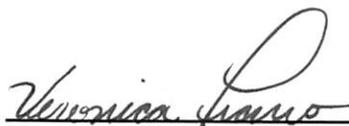


Audit Committee Meeting  
April 15, 2025  
8:30 am

- 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. Compliance FY 2025 Qtr. 1&2 Audit Activities  
(EXHIBIT A-2 Demetria Lockett)
  - B. Internal Audit FY2025 Q2 Reports  
(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. Internal Audit FY2025 Q2 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.

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

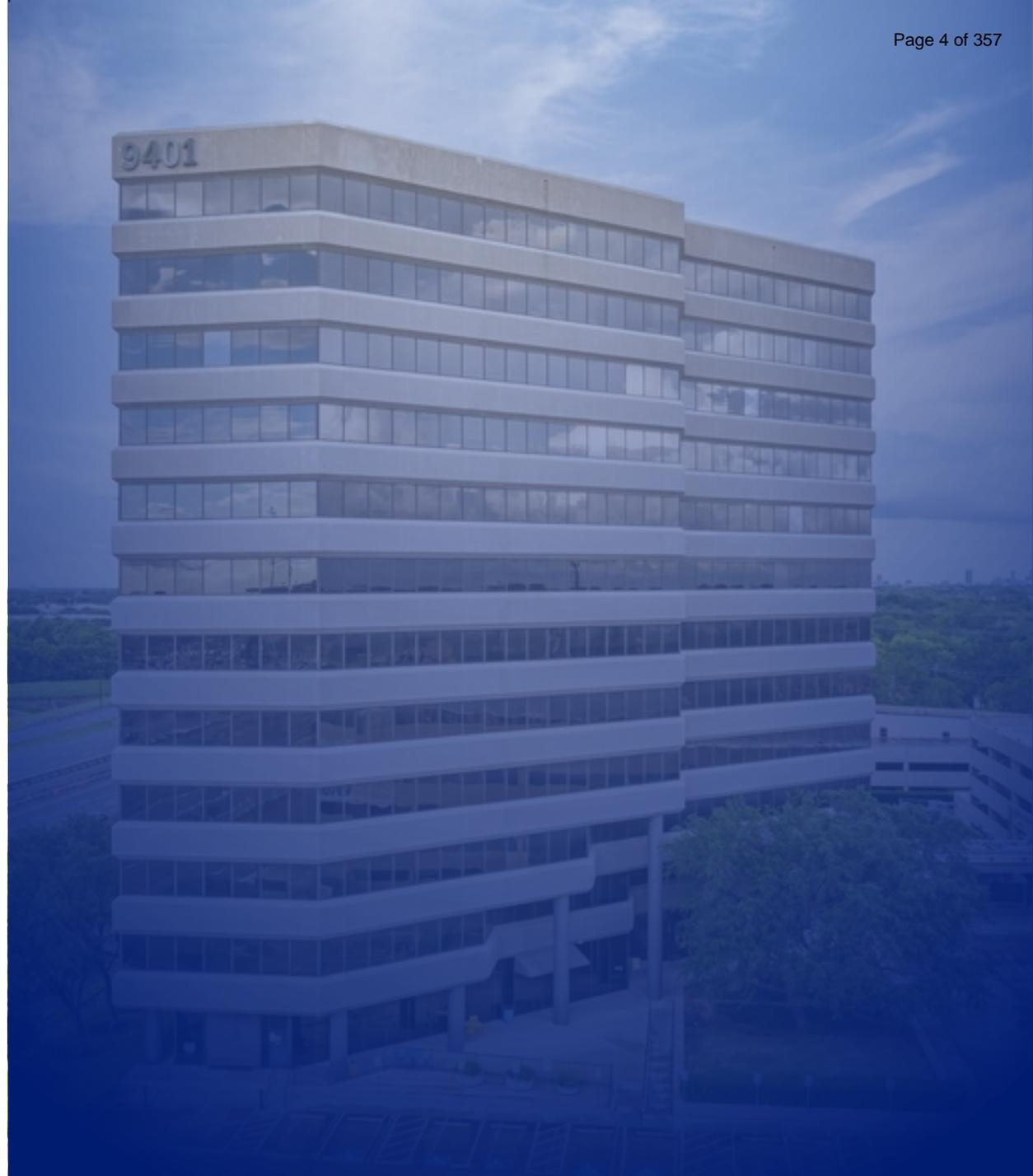
DRAFT

# **EXHIBIT A-2**

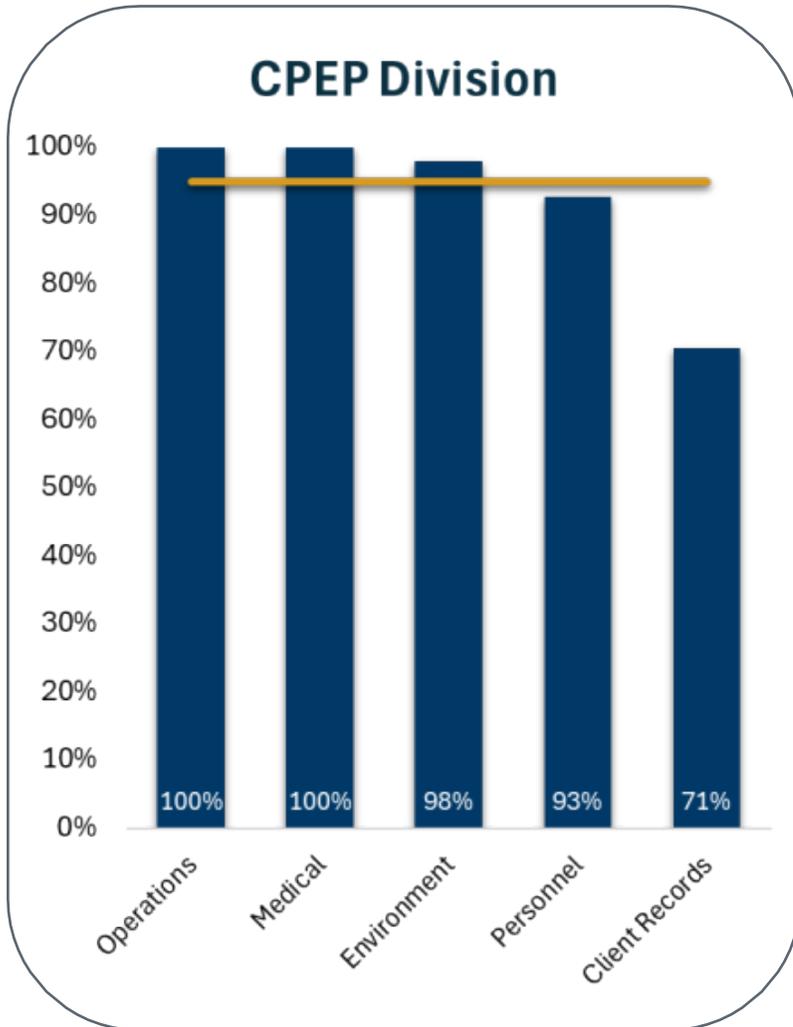
# Compliance Department

## FY 2025 Audit Reports

Presented by: Demetria Lockett, Compliance Director  
April 2025



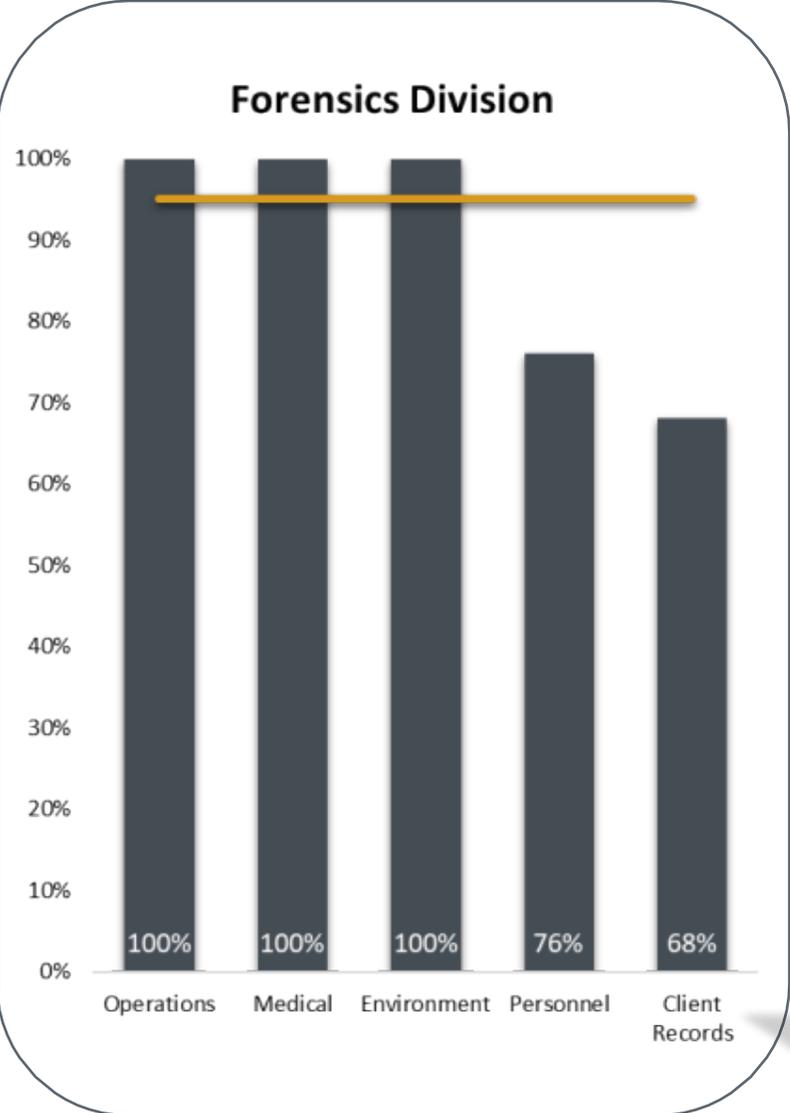
# Comprehensive Audit Overview - CPEP



PROGRAM	OPERATIONS	MEDICAL	ENVIRONMENT	PERSONNEL	CLIENT RECORDS	OVERALL
Jail Re-Entry	100%	100%	100%	92%	27%	<b>84%</b>
Mobile Crisis Response Team (MCOT)	100%	100%	100%	100%	95%	<b>99%</b>
Outpatient Competency Restoration (OCR)	100%	100%	92%	82%	64%	<b>88%</b>
Behavioral Health Response Team (BHRT)	100%	100%	100%	97%	96%	<b>99%</b>

Across all four audits, common strengths were observed in operations, medical, and environment requirements. Recurring improvement areas include client rights documentation, plan of care documentation, and staff training compliance.

