December 2022; the Texas Administrative Code (TEX. ADMIN. CODE) *Counseling Methods and Practices 22 TEX. ADMIN. CODE §681.31; MH Case Management Medicaid Reimbursement 26 TEX. ADMIN. CODE §306.277; Telemedicine and Telehealth Benefits and Limitations 1 TEX. ADMIN. CODE §354.1432; Documentation of Service Provision 26 TEX. ADMIN. CODE §301.361; Reimbursement Methodology for Physicians and Other Practitioners 1 TEX. ADMIN. CODE §355.8085, Reimbursement Methodology for Mental Health Case Management 1 TEX. ADMIN. CODE §355.743, Rehabilitative Services Reimbursement Methodology 1 TEX. ADMIN. CODE §355.781; Provider Responsibilities for Treatment Planning and Service Authorization 26 TEX. ADMIN. CODE §301.353 and The Harris Center Policy and Procedures (P&P), Content of Patient/Individual Records HIM.EHR.B.5; Correcting Documentation and Coding Errors HIM.EHR.A.6; Telehealth & Telemedicine Procedure MED.B.6; Corporate Compliance Documentation and Claims Integrity Plan EM.P.4, Code of Ethics LD.A.13, State Service Contract Monitoring and Performance Reporting ACC.A.13, Financial Assessment ACC.A.11, Writing Off Self Pay Balances FM.B.10, Charity Care Procedures FM.B.11, Telehealth & Telemedicine Procedure MED.B.6.*

III. Audit Method:

Active records were randomly selected by generating the Compliance PB Transaction Report in the EPIC (EHR) system for persons served during the 2nd Qtr. of FY 2024 (February 1, 2024 – March 31, 2024). Compliance reviewed Thirty (30) client encounters containing qualified mental health care provider documentation for EO & CAS Counseling service code 90832, 90834, 90836. Above mentioned sample size was obtained on 10/10/2024. This desk review was conducted using the Compliance Coding & Billing Audit Review Tool. It consisted of 2 (Two) components: Medical Billing & Coding requirements (Operations) and Clinical Documentation requirements (Client records).

IV. Audit Findings/History:

Overall Audit Score (EO / CAS Program) – 98%

Compliance identified service encounters miscoded for the allotted time utilized by MH provider. Compliance recommends the utilization of Psychotherapy code 90836 for service encounters that total over 53 minutes.

V. Recommendations:

It is recommended that the Vice President (VP) of Mental Health (MH) Division and the VP of Revenue Cycle and Grants review the findings and collaborate with the appropriate personnel to assess and ensure physician and other QMHP services are billed, and claims are filed and collected in a timely and accurate manner in accordance with Information in TAC, CPT, CMS guidelines and Agency P&P. Compliance will review provider documentation and coding in the next one hundred eighty (180) days to ensure the program has implemented its POI pertaining to accurate primary coding for Counseling (Psychotherapy) services.



**Compliance Department (Compliance) Review Report
1st Quarter (Qtr.) of Fiscal Year (FY) 2025
Mental Health (MH) Division
Early Onset (EO) Program and Children & Adolescent (CAS) Program
Counseling Services Medical Billing & Coding Review**

Compliance Auditor(s): Prakash Thomas

Compliance Review: 10/18/2024 to 11/01/2024

Purpose

The purpose of this review was to assist Early Onset (EO) Program, Children & Adolescent Services (CAS) Program and Revenue Management division assess Counseling Services (Psychotherapy) clinical documentation and billing & claims practices for compliance with the 2024 Centers for Medicare and Medicaid Services (CMS) Regulations and Guidance, the 2023 Current Procedural Terminology (CPT) guidelines, Behavioral Health & Case Management Services Handbook - Texas Medicaid Provider Procedures Manual: Vol. 2 December 2022; the Texas Administrative Code (TEX. ADMIN. CODE) Counseling Methods and Practices 22 TEX. ADMIN. CODE §681.31; *MH Case Management Medicaid Reimbursement* 26 TEX. ADMIN. CODE §306.277; *Telemedicine and Telehealth Benefits and Limitations* 1 TEX. ADMIN. CODE §354.1432; *Documentation of Service Provision* 26 TEX. ADMIN. CODE §301.361; *Reimbursement Methodology for Physicians and Other Practitioners* 1 TEX. ADMIN. CODE §355.8085, *Reimbursement Methodology for Mental Health Case Management* 1 TEX. ADMIN. CODE §355.743, *Rehabilitative Services Reimbursement Methodology* 1 TEX. ADMIN. CODE §355.781; *Provider Responsibilities for Treatment Planning and Service Authorization* 26 TEX. ADMIN. CODE §301.353 and *The Harris Center Policy and Procedures (P&P), Content of Patient/Individual Records HIM.EHR.B.5; Correcting Documentation and Coding Errors HIM.EHR.A.6; Telehealth & Telemedicine Procedure MED.B.6; Corporate Compliance Documentation and Claims Integrity Plan EM.P.4, Code of Ethics LD.A.13, State Service Contract Monitoring and Performance Reporting ACC.A.13, Financial Assessment ACC.A.11, Writing Off Self Pay Balances FM.B.10, Charity Care Procedures FM.B.11, Telehealth & Telemedicine Procedure MED.B.6.*

Method

Active records were randomly selected by generating the *Compliance PB Transaction Report* in the EPIC (EHR) system for persons served during the 1st Qtr. of FY 2025 (February 1, 2024 – March 31, 2024). Compliance reviewed Thirty (30) client encounters containing qualified mental health care provider documentation for EO & CAS Counseling service code 90832, 90834, 90836. Above mentioned sample size was obtained on 10/10/2024. This desk review was conducted using the *Compliance Coding & Billing Audit Review Tool*. It consisted of 2 (Two) components: *Medical Billing & Coding requirements (Operations)* and *Clinical Documentation requirements (Client records)*.



Findings

Overall Audit Score (EO / CAS Program) – 98%

Detailed findings below:

Strengths:

- **Operations - (98.8%)**
 - Services provided correspond to verified CPT code 83%
22 TEX. ADMIN. CODE §681.31
 - Services provided correspond to verified Modifier codes 100%
CMS Regulations and Guidance, CPT Guidelines
 - Services provided correspond to verified Add-On codes 100%
CMS Regulations and Guidance, CPT Guidelines
 - Claim contains appropriate demographics set as detailed in EMR 100%
HIM.EHR.B.5
 - Appropriate Payor approved codes documented within claim 100%
1 TEX. ADMIN. CODE §355.8085
 - Appropriate billing provider details listed within claim 100%
1 TEX. ADMIN. CODE §355.8085
 - Appropriate billing Units documented 100%
Agency P&P EM.P.4, LD.A.13
 - Services provided are not billed as Duplicate 100%
Agency P&P EM.P.4, LD.A.13
 - Services provided are not billed as a Bundle 100%
Agency P&P EM.P.4, LD.A.13
 - Appropriate and verified Copay amount for billed service 100%
1 TEX. ADMIN. CODE §355.8085
 - Appropriate and verified original charges on claim 100%
1 TEX. ADMIN. CODE §355.8085
 - Appropriate and verified Adjustments on claim 100%
Agency P&P ACC.A.11, FM.B.10, FM.B.11
 - Appropriate and verified Reimbursement collected 100%
Agency P&P ACC.A.11, FM.B.10, FM.B.11
 - Collections resolution, overpayment verification completed 100%
Agency P&P ACC.A.13

- **Client Records – (98%)**
 - Evidence of Incorrect / Overlap / Duplicate Appointment Times 100%
Agency P&P EM.P.4, LD.A.13
 - Evidence of Copy & Pasting / Cloning within Documentation 100%
Agency P&P EM.P.4, LD.A.13, HIM.EHR.B.5
 - Evidence of Medically Appropriate History / Assessments 100%
Behavioral Health & Case Management Services Handbook
 - Evidence of Medically Appropriate Examination 97%
Behavioral Health & Case Management Services Handbook



- Appropriate Total Time-Based Code for service 83%
1 TEX. ADMIN. CODE §355.8085
- Consent & Medical Necessity supported from Treatment plan 100%
26 TEX. ADMIN. CODE §301.353
- Documentation of Face to Face / Telehealth (TH) on date of service 100%
Agency P&P MED.B.6, 1 TEX. ADMIN. CODE §354.1432
- Documentation of duration, frequency, and re-evaluation of service 100%
26 TEX. ADMIN. CODE §355.743
- Appropriate person specific Goals documented / Assessment & Plan 100%
 Behavioral Health & Case Management Services Handbook
- Evidence for authorized QMHP (signature/Title) for MH services 100%
26 TEX. ADMIN. CODE §301.353

Observations:

Compliance identified service encounters miscoded for the allotted time utilized by MH provider. Compliance recommends the utilization of Psychotherapy code 90836 for service encounters that total over 53 minutes.

Recommendations

It is recommended that the Vice President (VP) of Mental Health (MH) Division and the VP of Revenue Cycle and Grants review the findings and collaborate with the appropriate personnel to assess and ensure physician and other QMHP services are billed, and claims are filed and collected in a timely and accurate manner in accordance with Information in TAC, CPT, CMS guidelines and Agency P&P. Compliance will review provider documentation and coding in the next one hundred eighty (180) days to ensure the program has implemented its POI pertaining to accurate primary coding for Counseling (Psychotherapy) services. Compliance will continue to provide essential support to the MH Division and Revenue Management team regarding their documentation of services, including review of clinical documentation from a credentialed professional coder. The VP of both MH Division and Revenue Cycle and Grants must return a signed copy acknowledging receipt of this report to Compliance within three (3) business days.



Management Response:
[Insert Response Here]

Signed by:
Prakash Thomas
C33696334A5647E

Compliance Auditor

Signed by:
Lance Britt
B4B06A90B5EE4AC

VP of Behavioral Health Services

Signed by:
Rachel Brasley
D7408AF037F640D...

VP of Revenue Cycle & Grants

X

Director - Childrens & Adolescent Services

X

Director - Revenue Management

Signed by:
Rena Strobe
14CB7986CD45428

Manager - Early Onset Program

Signed by:
Demetria Lockett
B4ED8213F5ED41A...

Compliance Director/Manager



The Harris Center for Mental Health and IDD
 The Compliance Department
 Executive Summary Cover Sheet
 Adult Mental Health (AMH) Case Management Services Focused Billing & Coding Review
 Review Dates: November 4, 2024 – November 22, 2024

I. Audit Type:
 Focused

II. Purpose:

The purpose of this review was to assist the Adult Mental Health (AMH) Program and Revenue Management division assess Case Management clinical documentation and billing & claims practices for compliance with the 2024 Centers for Medicare and Medicaid Services (CMS) Regulations and Guidance, 2023 Current Procedural Terminology (CPT) guidelines, Behavioral Health & Case Management Services Handbook - Texas Medicaid Provider Procedures Manual: Vol. 2 December 2022; the Texas Administrative Code (TEX. ADMIN. CODE) *Documenting MH Case Management Services* 26 TEX. ADMIN. CODE §306.275; *MH Case Management Medicaid Reimbursement* 26 TEX. ADMIN. CODE §306.277; *Telemedicine and Telehealth Benefits and Limitations* 1 TEX. ADMIN. CODE §354.1432; *Documentation of Service Provision* 26 TEX. ADMIN. CODE §301.361; *Reimbursement Methodology for Physicians and Other Practitioners* 1 TEX. ADMIN. CODE §355.8085, *Reimbursement Methodology for Mental Health Case Management* 1 TEX. ADMIN. CODE §355.743, *Rehabilitative Services Reimbursement Methodology* 1 TEX. ADMIN. CODE §355.781; *Provider Responsibilities for Treatment Planning and Service Authorization* 26 TEX. ADMIN. CODE §301.353 and *The Harris Center Policy and Procedures (P&P), Content of Patient/Individual Records HIM.EHR.B.5; Correcting Documentation and Coding Errors HIM.EHR.A.6; Telehealth & Telemedicine Procedure MED.B.6; Corporate Compliance Documentation and Claims Integrity Plan EM.P.4, Code of Ethics LD.A.13, State Service Contract Monitoring and Performance Reporting ACC.A.13, Financial Assessment ACC.A.11, Writing Off Self Pay Balances FM.B.10, Charity Care Procedures FM.B.11, Telehealth & Telemedicine Procedure MED.B.6.*

III. Audit Method:

Active records were randomly selected by generating the Compliance PB Transaction Report in the EPIC (EHR) system for persons served during the 2nd Qtr. of FY 2024 (February 1, 2024 – March 31, 2024). Compliance reviewed Forty (40) client encounters containing qualified mental health care provider documentation for MH Case Management codes HCT1017.1 (T1017). Above mentioned sample size was obtained on 10/30/2024. This desk review was conducted using the Compliance Coding & Billing Audit Review Tool. It consisted of 2 (Two) components: Medical Billing & Coding requirements (Operations) and Clinical Documentation requirements (Client records).

IV. Audit Findings/History:

Overall Audit Score (AMH Program) – 100%

Compliance recommends Case Management service documentation to clearly delineate duration, frequency, and re-evaluation of services within the body of each service note. Auditor must be able to determine with ease a timeline prescribed to clients for (a) obtaining the services needed and (b) for reevaluating the service needed.

V. Recommendations:

It is recommended that the Vice President (VP) of Mental Health (MH) Division and the VP of Revenue Cycle and Grants review the findings and collaborate with the appropriate personnel to assess and ensure physician and other QMHP services are billed, and claims are filed and collected in a timely and accurate manner in accordance with Information in TAC, CPT, CMS guidelines and Agency P&P. Compliance will continue to provide essential support to the MH Division and Revenue Management team regarding their documentation of services, including review of clinical documentation from a credentialed professional coder.



**Compliance Department (Compliance) Review Report
1st Quarter (Qtr.) of Fiscal Year (FY) 2025
Mental Health (MH) Division
Adult Mental Health Services (AMH) Program
Case Management Medical Billing & Coding Review**

Compliance Auditor(s): Prakash Thomas

Compliance Review: 11/04/2024 to 11/22/2024

Purpose

The purpose of this review was to assist the Adult Mental Health (AMH) Program and Revenue Management division assess Case Management clinical documentation and billing & claims practices for compliance with the 2024 Centers for Medicare and Medicaid Services (CMS) Regulations and Guidance, 2023 Current Procedural Terminology (CPT) guidelines, Behavioral Health & Case Management Services Handbook - Texas Medicaid Provider Procedures Manual: Vol. 2 December 2022; the Texas Administrative Code (TEX. ADMIN. CODE) *Documenting MH Case Management Services 26 TEX. ADMIN. CODE §306.275; MH Case Management Medicaid Reimbursement 26 TEX. ADMIN. CODE §306.277; Telemedicine and Telehealth Benefits and Limitations 1 TEX. ADMIN. CODE §354.1432; Documentation of Service Provision 26 TEX. ADMIN. CODE §301.361; Reimbursement Methodology for Physicians and Other Practitioners 1 TEX. ADMIN. CODE §355.8085, Reimbursement Methodology for Mental Health Case Management 1 TEX. ADMIN. CODE §355.743, Rehabilitative Services Reimbursement Methodology 1 TEX. ADMIN. CODE §355.781; Provider Responsibilities for Treatment Planning and Service Authorization 26 TEX. ADMIN. CODE §301.353 and The Harris Center Policy and Procedures (P&P), Content of Patient/Individual Records HIM.EHR.B.5; Correcting Documentation and Coding Errors HIM.EHR.A.6; Telehealth & Telemedicine Procedure MED.B.6; Corporate Compliance Documentation and Claims Integrity Plan EM.P.4, Code of Ethics LD.A.13, State Service Contract Monitoring and Performance Reporting ACC.A.13, Financial Assessment ACC.A.11, Writing Off Self Pay Balances FM.B.10, Charity Care Procedures FM.B.11, Telehealth & Telemedicine Procedure MED.B.6.*

Method

Active records were randomly selected by generating the *Compliance PB Transaction Report* in the EPIC (EHR) system for persons served during the 1st Qtr. of FY 2025 (February 1, 2024 – March 31, 2024). Compliance reviewed Forty (40) client encounters containing qualified mental health care provider documentation for MH Case Management codes HCT1017.1 (T1017). Above mentioned sample size was obtained on 10/30/2024. This desk review was conducted using the *Compliance Coding & Billing Audit Review Tool*. It consisted of 2 (Two) components: *Medical Billing & Coding requirements (Operations) and Clinical Documentation requirements (Client records)*.



Findings

Overall Audit Score (AMH Program) – 100%

Detailed findings below:

Strengths:

- **Operations - (100%)**
 - Services provided correspond to verified CPT code 100%
1 TEX. ADMIN. CODE §355.743
 - Services provided correspond to verified Modifier codes 100%
CMS Regulations and Guidance, CPT Guidelines
 - Services provided correspond to verified Add-On codes 100%
CMS Regulations and Guidance, CPT Guidelines
 - Claim contains appropriate demographics set as detailed in EMR 100%
HIM.EHR.B.5
 - Appropriate Payor approved codes documented within claim 100%
1 TEX. ADMIN. CODE §355.8085
 - Appropriate billing provider details listed within claim 100%
1 TEX. ADMIN. CODE §355.8085
 - Appropriate billing Units documented 100%
Agency P&P EM.P.4, LD.A.13
 - Services provided are not billed as Duplicate 100%
Agency P&P EM.P.4, LD.A.13
 - Services provided are not billed as a Bundle 100%
Agency P&P EM.P.4, LD.A.13
 - Appropriate and verified Copay amount for billed service 100%
1 TEX. ADMIN. CODE §355.8085
 - Appropriate and verified original charges on claim 100%
1 TEX. ADMIN. CODE §355.8085
 - Appropriate and verified Adjustments on claim 100%
Agency P&P ACC.A.11, FM.B.10, FM.B.11
 - Appropriate and verified Reimbursement collected 100%
Agency P&P ACC.A.11, FM.B.10, FM.B.11
 - Collections resolution, overpayment verification completed 100%
Agency P&P ACC.A.13

- **Client Records – (100%)**
 - Evidence of Incorrect / Overlap / Duplicate Appointment Times 100%
Agency P&P EM.P.4, LD.A.13
 - Evidence of Copy & Pasting / Cloning within Documentation 100%
Agency P&P EM.P.4, LD.A.13, HIM.EHR.B.5
 - Evidence of Medically Appropriate History / Assessments 100%
Behavioral Health & Case Management Services Handbook
 - Evidence of Medically Appropriate Examination 100%
Behavioral Health & Case Management Services Handbook



- Appropriate Total Time-Based Code for service 100%
1 TEX. ADMIN. CODE §355.8085
- Consent & Medical Necessity supported from Treatment plan 100%
26 TEX. ADMIN. CODE §301.353
- Documentation of Face to Face / Telehealth (TH) on date of service 100%
Agency P&P MED.B.6, 1 TEX. ADMIN. CODE §354.1432
- Documentation of duration, frequency, and re-evaluation of service 100%
26 TEX. ADMIN. CODE §355.743
- Appropriate person specific Goals documented / Assessment & Plan Behavioral Health & Case Management Services Handbook 100%
- Evidence for authorized QMHP (signature/Title) for MH services 100%
26 TEX. ADMIN. CODE §301.353

Observations:

Compliance recommends Case Management service documentation to clearly delineate duration, frequency, and re-evaluation of services within the body of each service note. Auditor must be able to determine with ease a timeline prescribed to clients for (a) obtaining the needed services and (b) for reevaluating the needed service.

Recommendations

It is recommended that the Vice President (VP) of Mental Health (MH) Division and the VP of Revenue Cycle and Grants review the findings and collaborate with the appropriate personnel to assess and ensure physician and other QMHP services are billed, and claims are filed and collected in a timely and accurate manner in accordance with Information in TAC, CPT, CMS guidelines and Agency P&P. Compliance will continue to provide essential support to the MH Division and Revenue Management team regarding their documentation of services, including review of clinical documentation from a credentialed professional coder. The VP of both MH Division and Revenue Cycle and Grants must return a signed copy acknowledging receipt of this report to Compliance within three (3) business days.



Management Response:

[Insert Response Here]

Signed by:
Prakash Thomas
C33696334A5647E

Compliance Auditor

Signed by:
Rachel Brasley
D7108AE937E640D

VP of Revenue Cycle & Grants

Signed by:
Lance Britt
BAP96A00B5FE4AC...

VP of Behavioral Health Services

X

Director - Revenue Management

X

Director - Adult Mental Health Services

Signed by:
Demetria Lockett
B4ED8213E5ED41A

Compliance Director/Manager



The Harris Center for Mental Health and IDD
 The Compliance Department
 Executive Summary Cover Sheet
 Children & Adolescent Services (CAS) Medication Training & Support Services
 Focused Billing & Coding Review
 Review Dates: November 21, 2024 – December 4, 2024

I. Audit Type:

Focused

II. Purpose:

The purpose of this review was to assist the Children & Adolescent Services (CAS) Program and Revenue Management division assess Medication Training & Support Service clinical documentation and billing & claims practices for compliance with the 2024 Centers for Medicare and Medicaid Services (CMS) Regulations and Guidance, the 2023 Current Procedural Terminology (CPT) guidelines, Behavioral Health & Case Management Services Handbook - Texas Medicaid Provider Procedures Manual: Vol. 2 December 2022; the Texas Administrative Code (TEX. ADMIN. CODE) *Medication Training & Support Services 1 TEX. ADMIN. CODE §354.2709; MH Case Management Medicaid Reimbursement 26 TEX. ADMIN. CODE §306.277; Telemedicine and Telehealth Benefits and Limitations 1 TEX. ADMIN. CODE §354.1432; Documentation of Service Provision 26 TEX. ADMIN. CODE §301.361; Reimbursement Methodology for Physicians and Other Practitioners 1 TEX. ADMIN. CODE §355.8085, Reimbursement Methodology for Mental Health Case Management 1 TEX. ADMIN. CODE §355.743, Rehabilitative Services Reimbursement Methodology 1 TEX. ADMIN. CODE §355.781; Provider Responsibilities for Treatment Planning and Service Authorization 26 TEX. ADMIN. CODE §301.353 and The Harris Center Policy and Procedures (P&P), Content of Patient/Individual Records HIM.EHR.B.5; Correcting Documentation and Coding Errors HIM.EHR.A.6; Telehealth & Telemedicine Procedure MED.B.6; Corporate Compliance Documentation and Claims Integrity Plan EM.P.4, Code of Ethics LD.A.13, State Service Contract Monitoring and Performance Reporting ACC.A.13, Financial Assessment ACC.A.11, Writing Off Self Pay Balances FM.B.10, Charity Care Procedures FM.B.11, Telehealth & Telemedicine Procedure MED.B.6.*

III. Audit Method:

Active records were randomly selected by generating the Compliance PB Transaction Report in the EPIC (EHR) system for persons served during the 1st Qtr. of FY 2025 (February 1, 2024 – March 31, 2024). Compliance reviewed Thirty (30) client encounters containing qualified mental health care provider documentation for CAS Medication Training & support service code H0034. Above mentioned sample size was obtained on 11/13/2024. This desk review was conducted using the Compliance Coding & Billing Audit Review Tool. It consisted of 2 (Two) components: Medical Billing & Coding requirements (Operations) and Clinical Documentation requirements (Client records).

IV. Audit Findings/History:

Overall Audit Score (CAS Program) – 99%

Compliance identified two erroneous encounters entered into agency EMR (EPIC) based on client “no show” status on date of scheduled service. Compliance recommends clinical team to appropriately close out encounter without adding service code(s) for last minute rescheduled or “no show” appointments.

V. Recommendations:

It is recommended that the Vice President (VP) of Mental Health (MH) Division and the VP of Revenue Cycle and Grants review the findings and collaborate with the appropriate personnel to assess and ensure physician and other QMHP services are billed, and claims are filed and collected in a timely and accurate manner in accordance with Information in TAC, CPT, CMS guidelines and Agency P&P. Compliance will continue to provide essential support to the MH Division and Revenue Management team regarding their documentation of services, including review of clinical documentation from a credentialed professional coder.



**Compliance Department (Compliance) Review Report
1st Quarter (Qtr.) of Fiscal Year (FY) 2025
Mental Health (MH) Division
Children & Adolescent Services (CAS) Program
Medication Training & Support (MTS) Medical Billing & Coding Review**

Compliance Auditor(s): Prakash Thomas

Compliance Review: 11/21/2024 to 12/04/2024

Purpose

The purpose of this review was to assist the Children & Adolescent Services (CAS) Program and Revenue Management division assess Medication Training & Support Service clinical documentation and billing & claims practices for compliance with the 2024 Centers for Medicare and Medicaid Services (CMS) Regulations and Guidance, the 2023 Current Procedural Terminology (CPT) guidelines, Behavioral Health & Case Management Services Handbook - Texas Medicaid Provider Procedures Manual: Vol. 2 December 2022; the Texas Administrative Code (TEX. ADMIN. CODE) *Medication Training & Support Services 1 TEX. ADMIN. CODE §354.2709; MH Case Management Medicaid Reimbursement 26 TEX. ADMIN. CODE §306.277; Telemedicine and Telehealth Benefits and Limitations 1 TEX. ADMIN. CODE §354.1432; Documentation of Service Provision 26 TEX. ADMIN. CODE §301.361; Reimbursement Methodology for Physicians and Other Practitioners 1 TEX. ADMIN. CODE §355.8085, Reimbursement Methodology for Mental Health Case Management 1 TEX. ADMIN. CODE §355.743, Rehabilitative Services Reimbursement Methodology 1 TEX. ADMIN. CODE §355.781; Provider Responsibilities for Treatment Planning and Service Authorization 26 TEX. ADMIN. CODE §301.353 and The Harris Center Policy and Procedures (P&P), Content of Patient/Individual Records HIM.EHR.B.5; Correcting Documentation and Coding Errors HIM.EHR.A.6; Telehealth & Telemedicine Procedure MED.B.6; Corporate Compliance Documentation and Claims Integrity Plan EM.P.4, Code of Ethics LD.A.13, State Service Contract Monitoring and Performance Reporting ACC.A.13, Financial Assessment ACC.A.11, Writing Off Self Pay Balances FM.B.10, Charity Care Procedures FM.B.11, Telehealth & Telemedicine Procedure MED.B.6.*

Method

Active records were randomly selected by generating the *Compliance PB Transaction Report* in the EPIC (EHR) system for persons served during the 1st Qtr. of FY 2025 (February 1, 2024 – March 31, 2024). Compliance reviewed Thirty (30) client encounters containing qualified mental health care provider documentation for CAS Medication Training & support service code H0034. Above mentioned sample size was obtained on 11/13/2024. This desk review was conducted using the *Compliance Coding & Billing Audit Review Tool*. It consisted of 2 (Two) components: *Medical Billing & Coding requirements (Operations) and Clinical Documentation requirements (Client records)*.