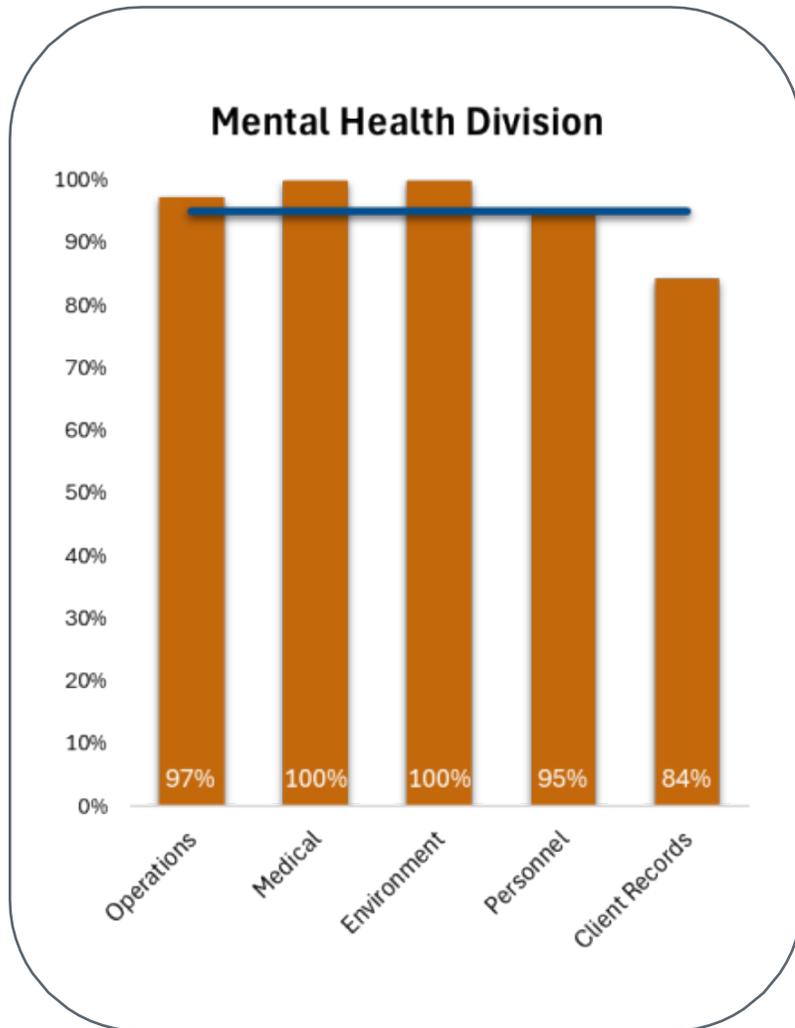
# Comprehensive Audit Overview - Forensics



PROGRAM	OPERATIONS	MEDICAL	ENVIRONMENT	PERSONNEL	CLIENT RECORDS	OVERALL
Juvenile Justice Alternative Education Program (JJAEP)	100%	100%	NA	25%	81%	<b>77%</b>
TRIAD - Children's Mental Health Services	NA	NA	NA	79%	NA	<b>79%</b>
Dual Diagnosis Residential Program (DDRP)	NA	100%	100%	100%	98%	<b>99%</b>
Community Assistance and Referral Program (CARP)	100%	100%	100%	100%	25%	<b>97%</b>

**Audits within Forensics identified consistent compliance in operations, medical, and environment requirements. Areas of improvement were commonly related to client record documentation, specialized staff training, and person-centered documentation practices.**

# Comprehensive Audit Overview – Mental Health

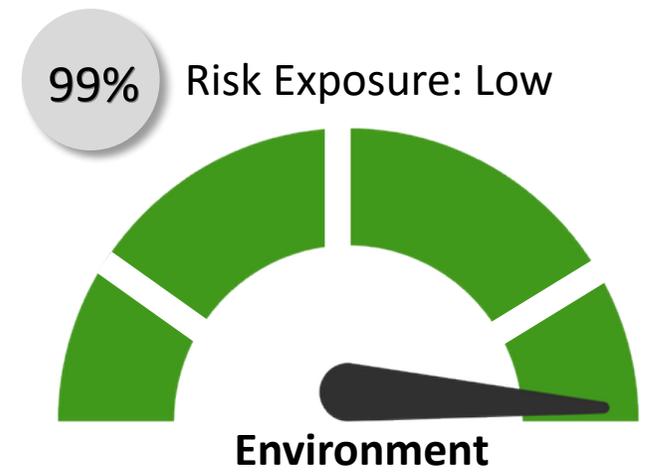
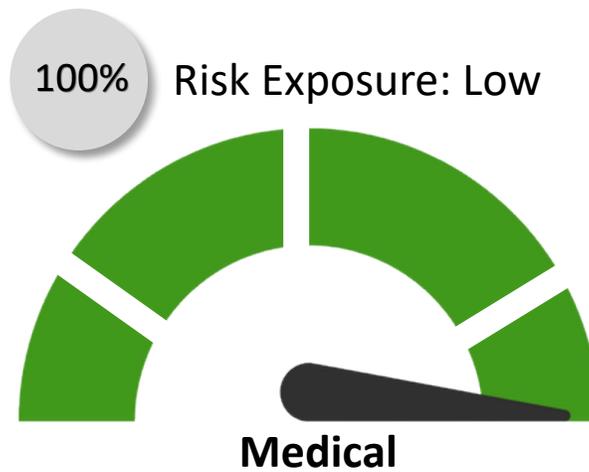


PROGRAM	OPERATIONS	MEDICAL	ENVIRONMENT	PERSONNEL	CLIENT RECORDS	OVERALL
Early Onset	100%	100%	NA	100%	100%	<b>100%</b>
Assisted Outpatient Therapy (AOT)	100%	100%	100%	99%	78%	<b>95%</b>
Youth Empowerment Services (YES) Waiver	93%	100%	100%	80%	83%	<b>91%</b>
Outreach, Screening, Assessment, and Referral (OSAR)	96%	100%	100%	100%	76%	<b>94%</b>

**All programs in the Mental Health division demonstrated compliance in medical, environmental, and operational domains. Common areas of improvement noted in client documentation and staff training.**

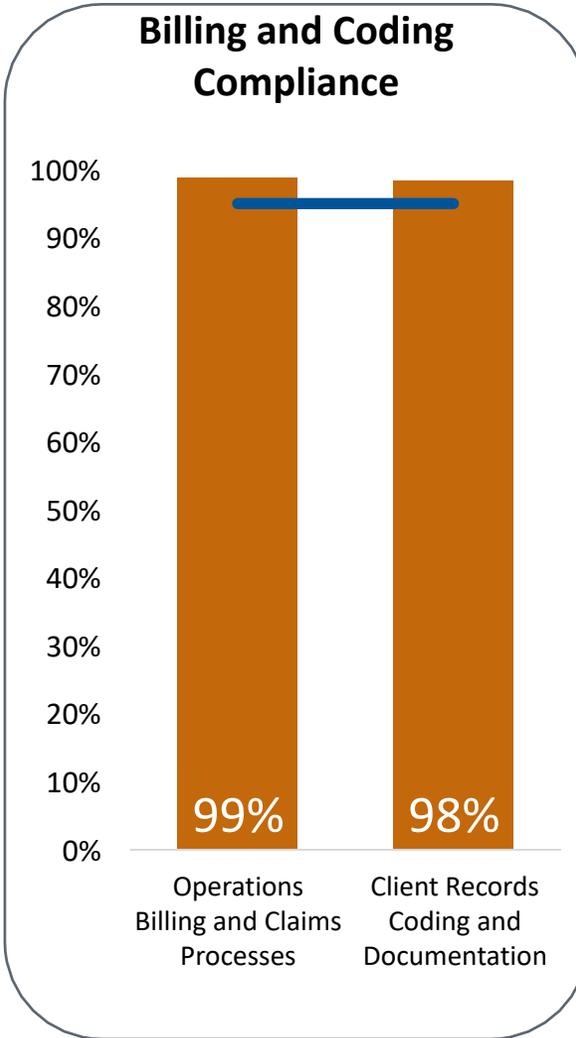
# Agency Snapshot – Overall Scores

Agency wide performance remains strong in operations, medical, and environmental domains, reflecting low risk exposure. Personnel and client records present areas of vulnerability, requiring targeted improvement efforts.



# Billing and Coding Reviews – Agency Profile

PROGRAM	OPERATIONS	CLIENT RECORDS	OVERALL
AMH Psychosocial Rehabilitation Services	100%	94%	97%
CAS Skills Training and Support Services	100%	100%	100%
Early Onset and CAS Program Counseling Services	99%	98%	98%
AMH Program Case Management Services	100%	100%	100%
CAS Program Medication Training and Support Services	100%	99%	99%
Northeast AMH and Northwest Assertive Community Treatment Program	97%	97%	97%
AMH Medical Services	99%	97%	98%
AMH Counseling Services	97%	100%	98%
CAS Program Case Management Services	97%	98%	98%
*AMH: Adult Mental Health / AMH Cognitive Processing Therapy Counseling Services	97%	100%	99%
CAS: Child and Adolescent Services			



### SERVICE NOTE CONSISTENCY

- Inconsistencies noted in documenting modality and place of service within progress notes.

### TIME BASED SERVICE CODING

- Inconsistencies noted in coding for time-based therapy notes.
- Staff education completed and a new billing work queue implemented in 2025 for timely corrections

### PLAN OF CARE DOCUMENTATION

- Cases noted where expired recovery plans impacted documentation of medical necessity
- Teams are now receiving regular reports and reminders to keep plans up to date.