Findings

Overall Audit Score (CAS Program) – 99%

Detailed findings below:

Strengths:

- **Operations - (100%)**
 - Services provided correspond to verified CPT code 100%
1 TEX. ADMIN. CODE §354.2709
 - Services provided correspond to verified Modifier codes 100%
CMS Regulations and Guidance, CPT Guidelines
 - Services provided correspond to verified Add-On codes 100%
CMS Regulations and Guidance, CPT Guidelines
 - Claim contains appropriate demographics set as detailed in EMR 100%
HIM.EHR.B.5
 - Appropriate Payor approved codes documented within claim 100%
1 TEX. ADMIN. CODE §355.8085
 - Appropriate billing provider details listed within claim 100%
1 TEX. ADMIN. CODE §355.8085
 - Appropriate billing Units documented 100%
Agency P&P EM.P.4, LD.A.13
 - Services provided are not billed as Duplicate 100%
Agency P&P EM.P.4, LD.A.13
 - Services provided are not billed as a Bundle 100%
Agency P&P EM.P.4, LD.A.13
 - Appropriate and verified Copay amount for billed service 100%
1 TEX. ADMIN. CODE §355.8085
 - Appropriate and verified original charges on claim 100%
1 TEX. ADMIN. CODE §355.8085
 - Appropriate and verified Adjustments on claim 100%
Agency P&P ACC.A.11, FM.B.10, FM.B.11
 - Appropriate and verified Reimbursement collected 100%
Agency P&P ACC.A.11, FM.B.10, FM.B.11
 - Collections resolution, overpayment verification completed 100%
Agency P&P ACC.A.13

- **Client Records – (99.3%)**
 - Evidence of Incorrect / Overlap / Duplicate Appointment Times 100%
Agency P&P EM.P.4, LD.A.13
 - Evidence of Copy & Pasting / Cloning within Documentation 100%
Agency P&P EM.P.4, LD.A.13, HIM.EHR.B.5
 - Evidence of Medically Appropriate History / Assessments 100%
Behavioral Health & Case Management Services Handbook
 - Evidence of Medically Appropriate Examination 100%
Behavioral Health & Case Management Services Handbook



- Appropriate Total Time-Based Code for service 93.3%
1 TEX. ADMIN. CODE §355.8085
- Consent & Medical Necessity supported from Treatment plan 100%
26 TEX. ADMIN. CODE §301.353
- Documentation of Face to Face / Telehealth (TH) on date of service 100%
Agency P&P MED.B.6, 1 TEX. ADMIN. CODE §354.1432
- Documentation of duration, frequency, and re-evaluation of service 100%
26 TEX. ADMIN. CODE §355.743
- Appropriate person specific Goals documented / Assessment & Plan 100%
 Behavioral Health & Case Management Services Handbook
- Evidence for authorized QMHP (signature/Title) for MH services 100%
26 TEX. ADMIN. CODE §301.353

Observations:

Compliance identified two erroneous encounters entered into agency EMR (EPIC) based on client “no show” status on date of scheduled service. Compliance recommends clinical team to appropriately close out encounter without adding service code(s) for last minute rescheduled or “no show” appointments.

Recommendations

It is recommended that the Vice President (VP) of Mental Health (MH) Division and the VP of Revenue Cycle and Grants review the findings and collaborate with the appropriate personnel to assess and ensure physician and other QMHP services are billed, and claims are filed and collected in a timely and accurate manner in accordance with Information in TAC, CPT, CMS guidelines and Agency P&P. Compliance will continue to provide essential support to the MH Division and Revenue Management team regarding their documentation of services, including review of clinical documentation from a credentialed professional coder. The VP of both MH Division and Revenue Cycle and Grants must return a signed copy acknowledging receipt of this report to Compliance within three (3) business days.



Management Response:
[Insert Response Here]

X ^{Signed by:}
Prakash Thomas
C33696334A5647E

Compliance Auditor

X ^{Signed by:}
Rachel Brasley
D71084E027F640D...

VP of Revenue Cycle & Grants

X ^{Signed by:}
Lance Britt
B4B06A9085EE4AC

VP of Behavioral Health Services

X

Director - Revenue Management

X

Director - Children's & Adolescent Services

X ^{Signed by:}
Demetria Luckett
B4ED8213F5ED41A...

Compliance Director/Manager



The Harris Center for Mental Health and IDD:
The Compliance Department
Executive Summary Cover Sheet
Early Onset Comprehensive Review
Review Date: August 15, 2024, to August 28, 2024

I. Audit Type:

Comprehensive Review

II. Purpose:

This review was conducted to determine if the Early Onset Program was compliant with the *Staffing Fidelity Assessment Scale (FAS) Y1A-Y1C; Team Integration FAS Y2A-Y2G; Team Communication FAS Y3A-Y3D; Caseload FAS Y7A-Y7C; Program Procedures FAS Y24D, Y24E, Y25A, Y25B; Service Provision FAS Y21D, Y21E; Team Roles FAS Y14F, Y15A, Y16A, Y16B, Y16C, Y16D; and Documentation of Service Provision 26 TEX. ADMIN. CODE §301.361.*

III. Audit Method:

A client roster that included persons served during the 3rd Qtr. FY 2024 (March 1, 2024-May 31, 2024) and an employee roster was requested from and provided by program leadership. Twenty (20) clients were randomly selected, ninety-nine (99) progress notes were reviewed, and twelve (12) employee training records, License Verification, and credentials. The review utilized an audit tool developed by the Compliance Department, and it consisted of eight (8) components: Staffing, Team Integration, Team Communication, Caseload, Program Procedures, Service Provision, Team Roles, and Service Documentation.

IV. Audit Findings and History:

The overall score is 100%. The program's strengths were caseload 100%, service provision 100%, Team roles 100%, service documentation 100%, staffing 100%, Team integration 100%, Team Communication 100%, and Program Procedures 100%. There were no areas of improvement. No review of this type has been completed by Compliance.

V. Recommendations:

The Program should continue to comply with the Texas Administrative Code, Fidelity Assessment Scale, and EO contract; a Plan of Improvement (POI) is not required. The Vice President of the MH Division and the EO Program Director must sign and return this report to Compliance within seven (7) business days).



**Compliance Department (Compliance) Review Report
4th (Qtr.) of Fiscal Year (FY) 2024
Mental Health (MH) Division
Early Onset (EO) Comprehensive Review**

Compliance Auditor(s): Emmanuel Golakai

Review Dates: August 15, 2024-August 28, 2024

Purpose

This review was conducted to determine if the Early Onset Program was compliant with the *Staffing Fidelity Assessment Scale (FAS) Y1A-Y1C*; *Team Integration FAS Y2A-Y2G*; *Team Communication FAS Y3A-Y3D*; *Caseload FAS Y7A-Y7C*; *Program Procedures FAS Y24D, Y24E, Y25A, Y25B*; *Service Provision FAS Y21D, Y21E*; *Team Roles FAS Y14F, Y15A, Y16A, Y16B, Y16C, Y16D*; and *Documentation of Service Provision 26 TAC §301.361*.

Methods

A client roster that included persons served during the 3rd Qtr. FY 2024 (March 1, 2024-May 31, 2024) and an employee roster was requested from and provided by program leadership. Twenty (20) clients were randomly selected, ninety-nine (99) progress notes were reviewed, and twelve (12) employee training records, License Verification, and credentials. The review utilized an audit tool developed by the Compliance Department, and it consisted of eight (8) components: Staffing, Team Integration, Team Communication, Caseload, Program Procedures, Service Provision, Team Roles, and Service Documentation.

Findings

Overall Score: 100%

Detailed findings are presented below:

Strengths:

- | | |
|------------------------------------------------------------|------|
| • Caseload (<i>FASY7A-Y7C</i>) | 100% |
| • Service Provision (<i>FAS Y21D, Y21E</i>) | 100% |
| • Team Roles (<i>FAS Y16A-Y16D</i>) | 100% |
| • Service Documentation (<i>26 TAC 301.361</i>) | 100% |
| • Staffing (<i>FAS Y1A-Y1C</i>) | 100% |
| • Team Integration (<i>FAS Y2A-Y2G</i>) | 100% |
| • Team Communication (<i>FAS Y3A-Y3D</i>) | 100% |
| • Program Procedures (<i>FAS Y24D, Y24E, Y25A, Y25B</i>) | 100% |

Areas of Improvement:

- None



History

No review of this type has been completed by Compliance.

Recommendations

The Program should continue to comply with the Texas Administrative Code, Fidelity Assessment Scale, and EO contract; a Plan of Improvement (POI) is not required. The Vice President of the MH Division and the EO Program Director must sign and return this report to Compliance within seven (7) business days (September 24, 2024).

Management Response



Signature Page

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A handwritten signature in black ink, appearing to be "J. Strobe".

Vice President of HM Division

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Rena Strope, PM

Rena Strope
Practice Manager

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Demetria D. Luckett

Director of Compliance

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
Jail Re-Entry (JRE) Comprehensive Review
Review Dates: August 26, 2024-September 12, 2024

I. Audit Type:

Comprehensive

II. Purpose:

This review was conducted to determine if client and staff records, service provision to persons served, and policies and procedures complied with the Texas Administrative Code (TEX. ADMIN. CODE)) *Rights Handbooks for Persons Receiving Mental Health Services at Department Facilities, Community Centers, and Psychiatric Hospitals Operated by Community Centers* 25 TEX. ADMIN. CODE §§ 404.161 (d)-(f); *Patient's Bill of Rights, Teen's Bill of Rights, and Children's Bill of Rights for Individuals Receiving Mental Health Services at Psychiatric Hospitals Not Operated by a Community Center* 25 TEX. ADMIN. CODE § 404.162 (f); *Communication of Rights to Individuals Receiving Mental Health Services* 25 TEX. ADMIN. CODE §§ 404.163 (a)-(d); *Rights Protection Officer at Department Facilities and Community Centers* 25 TEX. ADMIN. CODE § 404.164 (b); *Documentation of Informed Consent* 25 TEX. ADMIN. CODE § 414.405 (a); *Monitoring Compliance with Policies and Procedures* 25 TEX. ADMIN. CODE § 414.413 (a); *Responsibilities of Local Authorities, Community Centers, and Contractors* 25 TEX. ADMIN. CODE § 414.554 (c)(1); *Consent and Patient Education* 25 TEX. ADMIN. CODE § 415.9 (d); *Environment of Care and Safety* 26 TEX. ADMIN. CODE § 301.323 (a)(1)-(a)(4); *Competency and Credentialing* 26 TEX. ADMIN. CODE §§ 301.331 (a)(3)(A)-(B), (h)(1), and (h)(4); *Provider Responsibilities for Treatment Planning and Service Authorization* 26 TEX. ADMIN. CODE § 301.353 (a), (e), and (h); *Documentation of Service Provision* 26 TEX. ADMIN. CODE §§ 301.361 (a)-(b); *Supervision* 26 TEX. ADMIN. CODE § 301.363 (a)(1); *MH Case Management Services Standards* 26 TEX. ADMIN. CODE § 306.263 (b); *Documenting MH Case Management Services* 26 TEX. ADMIN. CODE § 306.275 (c); the *Texas Health and Human Services Commission's Performance Contract Notebook (PCN) Attachment A01 Section I. Grantee Responsibilities A. Authority and Administrative Services 6. Oversight of Authority and Provider Functions j.(1)-(3)*; the *JRE Operational Guidelines*; and *The Harris Center Policies and Procedures ACC.B.2 Plan of Care; ACC.B.8 Referral, Transfer, and Discharge; ACC.B.14 Declaration for Mental Health Treatment; HIM.EHR.B.5 Content of Patient/Individual Record; HIM.EHR.B.9 Patient/Individual Records Administration; HR.B.35 Credentialing, Re-Credentialing Guideline and Procedure; MED.MH.B.1 Suicide/Violence Behavioral Crisis Intervention; MED.NUR.B.10 Supervision of Self Administration of Medication; RR.B.2 Assurance of Individual Rights*; and *required employee training courses*.

III. Audit Method:

A client roster for persons served during the 3rd Qtr. FY 2024 (March 1, 2024-May 31, 2024) and an employee roster was requested from and provided by program leadership. Twenty (20) client records and five (5) employee records were selected using an Excel formula to generate a random number list. The review utilized an audit tool developed by Compliance.

IV. Audit Findings/History:

Compliance noted the program staff was not fulfilling the requirements of progress notes, treatment plans, admission documentation, case management documentation, and discharge documentation, was not current on required training, and program leadership was not completing monthly supervision meetings as mandated by regulatory standards. A Plan of Improvement (POI) is required to address the deficiencies noted in this report. Compliance has not previously audited the JRE Program.

V. Recommendations:

The Program should continue to review client documentation (e.g., progress notes, treatment plans, admission documentation, case management documentation, and discharge documentation) and personnel requirements (e.g., training and monthly supervision) for compliance with regulatory standards. A Plan of Improvement (POI) is required to address the deficiencies noted in this report.



**Compliance Department (Compliance) Review Report
4th (Qtr.) of Fiscal Year (FY) 2024
Comprehensive Psychiatric Emergency Program (CPEP) Division
Jail Re-Entry (JRE) Program Comprehensive Review**

Compliance Auditor(s): Christopher Beard

Review Dates: August 26, 2024-September 12, 2024

Purpose

This review was conducted to determine if the JRE Program complies with the Texas Administrative Code (TEX. ADMIN. CODE) *Rights Handbooks for Persons Receiving Mental Health Services at Department Facilities, Community Centers, and Psychiatric Hospitals Operated by Community Centers* 25 TEX. ADMIN. CODE §§ 404.161 (d)-(f); *Patient's Bill of Rights, Teen's Bill of Rights, and Children's Bill of Rights for Individuals Receiving Mental Health Services at Psychiatric Hospitals Not Operated by a Community Center* 25 TEX. ADMIN. CODE § 404.162 (f); *Communication of Rights to Individuals Receiving Mental Health Services* 25 TEX. ADMIN. CODE §§ 404.163 (a)-(d); *Rights Protection Officer at Department Facilities and Community Centers* 25 TEX. ADMIN. CODE § 404.164 (b); *Documentation of Informed Consent* 25 TEX. ADMIN. CODE § 414.405 (a); *Monitoring Compliance with Policies and Procedures* 25 TEX. ADMIN. CODE § 414.413 (a); *Responsibilities of Local Authorities, Community Centers, and Contractors* 25 TEX. ADMIN. CODE § 414.554 (c)(1); *Consent and Patient Education* 25 TEX. ADMIN. CODE § 415.9 (d); *Environment of Care and Safety* 26 TEX. ADMIN. CODE § 301.323 (a)(1)-(a)(4); *Competency and Credentialing* 26 TEX. ADMIN. CODE §§ 301.331 (a)(3)(A)-(B), (h)(1), and (h)(4); *Provider Responsibilities for Treatment Planning and Service Authorization* 26 TEX. ADMIN. CODE § 301.353 (a), (e), and (h); *Documentation of Service Provision* 26 TEX. ADMIN. CODE §§ 301.361 (a)-(b); *Supervision* 26 TEX. ADMIN. CODE § 301.363 (a)(1); *MH Case Management Services Standards* 26 TEX. ADMIN. CODE § 306.263 (b); *Documenting MH Case Management Services* 26 TEX. ADMIN. CODE § 306.275 (c); the Texas Health and Human Services Commission's *Performance Contract Notebook (PCN) Attachment A01 Section I. Grantee Responsibilities A. Authority and Administrative Services 6. Oversight of Authority and Provider Functions j.(1)-(3)*; the JRE *Operational Guidelines*; and *The Harris Center Policies and Procedures ACC.B.2 Plan of Care; ACC.B.8 Referral, Transfer, and Discharge; ACC.B.14 Declaration for Mental Health Treatment; HIM.EHR.B.5 Content of Patient/Individual Record; HIM.EHR.B.9 Patient/Individual Records Administration; HR.B.35 Credentialing, Re-Credentialing Guideline and Procedure; MED.MH.B.1 Suicide/Violence Behavioral Crisis Intervention; MED.NUR.B.10 Supervision of Self Administration of Medication; RR.B.2 Assurance of Individual Rights*; and required employee training courses.

Methods

A client roster for persons served during the 3rd Qtr. FY 2024 (March 1, 2024-May 31, 2024) and an employee roster was requested from and provided by program leadership. Twenty (20) client records and five (5) employee records were selected using an Excel formula to generate a random number list. The review utilized an audit tool developed by Compliance. It consisted of



five (5) components: policy and procedure requirements (policy), environment requirements (environment), medical requirements (medical), personnel requirements (personnel), and client record requirements (client records).

Findings

Overall Score: 86%

Detailed findings are presented below:

Strengths:

- Medical requirements (*MED.NUR.B.6 Medication Control*) 100%
- Policy requirements (*PCN FY24-25 I.A.6.j. (1)-(3); and TEX. ADMIN. CODE § 301.323 (a)(4); TEX. ADMIN. CODE §§ 404.161 (d) and (f), and 164 (b); TEX. ADMIN. CODE §§ 414.413 (a), and 554 (c)(1); and TEX. ADMIN. CODE § 415.9 (d)*) 100%
- Environment requirements (*TEX. ADMIN. CODE §§ 301.323 (a) (1)-(3), and TEX. ADMIN. CODE § 404.162 (f)*) 100%

Areas of Improvement:

- Personnel requirements (*TEX. ADMIN. CODE §§ 301.331 and 363; HR.B.35; MED.MH.B.1; and MED.NUR.B.10*) 92%
- Client Records (*JRE Operational Guidelines; TEX. ADMIN. CODE §§ 301.351, 353 (a)(1)-(10), (e)(1)-(e)(3), and (h), and 361 (a)-(b)(1); TEX. ADMIN. CODE § 306.263 (b) and 275 (c); TEX. ADMIN. CODE §§ 404.161 (e), 162 (e), and 163 (a)-(d); TEX. ADMIN. CODE § 414.405 (a); HIM.EHR.B.5; ACC.B.8; ACC.B.14; HIM.EHR.B.9; ACC.B.2; and RR.B.2*) 27%

Observations

- Compliance discovered a group session note overlapping time with an individual service.
- Compliance discovered two identical notes entered on the same day by the same staff member.

History

Compliance has not previously conducted a comprehensive review of the JRE Program.

Recommendations

The Program should continue to review client documentation (e.g., progress notes, treatment plans, admission documentation, case management documentation, and discharge documentation) and personnel requirements (e.g., training and monthly supervision) for compliance with regulatory standards. A Plan of Improvement (POI) is required to address the deficiencies noted in this report. Compliance will conduct a POI Follow-up Review in 180 days. The Vice President of the CPEP Division and the JRE Program Director must sign and return this report and the completed POI to Compliance within seven (7) business days (September 24, 2024).



Management Response

Program Director has reviewed the findings of review. The Program will implement plans to ensure that negative findings are corrected. This will be evident by increasing staff training on documentation in HER for assessments and progress notes. Staff will also ensure consumers receive all documentation on their rights as evident by increased documentation in EHR. This plan will be shared with leadership in Jail Re-Entry to begin training immediately.



Signature Page

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Vice President of CPEP Division

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Program Director/Manager

X *Demetria Lockett*

Director of Compliance

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Management Response



The Harris Center for Mental Health and IDD:
 The Compliance Department
 4th Quarter (Qtr.) of Fiscal Year (FY) 2024
 Executive Summary Cover Sheet
 Mental Health Child and Adolescent Services (MHCAS) Division
 Juvenile Justice Alternative Education Program (JJAEP)
 Comprehensive Review
 Review Date: August 26, 2024, to September 16, 2024

I. Audit Type:

Comprehensive Review.

II. Purpose:

The purpose of this review was to assess JJAEP Service Documentation, Medication Management standards, Admissions Requirements, Plans of Care, and Personnel Training Records for compliance with *The Harris Center Policy ACC.B.2 Plan of Care on Guidelines for Personal Safety Plans and Texas Administrative Code (TAC) 26 §301.353 Provider Responsibilities for Treatment Planning and Service Authorization, TAC 25 §404.163 Communication of Rights to Individuals Receiving Mental Health Services, §414.405 Documentation of Informed Consent, §415.10 Medication Monitoring, and §415.257 Staff Member Training.*

III. Audit Method:

Active records were randomly selected from *the Juvenile Justice Resolved Episodes Client Roster Report submitted by JJAEP leadership* for persons served during the 3rd Qtr. of FY 2024 (March 1, 2024, to May 31, 2024), and the *Organizational Development Staff Training Roster Report*. Compliance conducted a desk review, sampling three (3) client records and eight (8) personnel records using the JJAEP Review Tool. Detailed data for this review is presented below.

IV. Audit Findings and History:

Overall Program Score: 74%

Detailed finding(s) is presented below.

The program's strengths were Service Documentation Requirements 95%, and Medical Requirements 100%.

The program did not meet the threshold score of 95% in the following areas: Admission Requirements was 56%, Plan of Care (POC) Requirements 93%, and the Personnel Requirements 25% resulting in the program having to submit a Plan of Improvements (POI) addressing the areas documented.

History

No review of this type has been conducted.

V. Recommendations:

Compliance recommends that the JJAEP program review the findings and continue to assess its processes to ensure all required standards are completed in accordance with the agency *P&P on Safety Planning and TAC Admission Requirements, Provider Responsibilities for Treatment Planning and Service Authorization, and Staff Member Training Requirements*. The JJAEP program is required to submit a Plan of Improvement (POI) focusing on the findings detailed during the review. The Vice President (VP) of MH Forensic Division and the Program Manager/Director must sign and return this report (management response is optional) along with the POI to Compliance within seven (7) business days.



**Compliance Department (Compliance) Review Report
4th Quarter (Qtr.) of Fiscal Year (FY) 2024
Mental Health Child and Adolescent Services (MHCAS) Division
Juvenile Justice Alternative Education Program (JJAEP)
Comprehensive Review**

Compliance Auditor(s): Marvin Williams

Review Date: August 26, 2024, to September 16, 2024

Purpose

The purpose of this review was to assess JJAEP Service Documentation, Medication Management standards, Admissions Requirements, Plans of Care, and Personnel Training Records for compliance with *The Harris Center Policy ACC.B.2 Plan of Care on Guidelines for Personal Safety Plans and Texas Administrative Code (TAC) 26 §301.353 Provider Responsibilities for Treatment Planning and Service Authorization, TAC 25 §404.163 Communication of Rights to Individuals Receiving Mental Health Services, §414.405 Documentation of Informed Consent, §415.10 Medication Monitoring, and §415.257 Staff Member Training.*

Method

Active records were randomly selected from *the Juvenile Justice Resolved Episodes Client Roster Report submitted by JJAEP leadership* for persons served during the 3rd Qtr. of FY 2024 (March 1, 2024, to May 31, 2024), and the *Organizational Development Staff Training Roster Report*. Compliance conducted a desk review, sampling three (3) client records and eight (8) personnel records using the JJAEP Review Tool. Detailed data for this review is presented below.

Findings

Overall Program Score: 74%

Detailed findings are presented below.

Strengths:

- Service Documentation Requirements (*TAC 26 §301.361(a)(11)*). **95%**
- Medication Management requirements (*TAC 25 §414.405(a)(a-b) (2), §415.10 (a) (1-3), §415.5(e)*). **100%**

Areas of Improvement:

- Admissions Requirements (*TAC 25 §404.163(a-b), Agency P&P ACC.B.2*). **56%**
- Plan of Care (POC). (*TAC 26 §301.353 (e)(1) (A-H) (i-iii) (2) (A-E)*). **93%**
- Personnel Requirements (*TAC §415.257 (c)*). **25%**



History

No review of this type has been conducted.

Recommendations

Compliance recommends that the JJAEP program review the findings and continue to assess its processes to ensure all required standards are completed in accordance with the agency *P&P on Safety Planning and TAC Admission Requirements, Provider Responsibilities for Treatment Planning and Service Authorization, and Staff Member Training Requirements*. The JJAEP program is required to submit a Plan of Improvement (POI) focusing on the findings detailed during the review. The Vice President (VP) of MH Forensic Division and the Program Manager/Director must sign and return this report (management response is optional) along with the POI to Compliance by the close of business on October 2, 2024.

Management Response

Based on the findings, the following plan of action will be implementedL:

1. Missing safety plan- Three (3) cases. Clinicians will be retrained to add Safety Plans to all JJAEP cases until further notice.
2. Treatment planning – One (1) case. Issues with the treatment plan was discussed during September 23, 2024, supervision with clinician. Late POC submission will be specifically addressed during October supervision.
3. Consent to services/rights form verbal – One (1) case. Clinician will be re-educated on how the agency no longer accepts verbal consents.
4. Staff missing annual training – six (6) staff members, 3 clinicians and 3 MDs.
 - a. Clinical Team Leader will review trainings monthly with clinician during supervision.
 - b. Lead Psychiatrist will review trainings annually with MDs.



Signature Page

X Signed by:
Lance Britt
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Vice President of MH Division

X *Raf Vester*

Program Director/Manager

X Signed by:
Demetria Lockett
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Director of Compliance



The Harris Center for Mental Health and IDD:
 The Compliance Department
 1st Quarter (Qtr.) of Fiscal Year (FY) 2025
 Executive Summary Cover Sheet
 Comprehensive Psychiatric Emergency Program (CPEP) Division
 Mobile Crisis Outreach Team (MCOT)
 Comprehensive Review/POI Follow-Up
 Review Date: September 17, 2024, to October 10, 2024

I. Audit Type:

Comprehensive Review.

II. Purpose:

The purpose of this review was to conduct a POI follow-up to determine if the program has implemented the corrective action steps for developing and implementing individualized crisis treatment plans that included the following service provisions: interventions, outcomes, plans for follow-up, aftercare, and referrals, the review also assess MCOT Operation Standards, Medical Requirements, Environmental Requirements, Personnel Requirements, and Clinical Record Requirements for compliance with *The Harris Center Policy ACC.B.2 Plan of Care on Guidelines for Personal Safety Plans and Texas Administrative Code (TAC) 26 §301.353 Provider Responsibilities for Treatment Planning and Service Authorization, TAC 25 §404.163 Communication of Rights to Individuals Receiving Mental Health Services, §414.405 Documentation of Informed Consent, §415.10 Medication Monitoring, §415.257 Staff Member Training, Health and Human Services Commission (HHSC) Information Item V: MCOT Operation Requirements, and MCOT Version 3.0 Organizational Guidelines and Training Manual.*

III. Audit Method:

Active records were randomly selected from *the Affiliated Harris Center Encounter Data OP Service Detail Auditing* report in the Electronic Health Record (EHR) for persons served during the 4th Qtr. of FY 2024 (June 1, 2024, to August 31, 2024), and the *Organizational Development Staff Training Roster Report*. Compliance conducted an environmental walk-through and desk review, sampling ten (10) client records and nine (9) personnel records using the STATE Review Tool. Detailed data for this review is presented below.

IV. Audit Findings and History:

Overall Program Score: 99%

Detailed finding(s) is presented below.

The program's strength was Operation Requirements 100%, Medical Requirements 100%, Environmental Requirements 100%, and Personnel Requirements 100%. The program's Clinical Requirements was 95% however, within the clinical requirement an updated and signed rights acknowledgement form had a score of 80% and the abnormal involuntary movement (AIMS) screening score was 0% resulting in the program having to submit a Plan of Improvement (POI) addressing the areas documented. Previous review was conducted 2nd Qtr. FY 2024.

V. Recommendations:

Compliance recommends that the MCOT program review the findings in the Plan of Improvement (POI) report and continue to assess its processes to ensure all required standards are completed in accordance with *HHSC Information Item V: MCOT Standards, TAC Requirements for Provider Responsibilities for Treatment Planning and Service Authorization, agency P&P on Safety Planning, and Staff Member Training Requirements*. The MCOT program is required to submit a POI in the area of the Clinical Requirements: an updated Rights Acknowledgement form and updated AIMS screening. The Vice President (VP) of CPEP Division and the Program Manager/Director must sign and return this report (management response is optional) along with the POI to Compliance within seven (7) business days.



**Compliance Department (Compliance) Review Report
1st Quarter (Qtr.) of Fiscal Year (FY) 2025
Comprehensive Psychiatric Emergency Program (CPEP) Division
Mobile Crisis Outreach Team (MCOT)
Comprehensive/POI Follow-Up Review**

Compliance Auditor(s): Marvin Williams

Review Date: September 17, 2024, to October 10, 2024

Purpose

The purpose of this review was to conduct a POI follow-up to determine if the program has implemented the corrective action steps for developing and implementing individualized crisis treatment plans that included the following service provisions: interventions, outcomes, plans for follow-up, aftercare, and referrals, the review also assess MCOT Operation Standards, Medical Requirements, Environmental Requirements, Personnel Requirements, and Clinical Record Requirements for compliance with *The Harris Center Policy ACC.B.2 Plan of Care on Guidelines for Personal Safety Plans and Texas Administrative Code (TAC) 26 §301.353 Provider Responsibilities for Treatment Planning and Service Authorization, TAC 25 §404.163 Communication of Rights to Individuals Receiving Mental Health Services, §414.405 Documentation of Informed Consent, §415.10 Medication Monitoring, §415.257 Staff Member Training, Health and Human Services Commission (HHSC) Information Item V: MCOT Operation Requirements, and MCOT Version 3.0 Organizational Guidelines and Training Manual*

Method

Active records were randomly selected from *the Affiliated Harris Center Encounter Data OP Service Detail Auditing* report in the Electronic Health Record (EHR) for persons served during the 4th Qtr. of FY 2024 (June 1, 2024, to August 31, 2024), and the *Organizational Development Staff Training Roster Report*. Compliance conducted a environmental walk-through and desk review, sampling ten (10) client records and nine (9) personnel records using the STATE Review Tool. Detailed data for this review is presented below.