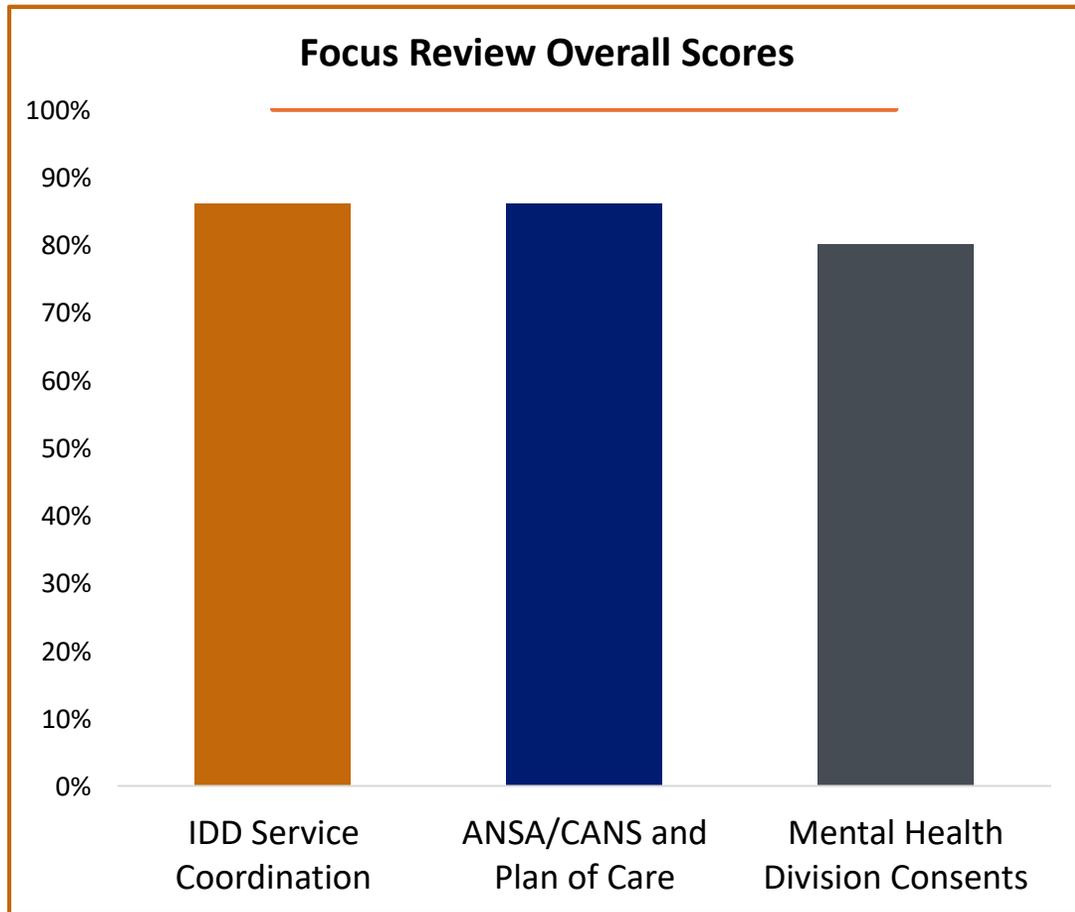
### ENHANCING INDIVIDUALIZED DOCUMENTATION

- Opportunity identified to strengthen client-specific progress tracking and measurable goals.
- Treatment planning and documentation training completed in December 2024

### PROGRAM AND REVENUE MANAGEMENT ALIGNMENT

- Need identified for clearer communication between programs and Revenue Management
- Coding training is live within our Learning Management System and due for a follow up April 2025

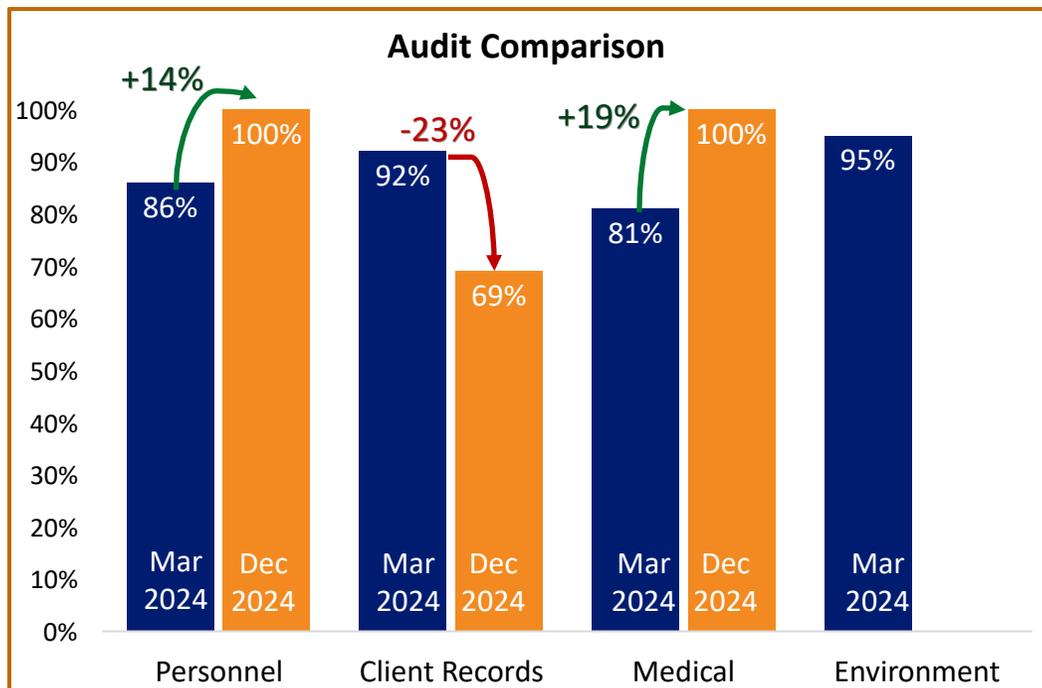
# Focus Reviews



PROGRAM	PERSONNEL	CLIENT RECORDS	CONSENTS	OVERALL
IDD Service Coordination	82%	90%	NA	86%
ANSA/CANS and Plan of Care	90%	83%	NA	86%
Mental Health Division Consents	NA	NA	81%	80%

# Follow Up Review

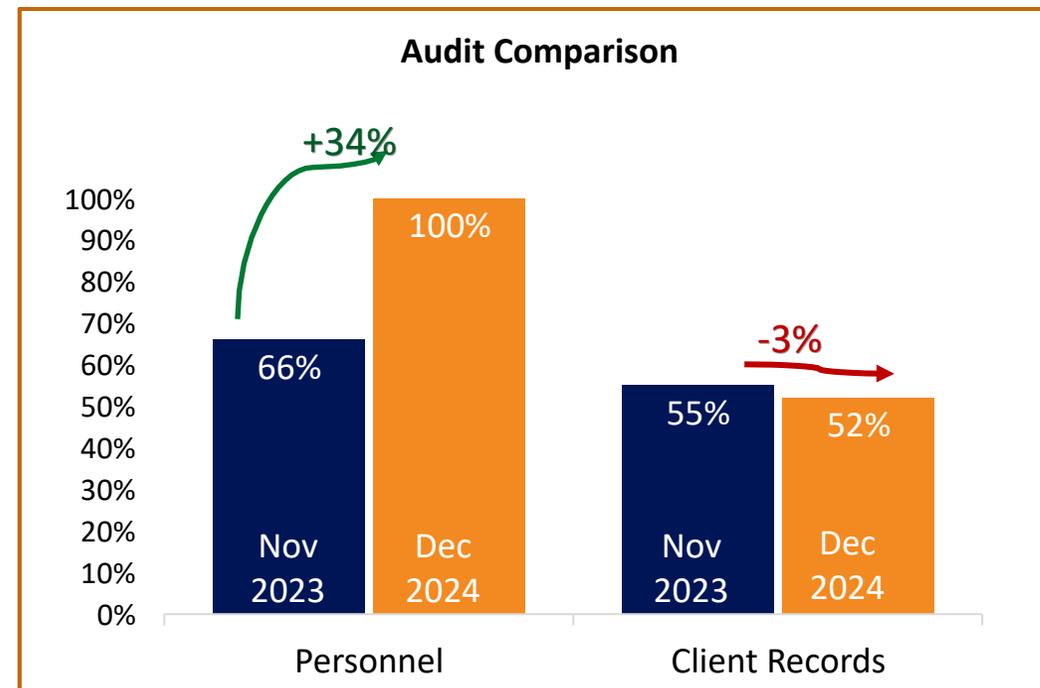
## Youth Diversion Center (YDC)



### YDC Highlights

Key Takeaways: Strong improvement in Medical and Personnel with 100% compliance. Client records declined with areas of improvement in service time documentation and handbook content. Environmental compliance showed decrease due to a single item sample related to permit posting and this issue has been corrected.

## Substance Use Disorder Outpatient (SUDOP)

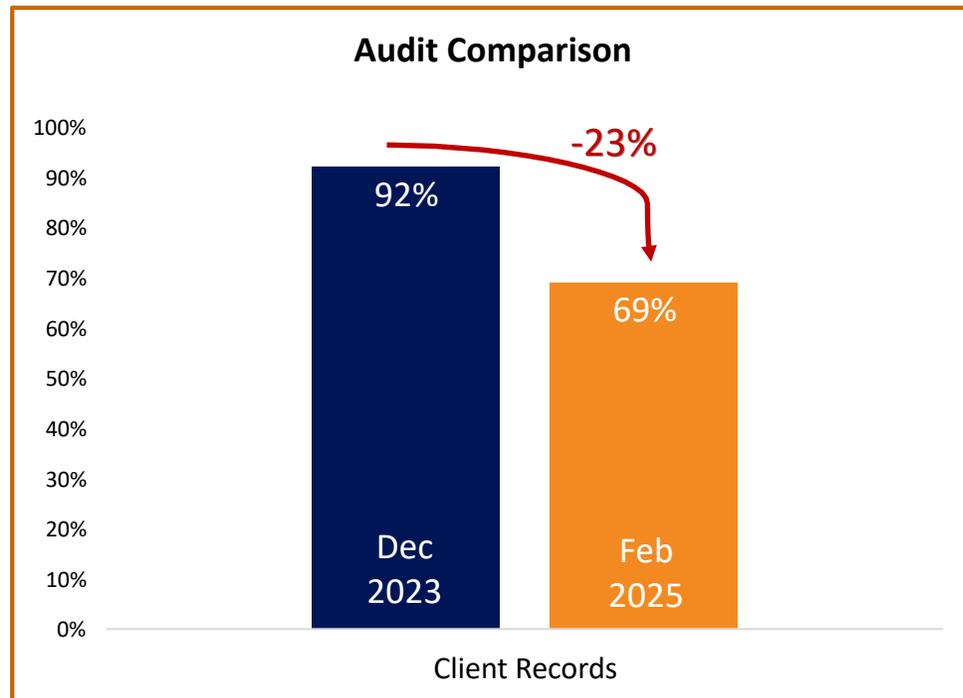


### SUDOP Highlights

Personnel: All previous gaps fully resolved.

Client Records: Focus areas include individualized plan of care, discharge planning, and case management notes.

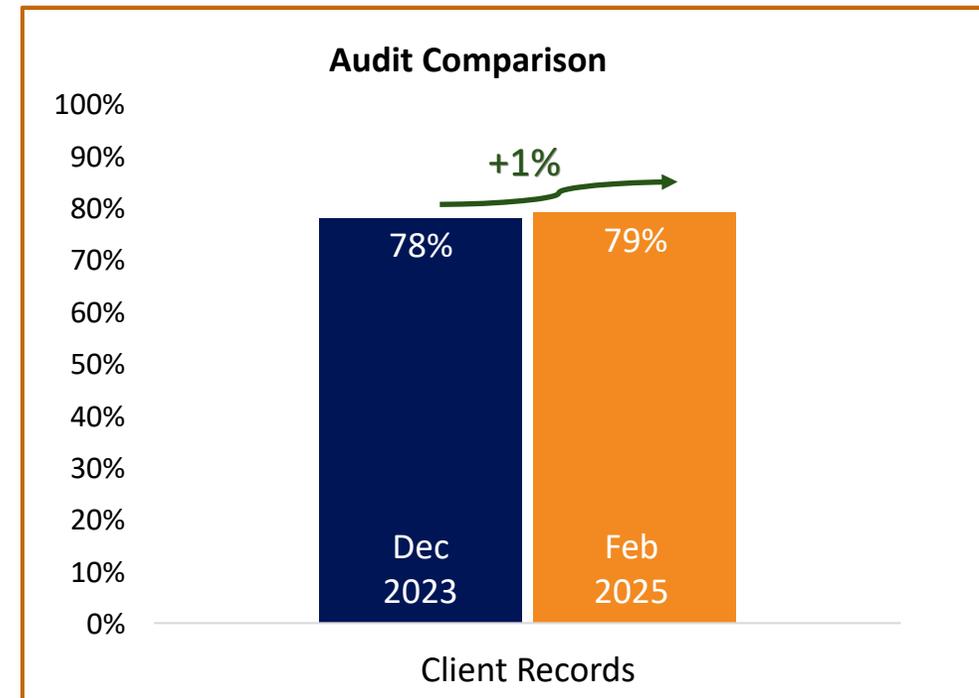
## Southwest Community Service Center (SWCSC)



### SWCSC Highlights

Key Gaps in Client Records: Incomplete signatures, missing consent updates after medication changes, and inconsistent use of Abnormal Involuntary Movement Scale.

## Northeast Community Service Center (NECSC)



### NECSC Highlights

Key Takeaways: Missing signatures (50%) and incomplete Abnormal Involuntary Movement Scale (66%)  
Near threshold issues at 94%: medication changes not always paired with updated consent form.

# External Reviews FY 2025

## Q2: December 2024—February 2025

**70 External Reviews were monitored by Compliance during this reporting period:**

<p>Texas health and human services BHS quality management (QM) comprehensive onsite/desk Biannual review 09/16-20, 2024.  <b>Outcome:</b> The Program was required to complete Corrective Actions . The Corrective Actions were approved and accepted. Compliance as inserted this review to its schedule to conduct a Corrective Action Audit.</p>	<p>Datavant Medical Records Requests 9/4/2024, 9/17/2024, 9/25/2024, 9/26/2024, 9/27/2025, 9/30/2024, 10/2/2024 (2), 10/4/2024, 10/11/2024, 10/15/2024, 10/31/2024, 12/20/2024,1/2/2025 (2), 1/6/2025,1/24/2025,1/30/2025,2/5/2025, 2/17/2025, 2/19/2025:  <b>Outcome:</b> HIM ROI sent the requested documentation, confirmation receipt received, and no further communication received from Datavant.</p>
<p>ExlService ("EXL") Texas Children Health Plan Medical Records Request 11/21/2024  <b>Outcome:</b> HIM ROI sent the requested documentation, confirmation receipt received, and no further communication received from EXL</p>	<p>The Harris Center for Mental Health and IDD Fee for Service Claims Review 9/03/2024  <b>Outcome:</b> The program received citations in Treatment Planning, Implementation and review . To resolve the findings, the program provided a management response and implemented corrective actions that were submitted on 09/12/2024 and accepted. The Compliance department will follow-up to conduct a review on the corrective measure.</p>
<p>The Health and Human Services Commission, Behavioral Health Services, Contract Operations, Quality Management onsite operational review of The Harris Center for Mental Health and IDD contracts: HHS000866900003 Hospital Step-down HHS001344200001 Diversion Center 11/04/2024 comprehensive onsite/desk Biannual review.  <b>Outcome:</b> The Program was required to complete Corrective Actions. The Corrective Actions were approved and accepted. Compliance as inserted this review to its schedule to conduct a Corrective Action Audit.</p>	<p>Blue Cross BlueShield Anthem Medical Records Request 12/02/2024, 1/10/2025  <b>Outcome:</b> The requested documentation was submitted by HIM ROI. No further communication has been received</p>
<p>Optum Rx Clinic Pharmacy 9/16/2024, 9/24/2024, 9/30/2024, 10/18/2024, 10/22/2024, 10/25/2024 (2), 11/1/2024, 11/6/2024, 11/19/2024, 11/22/2024, 11/26/2024, 1/14/2025, 1/15/2025, 1/29/2025, 1/30/2025, 2/5/2025, 2/6/2025,2/7/2025, 2/10/2025, 2/11/2025, 2/17/2025, 2/24/2025  <b>Outcome:</b> The requested documentation was submitted by the Pharmacy Manager/Representative. All audits were accepted and closed with no charge backs or fines</p>	<p>Community Health Choice Medical Records Request 12/18/2024  <b>Outcome:</b> HIM ROI sent the requested documentation, and a confirmation receipt was received upon completion. No further communication has been received</p>
<p>Reveleer Centers for Medicare and Medicaid Services (CMS) Medical Records Request 9/17/2024. 9/20/2024, 10/9/2024 (2)  <b>Outcome:</b> HIM ROI sent the requested documentation, confirmation receipt received, and no further communication received from Reveleer.</p>	<p>Whitley Penn Medical Records Request 1/16/2025  <b>Outcome:</b> HIM ROI sent the requested documentation, confirmation receipt received, and no further communication received from Whitley Penn.</p>
<p>Advantmed Medical Records Requests 9/18/2024, 9/26/2024 (2), 10/11/2024, 10/14/2025, 10/15/2024 (2), 10/22/2024, 10/24/2024, 10/25/2024, 10/29/2024, 11/12/2024 (2), 12/17/2024,12/18/2024 (7),12/23/2024,12/26/2024, 1/27/2025,1/29/2025, 2/14/2025, 2/17/2025 (3), 2/18/2025  <b>Outcome:</b> The requested documentation was submitted by HIM ROI, and a confirmation receipt was received upon completion. No further communication has been received.</p>	<p>Attorney General Ken Paxton Texas Office of the Attorney General Medicaid Fraud Investigation visit, IDD Provider 1/24/2025  <b>Outcome:</b> No violations cited. No further communication has been received.</p>
<p>Episource: Aetna Medical Record Request 9/24/2024, 11/01/2024, 2/4/2025 (2)  <b>Outcome:</b> The requested documentation was submitted by HIM ROI, and confirmation receipt was received upon completion. No further communication has been received.</p>	<p>Humana Medical Records Request 02/10/2025  <b>Outcome:</b> The HIM ROI submitted the requested documentation, and a confirmation receipt was received upon completion of the medical records. No further communication has been received.</p>
<p>Express Scripts On-site Audit Overview Entrance Letter and On-site Audit Overview Form Northwest Clinic Pharmacy 10/15/2024  <b>Outcome:</b> There were no findings resulting in a perfect score for the Northwest Pharmacy Clinic.</p>	<p>WellPoint Medical Records Request 2/10/2025, 2/13/2025 (2)  <b>Outcome:</b> The requested documentation was submitted by HIM ROI. No further communication has been received.</p>
<p>Superior HealthPlan Medical Records Request 10/16/2024, 1/9/2025, 1/13/2025  <b>Outcome:</b> HIM ROI sent the requested documentation, confirmation receipt received, and no further communication received from Superior.</p>	<p>Molina Healthcare Medical Records request 09/25/2024, /11/2025, 02/19/2025  <b>Outcome:</b> HIM ROI sent the requested documentation, confirmation receipt received, and no further communication received from Molina.</p>
<p>Superior Mental Health Rehabilitation (MHR) &amp; Mental Health Targeted Care Management (MHTCM) Provider Feedback Audit 10/16/2024  <b>Outcome:</b> The following scores were provided in the following areas: The program met Chart Compliance expectations with a 98.30; however, the program did not meet Claims Compliance with a 91.43%. Superior will complete a follow-up audit within ninety days.</p>	<p>Optum Behavioral Health Medical Records Request 11/11/2024, 1/03/2025  <b>Outcome:</b> HIM ROI sent the requested documentation, and a confirmation receipt was received upon completion. No further communication has been received.</p>