Findings

Overall Program Score: 99%

Detailed findings are presented below.

Strengths:

- Operation Requirements (*HHSC Information Item V: II MCOT Standards*). **100%**
- Medical Requirements (*TAC 25 §414.413(a)(b) (1-3), §415.5 (i) (1-4) (2), §415.10 (a) (1-3), §415.5(e), TAC 26 §301.355 (b)(1-3) (4)(A-H), (5)(6)(A-H)*) **100%**
- Environmental Requirements (*TAC 26 §301.323(a)(1)(A)(c)(2)(B), TAC 26 §404.161(f)*) **100%**



- Personnel Requirements (*TAC 25 §404.165(1)(3), §415.257(c)(2), TAC 26 §301.331 (h) (1-4).*) **100%**
- Clinical Requirements (*HHSC Information Item V: II, D.6.a.b.i-vi. c i-iv.7. a. i-iv, TAC 25 §404.165(a)(b), §415.10(a) (1-3) (e)(g), §414.405(a).*) **95%**

Areas of Improvement:

- The program is required to submit a POI in the following areas: An updated and signed rights acknowledgement form that states the person served and LAR have been informed of their rights and has received a client rights handbook *TAC 25 §404.163(a) 80%*, and that an appropriately trained staff will screen the person served quarterly for medications known to cause abnormal involuntary movements *TAC 25 §415.10(e) 0%*.

History

Previously POI review conducted 2nd Qtr. of FY 2024.


Recommendations

Compliance recommends that the MCOT program review the findings in the Plan of Improvement (POI) report and continue to assess its processes to ensure all required standards are completed in accordance with *HHSC Information Item V: MCOT Standards, TAC Requirements for Provider Responsibilities for Treatment Planning and Service Authorization, agency P&P on Safety Planning, and Staff Member Training Requirements*. The MCOT program is required to submit a POI in the area of the Clinical Requirements: an updated Rights Acknowledgement form and updated AIMS screening. The Vice President (VP) of CPEP Division and the Program Manager/Director must sign and return this report (management response is optional) along with the POI to Compliance by the close of business on October 31, 2024.

Management Response



Signature Page

X 
Vice President of CPEP Division

X Sarah Strang MEd., LPC 10/24/24
Sarah Strang
Program Director/Manager

X Demetria D. Luckett
Director of Compliance



The Harris Center for Mental Health and IDD:
 The Compliance Department
 Executive Summary Cover Sheet
 TRIAD-Children Mental Health Services (CMH) Comprehensive Review
 Review Date: September 25, 2024, to October 1, 2024

I. Audit Type:

Comprehensive Review

II. Purpose:

This review was conducted to determine if the TRIAD-Children Mental Health Services Program was compliant with *the Interlocal agreement between Harris County Resources for Children and Adults Department and The Harris Center for Mental Health and IDD; Responsibilities of Local Authorities, Community Centers, and Contractors 25 TEX. ADMIN. CODE §414.554 (c)(1); Competency and Credentialing 26 TEX. ADMIN. CODE §301.331(h)(1-3,4), 25 TEX. ADMIN. CODE §415.257(c)(2); Staff training in Rights of Person Receiving Mental Health Services 26 TEX. ADMIN. CODE §404.165(1)(3).*

III. Audit Method:

The data submitted for this review was for persons served during the 4th Qtr. FY 2024 (June 1, 2024-August 31, 2024) and an employee roster requested from and provided by program leadership and four (4) employee training records, License Verification, and credentials. The review utilized an audit tool developed by the Compliance Department, consisting of one (1) component: Personnel requirements.

IV. Audit Findings and History:

The overall score is 79%. The program's strengths were Criminal Background Check 100%, Staff Certification and Licensing 100%, Staff Training in Rights of Person Receiving Mental Health Services 100%, Employment Eligibility 100%, the salary schedule was provided as required by the agreement 100% and Documented Periodic Performance Review 100%. The program did not meet the criteria in the following areas: Current, signed Job Description for each Staff Member 75%, Staff Member Training Identifying the Cause of Aggressive Behaviors 33% and Disclosure of Allegations of Abuse and Neglect History Checks 0% The Triad-Children Mental Health client records were unavailable for review. The program stated that client records belong to Harris County. The program provided data that indicated the program met the contract outcomes. No previous review of this type has been completed by Compliance.

V. Recommendations:

Compliance recommends that the Triad Program comply with the Interlocal agreement between the Harris County Resources for Children and Adult Department and the Harris Center for Mental Health and IDD, Texas Administrative Code, and Triad Operational Guidelines. The program did not meet the compliance threshold score of 95% in personnel requirements of the current, signed job description for each staff member, staff member training to identify the cause of aggressive behavior, and disclosure of allegations of abuse and neglect history checks. The program must submit a Plan of Improvement (POI) addressing the findings in this report. Compliance will conduct a POI Follow-up review in 180 days. The Vice President of the MH Forensic Division and the TRIAD Children Mental Health Services Program Director must sign and return this report to Compliance within seven (7) business.



**Compliance Department (Compliance) Review Report
1st (Qtr.) of Fiscal Year (FY) 2025
Mental Health (MH) Forensic Division
TRIAD-Children Mental Health Services (CMH) Comprehensive Review**

Compliance Auditor(s): Emmanuel Golakai

Review Dates: September 25, 2024-October 1, 2024

Purpose

This review was conducted to determine if the TRIAD-Children Mental Health Services Program was compliant with *the Interlocal Agreement between Harris County Resources for Children and Adult Department (Department) and the Harris Center for Mental Health and IDD (The Harris Center and Agency); Responsibilities of Local Authorities Community Centers, and Contractors 25 TAC §414.554 (c)(1); Competency and Credentialing 26 TAC§301.331(h)(1-3,4), 25 TAC §415.257(c)(2); Staff training in Rights of Person Receiving Mental Health Services 26 TAC §404.165(1)(3).*

Methods

The data submitted for this review was for persons served during the 4th Qtr. FY 2024 (June 1, 2024-August 31, 2024) and an employee roster requested from and provided by program leadership and four (4) employee training records, License Verification, and credentials. The review utilized an audit tool developed by the Compliance Department, consisting of one (1) component: Personnel requirements.

Findings

Overall Score: 79%

Detailed findings are presented below:

Strengths:

- Criminal Background Checks *TAC 301.331(h)(4)* 100%
- Staff Certification and Licensing (*Interlocal Agreement A*) 100%
- Staff Training in the Rights of Persons Receiving Mental Health Services (*TAC 404.165(1)(3)*) 100%
- Employment Eligibility (*Interlocal Agreement Q*) 100%
- The salary schedule was provided as required by the agreement (*Interlocal Agreement*) 100%
- Documented Periodic Performance Review (*TAC 301.331(h)(2)*) 100%

Areas of Improvement:

- Current, Signed Job Description for each Staff Member (*TAC 301.331(H)(1)*) 75%
- Staff Member Training Identifying the Cause of Aggressive Behaviors (*TAC 415.257(c)(2)*) 33%
- Disclosure of Allegations of Abuse and Neglect History Checks (*Interlocal Agreement*) 0%



The data below was provided by Harris County Resources for Children and Adults.

TRIAD MH Services - 6702			
	June	July	August
Referrals	7	5	15
Admissions	7	3	6
Family contacted within two (2) business days	100%	100%	100%
Clients with Assessment & Treatment Plans	100%	100%	100%

Observations

The Triad-Children Mental Health client records were unavailable for review. The program stated that client records belong to Harris County.

History

No review of this type has been completed by Compliance.

Recommendations

Compliance recommends that the Triad Program comply with the Interlocal Agreement between Harris County Resources for Children and Adults Department and The Harris Center for Mental Health and IDD, Texas Administrative Code, and Triad Operational Guidelines. The program did not meet the compliance threshold score of 95% in personnel requirements of the current, signed job description for each staff member, staff member training to identify the cause of aggressive behavior, and disclosure of allegations of abuse and neglect history checks. The program must submit a Plan of Improvement (POI) addressing the findings in this report. Compliance will conduct a POI Follow-up review in 180 days. The Vice President of the MH Forensic Division and the TRIAD Children Mental Health Services Program Director must sign and return this report to Compliance within seven (7) business days (October 21, 2024).

Management Response

Plan of action is being submitted to address compliance threshold: (1) Signed job description (2) Staff training on aggressive behavior & (3) Staff will have TDFPS abuse and neglect history check. Item (1) has been resolved and items (2) & (3) will have completion dates no later than 11/30/24.



Signature Page

X *Monalisa Giles 10/25/24*

Vice President of Forensic Division

X *AKH* ANSELM KHOO, LPC-S

Program Director/Manager

X *Demetria D. Lockett*

Director of Compliance

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
Assisted Outpatient Treatment (AOT) Comprehensive Review
Review Dates: September 30, 2024-October 22, 2024

I. Audit Type:
Comprehensive

II. Purpose:

This review was conducted to determine if client and staff records, service provision to persons served, and policies and procedures complied with the Texas Administrative Code (TEX. ADMIN. CODE)) *Supervision of Peer Specialists 1 TEX. ADMIN. CODE § 354.3103 (1)-(2); Peer Specialist Certification Renewal 1 TEX. ADMIN. CODE § 354.3207 (a); Peer Specialist Supervisor Certification Renewal 1 TEX. ADMIN. CODE § 354.3211 (a); Rights Handbooks for Persons Receiving Mental Health Services at Department Facilities, Community Centers, and Psychiatric Hospitals Operated by Community Centers 25 TEX. ADMIN. CODE §§ 404.161 (d)-(f); Patient's Bill of Rights, Teen's Bill of Rights, and Children's Bill of Rights for Individuals Receiving Mental Health Services at Psychiatric Hospitals 25 TEX. ADMIN. CODE §§ 404.162 (f); Communication of Rights to Individuals Receiving Mental Health Services 25 TEX. ADMIN. CODE §§ 404.163 (a)-(b); Rights Protection Officer at Department Facilities and Community Centers 25 TEX. ADMIN. CODE § 404.164 (b); Staff Training in Rights of Persons Receiving Mental Health Services 25 TEX. ADMIN. CODE §§ 404.165 (1) and (3); Monitoring Compliance with Policies and Procedures 25 TEX. ADMIN. CODE § 414.413 (a)-(b); Medication Monitoring 25 TEX. ADMIN. CODE §§ 415.10 (a), (e), and (g); General Principles 25 TEX. ADMIN. CODE § 415.5 (e) and (i); Consent and Patient Education 25 TEX. ADMIN. CODE § 415.9 (d); Staff Member Training 25 TEX. ADMIN. CODE § 415.257 (c)(2); Documentation of Informed Consent 25 TEX. ADMIN. CODE § 414.405 (a) and (b)(2); Responsibilities of Local Authorities, Community Centers, and Contractors 25 TEX. ADMIN. CODE § 414.554 (c)(1); Environment of Care and Safety 26 TEX. ADMIN. CODE §§ 301.323 (a)(1), (a)(2)(A)-(a)(2)(C), and (a)(4); Medical Records System 26 TEX. ADMIN. CODE § 301.329 (a)(3); Competency and Credentialing 26 TEX. ADMIN. CODE §§ 301.331 (a)(3)(A)-(a)(3)(B) and (h)(1)-(2) and (4); Provider Responsibilities for Treatment Planning and Service Authorization 26 TEX. ADMIN. CODE § 301.353 (a), (d)(1)(c), (e)-(f)(1), and (h); Medication Services 26 TEX. ADMIN. CODE § 301.355 (b)(1)-(4) and (b)(8); Telemedicine Services 26 TEX. ADMIN. CODE § 301.359; Documentation of Service Provision 26 TEX. ADMIN. CODE §§ 301.361 (a)-(b); Supervision 26 TEX. ADMIN. CODE § 301.363 (a)(1); Documenting MH Case Management Services 26 TEX. ADMIN. CODE § 306.275 (c); Medication Training and Support Services 26 TEX. ADMIN. CODE § 306.315 (a) and (c); the Texas Health and Human Services Commission's (HHSC) Performance Contract Notebook (PCN) FY24-25; the Texas Code of Criminal Procedures (TX CRIM PROC) Art. 46C.265; the Harris Center's Assisted Outpatient Treatment Project Narrative Submission; and The Harris Center Policies and Procedures ACC.B.2 Plan of Care; ACC.B.8 Referral, Transfer, and Discharge; ACC.B.14 Declaration for Mental Health Treatment; EM.B.10 Vehicle Operator Training and Certification; GA.B.1 Vehicle Operations; HIM.EHR.B.5 Content of Patient/Individual Record; HIM.EHR.B.9 Patient/Individual Records Administration; HR.B.35 Credentialing, Recredentialing Guideline and Procedure; MED.MH.B.1 Suicide/Violence Behavioral Crisis Intervention; RR.B.2 Assurance of Individual Rights; and required employee training courses.*

III. Audit Method:

An active client roster and an employee roster were requested from and provided by program leadership. Twenty (20) clients and five (5) employees were selected by utilizing an Excel formula to generate a random number list. Client records from the 4th Qtr. FY 2024 (June 1, 2024-August 31, 2024), were reviewed. The review utilized the HHSC's FY24 MH Master Review Tool and was modified by Compliance to include agency policies and procedures.

IV. Audit Findings/History:

Compliance noted the program staff was not completing assessments as outlined in the AOT Project Narrative; were not fulfilling requirements of treatment plans, treatment plan reviews, progress notes, or discharge summaries; was not providing case management services; was not offering persons served a Declaration of Mental Health Treatment; was not appropriately completing medication consent documents or client rights documents appropriately; and was not current on all required training. Compliance has not previously audited the AOT Program.

V. Recommendations:

The Program should continue to review client documentation (documentation (e.g., progress notes, case management documentation, treatment plans, admission documentation, and client rights documentation) and personnel documentation (i.e., required employee training) for compliance with regulatory standards. A Plan of Improvement (POI) is required to address the deficiencies noted during this review.



**Compliance Department (Compliance) Review Report
1st Quarter (Qtr.) of Fiscal Year (FY) 2025
Mental Health (MH) Division
Assisted Outpatient Treatment (AOT) Program Comprehensive Review**

Compliance Auditor(s): Christopher Beard

Review Dates: September 30, 2024-October 22, 2024

Purpose

This review was conducted to determine if the AOT Program was compliant with the Texas Administrative Code (TEX. ADMIN. CODE) *Supervision of Peer Specialists 1 TEX. ADMIN. CODE § 354.3103 (1)-(2); Peer Specialist Certification Renewal 1 TEX. ADMIN. CODE § 354.3207 (a); Peer Specialist Supervisor Certification Renewal 1 TEX. ADMIN. CODE § 354.3211 (a); Rights Handbooks for Persons Receiving Mental Health Services at Department Facilities, Community Centers, and Psychiatric Hospitals Operated by Community Centers 25 TEX. ADMIN. CODE §§ 404.161 (d)-(f); Patient's Bill of Rights, Teen's Bill of Rights, and Children's Bill of Rights for Individuals Receiving Mental Health Services at Psychiatric Hospitals 25 TEX. ADMIN. CODE §§ 404.162 (f); Communication of Rights to Individuals Receiving Mental Health Services 25 TEX. ADMIN. CODE §§ 404.163 (a)-(b); Rights Protection Officer at Department Facilities and Community Centers 25 TEX. ADMIN. CODE § 404.164 (b); Staff Training in Rights of Persons Receiving Mental Health Services 25 TEX. ADMIN. CODE §§ 404.165 (1) and (3); Monitoring Compliance with Policies and Procedures 25 TEX. ADMIN. CODE § 414.413 (a)-(b); Medication Monitoring 25 TEX. ADMIN. CODE §§ 415.10 (a), (e), and (g); General Principles 25 TEX. ADMIN. CODE § 415.5 (e) and (i); Consent and Patient Education 25 TEX. ADMIN. CODE § 415.9 (d); Staff Member Training 25 TEX. ADMIN. CODE § 415.257 (c)(2); Documentation of Informed Consent 25 TEX. ADMIN. CODE § 414.405 (a) and (b)(2); Responsibilities of Local Authorities, Community Centers, and Contractors 25 TEX. ADMIN. CODE § 414.554 (c)(1); Environment of Care and Safety 26 TEX. ADMIN. CODE §§ 301.323 (a)(1), (a)(2)(A)-(a)(2)(C), and (a)(4); Medical Records System 26 TEX. ADMIN. CODE § 301.329 (a)(3); Competency and Credentialing 26 TEX. ADMIN. CODE §§ 301.331 (a)(3)(A)-(a)(3)(B) and (h)(1)-(2) and (4); Provider Responsibilities for Treatment Planning and Service Authorization 26 TEX. ADMIN. CODE § 301.353 (a), (d)(1)(c), (e)-(f)(1), and (h); Medication Services 26 TEX. ADMIN. CODE § 301.355 (b)(1)-(4) and (b)(8); Telemedicine Services 26 TEX. ADMIN. CODE § 301.359; Documentation of Service Provision 26 TEX. ADMIN. CODE §§ 301.361 (a)-(b); Supervision 26 TEX. ADMIN. CODE § 301.363 (a)(1); Documenting MH Case Management Services 26 TEX. ADMIN. CODE § 306.275 (c); Medication Training and Support Services 26 TEX. ADMIN. CODE § 306.315 (a) and (c); the Texas Health and Human Services Commission's (HHSC) Performance Contract Notebook (PCN) FY24-25; the Texas Code of Criminal Procedures (TX CRIM PROC) Art. 46C.265; the Harris Center's Assisted Outpatient Treatment Project Narrative Submission; and The Harris Center Policies and Procedures ACC.B.2 Plan of Care; ACC.B.8 Referral, Transfer, and Discharge; ACC.B.14 Declaration for Mental Health Treatment; EM.B.10 Vehicle Operator Training and Certification; GA.B.1 Vehicle Operations; HIM.EHR.B.5 Content of Patient/Individual Record; HIM.EHR.B.9 Patient/Individual Records Administration; HR.B.35*



Credentialing, Recredentialing Guideline and Procedure; MED.MH.B.1 Suicide/Violence Behavioral Crisis Intervention; RR.B.2 Assurance of Individual Rights; and required employee training courses.

Methods

A client roster for persons served during the 4th Qtr. FY 2024 (June 1, 2024-August 31, 2024) and an employee roster was requested from and provided by program leadership. Twenty (20) client records and five (5) employee records were selected using an Excel formula to generate a random number list. The review utilized the HHSC’s FY24 MH Master Review Tool and was modified by Compliance to include agency policies and procedures. It consisted of five (5) components: operations requirements (Operations), environment requirements (Environment), medical requirements (Medical), personnel requirements (Personnel), and client record requirements (Client Records).

Findings

Overall Score: 95%

Detailed findings are presented below:

Strengths:

- Operations (26 TEX. ADMIN. CODE §§ 301.323, 25 TEX. ADMIN. CODE § 404.161, 25 TEX. ADMIN. CODE § 414.413, and 25 TEX. ADMIN. CODE § 415.9) **100%**
- Medical (25 TEX. ADMIN. CODE § 414.413, 25 TEX. ADMIN. CODE § 415.5, 26 TEX. ADMIN. CODE § 301.323, 26 TEX. ADMIN. CODE § 301.355, and 26 TEX. ADMIN. CODE § 301.359) **100%**
- Environment (26 TEX. ADMIN. CODE § 301.323, 25 TEX. ADMIN. CODE § 404.161, 25 TEX. ADMIN. CODE § 404.162, 25 TEX. ADMIN. CODE 404.164, 25 TEX. ADMIN. CODE § 414.554, PCN FY24-25, EM.B.10, and GA.B.1) **100%**
- Personnel (1 TEX. ADMIN. CODE § 354.3103, 1 TEX. ADMIN. CODE § 354.3207, 1 TEX. ADMIN. CODE § 354.3211, 26 TEX. ADMIN. CODE § 301.331, 26 TEX. ADMIN. CODE 301.363, 25 TEX. ADMIN. CODE § 404.165, 25 TEX. ADMIN. CODE § 415.257, PCN FY24-25, HR.B.35, and MED.MH.B.1) **99%**

Areas of Improvement:

- Client Records **78%**
 - Client rights (25 TEX. ADMIN. CODE § 404.161 (e); 25 TEX. ADMIN. CODE 404.163 (a)-(b); ACC.B.14; HIM.EHR.B.9; and RR.B.2) **56%**
 - Medication monitoring (25 TEX. ADMIN. Code § 414.405 (a); and 25 TEX.ADMIN. CODE § 415.10 (e)) **92%**
 - Medication consents (25 TEX. ADMIN. Code § 414.405 (a); and 25 TEX. ADMIN. Code § 414.405 (b)(2)) **78%**



• Assessments (<i>AOT Project Narrative</i>)	69%
• Treatment plan (<i>25 TEX. ADMIN. CODE § 415.5 (e); 26 TAC § 301.353 (e)(1); and 26 TAC § 301.353 (e)(2)</i>)	73%
• Treatment plan review (<i>26 TEX. ADMIN. CODE § 301.353 (f)(1)</i>)	60%
• Progress note documentation (<i>26 TEX. ADMIN. CODE § 301.361 (a)</i>)	87%
• Case management documentation (<i>26 TEX. ADMIN. CODE § 306.275 (c)</i>)	48%
• Documentation of medication training and support services (<i>26 TEX. ADMIN. CODE § 306.315</i>)	55%
• Discharge summary (<i>26 TEX. ADMIN. CODE § 301.353 (h); and ACC.B.8</i>)	60%

Observations

- Some treatment plans listed a service the client had previously denied or included services that contradicted the information contained in the treatment plan (e.g., listing Licensed Chemical Dependency Counselor services for a client whose treatment plan states they do not have a substance use problem).
- Many progress notes listed the same curriculum/topic for multiple sessions.
- Flex fund progress notes are being documented as a face-to-face meeting with the client when a face-to-face meeting did not occur.
- Case management services are being placed on the treatment plans of individuals who are ineligible for case management services (e.g., Level of Care 4 clients).

History

Compliance has not previously audited the AOT Program.

Recommendations

The Program should continue to review client documentation (e.g., progress notes, case management documentation, treatment plans, admission documentation, and client rights documentation) and personnel documentation (i.e., required employee training) for compliance with regulatory standards. A Plan of Improvement (POI) is required to address the deficiencies noted in this report. Compliance will conduct a POI Follow-up Review in 180 days. The Vice President of the MH Division and the AOT Program Director must sign and return this report and the completed POI to Compliance within seven (7) business days (November 1, 2024).

Management Response



Signature Page

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Signed by:

Lance Britt

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Vice President of MH Division

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Signed by:

Samantha Foo

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AOT Program Director

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Signed by:

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Director of Compliance



The Harris Center for Mental Health and IDD:
The Compliance Department
Executive Summary Cover Sheet
Dual Diagnosis Residential Program (DDRP) Comprehensive Review
Review Date: October 22, 2024, to November 25, 2024

I. Audit Type:
Comprehensive Review

II. Purpose:

This review was conducted to determine if the DDRP Program was compliant with the Texas Administrative Code (TEX. ADMIN. CODE) *Monitoring Compliance with Policies and Procedures 25 TEX. ADMIN. CODE § 414.413 (a); Medication Services 26 TEX. ADMIN. CODE § 301.355(b) (1-2)(3)(8)(A)(c)(D)(E), 301.355(4)(A)(B)(C)(D)(E)(G)(H); Telemedicine Services 26 TEX. ADMIN. CODE § 301.359(2)(3); General Principles 25 TEX. ADMIN. CODE § 415.5(i)(1-4); Environment of Care and Safety 26 TEX. ADMIN. CODE § 301.323(a)(2)(4)(A-E); Community Centers: Actions Taken upon the Death of an Individual 26 TAC § 301.407(b), § 301.407(c); Community Centers: Administrative Death Review Determination 26 TEX. ADMIN. CODE § 301.411(a)(1-4), § 301.411(b), § 301.411(c); Community Centers: Clinical Death Review Determination 26 TEX. ADMIN. CODE § 301.413(a), § 301.413(b)(1-3), § 301.413(c)(1-5); Community Centers: Clinical Death Review 26 TEX. ADMIN. CODE § 301.415(b)(1)(A-E), 26 TEX. ADMIN. CODE § 301.415(b)(2), 26 TTEX. ADMIN. CODE § 301.415(c)(1-5), 26 TEX. ADMIN. CODE § 301.417 (a) (1-3), 26 TAC § 301.417 (b) (1-3), 26 TAC § 301.417 (f) (1-7), 26 TAC § 301.417 (g); Rights Handbooks for Persons Receiving Mental Health Services at Department Facilities, Community Centers, and Psychiatric Hospitals Operated by Community Centers 25 TEX. ADMIN. CODE § 404.161(f); Competency and Credentialing 26 TEX. ADMIN. CODE § 301.331(h)(1-2)(4); Staff Training in Rights of Persons Receiving Mental Health Services 25 TEX. ADMIN. CODE § 404.165(1)(3); Staff Member Training 25 TEX. ADMIN. CODE § 415.257(c)(2); Communication of Rights to Individuals Receiving Mental Health Services 25 TEX. ADMIN. CODE § 404.163(a), 25 TEX. ADMIN. CODE § 404.163(b); Medication Monitoring 25 TEX. ADMIN. CODE § 415.10(a), 25 TEX. ADMIN. CODE § 415.10(a)(1), 25 TEX. ADMIN. CODE § 415.10(a)(2), 25 TEX. ADMIN. CODE § 415.10(a)(3), 25 TEX. ADMIN. CODE § 415.10(a)(3), 25 TEX. ADMIN. CODE § 415.10(g); Documentation of Informed Consent 25 TEX. ADMIN. CODE § 414.405(a), 25 TAC § 414.405(b)(2); Provider Responsibilities for Treatment Planning and Service Authorization 26 TEX. ADMIN. CODE § 301.353(d)(1)(C), 26 TEX. ADMIN. CODE § 301.353(e)(1), 26 TEX. ADMIN. CODE § 301.353(f)(1)(A), 26 TEX. ADMIN. CODE § 301.353(f)(1)(B), 26 TEX. ADMIN. CODE § 301.353(f)(1)(C), 26 TEX. ADMIN. CODE § 301.353(f)(1)(D); General Principles 25 TEX. ADMIN. CODE § 415.5(e); Documentation of Service Provision 26 TEX. ADMIN. CODE § 301.361(a)(1-14); Medical Records System 26 TEX. ADMIN. CODE § 301.329 (a)(3)(A-C) and Interlocal Contract*

III. Audit Method:

Active records were randomly selected from the Harris Center Encounter Data OP Service Detail Auditing report in the Electronic Health Record (EHR) for persons served during the 4th Quarter of FY 2024 (June 1, 2024, to August 31, 2024). Ten (10) Direct Care staff and ten (10) Clinical staff were selected from a roster provided by program leadership. A total of twenty (20) client records were reviewed. The review utilized HHSC's FY24 MH Master Review Tool, modified by Compliance to include the Interlocal Contract. It consisted of four components: environmental requirements, medical requirements, personnel requirements, and client record requirements.

IV. Audit Findings and History:

The overall score is 99%. The program's strengths were 100% medical, 100% environmental, and 100% personnel requirements. However, the program did not meet the criteria in the following areas of clinical records: informed Medication Consent 87%, Residential Treatment Program (Group Hours) Hours that are not broken down for each service in the Weekly Service Note 0%, and the beginning and end time of service (Therapy Note 71%). Compliance completed a focus review in FY2021. The Program was cited for missing documentation, copying and pasting, treatment plan goals and objectives not documented, progress notes not evidence of progress or lack of progress, and not providing the minimum hours of Supportive Residential Treatment Activities. Compliance recommends that the DDRP program continues to follow its plan of Improvement (POI) Corrective measures that were in place and adjust its processes to ensure documentation is completed in accordance with TDCJ-CJAD standards

V. Recommendations:

The program should continue to review client documentation (e.g., informed medication consent, Supportive Residential Treatment Program (Group Hours), and beginning and end times of therapy services) for compliance with regulatory standards and the Interlocal Contract. A Plan of Improvement (POI) is required to address the deficiencies noted in this report. Compliance will conduct a POI Follow-up Review in 180 days. The Vice President of the Forensic Division and the DDRP Program Director must sign and return this report and the completed POI to Compliance within seven (7) business days (December 18, 2024).