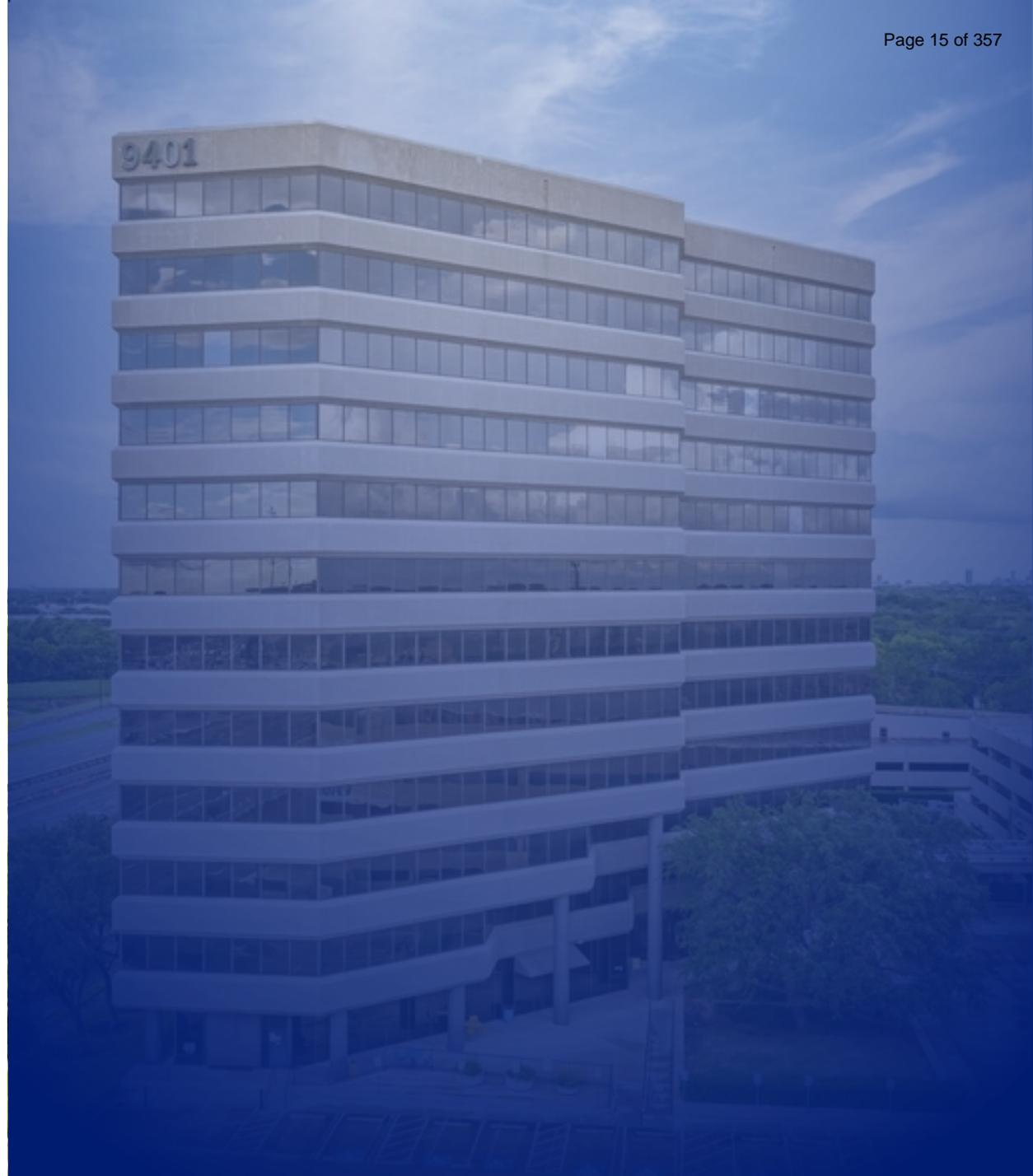
Thank you.

# **EXHIBIT A-3**

# FY2025 Q2 Audits

Internal Audit Department

David W. Fojtik, CPA, MBA, CIA, CFE  
April 15, 2025



# FY2025 2<sup>nd</sup> Quarter Reports

## Agenda:

### *Projects to be presented:*

- Revenue Management Third-Party Billing and Refunds Audit
- Cybersecurity Audit
- Special Management Request: Bond Issue Review
- Special Management Request: Employee Timecard Review
- Special Management Request: ReCenter Integration Review
- Special Management Request: Late Grant Contract Billing

# FY2025 2<sup>nd</sup> Quarter Reports

## RM Third-Party Billing Audit and Refunds Audit

**Observation #1** – Internal Audit compared general ledger data and summaries in the external auditor’s FY 2024 *Annual Comprehensive Financial Report (ACFR)*, which showed the following:

- 1) Harris County Allocation & Other Contracts decreased from \$52.6 million in FY 2023 to \$46.3 million in FY 2024. Update – Harris County Allocation is reporting \$51.0 million as of February 2025.

**Table I – FY2024 and FY2023**

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCES - GOVERNMENTAL FUNDS For the Years Ended August 31, 2024 and 2023			
General Fund			
	2024	2023	
<b>Revenues</b>			
State grants & programs	\$ 151,910,634	\$ 124,573,917	
Federal grants	107,101,684	103,993,065	
Harris County allocation and other contracts	46,339,437	52,635,562	
Local billings	36,383,805	29,083,609	
Investment earnings	3,662,619	2,941,559	
Miscellaneous	3,294,681	4,287,776	
<b>Total Revenues</b>	<b>348,692,860</b>	<b>317,515,488</b>	

Source: Annual Comprehensive Financial Report, The Harris Center for Mental Health, January 28, 2025, page 22.

# FY2025 2<sup>nd</sup> Quarter Reports

## RM Third-Party Billing Audit and Refunds Audit

### Observation #1 (cont'd) –

**Management Response** - Regarding the decrease in Harris County Allocation & Other Contracts, the Vice-President of Revenue Cycle stated: “In FY 2023 Jail Diversion was included in Harris County and Local. This was inappropriately classified as this funding is a pass through from HHSC. We reclassified this in FY2024 which decreased Harris County and Local and increased State Grants and programs.”

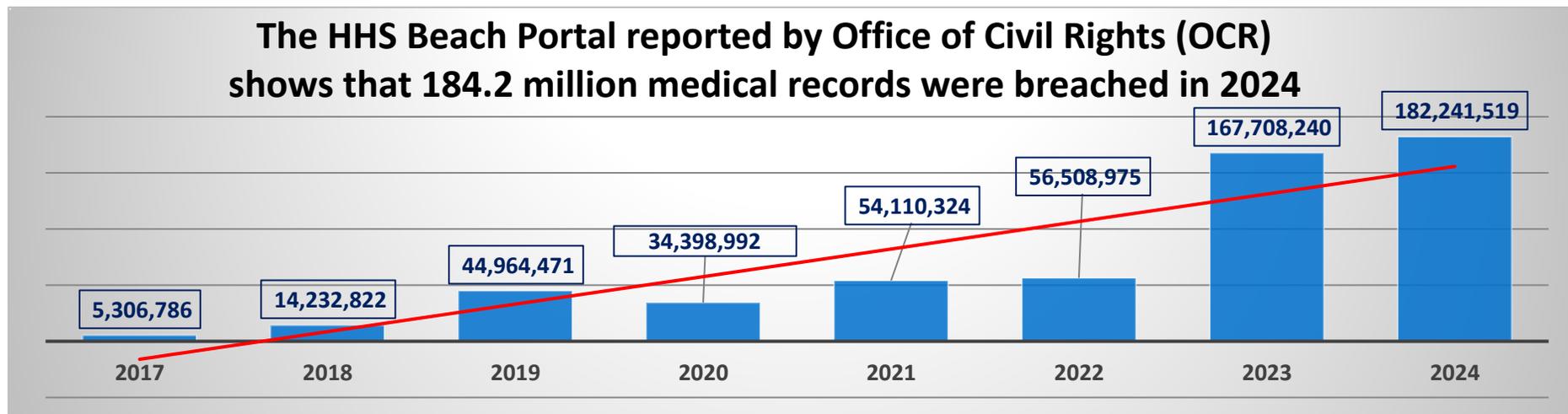
# FY2025 2<sup>nd</sup> Quarter Reports

## Cybersecurity Audit - No Findings or Observations

General Information –

**THIS IS A NATIONAL DEBRIEF AND IS NOT SPECIFIC TO THE HARRIS CENTER.**

The March Clearwater Security Company debrief assessed 182.2 million medical records were breached **nationwide** in 2024 compared to 167.7 million records in 2023 according to the Office of Civil Rights (OCR).



# FY2025 2<sup>nd</sup> Quarter Reports

## Special Audit Request: Bond Issue Review

**Finding #1** – Internal Audit reviewed the Bond Series 2024 Official Statement and found this table of Owned Properties, showing that ID#1, Unimproved Land on East Little York Road in Zip Code 77019.

We found that East Little York Road runs eastward through Zip Codes 77076, 77093, 77016 and 77078. After we examined various East Little York Road real estate properties on Zillow, we found that Zip Code 77019 was not correctly associated with the ID#1, Unimproved Land on East Little York Road information.

**Management Response - It appears the zip code should be 77016 based on a listing obtained from Facilities.**

A. Owned Properties:

ID#	Address	City	Zip	Function(s)
1.	Unimproved Land on East Little York Road*	Houston	77019	Future Northeast Clinic
2.	9401 Southwest Fwy*	Houston	77074	Administration/Clinic
3.	7200 N. Loop E. Fwy	Houston	77028	Northeast Mental Health Clinic
4.	3737 Dacoma Street	Houston	77092	Northwest Mental Health Clinic
5.	6160 S. Loop E.	Houston	77087	Jail Diversion/Hospital at Home
6.	5901 Long Drive	Houston	77087	Southeast Community Service Center
7.	2001 Cedar Bayou Road	Baytown	77520	Land for Bayshore Mental Health Clinic
8.	3902 W. Little York	Houston	77091	Land for Future Northwest Clinic

# FY2025 2<sup>nd</sup> Quarter Reports

## Special Management Request: Employee Timecard Review

**Observation #1** – Internal Audit followed up on the External Auditors Management Letter to the Board that noted three (3) out of twenty-five (25) payroll transactions they reviewed lacked the appropriate electronic workflow timesheet approvals.

We verified that Human Resources – Payroll is currently addressing these concerns by focusing on the following four areas of timecard improvement:

- Enhanced communication to the Center’s leaders and employees
- Development of additional notification features such as pending timecard approvals
- Introduction of a new training course for employees and onboarding process for new employees
- Identification of timecards left unapproved after payroll closure

# FY2025 2<sup>nd</sup> Quarter Reports

## Special Management Request: ReCenter Integration Audit

### Observation #1 –

- Internal Audit has reviewed the financial documents for payroll and accounts payables activity at the ReCenter since April 2024.
- ReCenter's B-1 bank statements represented a complete record of ReCenter's expenditures and deposits, as well as the reimbursement payments from The Harris Center. Our reconciliation matched the reimbursement requests of the individual vendor accounts paid by the ReCenter's Operations Director.
- We did find one \$10.00 overpayment to a vendor which was due to an employee's transposition error which was corrected on a future payment. There were many vendor invoices that warned of service shutoffs and in arrears with late fees.

# FY2025 2<sup>nd</sup> Quarter Reports

## Special Management Request: ReCenter Integration Audit

### Observation #1 – (Continued)

- Internal Audit also tested payroll calculations for employee social security taxes, and we found that payroll was processed and paid on time. Dozens of employees performed minimum-wage jobs at ReCenter and the employees were billed for rent and laundry services, as applicable.
- The payroll processing was completed on QuickBooks, which produced checks and tracked the employee payroll tax liabilities. We found that special payroll deductions (such as for garnishing wages as part of a legal requirement or monthly laundry fees) were handled consistently through deductions. The payroll disbursements and wage taxes were traced to the monthly B-1 Bank Statements.
- As of December 19, 2024, the ReCenter's operations and related activities were transitioned to The Harris Center.

# FY2025 2<sup>nd</sup> Quarter Reports

## Special Management Request: Late Grant Contract Billing

**Finding #1** - Internal Audit was informed that invoicing on grant contracts was being performed late.

- Internal Audit viewed a sample of Fiscal Year 2025 grant contracts for the months of November 2024, December 2024, and January 2025 which affirmed invoicing was being submitted past the original grant deadlines. For the 3-month audit period, the average % of invoicing submitted late on grant contracts was 51.5% and the average delay in days late was 5.38.
- We contacted HHSC, County, and City grant representatives to obtain more information about delays and all the representatives indicated that contract billings were delayed, and in many cases, extensions were requested. The billings were submitted within the approved extension dates.
- The % of invoicing submitted late on grant contracts has fallen and the average delay in days late was 1.54 days in January 2025.
- The State, County, and City grant representatives did emphasize that the Harris Center Financial Grant Management Staff are very professional and knowledgeable.

# FY2025 2<sup>nd</sup> Quarter Reports

## Special Management Request: Late Grant Contract Billing

### Finding #1 (cont'd) –

- The root causes for the delays appear related to limited time by Harris Center staff for researching appropriate information for invoicing, such as human resource unit reporting and payroll timecard verification.

### Management Response –

- The Grant Contracts Administration Director gave explanations for the tardy grant billings including that the time between receiving updated business and payroll data and generation of invoices is tight and any delays in the prior month's closing activity can hamper their invoice processing.
- There are plans to implement a new financial reporting software which will feature a grant management system. The new software is slated for installation in a late FY 2026 timeframe.

# 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 February 28, 2025.

**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, Client Records, and Medical. By categorizing criteria within these areas, the new format outlines and prioritizes risks within the organization, enabling leadership to identify vulnerabilities, allocate resources effectively and implement corrective actions to strengthen overall operational integrity.

**Personnel:** This category involves reviewing and evaluating staff activities, roles, and adherence to policies and regulations, including training, licensing, and certification requirements.

**Operations:** This category evaluates 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.

**Client Records:** This category evaluates the collection of documents, either written or digital, that include all notes, reports, and information about a patient's health and treatment.

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

**Explanation of Reviews:**

Compliance conducted the following types of reviews in the 1st Quarter (Qtr.) and 2<sup>nd</sup> 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.

**Comprehensive Review** – A review of The Harris Center's adherence to regulatory guidelines related to Operations, Medical, Environment, Personnel Requirements, Client Records Requirements, 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.



Twelve (12) 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 Juvenile Justice Alternative Education Program (JJAEP)
- 08/26/2024 Jail Re-Entry (JRE)
- 09/17/2024 Mobile Crisis Outreach Team (MCOT)
- 09/25/2024 TRIAD-Children Mental Health Services
- 09/30/2024 Assisted Outpatient Therapy (AOT)
- 10/22/2024 Dual Diagnosis Residential Program (DDRP)
- 10/30/2024 YES Waiver
- 11/11/2024 Outpatient Competency Restoration (OCR) Services
- 01/13/2025 Outreach, Screening, Assessment, and Referral (OSAR)
- 01/14/2025 Community Assistance and Referral Program (CARP)
- 01/30/2025 Behavioral Health Response Team (BHRT)

Seventeen (17) focus reviews were conducted during the reporting period to ensure regulatory compliance in the following areas:

Ten (10) 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
- 01/04/2025 Northeast AMH & Northwest Assertive Community Treatment (ACT) Program Counseling Services
- 01/14/2025 AMH Medical Services
- 02/05/2025 AMH Counseling Services
- 02/19/2025 CAS Case Management Services
- 02/24/2025 AMH Cognitive Processing Therapy Counseling Services

Three (3) Focus Reviews:

- 08/14/2024 IDD Service Coordination
- 10/14/2024 MH ANSA/CANS and Plan of Care (POC)
- 12/06/2024 MH Division Consents

Four (4) Plan of Improvement and Performance Improvement (PI) Follow-up Reviews:



- 11/26/2024 Youth Diversion Center (YDC)
- 12/10/2024 Substance Use Disorder Outreach Program (SUDOP)
- 02/03/2025 Southwest Community Service Center (SWCSC) PI Follow-up
- 02/04/2025 Northeast Community Service Center (NECSC) PI Follow-up

### **Other Compliance Activities:**

The Compliance Department is fully staffed, with the addition of a Compliance Manager, Regulatory Auditor and Billing and Coding Auditor.

### **Training/Meeting:**

**Taco'bout Compliance :** October 8, 2024

**Compliance Week:** November 4 – November 8, 2024

### **Other Responsibilities:**

Epic Deficiency Tracking (Ongoing)

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

### **Key Takeaways**

#### **CPEP Division Reviews:**

1. Four Comprehensive reviews were completed over Quarter one and two of FY25. Each program was evaluated against applicable Texas Administrative Code, Harris Center Policies and Procedures, and program specific contractual requirements. The results represented a balanced mix of strengths and opportunities, with most programs demonstrating strong compliance in core operational areas and submitting a plan of improvement where needed. All programs requiring a plan of improvement will have a follow up audit in 180 days.
  - a. **Jail-Entry:** The program received an overall score of 84%, with compliance in policy, medical, and environmental standards. Areas requiring improvement included personnel and client record requirements, specifically in consents, assessments, and treatment planning. A corrective action plan has been submitted to address these gaps.
  - b. **Mobile Crisis Outreach Team (MCOT):** This audit combined a comprehensive and follow-up review, resulting in an overall score of 99%. Compliance was observed in operations, medical, environmental, and personnel categories. Areas of improvement identified in incomplete rights acknowledgment forms and missing AIMS (Abnormal Involuntary Movement Scale) assessments. These items have been addressed through a plan of improvement.
  - c. **Outpatient Competency Restoration (OCR):** OCR received an overall score of 88% and exceeded expectations for operational and medical requirements. Areas requiring a plan of improvement included environmental, personnel, and client record requirements. Specific findings included low completion rates for rights acknowledgment forms, service documentation, and staff training compliance.
  - d. **Behavioral Health Response Team (BHRT):** BHRT received an overall score of 99% with compliance noted across operations, medical, environmental, personnel, and client records. Certain metrics within the audit did fall below the 95% threshold, including

person-centered care plans, documentation timeliness, and measurable plan of cares. A plan of improvement has been created by the program.

## Forensics Division Review

2. Four comprehensive reviews were completed in Quarter one and two of FY25 for the Forensics Division. Each audit assessed compliance with applicable Texas Administrative Code, Harris Center Policies and Procedures, and contractual and Inter-local agreements. Plan of Improvements were submitted by all programs for identified deficiencies. Additionally, all programs requiring a plan of improvement will have a follow up audit in 180 days.
  - a. **Juvenile Justice Alternative Education Program (JJAEP)**: The program received an overall score of 77% with compliance in operations and medical. The program fell below our 95% threshold in personnel and client records. Areas of improvement include safety plan completion, rights acknowledgment forms, plan of care completion, and staff training compliance. A corrective action plan was submitted by the program.
  - b. **TRIAD – Children Mental Health Service**: TRIAD received an overall score of 79%. Compliance in specific personnel metrics such as criminal background checks, staff certification and licensing, and documentation of periodic performance reviews. The metrics needing correction action plans included signed job descriptions, specialized staff training for identifying aggressive behaviors, and disclosure of allegations of abuse and neglect checks. A plan of improvement was received from the program.
  - c. **Dual Diagnosis Residential Program (DDRP)**: DDRP had an overall score of 99%. The program exceeded expectations in all areas with only specific metrics within client records falling below 95%. These areas of improvement were in regard to insufficient documentation of group hours aligning with contract expectations as well as missing beginning and end times.
  - d. **Community Assistance and Referral Program (CARP)**: CARP received an overall score of 97% and exceeded expectations in operations, medical, environment, and personnel. Client records required a plan of improvement for inconsistent documentation of start and end times within progress notes.

## Mental Health Division Reviews:

3. Four comprehensive reviews were completed for the Mental Health Division over the course of quarters one and two of FY25. The programs were evaluated based off applicable Texas Administrative Code, Harris center Policies and Procedures, and any program specific procedural standards. A Plan of Improvement (POI) was required for all non-compliant findings and all programs with a POI will have a follow up audit in 180 days.
  - a. **Early Onset**: The program had an overall score of 100%. The program exceeded standards in all reviewed areas: caseloads, service provision, team roles, service documentation, staffing, team integration, team communication, and program procedures.
  - b. **Assisted Outpatient Therapy (AOT)**: The program had an overall score of 95%. The program met compliance in operations, environment, and personnel requirements. Areas of improvement included client record requirements and personnel training documentation. A plan of improvement was submitted by the program.

- c. **Youth Empowerment Services (YES) Waiver:** YES Waiver had an overall score of 91% and exceeded standards in medical and environment. Areas of improvement identified for operations, personnel, and client records. A plan of improvement was required for client rights documentation, medication monitoring, case management documentation, documentation of medication training, staff training, and caseload management.
- d. **Outreach, Screening, Assessment, and Referral (OSAR):** OSAR had an overall score of 94%. The program exceeded the threshold for operations, medical, environmental, and personnel. A plan of improvement was required for client record requirements surrounding assessments. Additionally, it was observed that the policy and procedure manual should be current, consistent with the program practice, individualized to the program, and accessible to staff at all times.