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
Youth Empowerment Services (YES) Waiver Comprehensive and Follow-up Review
Review Dates: October 30, 2024-November 26, 2024

I. Audit Type:

Comprehensive

II. Purpose:

This review was conducted to determine if client and staff records, service provision to persons served, and policies and procedures complied with the Texas Administrative Code (TEX. ADMIN. CODE) *Rights Handbooks for Persons Receiving Mental Health Services at Department Facilities, Community Centers, and Psychiatric Hospitals Operated by Community Centers* 25 TEX. ADMIN. CODE §§ 404.161 (d)-(f); *Communication of Rights to Individuals Receiving Mental Health Services* 25 TEX. ADMIN. CODE §§ 404.163 (a)-(b); *Rights Protection Officer at Department Facilities and Community Centers* 25 TEX. ADMIN. CODE § 404.164 (b); *Staff Training in Rights of Persons Receiving Mental Health Services* 25 TEX. ADMIN. CODE §§ 404.165 (1) and (3); *Monitoring Compliance with Policies and Procedures* 25 TEX. ADMIN. CODE § 414.413 (a)-(b); *Medication Monitoring* 25 TEX. ADMIN. CODE §§ 415.10 (a), (e), and (g); *General Principles* 25 TEX. ADMIN. CODE § 415.5 (j); *Consent and Patient Education* 25 TEX. ADMIN. CODE § 415.9 (d); *Staff Member Training* 25 TEX. ADMIN. CODE § 415.257 (c)(2); *Documentation of Informed Consent* 25 TEX. ADMIN. CODE § 414.405 (a) and (b)(2); *Responsibilities of Local Authorities, Community Centers, and Contractors* 25 TEX. ADMIN. CODE § 414.554 (c)(1); *Environment of Care and Safety* 26 TEX. ADMIN. CODE §§ 301.323 (a)(1), (a)(2)(A)-(a)(2)(C), and (a)(4); *Medical Records System* 26 TEX. ADMIN. CODE § 301.329 (a)(3); *Competency and Credentialing* 26 TEX. ADMIN. CODE §§ 301.331 (a)(3)(A)-(a)(3)(B), and (h)(1)-(2) and (4); *Medication Services* 26 TEX. ADMIN. CODE § 301.355 (b)(1)-(4) and (b)(8); *Telemedicine Services* 26 TEX. ADMIN. CODE § 301.359; (a)(1); *MH Case Management Services Standards* 26 TEX. ADMIN. CODE § 306.263 (b)(4)-(13), (c)(2)-(5), and (d); *Medication Training and Support Services* 26 TEX. ADMIN. CODE § 306.315 (a) and (c); *Transition Planning* 26 TEX. ADMIN. CODE § 307.11; the Texas Health and Human Services Commission's (HHSC) *Performance Contract Notebook (PCN) FY24-25*; the *HHSC Policy Manual: Youth Empowerment Services (YES) Waiver May 2023*; the *HHSC Information Item A*; *The Harris Center Policies and Procedures HR.B.35 Credentialing, Recredentialing Guideline and Procedure*; *MED.MH.B.1 Suicide/Violence Behavioral Crisis Intervention*; *RR.B.2 Assurance of Individual Rights*; and required employee training courses.

III. Audit Method:

An active client roster and an employee roster were requested from and provided by program leadership. Twenty (20) clients and five (5) employees were selected by utilizing an Excel formula to generate a random number list. Client records from the 4th Qtr. FY 2024 (June 1, 2024-August 31, 2024), were reviewed. The review utilized the HHSC's FY24 MH Master Review Tool and was modified by Compliance to include agency policies and procedures, and program-specific requirements.

IV. Audit Findings/History:

Compliance noted the program staff was not adhering to time requirements for initial meetings with clients, development of wraparound plans, development of crisis and safety plans, and annual eligibility assessments; was not fully addressing medication monitoring requirements; was not including all required information for progress notes or case management notes; was not appropriately completing medication consent documents or client rights documents; was not documenting medication training and support requirements; and was not current on all required training. Compliance has previously audited the YES Waiver Program during the 2nd Quarter FY 2024.

V. Recommendations:

The Program should continue to review client documentation (e.g., progress notes, case management documentation, treatment plans, and client rights documentation), personnel documentation (i.e., required employee training), and operations requirements (i.e., wraparound supervisor to wraparound facilitator ratio) for compliance with regulatory standards. A Plan of Improvement (POI) is required to address the deficiencies noted during this review.



**Compliance Department (Compliance) Review Report
1st Quarter (Qtr.) of Fiscal Year (FY) 2025
Mental Health (MH) Division
Youth Empowerment Service (YES) Waiver Program Comprehensive and Follow-up
Review**

Compliance Auditor(s): Christopher Beard

Review Dates: October 30, 2024–November 26, 2024

Purpose

This review was conducted to determine if the YES Waiver Program was compliant with the Texas Administrative Code (TEX. ADMIN. CODE) *Rights Handbooks for Persons Receiving Mental Health Services at Department Facilities, Community Centers, and Psychiatric Hospitals Operated by Community Centers* 25 TEX. ADMIN. CODE §§ 404.161 (d)-(f); *Communication of Rights to Individuals Receiving Mental Health Services* 25 TEX. ADMIN. CODE §§ 404.163 (a)-(b); *Rights Protection Officer at Department Facilities and Community Centers* 25 TEX. ADMIN. CODE § 404.164 (b); *Staff Training in Rights of Persons Receiving Mental Health Services* 25 TEX. ADMIN. CODE §§ 404.165 (1) and (3); *Monitoring Compliance with Policies and Procedures* 25 TEX. ADMIN. CODE § 414.413 (a)-(b); *Medication Monitoring* 25 TEX. ADMIN. CODE §§ 415.10 (a), (e), and (g); *General Principles* 25 TEX. ADMIN. CODE § 415.5 (i); *Consent and Patient Education* 25 TEX. ADMIN. CODE § 415.9 (d); *Staff Member Training* 25 TEX. ADMIN. CODE § 415.257 (c)(2); *Documentation of Informed Consent* 25 TEX. ADMIN. CODE § 414.405 (a) and (b)(2); *Responsibilities of Local Authorities, Community Centers, and Contractors* 25 TEX. ADMIN. CODE § 414.554 (c)(1); *Environment of Care and Safety* 26 TEX. ADMIN. CODE §§ 301.323 (a)(1), (a)(2)(A)-(a)(2)(C), and (a)(4); *Medical Records System* 26 TEX. ADMIN. CODE § 301.329 (a)(3); *Competency and Credentialing* 26 TEX. ADMIN. CODE §§ 301.331 (a)(3)(A)-(a)(3)(B), and (h)(1)-(2) and (4); *Medication Services* 26 TEX. ADMIN. CODE § 301.355 (b)(1)-(4) and (b)(8); *Telemedicine Services* 26 TEX. ADMIN. CODE § 301.359; (a)(1); *MH Case Management Services Standards* 26 TEX. ADMIN. CODE § 306.263 (b)(4)-(13), (c)(2)-(5), and (d); *Medication Training and Support Services* 26 TEX. ADMIN. CODE § 306.315 (a) and (c); *Transition Planning* 26 TEX. ADMIN. CODE § 307.11; the Texas Health and Human Services Commission's (HHSC) *Performance Contract Notebook (PCN) FY24-25*; the *HHSC Policy Manual: Youth Empowerment Services (YES) Waiver May 2023*; the *HHSC Information Item A; The Harris Center Policies and Procedures HR.B.35 Credentialing, Recredentialing Guideline and Procedure*; *MED.MH.B.1 Suicide/Violence Behavioral Crisis Intervention*; *RR.B.2 Assurance of Individual Rights*; and *required employee training courses*.

The review also determined if corrective actions were successfully implemented in accordance with an FY 2024 follow-up review that recommended collaboration with Performance Improvement.



Methods

A client roster for persons served during the 4th Qtr. FY 2024 (June 1, 2024-August 31, 2024) and an employee roster was requested from and provided by program leadership. Twenty (20) client records and five (5) employee records were selected using an Excel formula to generate a random number list. The review utilized the HHSC’s FY24 MH Master Review Tool and was modified by Compliance to include agency policies and procedures. It consisted of five (5) components: operations requirements (Operations), environment requirements (Environment), medical requirements (Medical), personnel requirements (Personnel), and client record requirements (Client Records).

Findings

Comprehensive Review Overall Score: 91%

Detailed findings are presented below:

Strengths:

- **Medical** (25 TEX. ADMIN. CODE § 414.413, 25 TEX. ADMIN. CODE § 415.5, 26 TEX. ADMIN. CODE § 301.323, 26 TEX. ADMIN. CODE § 301.355, and 26 TEX. ADMIN. CODE § 301.359) **100%**
- **Environment** (26 TEX. ADMIN. CODE § 301.323, 25 TEX. ADMIN. CODE § 404.161, 25 TEX. ADMIN. CODE 404.164, 25 TEX. ADMIN. CODE § 414.554, PCN FY24-25, and HHSC Policy Manual: YES Waiver May 2023) **100%**

Areas of Improvement:

- **Operations** **93%**
 - Case loads (HHSC Policy Manual: YES Waiver May 2023) 50%
- **Personnel** **77%**
 - Documentation for Direct Care Staff (25 TEX. ADMIN. CODE § 415.257 (c)(2)) 70%
 - Training (HHSC Policy Manual: YES Waiver May 2023, 26 TEX. ADMIN. CODE §§ 301.331, MED.MH.B.1, and HR.B.35) 77%
- **Client Records** **83%**
 - Client rights (25 TEX. ADMIN. CODE § 404.161 ©, 25 TEX. ADMIN. CODE 404.163 (a)-(b), and RR.B.2) 53%
 - Client files (HHSC Policy Manual: YES Waiver May 2023) 97%
 - Medication monitoring (25 TEX. ADMIN. Code § 415.10 (a) and (g)) 83%
 - Medication consents (25 TEX. ADMIN. Code § 414.405 (a)) 90%
 - Documentation of services (HHSC Policy Manual: YES Waiver May 2023) 85%
 - Routine and intensive case management documentation (26 TEX. ADMIN. CODE § 306.263 (b)(4)-(6) and (c)(4)) 73%
 - LOC 4 intensive family services (26 TEX. ADMIN. CODE § 306.263 (c)(2)(A) and (c)(2)(C)) 88%



- Documentation of medication training and support services (26 TEX. ADMIN. CODE § 306.315) 0%

Follow-up Review Score: **100%**
 Detailed findings are presented below:

Strengths:

- Wraparound plans include at least one needs statement for the youth and one for a family member (*HHSC Policy Manual: YES Waiver May 2023*) **100%**

Observations

- Some progress notes showed evidence of being copied and pasted.
- Some progress notes indicated a “crisis” occurred; however, there was no evidence to support this statement.
- One progress note indicated “significant progress [as evidenced] by a decrease in anger outburst[s] from 1x [to a baseline of] 0x.”
- Some clients received case management services prior to the development/implementation of the wraparound plan.

History

Compliance previously audited the YES Waiver Program during the 2nd Qtr. FY 2023 and the 2nd Qtr. FY 2024.

Recommendations

The Program should continue to review client documentation (e.g., case management documentation, client rights documentation, and client files), personnel documentation (i.e., required employee training), and operations requirements (e.g., wraparound supervisor to wraparound facilitator ratio) for compliance with regulatory standards. A Plan of Improvement (POI) is required to address the deficiencies noted in this report. Compliance will conduct a POI Follow-up Review in 180 days. The Vice President of the MH Division and the YES Waiver Program Director must sign and return this report and the completed POI to Compliance within seven (7) business days (December 13, 2024).

Management Response

Program Director reviewed the findings and recommendations of the Compliance Department. Program Director will work closely with YES Waiver Clinical Team Leaders to monitor and track staff trainings (Agency and YES Waiver related) through tracking in ABSORB. Client documentation and operations requirements will be reviewed, and re-education provided with Clinical Team Leaders and YES Waiver staff during management and team meetings. Additionally, Program Director will work closely with the Audit Team to periodically review charts to ensure compliance and a clear understanding of YES Waiver policies and procedures.



Signature Page

X Signed by:
Lance Britt
BAR06A90B5FE4AC

Vice President of MH Division

X Signed by:
Stella Olise
B02A8471D571498

Program Director/Manager

X Signed by:
Demetria Lockett
B4ED8213F5ED41A...

Director of Compliance



The Harris Center for Mental Health and IDD:
 The Compliance Department
 1st Quarter (Qtr.) of Fiscal Year (FY) 2025
 Executive Summary Cover Sheet
 Comprehensive Psychiatric Emergency Program (CPEP) Division
 Outpatient Competency Restoration (OCR)
 Comprehensive Review
 Review Date: November 11, 2024, to December 06, 2024

I. Audit Type:

Comprehensive Review.

II. Purpose:

The purpose of this review was to assess OCR Operation Standards, Medical Requirements, Environmental Requirements, Personnel Requirements, and Clinical Record Requirements for compliance with *TAC 26 §301.355 Utilization Management*, *TAC 26 §414.413 Monitoring Compliance with Policies and Procedures*, *TAC 26 §301.323 Environment of Care and Safety*, *TAC 26 §301.353 Provider Responsibilities for Treatment Planning and Service Authorization*, *TAC 26 §301.359 Telemedicine Services*, *TAC 26 §301.361 Documentation of Service Provision*, *Provider Responsibilities for Treatment Planning and Service Authorization*, *TAC 26 §301.329 Medical Records System*, *TAC 25 §404.163 Communication of Rights to Individuals Receiving Mental Health Services*, *TAC 25 §414.405 Documentation of Informed Consent*, *TAC 25 §415.10 Medication Monitoring*, *TAC 25 §415.257 Staff Member Training, Health and Safety Code Title 7 Subtitle A §534 and Health and Human Services Commission (HHSC)FY 24-25 Statement of Work for the OCR Program*

III. Audit Method:

Active records were randomly selected from the *Affiliated Harris Center Encounter Data IP Service Detail Auditing* report in the Electronic Health Record (EHR) for persons served during the 4th Qtr. of FY 2024 (June 1, 2024, to August 31, 2024), and the *Organizational Development Staff Training Roster Report*. Compliance conducted an environmental walk-through and desk review, sampling ten (10) consumer records and ten (10) personnel records using the STATE Review Tool. Detailed data for this review is presented below.

IV. Audit Findings and History:

Overall Program Score: 88%

Detailed finding(s) is presented below.

The program's strength was in the following areas: Operation Requirements 100% and Medical Requirements 100%.

The program did not meet the threshold score of 95% in the following areas: Environmental Requirements 92%, Personnel Requirements 82%, and the Clinical Record Requirements 64% resulting in the program having to submit a Plan of Improvement (POI) to address the areas documented.

History

No review of this type has been conducted.

V. Recommendations:

Compliance recommends that the OCR program review the findings in the Plan of Improvement (POI) and continue to assess its processes to ensure all required standards are completed in accordance with *TAC Requirements for Rights Protection Officer*, *Provider Responsibilities for Treatment Planning and Service Authorization*, *Communication of Rights to Individuals Receiving Mental Health Services*, *Medication Monitoring*, *Documentation of Informed Consent*, *Documentation of Service Provision*, *SOW for OCR and Staff Member Training Requirements*. The OCR program is required to submit a POI focusing on the Environmental Requirements, Personnel Requirements, and Clinical Record Requirements. The Vice President (VP) of CPEP Division and the Program Manager/Director must sign and return this report (management response is optional) along with the POI to Compliance within seven (7) business days.



Outreach ID: [REDACTED]	Site ID: [REDACTED]
-------------------------	---------------------

Chart Review Request

To:	<u>Medical Records</u>	Date:	<u>9/3/2024</u>
Fax Number:	<u>(713) 970-3817</u>	Phone Number:	<u>(713) 970-7330</u>

ACTION REQUESTED: Please respond within 8 days of receipt of this request.
Please call (877) 445-9293 or email chartreview@datavant.com with any questions.

To learn how to reduce the phone calls and faxes from Datavant and eliminate the burden of medical record retrieval in the future, visit www.datavant.com/campaign/betterway

Medical records can be submitted through the following options:

1. Provider Portal:

Securely respond to any/all Datavant requests in a single digital queue with Request Manager
<https://idsb-portal.datavant.com/onboarding/setup>
OR securely respond to this single request at www.cioxlink.com using these credentials:

- Username: [REDACTED]
- Password: [REDACTED]

2. Remote EMR Retrieval:

Set up secure remote connection from an EMR directly to Datavant for timely remote retrieval by trained Datavant associates.
Contact

3. Onsite Chart Retrieval:

Schedule on-site retrieval with a complimentary Datavant Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Datavant.
Contact

4. Fax:

Send secure faxes to 972-729-6174

5. Mail:

Mark "Confidential" on the envelope and mail the medical records to: Datavant
2222 W. Dunlap Ave
Phoenix, AZ 85021

SEP 04 2024

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Datavant can help you **remove the burden of fulfilling record requests** through:

- > **Digital Retrieval:** Automate the intake, fulfillment, quality control and delivery of medical records
- > **Release of Information Services:** Free up staff time with centralized and outsourced chart retrievals

To learn more about one of these **NO COST** retrieval options, visit www.datavant.com/campaign/betterway

VERIFICATION OF RECEIPT OF FAX:

This communication may contain confidential Protected Health Information. This information is intended only for the use of the individual or entity to which it is addressed. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is STRICTLY PROHIBITED by Federal law. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.



NABP #: [REDACTED]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 7 BUSINESS DAYS.

FROM: Southeast Clinic TO: EXL Service
(Sender's Name)

Pharmacy

Secure Fax: 844-505-8246

Encrypted Email: Optum.RxPVR@exlservice.com

of Pages: 7
(Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY

NABP #: [REDACTED]

Date: September 16, 2024

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
1239930	[REDACTED]	[REDACTED]	09/11/2024	INVEGA SUST INJ 234/1.5	

Please Remember to:

1. Add Comments above, if needed.
2. Check the appropriate box below, as applicable.
3. Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).
4. Include this Records Transmittal Page with document submission.

ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

Patient is new to Invega sustenna

ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).

ATTEST TO THE CLAIM(S) BEING CORRECTED TO _____
(ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT [REDACTED]

[REDACTED SIGNATURE]

9/16/24
Date



The Harris Center for Mental Health and IDD

**Behavioral Health Services Contract Operations Fiscal Monitoring
Payment Review Compliance Report
Substance Use Disorder Fee-for-Service
The Harris Center for Mental Health and IDD**

Objective:

To determine whether the amounts paid for the Substance Use Disorder Fee-for-Service contract referenced below were in compliance with contract requirements; including all resources, guides, manuals, rules, laws, etc., incorporated in contract by reference.

Contracts & Periods Reviewed:

Contract Number	Program ID	Contract Term	Maximum Potential Contract Value	Review Period
██████████	SA/TRA	9/01/21-8/31/25	\$1,367,964.00	5/1/24 – 5/31/24
██████████	SA/TRF	9/01/21-8/31/25	\$55,311	5/1/24 – 5/31/24

Legend for Program Abbreviations:

- SUD – Substance Use Disorder
- SA – Substance Abuse
- CMBHS-Clinical Management of Behavioral Health Services
- TRA – Treatment for Adults
- TRF – Treatment for Females

Fieldwork Conducted: August 27, 2024 – September 3, 2024

Entrance Conference Conducted: September 3, 2024

Exit Conference Conducted: September 3, 2024

HHSC Reviewers: ██████████, Contract Specialist

The Harris Center for Mental Health and IDD

Detailed Findings and Recommendations

Finding # 1 – Treatment

Criteria: TAC Rule §448.804 Treatment Planning, Implementation and Review.

(a) The counselor and client shall work together to develop and implement an individualized, written treatment plan that identifies services and support needed to address problems and needs identified in the assessment. When appropriate, family shall also be involved.

Condition: HHSC reviewed 14 client files and a treatment plan was completed in 13 of the 14 client files reviewed. However, One, (1) client file did not have a current treatment plan completed in the file.

Recommendation: To resolve this finding:

Submit a corrective action plan under the “Management Response” portion below that specifically details the necessary action planned or taken to ensure client records contain a treatment plan.

Management Response:

Responsible Party:

Implementation Date:

HHSC Reply:

The Harris Center for Mental Health and IDD

Finding # 2 - Treatment

Criteria: TAC Rule §448.804. Treatment Planning, Implementation and Review.

(b) The treatment plan shall include goals, objectives, and strategies.

(2) Objectives shall be individualized, realistic, measurable, time specific, appropriate to the level of treatment, and clearly stated in behavioral terms.

(3) Strategies shall describe the type and frequency of the specific services and interventions needed to help the client achieve the identified goals and shall be appropriate to the level of intensity of the program in which the client is receiving treatment.

Condition: HHS reviewed 14 client files and a treatment plan with Objectives and Strategies was recorded in 13 of the 14 client files reviewed. However, a treatment plan did not include Objectives and Strategies was not recorded in **1** of the client files.

Recommendation: To resolve this finding:

Submit a corrective action plan under the "Management Response" portion below that specifically details the necessary action planned or taken to ensure that, in the future, a treatment plan with objectives and strategies is recorded in the client's file.

Management Response:

Responsible Party:

Implementation Date:

HHSC Reply:

The Harris Center for Mental Health and IDD

Finding # 3 – Treatment

Criteria: TAC Rule §448.804 Treatment Planning, Implementation and Review.

(d) A treatment plan shall include a projected length of stay.

Condition: HHS reviewed a sample of 14 client files and a treatment plan with a projected length of stay was recorded in 13 of the 14 client files reviewed. However, a treatment plan did not include a projected length of stay for **1** of the client files.

Recommendation: To resolve this finding:

Submit a corrective action plan under the “Management Response” portion below that specifically details the necessary action planned or taken to ensure that, in the future, clients’ treatment plans will include the projected length of stay.

Management Response:

Responsible Party:

Implementation Date:

HHSC Reply:

The Harris Center for Mental Health and IDD

Finding #4 – Treatment

Criteria: TAC Rule §448.804. Treatment Planning, Implementation and Review.

(l) Program staff shall document all treatment services (counseling, chemical dependency education, and life skills training) in the client record within 72 hours, including the date, nature, and duration of the contact, and the signature and credentials of the person providing the service.

Condition: Progress notes were reviewed to verify if they were completed and approved by a QCC within 72 hours of providing the service. HHSC reviewed claims and progress notes were approved within the required timelines for **93 of the 104** claims reviewed. However, **11 progress notes** were not recorded in the client’s file within 72 hours after the service date.

Recommendation: To resolve this finding:

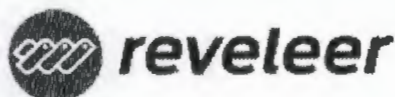
Submit a corrective action plan under the “Management Response” portion below that specifically details the necessary action planned or taken to ensure that, in the future, clients’ service records will be approved by QCC within 72 hours from the date of service.

Management Response:

Responsible Party:

Implementation Date:

HHSC Reply:



Today's Date: 09/16/2024
Due Date: 09/23/2024

To	ATTN: Medical Records	From	Reveleer
Provider Name	[REDACTED]	Requester	PSR - [REDACTED]
Provider Fax	(713) 970-3817	Provider Phone	

REQUEST FOR MEDICAL RECORDS

Department of Health and Human Services & Centers for Medicare and Medicaid Services Risk Adjustment Data Validation - Initial Validation Audit (HRADV-IVA)

January 1, 2023, through December 31, 2023

Reveleer is contacting you to request medical record documentation as listed below as soon as possible. To give you adequate time to prepare the necessary information, Reveleer is providing you with retrieval details and a specific list of plan members that are part of this review. Ascension Personalized Care is requesting your cooperation by providing specific patient medical records from your office to facilitate the medical record review. As you may know, Risk Adjustment is the payment methodology used by (CMS) Centers for Medicare and Medicaid Services for Affordable Care Act (ACA) members based on the patient health status. To assess your medical record documentation of the patient health conditions, it is necessary to perform ongoing chart reviews to evaluate the accuracy and completeness of your medical record documentation.

Reveleer has entered into a Business Associate Agreement with Ascension Personalized Care and, as such, is bound by applicable federal and state privacy and confidentiality requirements in conducting this activity on Ascension Personalized Care's behalf. Any information shared during this review will be kept in the strictest of confidence, in accordance with all applicable State and Federal laws regarding the confidentiality of patient records, including current HIPAA requirements.

Reveleer requests documentation for dates of service within **January 1, 2023, through December 31, 2023.**

Please refer to the Member Pull list for specific dates of service and the IVA Documentation Check List. Please note- To avoid follow up calls to your office, please ensure the attached attestation form is completed.

Thank you for your participation. Please send your records using one of the following options:

1. **Provider Gateway** - A portal with unique pin to upload charts securely to Reveleer Platform <https://platform.reveleer.com/providergateway>
 - o Pin located on Member Pull List page (see attached)
2. **Remote Download** - For secure access EMR set up; email us at **EMR@Reveleer.com**
3. **Secure Fax** (818) 334-5988

SEP 17 2024

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Medical Record Request Page 1



REQUEST FOR MEDICAL RECORDS

Request Send Date: September 16, 2024

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

<p>TO: [REDACTED]</p> <p> 9401 Southwest Freeway, Houston, TX 77074</p> <p> (713)970-3354</p> <p> (713)970-3817</p>	<p>FROM: ADVANTMED</p> <p> 17981 Sky Park Circle, Building 39/Suite B & C, Irvine, CA 92614</p> <p> (800)698-1690</p> <p> (800)340-7804</p> <p> Providersupport@advantmed.com</p> <p> https://www.advantmed.com/</p>
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Dear Physician or Office Administrator:

Wellcare By Allwell has partnered with Advantmed to collect medical records for Risk Adjustment Data Collection & Reporting.

REQUESTOR: Wellcare By Allwell

DUE DATE: September 30, 2024

Advantmed offers multiple methods to submit records in response to this request. Please consider uploading records through our **"SECURE UPLOAD PORTAL"** to expedite the process.

Please use link for sharing your feedback: '<https://secure1.advantmed.com/ClientPortals/SurveyForm>'



Most Convenient and Secure Method:

To upload records securely visit <https://www.advantmed.com/uploadrecords>
OR email records to our secure server at records@advantmed.com



To begin set up for remote EMR download by Advantmed's trained Medical Record Technicians, email necessary forms to RemoteAccess@advantmed.com. Please provide a point of contact and number for further communication.



To fax records toll free, use our secure fax lines:
(800)340-7804 (Main Fax Line)
(949)222-0185 (Alternate Fax Line)



To mail records, please send to:
17981 Sky Park Circle, Building 39/Suite B & C, Irvine, CA 92614



To schedule an onsite appointment, please contact us at (800)698-1690

SEP 17 2024

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MEDICARE MEDICAL RECORD REQUEST

1st MR Request Sent Date: September 18, 2024

Provider ID: [REDACTED]

TO: [REDACTED]	FROM: ADVANTMED
Attention To: Medical Records	Address: 17981 Sky Park Circle, Building 39/Suite B & C
Address: 9401 Southwest Freeway,	City, State Zip: Irvine, CA 92614
City, State Zip: Houston, TX 77074	Phone: (800)698-1690
Phone: (713)970-3354	Fax: (800)340-7804
Fax: (713)970-3817	Email: Providersupport@advantmed.com
	Website: https://www.advantmed.com

DUE DATE: September 25, 2024

Dear Physician Or Office Administrator

Blue Cross and Blue Shield of Texas has partnered with Advantmed to collect and review medical records Risk Adjustment Data Collection & Reporting.