### Billing and Coding Reviews:

4. The compliance department performed ten focus reviews of billing and coding across Adult Mental (AMH) and Child and Adolescent Services (CAS) programs in quarter one and two of FY25. These focus reviews evaluate two domains: Operations which reviews metrics for billing and claim processes and Client Records which reviews metrics for documentation and coding processes. The programs demonstrated consistent strength in operational compliance, with multiple reviews achieving 100% in billing-related processes. Plan of Improvements were required for areas falling behind threshold. Plan of Improvements will be subject to a follow up review in 180 days.
  - a. **AMH Psychosocial Rehabilitation Services** review had an overall score of 97%. Areas of improvement within client records included documentation of progress toward goal, service duration, frequency, and timeliness of evaluation, evidence of copying and pasting, and use of appropriate medical history assessment tools.
  - b. **CAS Skills Training and Support Services** review exceeded standards in all metrics with an overall score of 100%.
  - c. **Early Onset and CAS Program Counseling Services** review had an overall score of 98%. Areas of improvement identified for verification of CPT code match and accurate use of total time-based codes in documentation.
  - d. **AMH Program Case Management Services** review exceeded standards in all metrics with an overall score of 100%.
  - e. **CAS Program Medication Training and Support Services** review had an overall score of 99%.
  - f. **Northeast AMH and Northwest Assertive Community Treatment Program** review had an overall rate of 97%. Areas of improvement noted in total time-based code for service, documentation of face to face/telehealth on date of service and verification of CPT and modifier codes.
  - g. **AMH Medical Services** review had an overall score of 98%. Areas of improvement noted for evidence of services corresponding to CPT codes.
  - h. **AMH Counseling Services** review had an overall score of 98%. Areas of improvement noted within client records for time-based code usage and telehealth/face to face service documentation.
  - i. **CAS Program Case Management Services** review had an overall score of 98% with areas of improvement noted for duplicate/overlapping appointment times, documentation of medical necessity linked to plan of care, and billing documentation.

- j. **AMH Cognitive Processing Therapy Counseling Services** review had an overall score of 99% with areas of improvement noted for medical necessity supported in plan of care and person specific goals documentation.

## Focus Reviews

- 5. Three focus reviews were completed for quarters one and two of FY2025. Compliance was evaluated based on the applicable Texas Administrative Code, Contractual agreements, and Harris Center Policies and Procedures. Any program requirements falling below the 95% threshold were required to submit a plan of improvement and will have a follow up review in 180 days.
  - a. **IDD Service Coordination:** The program had an overall score of 86%. The program score for clinical and personnel record was below our threshold and areas of improvement were noted in the following areas: LIDDA must communicate with the Manage Care Organization to determine whether individuals were receiving services no later than 60 days prior to expiration of their level of care, documentation requirements, and service coordinator monitoring. Training was completed for service coordinators in March 2025
  - b. **ANSA/CANS Plan of Care:** The program had an overall score of 86%. Areas of improvement identified for plan of cares including frequency, units, and duration of service and goals not always measurable using quantifiable criteria. Corrective actions include collaboration with EPIC team for a plan of care update and a plan of care retraining which will include self-monitoring reviews by the program.
  - c. **Mental Health Division Consents:** The program had an overall score of 80%. The key area of improvement identified is with verbal consents continuing to be obtained. The programs are collaborating across intake and outpatient programs to ensure signatures are obtained.

## Follow Up Reviews

- 6. The compliance department conducted a series of follow up audits for programs that previously underwent comprehensive reviews and were originally found to have metrics below the threshold. The follow-up reviews assessed whether the deficiencies identified during the initial audits had been resolved in accordance with the submitted plan of improvements. Notable strengths across the reviews included improvement in personnel documentation, medical standards, and limited progress in client record documentation. All reviewed programs were required to continue improvement efforts or were referred to Performance Improvement (PI) for further assistance. The programs will have a follow up in 180 days.
  - a. **Youth Diversion Center (YDC)** achieved an overall score of 68% with compliance noted in personnel, medical, and client records. Deficiencies remained in documentation of service times. The program's environmental score was based on a single metric related to the posting of an operational permit, indicating a small sample size. A plan of improvement was completed.
  - b. **Substance Use Disorder Outreach Program (SUDOP)** received an overall score of 76%. Partial progress was made with a significant improvement in personnel. Areas of improvement remain within client records on person centered plan of care, individualized discharge planning, and documentation of case management services.

- c. **Southwest Community Service Center (SWCSC)** achieved an overall score of 69%. Areas of continued improvement identified with incomplete signatures, missing consent updates, and insufficient completion of Abnormal Involuntary Movement Scale (AIMS). The program was referred to Performance Improvement for additional support.
- d. **Northeast Community Service Center (NECSC) received** an overall score of 79%. Areas still needing improvement include documentation of medication consent and frequency of AIMS assessments. The program was referred to Performance Improvement for continued assistance.

**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. The Harris Center for Mental Health and IDD Substance Use Disorder Fee for Service Claims Review 9/03/2024: Behavioral Health Services (BHS) Contract Operations staff conducted its review virtually. BHS staff adjusted review protocols as needed in the coordination and submission of requested documentation and review activities.

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 complete
- 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 for Medication Assisted Treatment (MAT)
- 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 worker 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, a treatment plan did not include objectives and strategies 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, a 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 provided a management response and implemented corrective actions that were submitted on 09/12/2024 and accepted. The Compliance department will follow up to conduct a review on the corrective measure.

2. 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.
3. Texas health and human services BHS quality management (QM) comprehensive onsite/desk Biannual review 09/16-20, 2024.  
The Desk review components consisted of operational policy and procedures: administrative, crisis hotline/988, crisis walk-in, MCOT, subcontractor, coordinated specialty care, if applicable, PASRR operations.  
Medical policy and procedures: medical, self-administer medication, disaster and emergency plans, medication room storage, inventory and disposal, infection control plan, death

reviews. Management requirements and QM interview responses. Personnel records were also sampled.

The Onsite review consisted of environmental tours of the crisis facilities, crisis residential facilities and JBCR, ADA interviews and client interviews. Audit not attached due to encryption

**Outcome:** The Program was required to complete Corrective Actions in the following areas. The Corrective Actions were approved and accepted. Compliance as inserted this review to its schedule to conduct a Corrective Action Audit.

Behavioral Health:

OCR program:

- Discharge Planning 50%

Residential Facilities:

- Life Safety 50%

Death Review

- Policy and Procedures: 0%

PASRR

- Operations 0%
- PASRR MI Requirements
- Online Portal Documentation 33%
- Uniformed Assessments 0%
- Refusal of Uniformed Assessments Procedures: 50%
- IDT Meeting Documentation Requirements 0%
- PASRR Process for service Initiaiton: 0%

TANF Financial

- Eligibility 70%

JBCR

- Admissions Criteria Treatment Plan Requirements 70%,
- Informed Medication Consent 66.67% I
- Informed Consent for the administration of each psychoactive Medication 50%

4. Optum Rx Southeast Clinic Pharmacy 09/16/2024: Optum Rx conducted a Desktop Audit EXL ID 1239930. Supporting Documentation was submitted to attest to the claim being billed correctly for one prescription of Invega Sustenna Injection 234/1.5. The documentation was submitted for this review and was signed off by the Pharmacy Manager/Representative on 9/16/2024. **Outcome:** The requested documentation was submitted by the Pharmacy Manager/Representative. All audits were accepted and closed with no charge backs or fines.
5. 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.

6. 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.
7. 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.
8. 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.

9. 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.
  
10. 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. The documentation was submitted for this review and signed by the Pharmacy Manager/Representative on 9/24/2024. **Outcome:** The Pharmacy Manager/Representative submitted the requested documentation. All audits were accepted and closed with no charge backs or fines.
  
11. 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.
  
12. 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. The final score was 76%. **Outcome:** This concluded the review and Molina offered to discuss the standards with the Harris Center if it was desired. No further information was provided in the report.
  
13. 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.
14. 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.
  15. 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.
  16. 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.
  17. 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. The documentation was submitted for this review and signed off by the Pharmacy Manager/Representative on

9/30/2024. Outcome: The Pharmacy Manager/Representative submitted the requested documentation. All audits were accepted and closed with no charge backs or fines.

18. 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.
19. 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.
20. Superior Mental Health Rehabilitation (MHR) & Mental Health Targeted Care Management (MHTCM) Provider Feedback audit 12/05/2024. Overall Chart Ratings: 80% and above meets Expectations. Overall Claims Compliance rates: 95% and above Meets expectations, 94% and below Does not meet expectations. Compliance Ratings **Outcome:** The following scores were provided in the following areas: The program met Chart Compliance expectations with a 98.30; however, the program did not meet Claims Compliance with a 91.43%. Superior will complete a follow-up audit within ninety days.
21. 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.
22. 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.
23. 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.
24. 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.
25. 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.
26. 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.
27. 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.
28. 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.
29. 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.

30. 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 score for the Northwest Pharmacy Clinic.
31. 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. The documentation was submitted for this review and signed off by the Pharmacy Manager/Representative on 10/21/2024. **Outcome:** The Pharmacy Manager/Representative submitted the requested documentation. All audits were accepted and closed with no charge backs or fines.
32. 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.
33. Optum Rx Northwest Clinic Pharmacy 10/23/2024: Optum Rx conducted a Desktop Audit EXL ID 1256469. Supporting documentation was submitted to attest to the claim being billed correctly for one prescription, Invega Trinz INJ 546mg. The documentation was submitted for this review and signed off by the Pharmacy Manager/Representative on 10/23/2024. **Outcome:** The requested documentation was submitted by the Pharmacy Manager/Representative. All audits were accepted and closed with no charge backs or fines.
34. Advantmed BlueCross Blue Shield Medical Records Request 10/23/2024: 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.