Advantmed offers multiple methods to submit records in response to this request. Please consider uploading records through our "SECURE UPLOAD PORTAL" to expedite the process.



Upload
Most Convenient and Secure Method:
To upload records securely visit
<https://www.advantmed.com/uploadrecords>



Fax
To fax records toll free, use our secure fax lines:
(800)340-7804 (Main Fax Line)
(949)222-0185 (Alternate Fax Line)



Email
To email records to our secure server:
records@advantmed.com



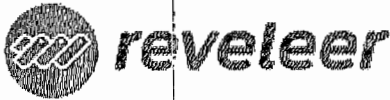
Mail
To mail records, please send to:
17981 Sky Park Circle, Building 39/Suite B & C,
Irvine, CA 92614

Please use link for sharing your feedback: <https://secure1.advantmed.com/ClientPortals/SurveyForm>

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SEP 18 2024

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SEP 20 2024

Today's Date: 09/19/2024
Due Date: 09/27/2024

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To	Medical Records	From	Reveleer
Provider Name	The Harris Center	Requester	PSR - [REDACTED]
Provider Fax	(713) 970-3817	Provider Phone	

REQUEST FOR MEDICAL RECORDS

Department of Health and Human Services & Centers for Medicare and Medicaid Services Risk Adjustment Data Validation - Initial Validation Audit (HRADV-IVA)

January 1, 2023, through December 31, 2023

Reveleer is contacting you to request medical record documentation as listed below as soon as possible. To give you adequate time to prepare the necessary information, Reveleer is providing you with retrieval details and a specific list of plan members that are part of this review.

Aetna is requesting your cooperation by providing specific patient medical records from your office to facilitate the medical record review. As you may know, Risk Adjustment is the payment methodology used by (CMS) Centers for Medicare and Medicaid Services for Affordable Care Act (ACA) members based on the patient health status. To assess your medical record documentation of the patient health conditions, it is necessary to perform ongoing chart reviews to evaluate the accuracy and completeness of your medical record documentation.

Reveleer has entered into a Business Associate Agreement with Aetna and, as such, is bound by applicable federal and state privacy and confidentiality requirements in conducting this activity on Aetna's behalf. Any information shared during this review will be kept in the strictest of confidence, in accordance with all applicable State and Federal laws regarding the confidentiality of patient records, including current HIPAA requirements.

Reveleer requests documentation for dates of service within **January 1, 2023, through December 31, 2023.**

Please refer to the Member Pull list for specific dates of service and the IVA Documentation Check List. Please note- To avoid follow up calls to your office, please ensure the attached attestation form is completed.

Thank you for your participation. Please send your records using one of the following options:

1. **Provider Gateway** - A portal with unique pin to upload charts securely to Reveleer Platform <https://platform.reveleer.com/providergateway>
 - o Pin located on Member Pull List page (see attached)
2. **Remote Download** - For secure access EMR set up; email us at **EMR@Reveleer.com**
3. **Secure Fax** (818) 334-5988



Epi Reference ID: [REDACTED]

Episource, LLC on behalf of United Healthcare

Address: 500 W. 190th Street, 4th Floor, Gardena, CA 90248
Phone: 1-866-243-6057 or 1-855-216-9420
Fax: 1-833-589-0806
Email: records@episource.com

SEP 24 2024

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**Medical Records Request
HEDIS[®] Review**

Attention To: **Medical Records**
Phone: (713) 970-7330
Fax: (713) 970-3817
Request Date: 09/23/2024
Epi Reference ID: L-04353217

Requested patient list, dates of service and submission options attached.

If you have received this in error, please contact records@episource.com.

This facsimile contains confidential personal health information (PHI). The information contained within this transmission is intended for the use of the individual or entity it is addressed to. If you are not the intended recipient, any disclosure, distribution, or reproduction is strictly prohibited. If you have received this facsimile in error, please immediately notify the Episource, LLC representative named above. Episource, LLC will arrange for the proper return of this document and all its contents.

Health information is personal and protected under the law. All PHI transmitted in this facsimile is done so with appropriate authorization or does not require said authorization. The recipient of this facsimile is responsible to protect personal health information in accordance with all state and federal laws. Failure to do so may subject you to all penalties, to include fines and prosecution available under state and federal laws. Protecting PHI is everyone's responsibility. Episource, LLC takes these responsibilities seriously. If mailing records, only use services that allow for specific package tracking. Episource, LLC is not responsible for the receipt of any information, package or data that is not properly protected in transit of any kind. Please direct any HIPAA concerns to compliance@episource.com.

Epi Reference ID: [REDACTED]



NABP #: [REDACTED]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 7 BUSINESS DAYS.

FROM: [REDACTED]

TO: EXL Service

(Sender's Name)

Secure Fax: 844-505-8246

Encrypted Email: Optum.RxPVR@exlservice.com

of Pages: 5 (Including Cover)

Pharmacy Name: NORTHWEST CLINIC PHARMACY

NABP #: 4586927

Date: September 23, 2024

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
1243039	242623318704023	[REDACTED]	09/18/2024	INVEGA HAFYE INJ 1560MG	

Please Remember to:

1. Add Comments above, if needed.
2. Check the appropriate box below, as applicable.
3. Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).
4. Include this Records Transmittal Page with document submission.

I ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

I ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).

I ATTEST TO THE CLAIM(S) BEING CORRECTED TO _____ (ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT [REDACTED]

Pharmacy Manager / Representative Signature [REDACTED]

9-24-24

Date





Outreach ID: [REDACTED]	[REDACTED] ID: [REDACTED]
-------------------------	---------------------------

Chart Review Request

To: <u>MEDICAL RECORDS-[REDACTED]</u>	Date: <u>9/24/2024</u>
Fax Number: <u>(713) 970-3817</u>	Phone Number: <u>(713) 970-3354</u>

ACTION REQUESTED: Please respond within 8 days of receipt of this request.
 Please call (877) 445-9293 or email chartreview@datavant.com with any questions.

To learn how to reduce the phone calls and faxes from Datavant and eliminate the burden of medical record retrieval in the future, visit www.datavant.com/campaign/betterway

Medical records can be submitted through the following options:

1. Provider Portal:

Securely respond to any/all Datavant requests in a single digital queue with Request Manager
<https://idsb-portal.datavant.com/onboarding/setup> OR
 securely respond to this single request at www.cioxlink.com using these credentials:

2. Remote EMR Retrieval:

Set up secure, remote connection from an EMR directly to Datavant for timely remote retrieval by trained Datavant associates.
 Contact

3. Onsite Chart Retrieval:

Schedule on-site retrieval with a complimentary Datavant Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Datavant.
 Contact

4. Fax:

Send secure faxes to 1-972-957-2143

5. Mail:

Mark "Confidential" on the envelope and mail the medical records to: Datavant
 2222 W. Dunlap Ave
 Phoenix, AZ 85021

SEP 25 2024

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Datavant can help you remove the burden of fulfilling record requests through:

- > **Digital Retrieval:** Automate the intake, fulfillment, quality control and delivery of medical records
- > **Release of Information Services:** Free up staff time with centralized and outsourced chart retrievals

To learn more about one of these NO COST retrieval options, visit www.datavant.com/campaign/betterway

VERIFICATION OF RECEIPT OF FAX:

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Behavioral Health Medical Record Review



Molina Healthcare of TX
 445 Executive Center #100
 El Paso, TX 79902
 TX_BHRecords@MolinaHealthCare.Com

Date: September 13, 2024

Dear Ms. [REDACTED]

Thank you for providing us with medical records requested to review for Quality Improvement purposes. The results of this review allow the plan to assess each provider's compliance with standards of the medical community, external regulatory agencies, accrediting agencies, and Molina Healthcare of Texas. It also provides a point of reference for needed assistance and/or education regarding program components. This also allows the plan to assist the provider in meeting program requirements and member needs, and to reduce or eliminate potential risk situations.

The results of the review conducted at your office/facility/remotely for **Quarter 2 of Calendar Year 2024** are as follows:

<u>Area of Review:</u>	<u>Score</u>
Medical Necessity	9.2/12
Screening and Assessment	1.3/2
Medication Management	2/2
Coordination of Care	2.7/4
	Total 15.1/20
Final Score	76%

We are available to discuss the standards with you and your office staff should you desire it. We will continue to conduct quarterly audits of our providers.

Molina HealthCare of Texas wishes to thank you for your continued efforts in the delivery of quality care as well as for your cooperation with our Behavioral Health Department. If you have any questions, please call us at 281-698-5025.

Sincerely,

[REDACTED]

[REDACTED], MBA, MA, LPC
 Behavioral Health Auditor
 Email: [REDACTED]
 Office Phone: (281) 698-5025

MHT_BHRECREVLTR_0623



MEDICARE MEDICAL RECORD REQUEST

1st MR Request Sent Date: September 25, 2024

Provider ID: [REDACTED]

TO: [REDACTED]	FROM: ADVANTMED
Attention To: Medical Records	Address: 17981 Sky Park Circle, Building 39/Suite B & C
Address: 9401 Southwest Freeway,	City, State Zip: Irvine, CA 92614
City, State Zip: Houston, TX 77074	Phone: (800)698-1690
Phone: (713)970-7000	Fax: (800)340-7804
Fax: (713)970-3817	Email: Providersupport@advantmed.com
	Website: https://www.advantmed.com

DUE DATE: October 02, 2024

Dear Physician Or Office Administrator

Blue Cross and Blue Shield of Texas has partnered with Advantmed to collect and review medical records Risk Adjustment Data Collection & Reporting.

Advantmed offers multiple methods to submit records in response to this request. Please consider uploading records through our "SECURE UPLOAD PORTAL" to expedite the process.



Upload
Most Convenient and Secure Method:
To upload records securely visit
<https://www.advantmed.com/uploadrecords>



Fax
To fax records toll free, use our secure fax lines:
(800)340-7804 (Main Fax Line)
(949)222-0185 (Alternate Fax Line)



Email
To email records to our secure server:
records@advantmed.com



Mail
To mail records, please send to:
17981 Sky Park Circle, Building 39/Suite B & C,
Irvine, CA 92614

Please use link for sharing your feedback: <https://secure1.advantmed.com/ClientPortals/SurveyForm>

Disclaimer: If you have received this transmission in error, please contact providersupport@advantmed.com This document contains confidential Personal Health Information (PHI). The information contained within this transmission is intended only for the use of individual or entity it is addressed to. If the reader of this document is not an intended recipient, any disclosure/dissemination or distribution of this facsimile or a copy of this facsimile is strictly prohibited by Health Insurance Portability and Accountability Act (HIPAA). If you received this facsimile in error, please notify Advantmed and destroy this document immediately.

SEP 28 2024

RECEIVED



Outreach ID: [REDACTED]	Site ID: [REDACTED]
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Chart Review Request

To: <u>Medical Records</u>	Date: <u>9/25/2024</u>
Fax Number: <u>(713) 970-3817</u>	Phone Number: <u>(713) 970-7330</u>

ACTION REQUESTED: Please respond within 8 days of receipt of this request.
 Please call (877) 445-9293 or email chartreview@datavant.com with any questions.

To learn how to reduce the phone calls and faxes from Datavant and eliminate the burden of medical record retrieval in the future, visit www.datavant.com/campaign/betterway

Medical records can be submitted through the following options:

1. Provider Portal:

Securely respond to any/all Datavant requests in a single digital queue with Request Manager
<https://idsb-portal.datavant.com/onboarding/setup>
 OR securely respond to this single request at www.cioxlink.com using these credentials:

- Username: [REDACTED]
- Password: [REDACTED]

2. Remote EMR Retrieval:

Set up secure remote connection from an EMR directly to Datavant for timely remote retrieval by trained Datavant associates.
 Contact

3. Onsite Chart Retrieval:

Schedule on-site retrieval with a complimentary Datavant Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Datavant.
 Contact

4. Fax:

Send secure faxes to 1-972-957-2143

5. Mail:

Mark "Confidential" on the envelope and mail the medical records to: Datavant
 2222 W. Dunlap Ave
 Phoenix, AZ 85021

SEP 26 2024

RECEIVED

Datavant can help you **remove the burden of fulfilling record requests** through:

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Outreach ID: [REDACTED]

Site ID: [REDACTED]

Chart Review Request

SEP 27 2024

RECEIVED

To: Medical RecordsDate: 9/26/2024Fax Number: (713) 970-3817Phone Number: (713) 970-7635

ACTION REQUESTED: Please respond within 8 days of receipt of this request.
Please call (877) 445-9293 or email chartreview@datavant.com with any questions.

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OR securely respond to this single request at www.cioxlink.com using these credentials:

- Username: [REDACTED]
- Password: [REDACTED]

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3. Onsite Chart Retrieval:

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Contact

4. Fax:

Send secure faxes to 1-972-957-2143

5. Mail:

Mark "Confidential" on the envelope and mail the medical records to: Datavant
2222 W. Dunlap Ave
Phoenix, AZ 85021

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Outreach ID: [REDACTED]	Site ID: [REDACTED]
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Chart Review Request

To:	HARRIS CENTER FOR MENTAL HEALTH AND	Date:	9/27/2024
Fax Number:	(713) 970-3817	Phone Number:	(713) 970-7000

ACTION REQUESTED: Please respond within 8 days of receipt of this request.
 Please call (877) 445-9293 or email chartreview@datavant.com with any questions.

To learn how to reduce the phone calls and faxes from Datavant and eliminate the burden of medical record retrieval in the future, visit www.datavant.com/campaign/betterway

Medical records can be submitted through the following options:

1. Provider Portal:

Securely respond to any/all Datavant requests in a single digital queue with Request Manager
<https://idsb-portal.datavant.com/onboarding/setup>
 OR securely respond to this single request at www.cioxlink.com using these credentials:

- Username: [REDACTED]
- Password: [REDACTED]

Remote EMR Retrieval:

Set up secure remote connection from an EMR directly to Datavant for timely remote retrieval by trained Datavant associates.
 Contact

3. Onsite Chart Retrieval:

Schedule on-site retrieval with a complimentary Datavant Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Datavant.
 Contact

4. Fax:

Send secure faxes to 1-972-729-6164

5. Mail:

Mark "Confidential" on the envelope and mail the medical records to: Datavant
 2222 W. Dunlap Ave
 Phoenix, AZ 85021

SEP 30 2024

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NABP #: [REDACTED]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 7 BUSINESS DAYS.

FROM: [REDACTED]
(Sender's Name)

TO: EXL Service

Secure Fax: 844-505-8246

Encrypted Email: Optum.RxPVR@exlservice.com

of Pages: 5
(Including Cover)

Pharmacy Name: NORTHWEST CLINIC PHARMACY

NABP #: 4586927

Date: September 17, 2024

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
1240383	[REDACTED]	[REDACTED]	09/12/2024	INVEGA TRINZ INJ 546MG	

Please Remember to:

1. Add Comments above, if needed.
2. Check the appropriate box below, as applicable.
3. Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).
4. Include this Records Transmittal Page with document submission.

I ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

I ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).

I ATTEST TO THE CLAIM(S) BEING CORRECTED TO _____
(ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT [REDACTED]

[REDACTED]

9-30-24

Pharmacy Manager / Representative Signature

Date





Outreach ID: [REDACTED]	Site ID: [REDACTED]
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Chart Review Request

To:	Urgent Medical Records Request	Date:	10/1/2024
Fax Number:	(713) 970-3817	Phone Number:	(713) 970-7000

ACTION REQUESTED: Please respond within 8 days of receipt of this request.
 Please call (877) 445-9293 or email chartreview@datavant.com with any questions.

To learn how to reduce the phone calls and faxes from Datavant and eliminate the burden of medical record retrieval in the future, visit www.datavant.com/campaign/betterway

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1. Provider Portal:

Securely respond to any/all Datavant requests in a single digital queue with Request Manager
<https://idsb-portal.datavant.com/onboarding/setup>
 OR securely respond to this single request at www.cioxlink.com using these credentials:

- Username: [REDACTED]
- Password: [REDACTED]

2. Remote EMR Retrieval:

Set up secure remote connection from an EMR directly to Datavant for timely remote retrieval by trained Datavant associates.
 Contact

3. Onsite Chart Retrieval:

Schedule on-site retrieval with a complimentary Datavant Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Datavant.
 Contact

4. Fax:

Send secure faxes to 1-972-957-2143

5. Mail:

Mark "Confidential" on the envelope and mail the medical records to: Datavant
 2222 W. Dunlap Ave
 Phoenix, AZ 85021

10/1/2024

RECEIVED

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Outreach ID: [REDACTED]	Site ID: [REDACTED]
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Chart Review Request

To:	<u>Urgent Medical Records Request</u>	Date:	<u>10/1/2024</u>
Fax Number:	<u>(713) 970-3817</u>	Phone Number:	<u>(713) 970-7000</u>

ACTION REQUESTED: Please respond within 8 days of receipt of this request.
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10/1/2024

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Outreach ID: [REDACTED]	Site ID: [REDACTED]
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Chart Review Request

To: <u>Medical Records</u>	Date: <u>10/1/2024</u>
Fax Number: <u>(713) 970-3817</u>	Phone Number: <u>(713) 970-3800</u>

ACTION REQUESTED: Please respond within 8 days of receipt of this request.
Please call (877) 445-9293 or email chartreview@datavant.com with any questions.

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Phoenix, AZ 85021

OCT 02 2024

RECEIVED

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Outreach ID: [REDACTED]	Site ID: [REDACTED]
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Chart Review Request

OCT 04 2024

RECEIVED

To:	<u>Unknown</u>	Date:	<u>10/1/2024</u>
Fax Number:	<u>(713) 970-4749</u>	Phone Number:	<u>(713) 970-7000</u>

ACTION REQUESTED: Please respond within 8 days of receipt of this request. Please call (877) 445-9293 or email chartreview@datavant.com with any questions.

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 OR securely respond to this single request at www.cioxlink.com using these credentials:

- Username: [REDACTED]
- Password: [REDACTED]

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 Contact

4. Fax:

Send secure faxes to 1-972-957-2143

5. Mail:

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 2222 W. Dunlap Ave
 Phoenix, AZ 85021

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OCT 09 2024

RECEIVED

Today's Date: 10/08/2024
Due Date: 09/23/2024

To		From	Reveleer
Provider Name	[REDACTED]	Requester	Manager - [REDACTED]
Provider Fax	(713) 970-3817	Provider Phone	

REQUEST FOR MEDICAL RECORDS

Department of Health and Human Services & Centers for Medicare and Medicaid Services Risk Adjustment Data Validation - Initial Validation Audit (HRADV-IVA)

January 1, 2023, through December 31, 2023

Reveleer is contacting you to request medical record documentation as listed below as soon as possible. To give you adequate time to prepare the necessary information, Reveleer is providing you with retrieval details and a specific list of plan members that are part of this review. Ascension Personalized Care is requesting your cooperation by providing specific patient medical records from your office to facilitate the medical record review. As you may know, Risk Adjustment is the payment methodology used by (CMS) Centers for Medicare and Medicaid Services for Affordable Care Act (ACA) members based on the patient health status. To assess your medical record documentation of the patient health conditions, it is necessary to perform ongoing chart reviews to evaluate the accuracy and completeness of your medical record documentation.

Reveleer has entered into a Business Associate Agreement with Ascension Personalized Care and, as such, is bound by applicable federal and state privacy and confidentiality requirements in conducting this activity on Ascension Personalized Care's behalf. Any information shared during this review will be kept in the strictest of confidence, in accordance with all applicable State and Federal laws regarding the confidentiality of patient records, including current HIPAA requirements.

Reveleer requests documentation for dates of service within **January 1, 2023, through December 31, 2023.**

Please refer to the Member Pull list for specific dates of service and the IVA Documentation Check List. Please note- To avoid follow up calls to your office, please ensure the attached attestation form is completed.

Thank you for your participation. Please send your records using one of the following options:

1. **Provider Gateway** - A portal with unique pin to upload charts securely to Reveleer Platform <https://platform.reveleer.com/providergateway>
 - o Pin located on Member Pull List page (see attached)
2. **Remote Download** - For secure access EMR set up; email us at **EMR@Reveleer.com**
3. **Secure Fax** (818) 334-5988



OCT 09 2024

Today's Date: 10/08/2024
Due Date: 09/27/2024

RECEIVED

To		From	Reveleer
Provider Name	The Harris Center	Requester	Manager - [REDACTED]
Provider Fax	(713) 970-3817	Provider Phone	

REQUEST FOR MEDICAL RECORDS

Department of Health and Human Services & Centers for Medicare and Medicaid Services Risk Adjustment Data Validation - Initial Validation Audit (HRADV-IVA)

January 1, 2023, through December 31, 2023

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 - o Pin located on Member Pull List page (see attached)
2. **Remote Download** - For secure access EMR set up; email us at **EMR@Reveleer.com**
3. **Secure Fax** (818) 334-5988



REQUEST FOR MEDICAL RECORDS

Request Send Date: October 10, 2024

OCT 11 2024

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

RECEIVED

<p>TO: [REDACTED]</p> <p> 9401 Southwest Freeway, Houston, TX 77074</p> <p> (713)970-3354</p> <p> (713)970-3817</p>	<p>FROM: ADVANTMED</p> <p> 17981 Sky Park Circle, Building 39/Suite B & C, Irvine, CA 92614</p> <p> (800)698-1690</p> <p> (949)377-2060</p> <p> Provider_support@advantmed.com</p> <p> https://www.advantmed.com/</p>
----------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Dear Physician or Office Administrator:

Wellcare By Allwell has partnered with Advantmed to collect medical records for Risk Adjustment Data Collection & Reporting.

REQUESTOR: Wellcare By Allwell

DUE DATE: October 24, 2024

Advantmed offers multiple methods to submit records in response to this request. Please consider uploading records through our **"SECURE UPLOAD PORTAL"** to expedite the process.

Please use link for sharing your feedback: <https://secure1.advantmed.com/ClientPortals/SurveyForm>



Most Convenient and Secure Method:

To upload records securely visit <https://www.advantmed.com/uploadrecords> OR email records to our secure server at MedicalRecords@advantmed.com



To begin set up for remote EMR download by Advantmed's trained Medical Record Technicians, email necessary forms to Remote_Access@advantmed.com. Please provide a point of contact and number for further communication.



To fax records toll free, use our secure fax lines:
(949)377-2060 (Main Fax Line)
(949)222-0185 (Alternate Fax Line)



To mail records, please send to:
17981 Sky Park Circle, Building 39/Suite B & C, Irvine, CA 92614



To schedule an onsite appointment, please contact us at (800)698-1690

Disclaimer: If you have received this transmission in error, please contact Provider_Support@advantmed.com This document contains confidential Personal Health Information (PHI). The information contained within this transmission is intended only for the use of individual or entity it is addressed to. If the reader of this document is not an intended recipient, any disclosure/dissemination or distribution of this facsimile or a copy of this facsimile is strictly prohibited by Health Insurance Portability and Accountability Act (HIPAA). If you received this facsimile in error, please notify Advantmed and destroy this document immediately.



Outreach ID: [REDACTED]

Site ID: [REDACTED]

OCT 11 2024

Chart Review Request

RECEIVED

To: Medical RecordsDate: 10/10/2024Fax Number: (713) 970-3817Phone Number: (713) 970-7000

ACTION REQUESTED: Please respond within 8 days of receipt of this request.
Please call (877) 445-9293 or email chartreview@datavant.com with any questions.

To learn how to reduce the phone calls and faxes from Datavant and eliminate the burden of medical record retrieval in the future, visit www.datavant.com/campaign/betterway

Medical records can be submitted through the following options:

1. Provider Portal:

Securely respond to any/all Datavant requests in a single digital queue with Request Manager
<https://idsb-portal.datavant.com/onboarding/setup>
OR securely respond to this single request at www.cioxlink.com using these credentials:

- Username: [REDACTED]
- Password: [REDACTED]

2. Remote EMR Retrieval:

Set up secure remote connection from an EMR directly to Datavant for timely remote retrieval by trained Datavant associates.
Contact

3. Onsite Chart Retrieval:

Schedule on-site retrieval with a complimentary Datavant Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Datavant.
Contact

4. Fax:

Send secure faxes to 1-972-957-2143

5. Mail:

Mark "Confidential" on the envelope and mail the medical records to: Datavant
2222 W. Dunlap Ave
Phoenix, AZ 85021

Datavant can help you **remove the burden of fulfilling record requests** through:

- > **Digital Retrieval:** Automate the intake, fulfillment, quality control and delivery of medical records
- > **Release of Information Services:** Free up staff time with centralized and outsourced chart retrievals

To learn more about one of these **NO COST** retrieval options, visit www.datavant.com/campaign/betterway

VERIFICATION OF RECEIPT OF FAX:

This communication may contain confidential Protected Health Information. This information is intended only for the use of the individual or entity to which it is addressed. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is STRICTLY PROHIBITED by Federal law. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.



REQUEST FOR MEDICAL RECORDS

Request Send Date: October 11, 2024

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

<p>TO: THE HARRIS CENTER FOR MENTAL HEALTH AND IDD</p> <p> 9401 Southwest Freeway, Houston, TX 77074</p> <p> (713)970-7000</p> <p> (713)970-3817</p>	<p>FROM: ADVANTMED</p> <p> 17981 Sky Park Circle, Building 39/Suite B & C, Irvine, CA 92614</p> <p> (800)698-1690</p> <p> (800)340-7804</p> <p> Providersupport@advantmed.com</p> <p> https://www.advantmed.com/</p>
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Dear Physician or Office Administrator:

Ambetter from Superior HealthPlan has partnered with Advantmed to collect medical records for Risk Adjustment Data Collection & Reporting.

REQUESTOR: Ambetter from Superior HealthPlan

DUE DATE: October 25, 2024

Advantmed offers you multiple methods to submit records in response to this request. Please consider sending records via "REMOTE EMR DOWNLOAD" or through "SECURE UPLOAD" to our portal to expedite the process.

Please use link for sharing your feedback: '<https://secure1.advantmed.com/ClientPortals/SurveyForm>'



To upload records securely visit <https://www.advantmed.com/uploadrecords>
OR email records to our secure server at records@advantmed.com



To begin set up for remote EMR download by Advantmed's trained Medical Record Technicians, email necessary forms to RemoteAccess@advantmed.com. Please provide a point of contact and number for further communication.



To fax records toll free, use our secure fax lines:
(800)340-7804 (Main Fax Line)
(949)222-0185 (Alternate Fax Line)



To mail records, please send to:
17981 Sky Park Circle, Building 39/Suite B & C, Irvine, CA 92614



To schedule an onsite appointment, please contact us at (800)698-1690

OCT 11 2024

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Outreach ID: [REDACTED]	Site ID: [REDACTED]
-------------------------	---------------------

Chart Review Request

To: <u>Medical Records</u>	Date: <u>10/14/2024</u>
Fax Number: <u>(713) 970-3817</u>	Phone Number: <u>(713) 970-7000</u>

ACTION REQUESTED: Please respond within 8 days of receipt of this request.
 Please call (877) 445-9293 or email chartreview@datavant.com with any questions.

To learn how to reduce the phone calls and faxes from Datavant and eliminate the burden of medical record retrieval in the future, visit www.datavant.com/campaign/betterway

Medical records can be submitted through the following options:

1. Provider Portal:

Securely respond to any/all Datavant requests in a single digital queue with Request Manager
<https://idsb-portal.datavant.com/onboarding/setup>
 OR securely respond to this single request at www.cioxlink.com using these credentials:

- Username: [REDACTED]
- Password: [REDACTED]

2. Remote EMR Retrieval:

Set up secure remote connection from an EMR directly to Datavant for timely remote retrieval by trained Datavant associates.
 Contact

3. Onsite Chart Retrieval:

Schedule on-site retrieval with a complimentary Datavant Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Datavant.
 Contact

4. Fax:

Send secure faxes to 1-972-957-2143

5. Mail:

Mark "Confidential" on the envelope and mail the medical records to: Datavant
 2222 W. Dunlap Ave
 Phoenix, AZ 85021

EX-115 2024

RECEIVED

Datavant can help you **remove the burden of fulfilling record requests** through:

- > **Digital Retrieval:** Automate the intake, fulfillment, quality control and delivery of medical records
- > **Release of Information Services:** Free up staff time with centralized and outsourced chart retrievals

To learn more about one of these **NO COST** retrieval options, visit www.datavant.com/campaign/betterway

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REQUEST FOR MEDICAL RECORDS

Request Send Date: October 14, 2024

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

<p>TO: Dr. Inayath Nayeemuddin</p> <p> 9401 Southwest Freeway, Houston, TX 77074</p> <p> (713)970-7000</p> <p> (713)970-3817</p>	<p>FROM: ADVANTMED</p> <p> 17981 Sky Park Circle, Building 39/Suite B & C, Irvine, CA 92614</p> <p> (800)698-1690</p> <p> (800)340-7804</p> <p> Providersupport@advantmed.com</p> <p> https://www.advantmed.com/</p>
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Dear Physician or Office Administrator:

Wellcare has partnered with Advantmed to collect medical records for Risk Adjustment Data Collection & Reporting.

REQUESTOR: Wellcare

DUE DATE: July 30, 2024

Advantmed offers multiple methods to submit records in response to this request. Please consider uploading records through our **"SECURE UPLOAD PORTAL"** to expedite the process.

Please use link for sharing your feedback: '<https://secure1.advantmed.com/ClientPortals/SurveyForm>'



Most Convenient and Secure Method:

To upload records securely visit <https://www.advantmed.com/uploadrecords> OR email records to our secure server at records@advantmed.com



To begin set up for remote EMR download by Advantmed's trained Medical Record Technicians, email necessary forms to RemoteAccess@advantmed.com. Please provide a point of contact and number for further communication.



To fax records toll free, use our secure fax lines:
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(949)222-0185 (Alternate Fax Line)



To mail records, please send to:
17981 Sky Park Circle, Building 39/Suite B & C, Irvine, CA 92614



To schedule an onsite appointment, please contact us at (800)698-1690

OCT 15 2024

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REQUEST FOR MEDICAL RECORDS

Request Send Date: October 14, 2024

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

<p>TO: Dr. Sujath Syed</p> <p> 9401 Southwest Freeway, Houston, TX 77074</p> <p> (713)970-7000</p> <p> (713)970-3817</p>	<p>FROM: ADVANTMED</p> <p> 17981 Sky Park Circle, Building 39/Suite B & C, Irvine, CA 92614</p> <p> (800)698-1690</p> <p> (800)340-7804</p> <p> Providersupport@advantmed.com</p> <p> https://www.advantmed.com/</p>
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REQUESTOR: Wellcare

DUE DATE: July 30, 2024

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To fax records toll free, use our secure fax lines:

(800)340-7804 (Main Fax Line)
(949)222-0185 (Alternate Fax Line)

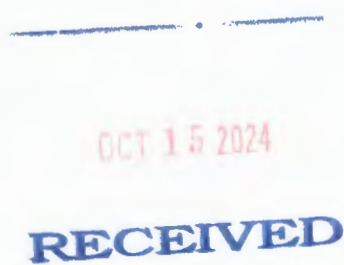


To mail records, please send to:

17981 Sky Park Circle, Building 39/Suite B & C, Irvine, CA 92614



To schedule an onsite appointment, please contact us at (800)698-1690



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10/21/2024
Attn: Network Provider
NORTHWEST CLINIC PHARMACY
3737 DACOMA ST
HOUSTON, TX 77092-8905



Re: Audit Number: [REDACTED] / NABP: [REDACTED]

Dear Network Provider:

Express Scripts ('ESI') manages the prescription drug benefit for many of your patients' employers or health plans. ESI conducted an audit of your pharmacy on 10/15/2024. ESI reviewed a portion of claims submitted by and reimbursed to your pharmacy.

Please review the Final Discrepancy Evaluation report and Discrepancy Definitions for details on specific discrepancies identified. Review/audit may include one or more claims submitted to Prime Therapeutics, LLC on behalf of its benefit sponsors pursuant to your pharmacy's participation agreement with Express Scripts and the Express Scripts Network Provider Manual.

This letter is to inform you that ESI has concluded its audit of your pharmacy resulting in a final audit total of \$0.00.

Finalization of this audit does not preclude further action on behalf of ESI's clients. For all prescriptions listed on the Discrepancy Evaluation Report, you have the responsibility to determine impact to the Member, and (if applicable) reimburse or credit the Member for copayment, out-of-pocket amounts, TrOOP, TDS, etc. as further described in the Provider Manual.

Thank you for your time and consideration concerning this matter. If you have any questions regarding this letter, please call me at 314-847-7663.

Sincerely,
Express Scripts

[REDACTED]
Post Auditor
Retail Network Audit
Katherine.Mason@express-scripts.com
Express Scripts
One Express Way
St. Louis, MO 63121
Secure Fax: 866-515-3472
Private and Confidential

Note: If the auditor reviewed claims submitted for TRICARE business during the audit, you will receive a separate letter of those findings. Audit Discrepancy dollars are estimated; actual amount may vary upon adjudication due to unpredictable adjudication issues such as change in member co-pay or lesser of logic involving Network Discount vs. Usual and Customary Price.

An additional statement may be issued to the pharmacy indicating member responsibility and adjusted payment detail for applicable claims.

Mental Health Rehabilitation (MHR) & Mental Health Targeted Care Management (MHTCM) Provider Review Feedback	
UM Completing Review:	[REDACTED]
Quarter of Visit:	Q3 2024
Date Span Reviewed:	4/1/24-6/30/24
Date of Initial Feedback:	10/2/2024
Date of Feedback Meeting:	Thursday, October 3, 2024

	CHART 1
Member Name	[REDACTED]
Please Indicate: Adult or Child/Adolescent	Child/Adolescent
OVERALL <u>CHART</u> COMPLIANCE	98.41%
OVERALL <u>CLAIMS</u> COMPLIANCE	80.00%
Section 1: Assessment (TAC RULE §354.2607, TAC RULE §301.363, TRR UM Guidelines)	100.00%
Reference:	
Example area of opportunity:	
Section 2: Recovery Plan (TAC RULE §354.2609, TAC RULE §306.263, TAC RULE §307.9, TAC RULE §307.11)	94.74%
Reference:	TAC Rule 354.2609

Example area of opportunity:	101 days between 3/4/24 and 6/13/24. Recovery plan updates should be every 90 days. (6/13/24 T1017 note for reference)
Reference:	TAC Rule 354.2609
Example area of opportunity:	On recovery plan (page 79) the improvements/progress section is N/A throughout (progress is noted on 6/13/24 T1017 note for reference,as clinician forgot to enter information on recovery plan- point returned)
Section 3: Service Documentation (TAC RULE §306.323, TAC RULE §306.275)	100.00%
Section 4: Adult (TAC RULE §306.315, TAC RULE §306.327, TAC RULE §306.263, TAC RULE §306.271, TAC RULE §306.277, TAC RULE §306.319, TRR UM Guidelines, TAC RULE §306.317, TAC RULE §306.321, TAC RULE §306.313, TAC RULE §354.2707)	N/A
Section 5: Child & Adolescent (TAC RULE §306.315, TAC RULE §306.327, TAC RULE §306.263, TAC RULE §306.271, TAC RULE §306.277, TAC RULE §306.319, TRR UM Guidelines, TAC RULE §307.11, TAC RULE §307.5, TAC RULE §306.313)	100.00%
Section 6: Claims Issues	80.00%
Type of billing issue:	Other/multiple issues (see UM Comments)
Impacted claim numbers:	See client tab
Did member fall within the average utilization guidelines for the review period?	N/A
If no, was utilization above or below the average?	

LOC YC

Additional Comments from Reviewing UM Staff:

Overall Chart Comp
80% and Above
79% and Below

Claims Compliar
95% and Above
94% and Below

CHART 2	CHART 3
[REDACTED]	[REDACTED]
Adult	Child/Adolescent
97.96%	96.83%
100.00%	85.71%
100.00%	93.75%
	TAC Rule 354.2607 (a)
	No supervision logs for Alexander Neal; no CANS cert nor supervision logs for Dylan Mireles
94.74%	94.74%
TAC Rule 354.2609	TAC Rule 354.2609

ANSA 2/1/24, Recovery plan 2/15/24. Recovery plan should be made no more than 10 from the date of ANSA.	96 days between 1/3/24 recovery plan, and 4/8/2024 recovery plans. Cannot be longer than 90 day period between recovery plans.
100.00%	100.00%
100.00%	N/A
N/A	100.00%
100.00%	85.71%
	Other/multiple issues (see UM Comments)
	See client tab
No	No
Below	Below
1.75 hours (LOC3 ~5.87 hours)	1.66 hours (LOC2 ~3 hours)

Compliance Rating Chart
Meets Expectations
Does Not Meet Expectations

Compliance Rating Chart
Meets Expectations
Does Not Meet Expectations

CHART 4		
		OVERALL CHART AVERAGE
	Child/Adolescent	
	100.00%	98.30%
	100.00%	91.43%
	100.00%	98.44%
	100.00%	96.06%

100.00%	100.00%
N/A	100.00%
100.00%	100.00%
100.00%	91.43%
No	
Below	

1.58 hours (LOC 2 ~3 hours)

Transmission Report

Date/Time: 10-21-2024 03:32:51 p.m. Transmit Header Text
 Local ID 1: 7139703310 Local Name 1: Pharmacy SW

This document : Confirmed
(reduced sample and details below)
Document size : 8.5"x11"

10/18/2024 9:55:13 AM CLOUDFAX PAGE 4 OF 4



NABP #: 4531415

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 7 BUSINESS DAYS.

FROM: [Redacted] TO: EXL Service
(Header's Name) Secure Fax: 844-505-8246
 Encrypted Email: Optum.RxPVR@exservice.com

of Pages: 4 Excluding Cover

Pharmacy Name: SOUTHWEST CLINIC PHARMACY 3
 NABP #: 4531415
 Date: October 18, 2024

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
1255291	[Redacted]	[Redacted]	10/15/2024	INVEGA SUST INJ 234/15	

Please Remember to:

1. Add Comments above, if needed.
2. Check the appropriate box below, as applicable.
3. Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).
4. Include this Records Transmittal Page with document submission.

- I ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.
- I ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).
- I ATTEST TO THE CLAIM(S) BEING CORRECTED TO 28 days
(ORx will verify and correct as appropriate)

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT: [Redacted]
 [Redacted Signature] Date: 10/21/24



SCK00780202019A00012551910001229997

Total Pages Scanned : 4

Total Pages Confirmed : 4

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	188	CLOUDFAX	03:30:38 p.m. 10-21-2024	00:01:54	4/4	1	G3	HS	CP14400

Abbreviations:

- | | | | | |
|------------------|-------------------|-------------------|------------------------|--------------------------|
| HS: Host send | PL: Polled local | MP: Mailbox print | CP: Completed | TS: Terminated by system |
| HR: Host receive | PR: Polled remote | RP: Report | FA: Fail | G3: Group 3 |
| WS: Waiting send | MS: Mailbox save | FF: Fax Forward | TU: Terminated by user | EC: Error Correct |



REQUEST FOR MEDICAL RECORDS

Request Send Date: October 21, 2024

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

<p>TO: THE HARRIS CENTER FOR MENTAL HEALTH & IDD</p> <p> 9401 Southwest Freeway, Houston, TX 77074</p> <p> (713)970-7330</p> <p> (713)970-3817</p>	<p>FROM: ADVANTMED</p> <p> 17981 Sky Park Circle, Building 39/Suite B & C, Irvine, CA 92614</p> <p> (800)698-1690</p> <p> (800)340-7804</p> <p> Providersupport@advantmed.com</p> <p> https://www.advantmed.com/</p>
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Dear Physician or Office Administrator:

Wellcare has partnered with Advantmed to collect medical records for Risk Adjustment Data Collection & Reporting.

REQUESTOR:

DUE DATE: November 04, 2024

Advantmed offers multiple methods to submit records in response to this request. Please consider uploading records through our "SECURE UPLOAD PORTAL" to expedite the process.

Please use link for sharing your feedback: <https://secure1.advantmed.com/ClientPortals/SurveyForm>



Most Convenient and Secure Method:

To upload records securely visit <https://www.advantmed.com/uploadrecords> OR email records to our secure server at records@advantmed.com



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To fax records toll free, use our secure fax lines:
(800)340-7804 (Main Fax Line)
(949)222-0185 (Alternate Fax Line)



To mail records, please send to:
17981 Sky Park Circle, Building 39/Suite B & C, Irvine, CA 92614



To schedule an onsite appointment, please contact us at (800)698-1690

OCT 22 2024

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NABP #: [Redacted]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 7 BUSINESS DAYS.

FROM: [Redacted]
(Sender's Name)

TO: EXL Service

Secure Fax: 844-505-8246

Encrypted Email: Optum.RxPVR@exlservice.com

of Pages: _____ (Including Cover)

Pharmacy Name: NORTHWEST CLINIC PHARMACY

NABP #: 4586927

Date: October 22, 2024

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
1256469	[Redacted]	[Redacted]	10/17/2024	INVEGA SUST INJ 234/1.5	

Please Remember to:

1. Add Comments above, if needed.
2. Check the appropriate box below, as applicable.
3. Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).
4. Include this Records Transmittal Page with document submission.

I ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

I ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).

I ATTEST TO THE CLAIM(S) BEING CORRECTED TO _____
(ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number

Pharmacy Manager / Representative PRINT [Redacted]

Pharmacy [Redacted] Date 10-23-24

Notes: The injection was billed for a 7 day supply. Per the manufacturer guidelines the initial dose should be Invega Sustenna 234mg for 7 days, followed by the desired dose on day 8. This prescription was for the initial dose.





BlueCross
BlueShield
of Texas



MEDICARE MEDICAL RECORD REQUEST

OCT 24 2024

1st MR Request Sent Date: October 23, 2024

Provider ID: [REDACTED]

RECEIVED

TO: THE HARRIS CENTER FOR MENTAL HEALTH AND IDD	FROM: ADVANTMED
Attention To: Medical Records	Address: 17981 Sky Park Circle, Building 39/Suite B & C
Address: 9401 Southwest Freeway,	City, State Zip: Irvine, CA 92614
City, State Zip: Houston, TX 77074	Phone: (800)698-1690
Phone: (713)970-7000	Fax: (800)340-7804
Fax: (713)970-3817	Email: Providersupport@advantmed.com
	Website: https://www.advantmed.com

DUE DATE: October 30, 2024

Dear Physician Or Office Administrator

Blue Cross and Blue Shield of Texas has partnered with Advantmed to collect and review medical records Risk Adjustment Data Collection & Reporting.

Advantmed offers multiple methods to submit records in response to this request. Please consider uploading records through our "SECURE UPLOAD PORTAL" to expedite the process.



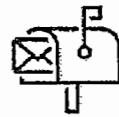
Upload
Most Convenient and Secure Method:
To upload records securely visit
<https://www.advantmed.com/uploadrecords>



Fax
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(800)340-7804 (Main Fax Line)
(949)222-0185 (Alternate Fax Line)



Email
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records@advantmed.com



Mail
To mail records, please send to:
17981 Sky Park Circle, Building 39/Suite B & C,
Irvine, CA 92614

Please use link for sharing your feedback: '<https://secure1.advantmed.com/ClientPortals/SurveyForm>'

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REQUEST FOR MEDICAL RECORDS

Request Send Date: October 25, 2024

OCT 25 2024

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

RECEIVED

<p>TO: THE HARRIS CENTER FOR MENTAL HEALTH AND IDD</p> <p>9401 Southwest Freeway, Houston, TX 77074</p> <p>(713)970-7000</p> <p>(713)970-3817</p>	<p>FROM: ADVANTMED</p> <p>17981 Sky Park Circle, Building 39/Suite B & C, Irvine, CA 92614</p> <p>(800)698-1690</p> <p>(800)340-7804</p> <p>Providersupport@advantmed.com</p> <p>https://www.advantmed.com/</p>
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Dear Physician or Office Administrator:

Wellcare has partnered with Advantmed to collect medical records for Risk Adjustment Data Collection & Reporting.

REQUESTOR:

DUE DATE: November 08, 2024

Advantmed offers multiple methods to submit records in response to this request. Please consider uploading records through our "SECURE UPLOAD PORTAL" to expedite the process.

Please use link for sharing your feedback: '<https://secure1.advantmed.com/ClientPortals/SurveyForm>'



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(949)222-0185 (Alternate Fax Line)



To mail records, please send to:
17981 Sky Park Circle, Building 39/Suite B & C, Irvine, CA 92614



To schedule an onsite appointment, please contact us at (800)698-1690

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NABP #: [REDACTED]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 7 BUSINESS DAYS.

FROM: SE Pharmacy
(Sender's Name)

TO: EXL Service

Secure Fax: 844-505-8246

Encrypted Email: Optum.RxPVR@exlservice.com

of Pages: _____ (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY

NABP #: 4533837

Date: October 25, 2024

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
1258581	[REDACTED]	[REDACTED]	10/22/2024	INVEGA TRINZ INJ 819MG	

Please Remember to:

1. Add Comments above, if needed.
2. Check the appropriate box below, as applicable.
3. Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).
4. Include this Records Transmittal Page with document submission.

I ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

I ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).

I ATTEST TO THE CLAIM(S) BEING CORRECTED TO _____
(ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT [REDACTED]

[REDACTED] 10/25/24
Pharmacy Manager / Representative Signature Date





NABP #: [Redacted]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 7 BUSINESS DAYS.

FROM: [Redacted] _____
(Sender's Name)

TO: EXL Service

Secure Fax: 844-505-8246

Encrypted Email: Optum.RxPVR@exlservice.com

of Pages: 5 _____
(Including Cover)

Pharmacy Name: NORTHWEST CLINIC PHARMACY

NABP #: 4586927

Date: October 25, 2024

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
1258412	[Redacted]	[Redacted]	10/22/2024	INVEGA TRINZ INJ 410MG	

Please Remember to:

Billed correctly for three months.

1. Add Comments above, if needed.
2. Check the appropriate box below, as applicable.
3. Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).
4. Include this Records Transmittal Page with document submission.

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I ATTEST TO THE CLAIM(S) BEING CORRECTED TO _____
(ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT [Redacted]

Pharmacy Manager / Representative Signature [Redacted] Date 10-25-24





REQUEST FOR MEDICAL RECORDS

Request Send Date: October 28, 2024

OCT 29 2024

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

RECEIVED

<p>TO: THE HARRIS CENTER FOR MENTAL HEALTH AND IDD</p> <p>9401 Southwest Freeway, Houston, TX 77074</p> <p>(713)970-7000</p> <p>(713)970-3817</p>	<p>FROM: ADVANTMED</p> <p>17981 Sky Park Circle, Building 39/Suite B & C, Irvine, CA 92614</p> <p>(800)698-1690</p> <p>(800)340-7804</p> <p>Providersupport@advantmed.com</p> <p>https://www.advantmed.com/</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Dear Physician or Office Administrator:

Ambetter of Oklahoma has partnered with Advantmed to collect medical records for Risk Adjustment Data Collection & Reporting.

REQUESTOR: Ambetter of Oklahoma

DUE DATE: November 11, 2024

Advantmed offers you multiple methods to submit records in response to this request. Please consider sending records via "REMOTE EMR DOWNLOAD" or through "SECURE UPLOAD" to our portal to expedite the process.

Please use link for sharing your feedback: '<https://secure1.advantmed.com/ClientPortals/SurveyForm>'



To upload records securely visit <https://www.advantmed.com/uploadrecords> OR email records to our secure server at records@advantmed.com



To begin set up for remote EMR download by Advantmed's trained Medical Record Technicians, email necessary forms to RemoteAccess@advantmed.com. Please provide a point of contact and number for further communication.



To fax records toll free, use our secure fax lines:
(800)340-7804 (Main Fax Line)
(949)222-0185 (Alternate Fax Line)



To mail records, please send to:
17981 Sky Park Circle, Building 39/Suite B & C, Irvine, CA 92614



To schedule an onsite appointment, please contact us at (800)698-1690

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Outreach ID: [REDACTED]	Site ID: [REDACTED]
-------------------------	---------------------

Chart Review Request

To: <u>unk</u>	Date: <u>10/30/2024</u>
Fax Number: <u>(713) 970-3817</u>	Phone Number: <u>(713) 970-7000</u>

ACTION REQUESTED: Please respond within 8 days of receipt of this request.
Please call (877) 445-9293 or email chartreview@datavant.com with any questions.

To learn how to reduce the phone calls and faxes from Datavant and eliminate the burden of medical record retrieval in the future, visit www.datavant.com/campaign/betterway

Medical records can be submitted through the following options:

1. Provider Portal:

Securely respond to Datavant-managed requests in a single, up-to-date queue. Login or Signup here: <https://datavant.com/provider/setup> or use the following for a one-time response: <https://datavant.com/provider/upload> with credentials

- Username: [REDACTED]
- Password: [REDACTED]

2. Remote EMR Retrieval:

Set up secure remote connection from an EMR directly to Datavant for timely remote retrieval by trained Datavant associates.
Contact

3. Onsite Chart Retrieval:

Schedule on-site retrieval with a complimentary Datavant Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Datavant.
Contact

4. Fax:

Send secure faxes to 1-972-957-2143

5. Mail:

Mark "Confidential" on the envelope and mail the medical records to:
Datavant
2222 W. Dunlap Ave
Phoenix, AZ 85021

OCT 31 2024

Datavant can help you **remove the burden of fulfilling record requests** through:

- > **Digital Retrieval:** Automate the intake, fulfillment, quality control and delivery of medical records
- > **Release of Information Services:** Free up staff time with centralized and outsourced chart retrievals

RECEIVED

To learn more about one of these **NO COST** retrieval options, visit www.datavant.com/campaign/betterway

VERIFICATION OF RECEIPT OF FAX:

This communication may contain confidential Protected Health Information. This information is intended only for the use of the individual or entity to which it is addressed. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is STRICTLY PROHIBITED by Federal law. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.



NABP #: [REDACTED]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 7 BUSINESS DAYS.

FROM: [REDACTED]
(Sender's Name)

TO: EXL Service

Secure Fax: 844-505-8246

Encrypted Email: Optum.RxPVR@exlservice.com

of Pages: 4 (Including Cover)

Pharmacy Name: SOUTHWEST CLINIC PHARMACY 3

NABP #: 4531415

Date: October 31, 2024

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
1261122	[REDACTED]	[REDACTED]	10/28/2024	INVEGA TRINZ INJ 546MG	

Please Remember to:

1. Add Comments above, if needed.
2. Check the appropriate box below, as applicable.
3. Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).
4. Include this Records Transmittal Page with document submission.

I ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

I ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).

I ATTEST TO THE CLAIM(S) BEING CORRECTED TO _____ (ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number

Pharmacy Manager / Representative PRINT [REDACTED]

[REDACTED SIGNATURE]

Pharmacy Manager / Representative Signature

11/1/2024

Date





Epi Reference ID: [REDACTED]

Episource, LLC on behalf of Aetna

Address: 500 W. 190th Street, 4th Floor Suite 400, Gardena, CA 90248.
Phone: 1-209-299-3563 or 1-860-316-2982
Fax: 1-888-300-0970 or 1-800-893-7048
Email: aetnachartretrieval@episource.com (for questions regarding chart retrieval)
Email (Chart Submission): docmgt@episource.com (To protect ePHI, please use encrypted email)

Medical Records Request
Commercial Risk Adjustment Review

Attention To: Medical Records
Phone: (713) 970-7330
Fax: (713) 970-3817
Request Date: 10/31/2024
Epi Reference ID: L-04551660

Requested patient list, dates of service, and submission options attached.
Please contact Episource within 7 days of receiving this request:
1-209-299-3563 or 1-860-316-2982
Email: aetnachartretrieval@episource.com

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Epi Reference ID: L-04551660

NOV 01 2024

RECEIVED



EXL

NABP #: [REDACTED]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 7 BUSINESS DAYS.

FROM: [REDACTED] (Sender's Name)

TO: EXL Service

Secure Fax: 844-505-8246

Encrypted Email: Optum.RxPVR@exlservice.com

of Pages: 7 (Including Cover)

Pharmacy Name: SOUTHWEST CLINIC PHARMACY 3

NABP #: 4531415

Date: November 6, 2024

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
1264383	[REDACTED]	[REDACTED]	11/01/2024	INVEGA TRINZ INJ 819MG	

Please Remember to:

- 1. Add Comments above, if needed.
- 2. Check the appropriate box below, as applicable.
- 3. Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).
- 4. Include this Records Transmittal Page with document submission.

I ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

I ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).

I ATTEST TO THE CLAIM(S) BEING CORRECTED TO _____ (ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT [REDACTED]

[REDACTED]

Pharmacy Manager / Representative Signature

Date





November 11, 2024

The Harris Center for Mental Health and IDD
9401 Southwest Fwy
Houston, TX 77074-1407

Sent via email: [REDACTED]

Dear [REDACTED],

This letter serves to inform you that Optum Behavioral Health Solutions/UnitedHealthcare Community Plan has accepted your Performance Improvement Plan effective 11/11/2024. Thank you for your attention to these outstanding issues.

As outlined in your audit results and Performance Improvement Plan request, Optum Behavioral Health Solutions/UnitedHealthcare Community Plan may conduct a re-audit of select member records no sooner than 90 days from the date of this letter. The re-audit will focus on records which were created after the date of the Performance Improvement Plan acceptance. Please note that the re-audit request may include records for members who were not included in the original audit.

If you have any questions regarding the details of this letter, please feel free to contact me directly.

Sincerely,

[REDACTED]
Clinical Practice Specialist, Practice Management | Optum Behavioral Health Solutions
T: 763-340-7633
F: 844-291-8752



MEDICARE MEDICAL RECORD REQUEST

NOV 12 2024

1st MR Request Sent Date: November 11, 2024

Provider ID: [REDACTED]





<p>TO: Dr. Afroz Shamim</p> <p>Attention To: Medical Records</p> <p>Address: 1502 Taub Loop, 2nd Floor</p> <p>City, State Zip: Houston, TX 77030</p> <p>Phone: (713)873-4900</p> <p>Fax: (713)970-3817</p>	<p style="text-align: right;">RECEIVED</p> <p>FROM: ADVANTMED</p> <p>Address: 17981 Sky Park Circle, Building 39/Suite B & C</p> <p>City, State Zip: Irvine, CA 92614</p> <p>Phone: (800)698-1690</p> <p>Fax: (800)340-7804</p> <p>Email: Providersupport@advantmed.com</p> <p>Website: https://www.advantmed.com</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

DUE DATE: November 18, 2024

Dear Physician Or Office Administrator

Blue Cross and Blue Shield of Texas has partnered with Advantmed to collect and review medical records Risk Adjustment Data Collection & Reporting.

Advantmed offers multiple methods to submit records in response to this request. Please consider uploading records through our "SECURE UPLOAD PORTAL" to expedite the process.

 <p>Upload Most Convenient and Secure Method: To upload records securely visit https://www.advantmed.com/uploadrecords</p>	 <p>Fax To fax records toll free, use our secure fax lines: (800)340-7804 (Main Fax Line) (949)222-0185 (Alternate Fax Line)</p>
 <p>Email To email records to our secure server: records@advantmed.com</p>	 <p>Mail To mail records, please send to: 17981 Sky Park Circle, Building 39/Suite B & C, Irvine, CA 92614</p>

Please use link for sharing your feedback: <https://secure1.advantmed.com/ClientPortals/SurveyForm>

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MEDICARE MEDICAL RECORD REQUEST

NOV 12 2024

1st MR Request Sent Date: November 11, 2024

Provider ID: [REDACTED]





<p>TO: Dr. Afroz Shamim</p> <p>Attention To: Medical Records</p> <p>Address: 1502 Taub Loop, 2nd Floor</p> <p>City, State Zip: Houston, TX 77030</p> <p>Phone: (713)873-4900</p> <p>Fax: (713)970-3817</p>	<p style="text-align: right;">RECEIVED</p> <p>FROM: ADVANTMED</p> <p>Address: 17981 Sky Park Circle, Building 39/Suite B & C</p> <p>City, State Zip: Irvine, CA 92614</p> <p>Phone: (800)698-1690</p> <p>Fax: (800)340-7804</p> <p>Email: Providersupport@advantmed.com</p> <p>Website: https://www.advantmed.com</p>
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 <p>Email To email records to our secure server: records@advantmed.com</p>	 <p>Mail To mail records, please send to: 17981 Sky Park Circle, Building 39/Suite B & C, Irvine, CA 92614</p>

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EXL

NABP #: [REDACTED]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 7 BUSINESS DAYS.

FROM: [REDACTED] (Sender's Name)

TO: EXL Service

Secure Fax: 844-505-8246

Encrypted Email: Optum.RxPVR@exlservice.com

of Pages: 7 (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY

NABP #: 4533837

Date: November 19, 2024

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
1269676	[REDACTED]	[REDACTED]	11/14/2024	INVEGA SUST INJ 234/1.5	

Please Remember to:

1. Add Comments above, if needed.
2. Check the appropriate box below, as applicable.
3. Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).
4. Include this Records Transmittal Page with document submission.

I ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

I ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).

I ATTEST TO THE CLAIM(S) BEING CORRECTED TO _____ (ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number

Pharmacy Manager / Representative PRINT [REDACTED]

[REDACTED]

Pharmacy Manager / Representative Signature

11/19/2024
Date



EXL111 Ryan Court, Suite 300
Pittsburgh, PA 15205

October 29, 2024

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD
9401 SOUTHWEST FREEWAY
HOUSTON, TX 77074-1407**RE: Second Request for Documentation**

Dear Provider,

On 09/26/2024 our office requested the following documentation on the patient(s) listed on the attached page(s). Our records indicate that we have not received the requested information. If you have already submitted these records then please disregard this notice and accept our apologies for any inconvenience.

EXL has been contracted by Texas Children's Health Plan to perform HCD audits for the patient listed on the attached Medical Records Transmittal. We are requesting the following documentation be submitted within 30 calendar days:

- Medication Administration Records (MAR)/Flow Sheets
- Medication Wastage Documentation showing discarded amount(s) and reason for wastage
- Treatment/Progress Notes or any other specific records to support the medications given for this time frame
- Authorization for treatment (if applicable)
- Physician Order/Prescription and any other specific records to support medications given
- CMS-1500
- UB-04

If your office is a provider of pharmacy and/or infusion services, please provide the following:

- Physician Order/Prescription and any other specific records to support medications given
- Medication Wastage Documentation showing discarded amount(s) and reason for wastage
- Pharmacy Distribution Record/Compounding Record with NDC number
- Pharmacy Assessment/Care Plan
- Authorization for treatment (if applicable)
- Itemized Delivery Ticket/Confirmation of Delivery to member
- Nursing Notes/Visits

**RECEIVED**



EXL

NABP #: [REDACTED]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 7 BUSINESS DAYS.

FROM: [REDACTED] (Sender's Name)

TO: EXL Service

Secure Fax: 844-505-8246

Encrypted Email: Optum.RxPVR@exlservice.com

of Pages: 7 (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY

NABP #: 4533837

Date: November 22, 2024

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
1271728	[REDACTED]	[REDACTED]	11/19/2024	INVEGA TRINZ INJ 546MG	

Please Remember to:

1. Add Comments above, if needed.
2. Check the appropriate box below, as applicable.
3. Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).
4. Include this Records Transmittal Page with document submission.

I ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

I ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).

I ATTEST TO THE CLAIM(S) BEING CORRECTED TO _____ (ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT [REDACTED]

[REDACTED] 11/22/24

Pharmacy Manager / Representative Signature

Date





EXL

NABP #: [REDACTED]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 7 BUSINESS DAYS.

FROM: [REDACTED] (Sender's Name)

TO: EXL Service

Secure Fax: 844-505-8246

Encrypted Email: Optum.RxPVR@exlservice.com

of Pages: 6 (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY

NABP #: 4533837

Date: November 26, 2024

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
1272674	[REDACTED]	[REDACTED]	11/21/2024	INVEGA SUST INJ 234/1.5	

Please Remember to:

1. Add Comments above, if needed.
2. Check the appropriate box below, as applicable.
3. Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).
4. Include this Records Transmittal Page with document submission.

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I ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).

I ATTEST TO THE CLAIM(S) BEING CORRECTED TO _____ (ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT [REDACTED]

[REDACTED Signature]

11/26/2024

Pharmacy Manager / Representative Signature

Date



EXHIBIT A-5

Executive Summary

PAYROLL AUDIT (PAY0125)

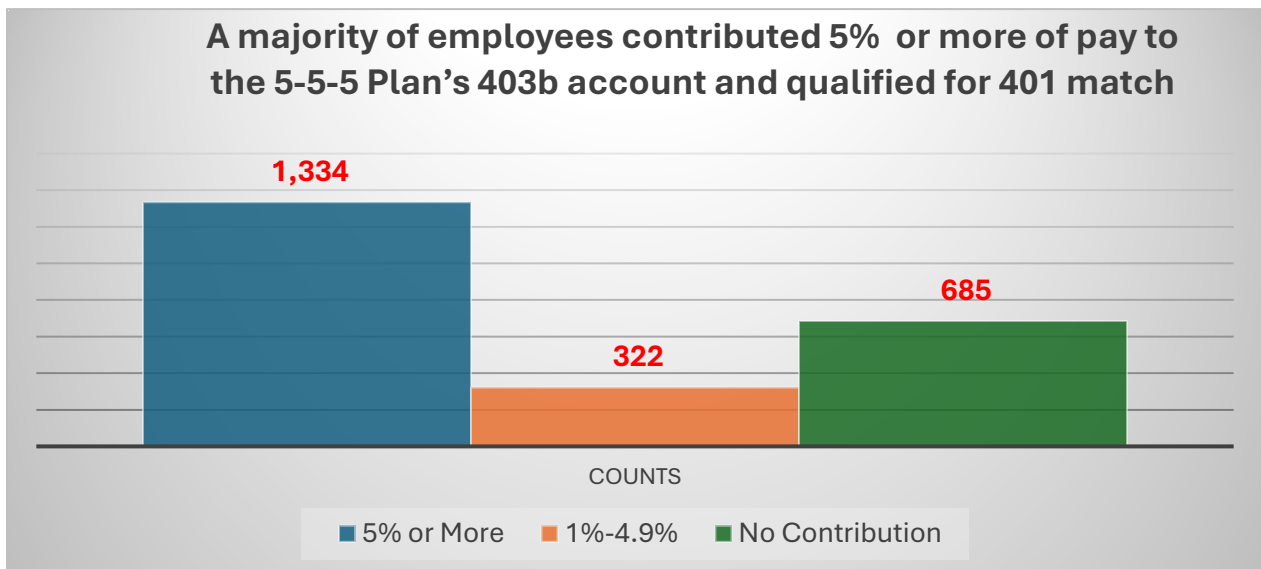
FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

Observations –

- 1) Internal Audit examined the paystubs for pay periods 5A, 5B and 5C for ten (10) employees.
- 2) Calculations were performed on the gross and net pay and found immaterial differences in the amounts for gross pay, deductions, withholding taxes, company paid costs, and net pay calculations.
- 3) Medicare and Social Security tax calculations were found to be accurately calculated and met the thresholds. We found the contribution limits for these taxes were also correctly applied for highly compensated employees.

Management Response (Chief Administrative Officer):

Observation #2 – Internal Audit requested a Human Resources Department report which showed that 1,334 (52.4%) of Center employees contributed 5% or more of their salary to the 403b account, while 322 (12.7%) of Center employees contributed 1% to 5% of their salary to their personal 403b retirement account in FY2024. We found 685 (26.9%) employees did not contribute to the voluntary 403b account.



Source: Human Resources, n=2544 employees, ad-hoc report provided by Total Rewards, December 2024

Management Response (Chief Administrative Officer):



**Payroll Audit
(PAY0125)**

INTERNAL AUDIT REPORT

January 21, 2025

David W. Fojtik, MBA, CPA, CFE, CIA

Director, Internal Audit



TABLE OF CONTENTS

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FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES5

CONCLUSION.....7

SCOPE AND OBJECTIVES

Audit Scope: This audit has been approved to evaluate the payroll process and its system controls to assure that the Center's payroll is produced with accurate data calculations, and that all withholdings, deductions, and any other employee pay reporting is routinely completed in a timely manner.

Audit Objectives: The audit report has been approved for inclusion in Internal Audit's Fiscal Year 2025 Annual Audit Plan, and our audit objectives were designed to:

1. Assure that the Payroll Department's system of internal controls are accurate and remain securely in place to prevent potential material mishaps from errors or other irregularities.
2. Examine employee payroll data and deduction balances to assess they are adequately calculated and will easily reconcile with Human Resources employee reporting data and information.
3. assist the Payroll Department to comply with Department of Labor's laws and local regulations and meet the Center's Human Resources and Payroll Department policies and procedures.

AUDIT RISKS

Audit Risks: Factors that may influence management's ability to provide sufficient strategy and responses for mitigating risks to the Center that may degrade the quality of the Recenter integration.

1. Management did not assign sufficient staff resources to examine payroll processing workflows.
2. Management did not keep transaction records or retain documents with management approvals used whenever modifying payroll calculations for individual employees.
3. Management did not comply with the Department of Labor or other regulatory agencies' rulings which may eventually necessitate remediation by the Center's senior management.

FIELD WORK

Field Work: A high-level summary of audit work is needed to address the objectives listed above:

WORK PLAN

1. Step 1: Request an alphabetical listing of employees from Payroll Department with column headers noting that employees received pay in Pay Periods 5A, 5B, and 5C, plus employee number, unit number, job description, exempt/hourly paid indicator.
2. Step 2: From this alphabetical listing, Internal Audit will request a sample of employee paystubs to test base and overtime pay calculations, federal taxes withheld, employer paid benefits, employee deductions and retirement contributions, etc.
3. Step 3: From the Human Resources contact, obtain a listing of employee names to compare with the Payroll Department's alphabetical list of employee names to determine any anomalies due to an employee's personal leave, termination or hire dates, FMLA or administrative leave status in order to verify that employees receive appropriate payroll treatment.
4. Review how Payroll Department contacts communicate with employees about inquiries regarding employee pay, including payroll calculations, payroll deductions, changes in withholding, etc.
5. Meet with the Payroll Department or Human Resources contacts to understand discrepancies found in the employee listing process or during the review of individual employee paystubs.

CURRENT PROCESS

Payroll is processed bi-weekly in 26 consecutive two-week pay periods nominally called “A” and “B” paychecks. At times, a third “C” paycheck is generated based on the number of pay days in that month. Payroll deductions for medical insurance and insurance plans are only deducted from the “A” and “B” paychecks as they represent “monthly” payments to those employee benefit plans.

The payroll process administers the calculation in the Kronos timekeeping system, which accumulates hours worked and paid time off for each pay period. The process starts with verifying the number of hours in the pay period. The Payroll Department is part of the Human Resources organization. The department consists of one Payroll Manager and two (2) full-time staff who produce a bi-weekly payroll.

For Exempt employees, there are 40 hours of administrative time at work or reported “paid time off” hours, but total weekly hours do not exceed 40 hours per week nor 80 hours per pay period. For hourly-paid workers, the requirement is for employees to “punch in” upon arrival and “punch out” at the end of the day.

Although most employees are classified as Exempt, a smaller number are classified as Non-Exempt, which meets the Department of Labor’s compensation rules based on annual compensation and for specific job types. The Non-Exempt employee time overtime pay treatment begins after 40 hours worked in a single week or after 80 hours in a bi-weekly pay period. The overtime rate is 1.5 times the normal hourly rate for hours in excess of the 40 hours worked as regular pay.

Any outstanding discrepancies can be addressed and corrected with making “historical corrections” which allow the units to request revisions from the Payroll Department to amend a timesheet error such as a missed punch, as long as the employee and/or supervisory managers clearly document the error. Many historical corrections have been eliminated with the timesheets automation of pay codes which have improved employees’ reporting of hours worked and paid time off (PTO).

In this payroll audit, we would like to examine the improved business controls from the new UKG payroll system which was installed months after a significant business control failure with the prior system. The failure was that an employee was paid \$1948 per hour compared to \$19.48 per hour, which Internal Audit and Payroll Manager discovered occurred in a revision in an “historical correction” that allowed an hourly rate entry to be keyed without a fixed decimal point. The employee was inadvertently paid gross pay of ~\$15 million, and after deductions she netted a paycheck over ~\$9 million. The Payroll Department instructed the employee to ignore the direct deposit paycheck, and they replaced it with a corrected hard copy paycheck in order to meet payroll rules and satisfy the employee’s needs. The payroll internal controls have been strengthened since that time.

Most payroll errors are fixable with corrections but only if noted by the Payroll Department or the employee, and most of these purported “errors” are dismissed once the basis for the payroll is examined by all parties. The historical corrections process allows for revisions if approved by the employee’s supervisor. Payroll deductions for federal income and social security taxes from employees are withheld every pay period as they occur.

The payroll system calculates matching allocations of withholding taxes on federal tax deductions as specified by federal law. Social Security tax has a wage base limit of \$168,600, for earnings reported in 2024. The tax rate for Social Security is 6.2% for the employer, and 6.2% for the employee, or 12.4% total. There is no wage base limit for Medicare taxes and therefore covered wages are subject to Medicare tax. The current rate for Medicare is 1.45% for the employer, and 1.45% for the employee, or 2.9% total.^[1]

[1] Source: IRS Topic no. 751, Social Security and Medicare withholding rates, IRS.gov, <https://www.irs.gov/taxtopics/tc751>

Payroll Processing

The employee payroll process begins with tracking the hours worked on the employee’s timecard, which is controlled by the UKG Kronos Payroll timecard system, which generates an hourly spreadsheet for all employees. Employees are identified as Exempt or Non-Exempt (hourly-paid), which are defined in the payroll system processing. Exempt employees utilize 80 hours per pay period while the Non-Exempt employees work up to 80 hours per pay period and can be paid for overtime as the overtime requests are approved.

Every two weeks, at the end of the designed pay period, the Payroll Manager reminds employees to approve their timecard, and supervisors ensure that the approvals are posted. The primary check assures that the Exempt employees use no more than 80 hours on their bi-weekly timecard, including paid time off (PTO) hours. The Non-Exempt employees may have greater than 80 hours if overtime was included. Also, there is a confirmation to assure that the employees “punched in” at arrival and “punched out” at the end of their scheduled shifts.

The 2024 Payroll Calendar shows the list of Pay Periods throughout the 2024 calendar year. Most months have two pay periods, but May 2024 (which is the month this audit has reviewed) had three separate pay periods (5A, 5B and 5C). The 5C pay period payroll does not include the employees’ deductions because medical and benefit deductions are successfully deducted in the first two pay periods. Thus, pay period 5C “take-home” pay amount is higher in pay period 5C than in 5A or 5B.

Employees can request paid time off (PTO) for a variety of personal reasons. The request is routed to the supervisor who needs to approve the request. Any request that is not approved in a timely manner will generate a “Pending Leave Request” notice to the employee’s email and will not show on the timecard. In the example below, requests occurring after April 14 until April 27 would be processed Pay Period 5A.

In our May sample, the pay day was May 3, 2024 which is when the payroll process was fully distributed by direct deposit to employees. In some cases, the Payroll Department needs to issue a hard copy payroll check, which is held or mailed to the employee’s home address.

TO: ALL EMPLOYEES
FROM: PAYROLL DEPARTMENT
RE: 2024 PAYROLL CALENDAR

Pay Period Number	Pay Period	Beginning Date	Ending Date	BiWeekly Check Date		
1	01A	12/24/2023	- 01/06/2024	01/12/2024	H1 - New Years Day	26
2	01B	01/07/2024	- 01/20/2024	01/26/2024	H2 - MLK Holiday	25
3	02A	01/21/2024	- 02/03/2024	02/09/2024		24
4	02B	02/04/2024	- 02/17/2024	02/23/2024		23
5	03A	02/18/2024	- 03/02/2024	03/08/2024		22
6	03B	03/03/2024	- 03/16/2024	03/22/2024		21
7	04A	03/17/2024	- 03/30/2024	04/05/2024	H3 - Spring Holiday	20
8	04B	03/31/2024	- 04/13/2024	04/19/2024		19
9	05A	04/14/2024	- 04/27/2024	05/03/2024		18
10	05B	04/28/2024	- 05/11/2024	05/17/2024		17
11	05C	05/12/2024	- 05/25/2024	05/31/2024		16

Source: 2024 Biweekly Payroll Calendar, Harrisphere, October 22, 2024

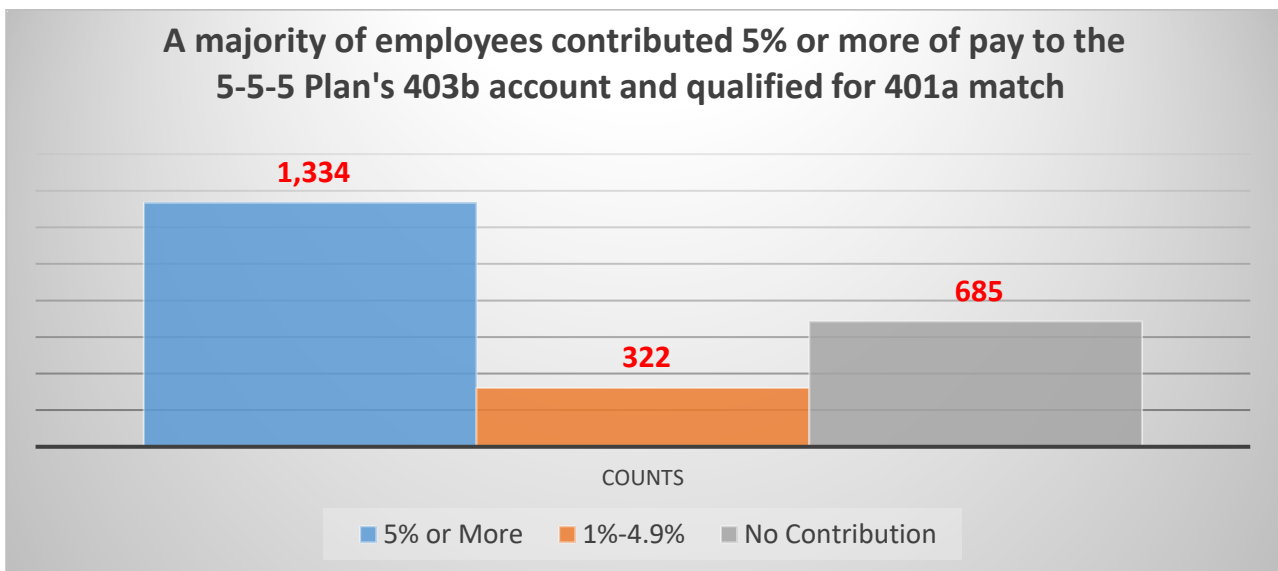
FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

Observation #1 –

- 1) Internal Audit examined the paystubs for pay periods 5A, 5B and 5C for ten (10) employees.
- 2) Calculations were performed on the gross and net pay and found immaterial differences in the amounts for gross pay, deductions, withholding taxes, company paid costs, and net pay calculations.
- 3) Medicare and Social Security tax calculations were found to be accurately calculated and met the thresholds. We found the contribution limits for these taxes were also correctly applied for highly compensated employees.

Management Response (Chief Administrative Officer):

Observation #2 – Internal Audit requested a report from Human Resources that showed 1,334 (52.4%) employees contributed 5% or more of their salary to the 403b account while 322 (12.7%) of Center employees contributed 1% to 5% to their personal 403b retirement account in FY2024. We found 685 (26.9%) employees did not contribute to the voluntary 403b account.



Source: Human Resources, n=2544 employees, ad-hoc report provided by Total Rewards, December 2024

Management Response (Chief Administrative Officer):

CONCLUSION

The Harris Center's Payroll Department currently provides payroll administration for some 2,800 active employees throughout the year and generally. The Department of Labor policies stress that paying employees timely is an imperative for the Center to provide its employees.

Internal Audit performed this payroll audit review to guard against potential losses and other possible risks associated with payroll. The risks evaluated in this audit included the following testing objectives:

- 1) *Ensuring that payroll data matches information the employee believes is accurate.*
- 2) *Assuring that only active employees are receiving pay.*
- 3) *Verifying employee classification (exempt vs. non-exempt, full-time vs. part-time) is accurate.*
- 4) *Comparing hours worked against timesheets.*
- 5) *Checking for discrepancies between scheduled and reported hours.*
- 6) *Checking for overtime pay, bonuses, vacation pay and/or shift differentials.*
- 7) *Verifying compliance with minimum wage laws.*
- 8) *Evaluating signing bonuses, relocation pay, back pay, previous corrections or reimbursements.*
- 9) *Checking that withholding amounts are correct and that the right income taxes are paid.*
- 10) *Verifying compliance with Medicare, Social Security, unemployment taxes.*
- 11) *Matching bank statements to payroll records.*
- 12) *Reconciling payroll liabilities accounts.*
- 13) *Maintaining compliance with wage and hour laws (Fair Labor Standards Act, state laws, etc.).*
- 14) *Checking to assure that the proper documentation for all direct deposit change requests.*

We reconciled Human Resources information against Payroll Department data to test for "ghost" employees, and we looked to see that employees who were on leave or FMLA were treated correctly in terms of payroll. We also reviewed of sample employees paystubs over three consecutive pay periods in order to verify that the employee's pay treatments were consistently accurate in the successive pay periods.

We found no material discrepancies regarding the payroll process and the presentation of the payroll data and that the internal controls in effect ensure accuracy, efficiency, and compliance with federal laws, regulations, and internal policies and procedures.

Respectfully submitted,

David W. Fojtik

David W. Fojtik, MBA, CPA, CFE, CIA
 Director of Internal Audit
 The Harris Center for Mental Health and IDD

Kirk D. Hickey

Kirk D. Hickey, MBA, MIM, CFE
 Staff Internal Auditor
 The Harris Center for Mental Health and IDD

Executive Summary

PC SOFTWARE LICENSES COMPLIANCE AUDIT (PCS0125)

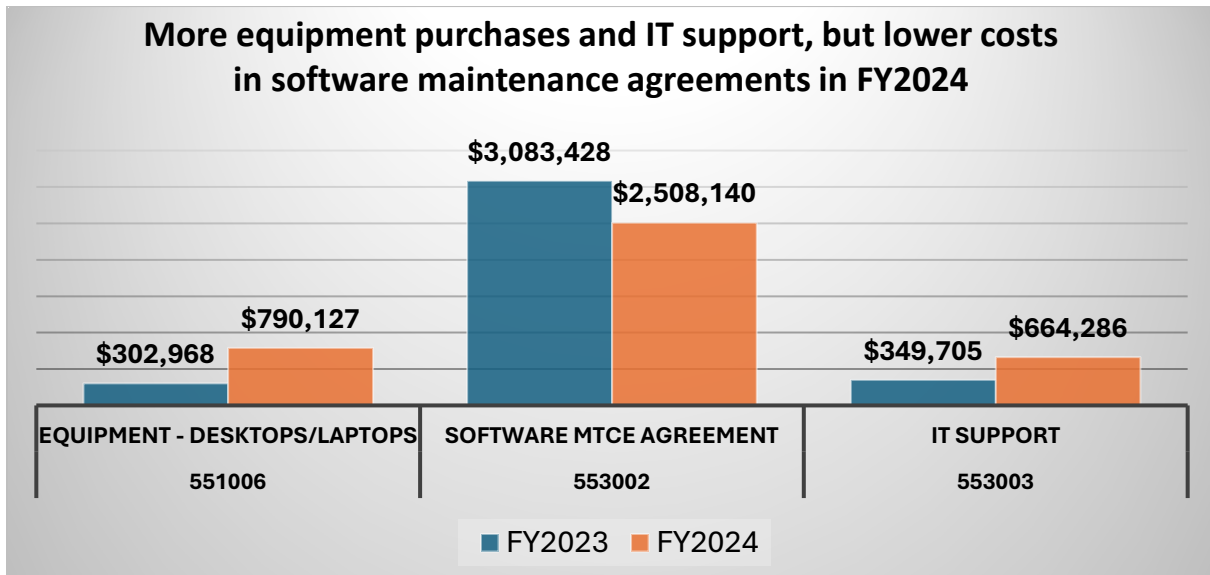
FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

Observations –

- 1) Internal Audit compared online checklists for software compliance audits against the responses from a questionnaire sent by Internal Audit to the Information Technology contacts responsible for the process, and we found that the IT Department is fulfilling the activities needed to ensure software license compliance.
- 2) Internal Audit found that accounts representing IT Equipment (Purchase, Rent, Maintenance) rose \$675k from \$5.6 million at year-end FY2023 to \$6.3 million at the year-end FY2024.
- 3) Internal Audit found the 551001 Equipment <\$5,000 account (PCs and laptops) increased by \$275k at and the 553003 IT Support account expenses for support rose by \$315k by the fiscal year-end FY2024.

Management Response (Senior Director of IT Infrastructure):

Additional Observations – Account 553002 Software Maintenance Agreements account fell from \$3.1 million in FY2023 to \$2.5 million at year-end FY2024. This account represents 55% of the combined Equipment (Purchase, Rent, Maintenance) Account Group which totaled \$6.3 million at the fiscal year-end of FY2024.



Source: The Harris Center, trending report, year-end comparison from August 31 2023 to August 31, 2024

Management Response (Senior Director of IT Infrastructure):



**PC Software Licenses Compliance Audit
(PCS0125)**

INTERNAL AUDIT REPORT

January 21, 2025

David W. Fojtik, CPA, MBA, CIA, CFE

Director, Internal Audit



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CURRENT PROCESS

Internal Audit completed PC software license compliance audits in May of 2015 and May of 2020. The purpose of this software license audit is to affirm that the Center provides sufficient software licenses coverage to support all the needs of the desktop and laptop computers at The Harris Center.

The test of software compliance is in making sure that the record-keeping quality is up-to-date and that daily management of the software licensing process is an ongoing process. Operational and reputational risks are severe for organizations who do not monitor their software asset management (SAM) records as the media stories suggest that many firms struggle with compliance over a dynamic environment.

The research states that a majority of software firms hire third party firms to perform software reviews, including the well-known accounting firms such as Ernst, Deloitte, Ernst and Young, KPMG and others. The organization's best defense is being able to demonstrate the current software license compliance. The risks of non-compliance include operating incorrect versions, keeping expired software licenses, and delayed response to changes in end-user needs which can result in over-licensing and under-licensing. ^[1]

A recent study by License Fortress found that 64% of companies audited by the software vendors in the past three years were charged additional fees for non-compliance. 35% (of these companies) had to pay \$100,000 or more to achieve compliance, while 10% were charged upwards of \$1 million in fees. ^[1]

Information Technology purchases its desktop computers and laptop equipment primarily from CDW, who sells a Software License Tracker (SLT) service that can "manage license agreements and track expiration dates, generate license inventory reports for delivery via e-mail, and run a comprehensive report of all software purchases." ^[2]

The software audit should identify errant software downloads which are unlikely given Information Technology (IT) administrative rights do not allow individual staff members to download software. Internal Audit noted that one process improvement reported in a prior software license report was the expansion of the Information Security team, which increased controls over the system security process. Information Technology designated the Director of IT Enterprise Endpoint and Customer Service to oversee the software license activity, who reports the department's Senior Director of IT Infrastructure.

Internal Audit noted that spending in the 553002-Software Mtce Agreements sub-account decreased to \$2.6 million at the fiscal year-end of 2024, down from \$3.1 million at the fiscal year-end of 2023. This budget item includes software maintenance agreements, including PC software licenses, and enterprise system software including Kronos (for payroll processing), CaraSoft (for DocuSign system processing), as well as PC software licenses such as AutoAudit (for Internal Audit record-keeping and documentation).

The 553002-Software Mtce Agreements sub-account represents 50.5% of annual expenditures of the Center's Equipment, Purchases and Rent trending report accounts group, which include IT equipment purchases, software purchases and related IT services, as reported at the fiscal year-end of 2024. ^[3]

^[1] "Your Comprehensive Guide to Software License Audits, March 27, 2024. Xensam, <https://www.xensam.com/blogs/xensam-your-comprehensive-guide-to-software-license-audits>

^[2] CDW website, https://www.cdw.com/shop/software/default.aspx?cm_re=HubPA-_-Software-_-Software+License+Tracker

^[3] The Harris Center, online trending report, 553002-Software Mtce Agreements, balances at year-end, FY2023 and FY2024.

SCOPE AND OBJECTIVES

Audit Scope: This audit includes process overviews with the Senior Director of IT Infrastructure and the Director of IT Enterprise Endpoint and Customer Service, as well as with several other managers.

Audit Objectives: The report is based on determining compliance with the process of maintaining PC software licenses for computers and laptop computers used at the Center, and the objectives are to:

1. Ensure that management maintains ongoing reviews of PC software license users at the Center and performs due diligence to ensure end users compliance with Center policy.
2. Assess that management can evaluate the adequacy of internal controls related to the recording, reporting and safeguarding of Center controls over PC software installation at the Center.
3. Affirm that management can identify whenever software user non-compliance may occur, as described in the Center's Employee Handbook.

AUDIT RISKS

Audit Risks: Possible factors that may contribute to worsened outcomes in terms of this compliance goal may include the following:

1. Management may not be willing to evaluate the compliance process due diligence and not be aware of current or changing staffing or other resource limitations.
2. Management may not adequately evaluate the Center's current record-keeping process to bring about process improvements in tracking the status of PC software licenses and other assets.
3. Management may find that they require significant system development to overhaul the process.

FIELD WORK

Field Work: Internal Audit has performed a PC software licensing compliance audit report in the past. The methods of record-keeping have changed since Information Technology routinely innovates their need to keep track of digital assets (including software license data). This audit project seeks to:

1. Obtain list of PC software licenses in use, pending, or retired in Information Technology's records.
2. Generate a PowerBI report of fixed assets specifically laptops and desk computers to enable a matching process between assets certified as in-use and reconcile the list of PC software licenses.
3. Evaluate instances of missing licenses, missing fixed assets, and identify mismatches of assets to the related PC software license information.
4. Produce a report of mismatches for Information Technology contact in order to plan a review and perform alignment of the fixed assets data and their related PC software licenses criteria.
5. Complete the audit report to show any anomalies that show if Information Technology reduced the number of mismatched items during the field work part of the audit project.

FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

Observations –

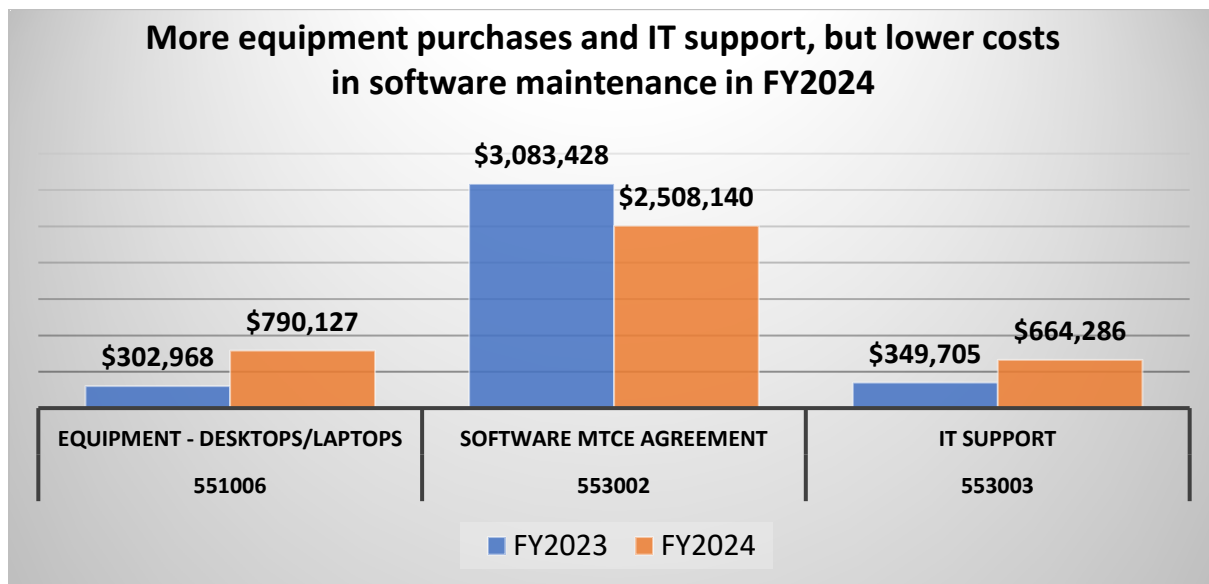
1) Internal Audit compared online checklists for software compliance audits against the responses from a questionnaire sent by Internal Audit to the Information Technology contacts responsible for the process, and we found that the IT Department is fulfilling the activities needed to ensure software license compliance.

2) Internal Audit found that accounts representing IT Equipment (Purchase, Rent, Maintenance) rose \$675k from \$5.6 million at year-end FY2023 to \$6.3 million at the year-end FY2024.

Management Response (Senior Director of IT Infrastructure):

Additional Observations – Account 553002 Software Maintenance Agreements account fell from \$3.1 million in FY2023 to \$2.5 million at year-end FY2024. This account represents 55% of the combined Equipment (Purchase, Rent, Maintenance) account group which totaled \$6.2 million at the fiscal year-end of FY2024.

The 551001 Equipment <\$5,000 account (PCs and laptops) increased by \$275k at fiscal year-end 2024, and the 553003 IT Support account expenses for support rose by \$315k by the fiscal year-end FY2024.



Source: The Harris Center, trending report, year-end comparison from August 31 2023 to August 31, 2024

Management Response (Senior Director of IT Infrastructure):

Executive Summary

AGENCY OVERTIME AND HOLIDAY PAY AUDIT (AOT0125)

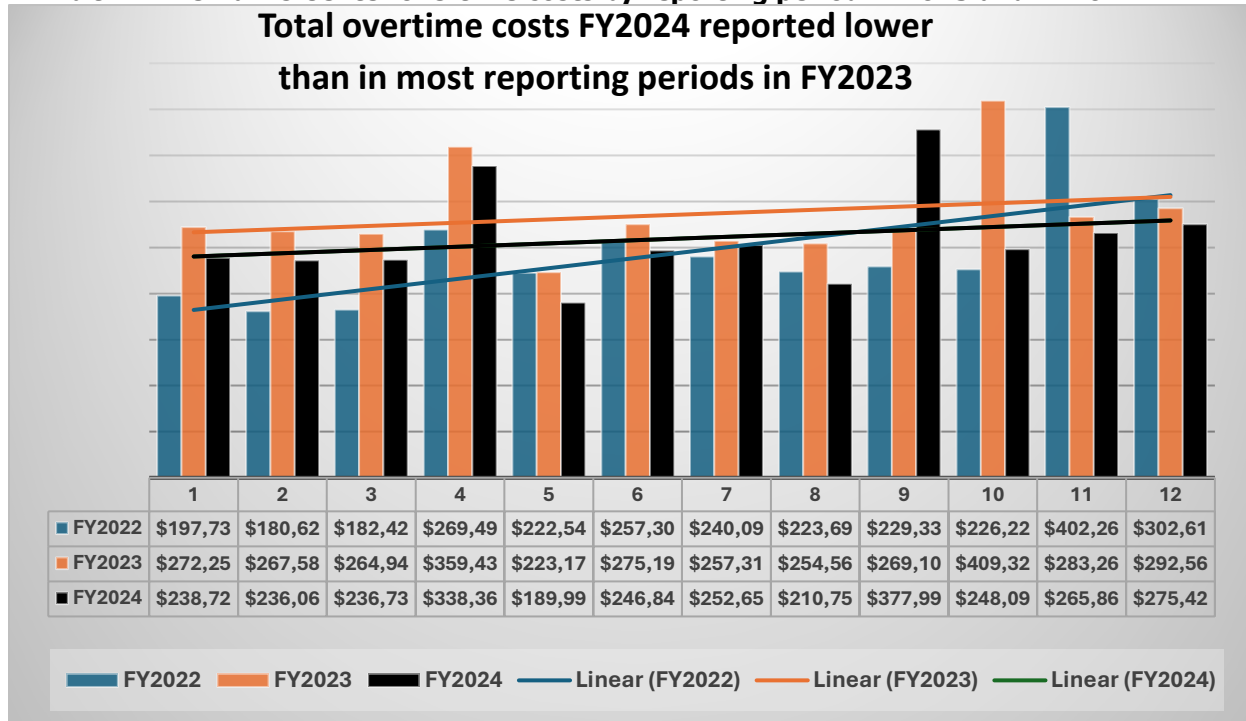
FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

Observation #1 – Internal Audit found that the total overtime and premium pay expenditures fell in 11 out of 12 reporting periods in FY2024 when compared to FY2023 overtime expenditures.

Payroll Department reports show that total overtime and premium pay totaled \$2.9 million in FY2022, \$3.5 million in FY2023 and \$3.1 million in FY2024.

Exhibit I shows an increase in May 2024 due to three pay periods.

Exhibit I – The Harris Center overtime costs by reporting period FY2023 and FY2024



Source: The Harris Center, Salary Accounts Information 540004 Overtime trending report, FY2023 and FY2024, November 18, 2024.

Management Response (Chief Administrative Officer):



**Agency Overtime and Holiday Pay Audit
(AOT0125)**

INTERNAL AUDIT REPORT

January 21, 2025

David W. Fojtik, MBA, CPA, CFE, CIA

Director, Internal Audit



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SCOPE AND OBJECTIVES

Audit Scope: To affirm that management has appropriate reporting tools that can effectively track overtime hours and premium holiday pay.

Audit Objectives: The audit report has been approved for inclusion in Internal Audit's Fiscal Year 2025 Annual Audit Plan, and our audit objectives were designed to:

1. Show that employee records should show approval of overtime hours and premium holiday tracking.
2. Confirm that manager approvals are associated with overtime requests using the Kronos system tools.
3. Assert that the Kronos timekeeping and payroll system are indeed effective in timekeeping and payroll calculation and tracking for overtime and tracking premium holiday pay.

AUDIT RISKS

Audit Risks: Factors that may influence management's ability to provide sufficient strategy and responses for mitigating risks to the Center including:

1. The staff do not understand or easily identify overtime requirements, per Center policy and procedures.
2. The Center's management will not act on recommendations or to any findings from this report regarding the Center's current policy and procedures regarding overtime provision and tracking of holiday pay.
3. Management did not prioritize the next steps to provide tighter controls over the process or procedures.

FIELD WORK

Field Work: A high-level summary of audit work is needed to address the objectives listed above:

WORK PLAN

1. Step 1: Identify a listing of employees paid for all overtime hours in FY2024 and FY2023 from payroll records in order to show the distribution of hours worked by unit codes.
2. Step 2: Identify a listing of employees paid for premium holidays in FY2024 and FY2023 from payroll records in order to show the distribution of hours worked by unit codes.
3. Internal Audit will examine overtime policy and procedures to identify any specific requirements that management may need to prioritize in their process oversight in order to minimize all risks to the Center.
4. Internal Audit will check to see that no employee has claimed overtime and premium holiday pay on the same date and time period and affirm that employee pay codes are fitted appropriately on the timecard.
5. Internal Audit will identify unit codes with higher activity levels for overtime and/or holiday pay and examine the rationale used to describe the staffing needs for overtime hours and/or holiday pay hours.

CURRENT PROCESS

The Harris Center's payroll processing for overtime hours administers a calculation within Kronos timekeeping system so that it accumulates hours worked and paid time off for each pay period and agrees with the bi-weekly timecard. Internal Audit's review of a timecard should assure that all the hours in a given time period sum to no more than 80 hours per pay period (or 40 hours per week). Exempt employees track 80 hours per pay period but do not receive additional compensation which is deemed to be overtime pay; non-exempt employees qualify for the overtime hours at their regular hourly rate plus additional pay set at 1.5 times the regular hourly pay rate.

The process starts with verifying the number of hours in the pay period. Overtime hours are approved based on management's requirements, such as "coverage" for seeing many consumers on high demand days, etc. In other circumstances, there may be logical benefits to performing work after hours or on weekends because the clinical patient volumes are low. Managers and employees should agree prior to the shift to commit to overtime. The Harris Center policy HR.A.17 Overtime Compensation policies provides basic information to assist employees in understanding the methods used in computation. For exempt employees, there are 40 hours of work (which may include "paid time off") but expected total hours worked do not exceed 40 hours per week. For non-exempt employees, the normal work week is 40 hours worked in a week or 80 hours per pay period. The overtime rate is clearly stated as 1.5 times the normal hourly rate for hours in excess of 40 hours per week. Overtime for employees classified as "Nonexempt" will be compensated at a rate not less than one and one-half hours for each hour of overtime, per the Center's HR.A.17 Overtime Compensation policy.

The Harris Center operates the Neuro Psychiatric Center (NPC) on a 24 hours schedule over 365 days per year. The NPC location in the Texas Medical Center (TMC) is the psychiatric hospital center for the Houston region. There are circumstances in which employees are needed to provide additional hours to meet scheduling needs on one or more of three recognized holidays (Thanksgiving, Christmas and New Year Day). The extra holiday pay requires senior management approval to address scheduling needs and paid to qualified psychiatric healthcare professionals (psychiatric techs, nurses, physicians and psychiatrists) to support clinical personnel who directly handling the patient records, pharmacy services, on these recognized holidays.

Payroll is processed bi-weekly in 26 consecutive two-week pay periods nominally called "A" and "B" paychecks. At times, a third "C" two-week paycheck is generated depending on the number of pay days that occur in that month; as a rule, pay day is Friday and if three pay days occur in a month, then there is an A, B and C payroll. Deductions for medical insurance and insurance plans are only calculated on the "A" and "B" paychecks as they represent "monthly" payments to pay monthly premiums; these deductions will not occur on the "C" check. Any outstanding discrepancies can be addressed and corrected with making "historical corrections" which allow the units to request revisions from the Payroll Department to amend a timesheet error such as a missed punch, as long as the employee and/or supervisory managers clearly document the error.

Internal Audit tested for basic federal tax limits and other regulations. The payroll system calculates matching allocations of withholding taxes on federal tax deductions as specified by federal law. The Social Security tax has a wage base limit of \$168,600 for earnings reported in 2024; this limit is annually adjusted and announced with IRS bulletins. The tax rate for Social Security is 6.2% for the employer and 6.2% for the employee, or 12.4% total. There is no wage base limit for Medicare taxes and therefore all the covered wages are subject to Medicare tax. The current rate for Medicare tax is 1.45% for the employer, and 1.45% for the employee, or 2.9% total.^[1]

^[1] Source: IRS Topic no. 751, Social Security and Medicare withholding rates, IRS.gov, <https://www.irs.gov/taxtopics/tc751>

FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

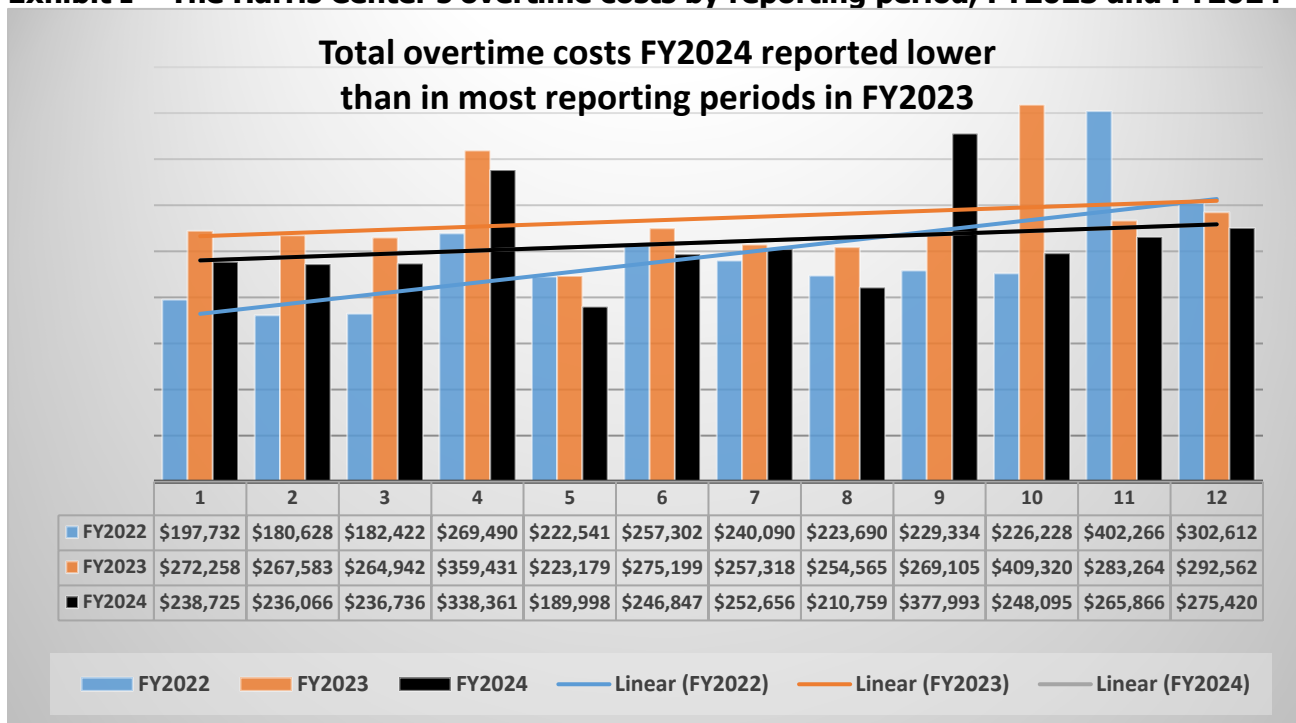
Observation #1 –

Internal Audit found that the Overtime account expenditures fell in 11 out of 12 monthly reporting periods in FY2024 when compared to FY2023 overtime expenditures.

The total overtime and premium pay account was reported as \$2.9 million in FY2022, \$3.5 million in FY2023 and \$3.1 million in FY2024.

Exhibit I shows a black trendline for FY2024 shows a continual but slight gradual increase throughout the year.

Exhibit I – The Harris Center’s overtime costs by reporting period, FY2023 and FY2024



Source: The Harris Center, Salary Accounts Information 540004 Overtime trending report, FY2023 and FY2024, November 18, 2024.

Management Response (Chief Administrative Officer):

CONCLUSION

This audit was first performed by Internal Audit in 2014 to assess the Center's risks related to the provision of employee overtime pay for non-exempt employees, and availability of the holiday pay incentive for attending employees. Internal Audit had concerns about the effectiveness of controls over overtime pay because it has limited oversight; only the employee and employee's payroll supervisor know the reasons for the overtime. However, Internal Audit has come to find that overtime is an incentive tool to provide staffing resources on a short notice, and employee's procedures for requesting overtime are documented in policy and procedures.

The holiday pay incentive is a separate program. The incentive is offered to employees who work all or part of Thanksgiving Day, Christmas Day or New Year's Day. The program can provide additional compensation to an employee who works more than one of the three holidays associated with the holiday pay incentive, as there are no known limitations to restrict hours worked on these three non-consecutive holiday dates. Internal Audit has reviewed holiday pay in the past and found that its administration is clear, approvals are required and the employee base receiving them appears to be consistent each year.

Our evaluation of the programs suggest they operate well and they do not seem to experience excess abuse. The Center's Employee Handbook outlines the overtime pay requirements and those rules are in agreement with the HR.A.17 policies. From what we have observed in reviewing calculations related to the overtime hours payroll processing and by interviewing the NPC managers and employees and the resulting payroll product, we believe both the overtime pay and holiday pay incentive programs work well in the Center's business units.

Respectfully submitted,

David W. Fojtik

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 Director of Internal Audit
 The Harris Center for Mental Health and IDD

Kirk D. Hickey

Kirk D. Hickey, MBA, MIM, CFE
 Staff Internal Auditor
 The Harris Center for Mental Health and IDD

Executive Summary

CONFLICT OF INTEREST AUDIT (COI0125)

FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

Finding #1 – Internal Audit developed a questionnaire to assess potential conflict of interest issues as identified in the audit’s test plan. The Communications Department administered the questionnaire via SurveyMonkey to provide a quick and easy to use platform for the respondents who included members of the Board of Directors and members of the Harris Center’s senior management team.

The respondents were provided ten (10) business days to respond by the December 20, 2024 deadline. There were eight (8) responses from the Harris Center’s senior management team, but there were no responses received from the current members of the Board of Directors in response to an online survey. The Board members declared conflict of interest issues separately in special November 2024 procedure. The Director of Internal Audit reviewed the survey results and found no conflict of interest risks.

Among the senior manager respondents, two (2) respondents disclosed personal factors in reporting, yet their reported issues were *de minimus* and do not pose risk to the Harris Center’s operations.

Management Response (Chief Administrative Officer):



**Conflict of Interest Audit
(COI0125)**

INTERNAL AUDIT REPORT

January 21, 2025

David W. Fojtik, CPA, CIA, MBA, CFE

Director, Internal Audit



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SCOPE AND OBJECTIVES

Audit Scope: This audit has been approved to be performed by The Harris Center’s Audit Committee to assure that The Harris Center’s senior management team and members of the Board of Directors have opportunity to self-report any potential conflicts that may influence the Center’s operations.

Audit Objectives: The Conflict of Interest Audit project has been approved for inclusion in Internal Audit’s FY2025 Audit Plan, and our audit objectives are to:

1. Provide an opportunity to serve a written questionnaire to test members for conflicts of interest;
2. Offer a communications channel with the Director of Internal Audit as to specific conflict issues;
3. Summarize the current business initiatives that may be prone to possible business influence.

AUDIT RISKS

Audit Risks:

1. The Center’s management chooses not to identify risks without avoiding personalized reviews.
2. The Center’s management will not act on findings from a conflict of interest audit report or to interview senior managers or Board of Directors members to assess if their individual influence may attempt to the change the outcome of operations or a project at The Harris Center.
3. The Center’s management does not follow basic controls when evaluating business plans or related programs or does not involve fiduciary inquiries related to executives’ decision-making.

FIELD WORK

Field Work: A high-level summary of audit work is needed to address the audit objectives listed above:

1. Generate the email list of the Center’s senior management team and Board of Directors members.
2. Develop questionnaire with questions about business relationships and kinships among our employees and among the current Board of Directors who have been evaluated for all conflicts of interest by a separate process, usually performed annually for new members.
3. Administer questionnaire to individuals with a timeframe that provides respondents with any additional time they may need for follow-ups, subsequent conversations with initial respondents, or make additional inquiries. The questionnaire results are reviewed and kept confidential.
4. Review returned questionnaires and other materials with the Director of Internal Audit, who may or may not contact respondents for clarification or for additional information.
5. The Director of Internal Audit will summarize questionnaire findings to separate results into three groups: conflict-free respondents, respondents with *de minimus* conflict of interest issues, and the respondents with potential conflicts of interest such as marriage or a business relationship.
6. The Director of Internal Audit will produce a report for the Audit Committee to provide an overall rating of conflicts of interest among the individuals named initially in field work Step #1 above.

CURRENT PROCESS

Ideally, The Harris Center has ongoing procedures to provide a review of new employees' backgrounds and reliable methods to test for conflicts of interest which occur in a number of ways. Internal Audit has performed this audit and questionnaire in the past, and achieved satisfactory results to clearly show the relationships, and confident support from the members of the Board of Directors.

1. **Outside Interests and Investments** - Identify and describe the nature of any outside interests and investments in any business or organization with which the Agency does or may have any lease, service arrangement or any financial relationship, and specify the nature of your involvement and the extent of compensation received as a result of such interest or investment.
2. **Outside Compensation Arrangements** - Identify and describe any outside employment, contractual or other arrangements with any business or organization pursuant to which you receive compensation (of any kind), and specify the nature of your involvement with the business or organization and the extent of compensation (of any kind) received from such business or organization.
3. **Gifts** - Identify and describe any gifts, gratuities, entertainment or other favors which you have accepted from any business or organization, which, according to your knowledge may be seeking to do business with the Agency.
4. **Activities with Other Healthcare Providers or Research Enterprises** - List and describe the nature of any directorship, membership on a governing board, administrative, managerial, professional, supervisory, leadership or consulting position held at another Agency or with another healthcare provider, research enterprise, or other business or organization which is a competitor or may have conflicting interests with the Agency. Members of the Medical Staff should disclose membership on other hospital's staffs and any committee or administrative positions held.
5. **Influence Regarding Harris County Contracts** - State whether you are a spouse or economic dependent of any County employee whose position enables the County Employee to influence the awarding of any Harris County contract relating to healthcare.
6. **Nepotism** - State whether you have any relatives employed by the Agency.
7. **Contracts or Transactions** - State whether you have entered into any contract or engaged in any other transaction with the Agency in which you received, or currently receive any goods, services, payment, compensation, or other economic benefit from the Agency.
8. **Other** - List and describe any other activities that might constitute or may potentially give rise to a conflict of interest.

In summary, Internal Audit views the conflict of interest survey as a confidential data collection product. The results are not shared with the management team or other committees unless a survey respondent recommends the subsequent contact of that agency or committee. Internal Audit's review of the online audit programs used by auditors in hospital settings and other healthcare institutions support using conflict of interest questionnaires on a regular basis to build confidence to ensure greater governance.

The Harris Center's Director of Internal Audit is the initial recipient of the survey data and he makes the initial assessment of the respondent's descriptions of potential conflicts. The Director of Internal Audit may discuss results of the conflict of interest survey confidentially to be advised on next steps but this topic is not broadly communicated, and then generally only discussed at the Audit Committee Meeting. The specific findings and individual names are discussed at Executive Session but only as required.

FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

Finding #1 – Internal Audit developed a questionnaire to assess potential conflict of interest issues as identified in the audit’s test plan. The Communications Department administered the questionnaire via SurveyMonkey to provide a quick and easy to use platform for the respondents who included members of the Board of Directors and members of the Harris Center’s senior management team.

The respondents were provided ten (10) business days to respond by the December 20, 2024 deadline. There were ten (10) responses from the Harris Center’s senior management team, but only one (1) response received from a current member of the Board of Directors, in response to the online survey. The Board members declared conflict of interest issues separately in special November 2024 procedure. The Director of Internal Audit reviewed the survey results and found no conflict of interest risks.

Among the senior manager respondents, two (2) respondents disclosed personal factors in reporting, yet their reported issues were *de minimus* and do not pose risk to the Harris Center’s operations.

Management Response (Chief Administrative Officer):

CONCLUSION

The Harris Center is an established organization that continually grows and expands for our operations. The members of senior management and Board of Directors are the final decision-makers for building new structures, property renovations, adding service programs, and initiating new lease agreements. The conflict of interest surveys test for potential conflict of interest issues among our decision-makers in senior management as well as among the members of the Board of Directors. The FY2018 audit report compiled by Internal Audit had found no conflicts or other concerns.

This year, Internal Audit improved the data collection by providing the COI survey on a Survey Monkey format distributed by the Harris Center's Communications Department's team. The survey questions were based on questions originally designed for the 2018 conflict of interest survey, and the online survey were completed in two minutes. Internal Audit appreciates the Communications Department team to obtain and summarize the results for this report.

Internal Audit learned that members of the Board of Directors had previously answered conflict of interest survey questions as they related to a specific project at The Harris Center. Internal Audit has examined the earlier conflict of interest questionnaire and found no concerns from the Board members. Internal Audit thanks the Center's Board Liaison for providing these reports for this designated purpose.

In most cases, a declaration of a potential conflict does not disqualify a Board or senior manager from continuing their service in a role, but the survey reinforces the idea that potential conflicts enter our life every day through the course of conducting business affairs. Undisclosed conflicts or relationships may adversely influence decision-making ability or introduce conflicts for the Center in any number of ways. The questionnaire is easy to complete and provides an assurance of transparency for The Harris Center in its future planning and ongoing operations.

Respectfully submitted,

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