35. 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.
36. Optum Rx Southeast Clinic Pharmacy 10/25/2024: Optum Rx conducted a Desktop Audit EXL ID 1258581. Supporting documentation was submitted to attest to the claim being billed correctly for one prescription of Invega Trinz INJ 819 mg. The documentation was submitted for this review and was signed by the Pharmacy Manager/Representative on 10/25/2024. **Outcome:** The requested documentation was submitted by the Pharmacy Manager/Representative. All audits were accepted and closed with no charge backs or fines.
37. Optum Rx Northwest Clinic Pharmacy 10/25/2024: Optum Rx conducted a Desktop Audit EXL ID 1258412. Supporting Documentation was submitted to attest to 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.
38. 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.
39. ExlService ("EXL") Texas Children Health Plan Medical Records Request 10/29/2024. 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

40. 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.
41. Optum Rx Southeast Clinic Pharmacy 11/01/2024: Optum Rx conducted a Desktop Audit EXL ID 1261122. Supporting documentation was submitted to attest to the claim being billed correctly for one prescription of Invega Trinz INJ 546 mg. The documentation was submitted for this review and was signed by the Pharmacy Manager/Representative on 11/01/2024. **Outcome:** The requested documentation was submitted by the Pharmacy Manager/Representative. All audits were accepted and closed with no charge backs or fines.
42. 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.
43. The Health and Human Services Commission, Behavioral Health Services, Contract Operations, Quality Management onsite operational review of The Harris Center for Mental Health and IDD contracts: HHS000866900003 Hospital Step-down HHS001344200001 Diversion Center 11/04/2024 comprehensive onsite/desk Biannual review. **Outcome:** The Program was required to complete Corrective Actions in the following areas. The Corrective Actions were approved and accepted. Compliance as inserted this review to its schedule to conduct a Corrective Action Audit.

Diversion Center Personnel training requirements: 66.7%. Hospital Step-down Personnel training requirements: Preservice Orientation tour: 0%, Harm Reduction training 0%

44. Optum Rx Southwest Clinic Pharmacy 11/06/2024: Optum Rx conducted a Desktop Audit EXL ID 1264383. Supporting documentation was submitted to attest to the claim being billed correctly for one prescription of Invega Trinx INJ 819 mg. The documentation was submitted for this review and was signed by the Pharmacy Manager/Representative on 11/06/2024. **Outcome:** The requested documentation was submitted by the Pharmacy Manager/Representative. All audits were accepted and closed with no charge backs or fines.
45. Optum Behavioral Health Solutions/UnitedHealthcare Community Plan 11/11/2024 Performance Improvement Plan Acceptance Letter and Plan of Improvement. **Outcome:** The Plan of Improvement has been accepted as of 11/11/2024. 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 correspondence. The re-audit will focus on records that were created after the date of the Performance Improvement Plan acceptance.
46. 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.
47. 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.
48. National Commission on Correctional Health Care (NCCCHC) 11/12/2024. The entrance for the investigation was on 11/12/2024. The National Commission on Correctional Health Care conducted a survey 11/12/2024-11/15/2024. On November 19, 2024, Harris County Downtown Central Jail was granted an accreditation decision of Accreditation with Verification. **Outcome:** All areas of noncompliance need to be addressed before full

accreditation is granted. A Corrective Action was submitted to NCCHC by 1/25/2025. Program is awaiting results.

49. Optum Rx Southeast Clinic Pharmacy 11/22/2024: Optum Rx conducted a Desktop Audit EXL ID 1269676. Supporting documentation was submitted for one prescription of Invega Trinz INJ 546 mg. The documentation was submitted for this review and was signed by the Pharmacy Manager/Representative on 11/19/2024. **Outcome:** The requested documentation was submitted by the Pharmacy Manager/Representative. All audits were accepted and closed with no charge backs or fines.
  
50. Optum Rx Southeast Clinic Pharmacy 11/22/2024: Optum Rx conducted a Desktop Audit EXL ID 1271728. Supporting Documentation was for one prescription of Invega Trinz INJ of Invega Trinz INJ. The documentation was submitted for this review and was signed by the Pharmacy Manager/Representative on 11/22/2024. **Outcome:** The requested documentation was submitted by the Pharmacy Manager/Representative. The requested documentation was submitted by the Pharmacy Manager/Representative. All audits were accepted and closed with no charge backs or fines.
  
51. 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. The documentation was submitted for this review by the Pharmacy Manager/Representative. **Outcome:** The requested documentation was submitted by the Pharmacy Manager/Representative. All audits were accepted and closed with no charge backs or fines.
  
52. Blue Cross BlueShield Anthem Medical Records Request 11/27/2024 (2), 12/02/2024, 1/10/2025: Blue Cross BlueShield has conducted a Risk Adjustment review. Blue Cross requested one (1) member's medical record for services rendered. The documentation requested for this chart review was documentation for face- to-face encounters between the patient and the provider, all documentation for telehealth encounters between the patient and the provider, History and Physical Notes; Consultation Letters & Reports; Physician Orders; Emergency & Urgent care visit notes; Diagnostic test reports; Operative & Pathology Reports; Medication lists; Inpatient hospital notes, including the discharge summary. **Outcome:** The member was not found in The Harris Center for Mental Health & IDD database, the HIM ROI sent the correspondence to the requestor, and a confirmation receipt was received upon completion. No further communication has been received.
  
53. Superior Mental Health Rehabilitation (MHR) & Mental Health Targeted Care Management (MHTCM) Provider Feedback audit 12/05/2024. Overall Chart Ratings: 80% and above meets Expectations. Overall Claims Compliance rates: 95% and above Meets expectations, 94% and below Does not meet expectations. Compliance Ratings

**Outcome:** The following scores were provided in the following areas: The program met Chart Compliance expectations with a 92.30; however, the program did not meet Claims Compliance with a 48.45% Compliance as inserted this review to its schedule to conduct a claims review.

54. Texas Health and Human Services: Provider Fiscal Compliance Review: TXHML Contract Number 001010312 Component Code:280 December 5, 2024. The purpose of the provider fiscal compliance review is to ensure claims filed for HCS and/or TxHmL service components meet the requirements of your Provider Agreement for the HCS and/or TxHmL Program and applicable department rules, including Texas Administrative Code (TAC), 40 TAC §49.301-49.313, 26 TAC §262 and §263 Individual records were reviewed to ensure that a valid and original Level of Care or Intellectual Disability/Related Condition Assessment and Individual Plan of Care (IPC) authorized all services. Individual records were also reviewed to ensure that progress notes supported the billing claims and that each service claim that was paid met the proper service definition guidelines. A sample of six individual records were reviewed for all services delivered and paid during August 2023 through October 2023. **Outcome:** Document Errors: There were non-verified billings totaling \$3,649.84. These billing errors are attributed to improper documentation (e.g., no progress note, and no begin and end time). Authorization Errors: All records were reviewed to ensure that original and valid authorization documents existed in the individuals' records, that the appropriate qualified staff and individual or legally authorized representative signed them, and that the services paid for were prescribed on the IPC. All six records were found to comply with the authorization requirements. The total dollar amount was decreased to \$3,318.34 and the program is in the process of repayment.
55. Advantmed Medical Records Requests 12/17/2024,12/18/2024 (7),12/23/2024,12/26/2024, 1/27/2025,1/29/2025, 2/14/2025,2/17/2025 (3),2/18/2025 (3): Advantmed, on behalf of Superior HealthPlan, Ambetter Louisiana Healthcare Connections, Ambetter, United Healthcare, and Blue Cross BlueShield; conducted a Risk Adjustment review. Advantmed requested ninety (90) members' medical record for services rendered. The documentation requested for the chart reviews were the Patient Demographic Sheets, History & Physical Records, Progress Notes, and 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 (EKG, EMG, Nerve Conduction Studies, Sleep Studies; Emergency and Urgent Care Records; Consultation Reports; Specialist Notes; Procedure Notes/ Reports, and Valid Signature with Credentials. **Outcome:** HIM ROI sent the requested documentation, and a confirmation receipt was received upon completion. No further communication has been received.
56. Community Health Choice Medical Records Request 12/18/2024: Community Health Choice, on behalf of Cedo, conducted a Risk Adjustment review. Community Health Choice requested eighteen (18) members' medical record for services rendered. The documentation requested for this chart review was the Progress Notes/Office Notes; History and Physical Exams; Consultation Reports; Discharge Summaries, and Operative Reports. **Outcome:**

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

57. Datavant Medical Records Requests 12/20/2024,1/2/2025 (2),1/6/2025,1/24/2025,1/30/2025,2/5/2025, 2/17/2025, 2/19/2025: Datavant, on behalf of Blue Cross BlueShield, Oscar, Superior HealthPlan, and Wellpoint, conducted a Risk Adjustment. Datavant requested twenty-eight (28) members' medical records for services rendered. The documentation requested for this chart review were the Demographic/ Face Sheets, History and Physical, Consult Notes, Progress Notes; Office Notes; Operative Reports/ Procedure Notes; Signature Logs; Problem List/ Medication List; Admission/Discharge Summaries for Hospital and SNF Facilities; Physical, Occupational, and other Therapy notes; Pathology Reports, Health Assessment Forms, Emergency Department Notes; Radiology Reports/ Mammogram Reports; Skilled Nursing Facility (SNF) encounters; Labs/Laboratory Reports, Consultation Correspondence (Inpatient and Outpatient); and Chemo/Radiation Reports and Encounters. **Outcome:** HIM ROI sent the requested documentation, and a confirmation receipt was received upon completion. No further communication has been received.
58. Optum Behavioral Health Medical Records Request 1/03/2025: Optum, on behalf of Wellpoint, conducted a Risk Adjustment review. Optum requested one (1) member's medical record for services rendered. The documentation requested for this chart review was the History and Physical Exams; Session, Visit, Progress Notes; Face Sheet; Physician Orders; Consultation Reports; Discharge Summaries; Diagnostic Test Reports; and Operative and Pathology Reports. **Outcome:** HIM ROI sent the requested documentation, and a confirmation receipt was received upon completion. No further communication has been received.
59. Superior HealthPlan Medical Records Request 1/9/205,1/13/2025: Superior HealthPlan, on behalf of Ambetter, conducted a Risk Adjustment review. Superior requested one (7) member's medical record for services rendered. The documentation requested for this chart review was the Monthly or Quarterly comprehensive evaluations with Diagnosis and Treatment Plan; CMBHS CANS/ANSAs in closed/completed status; monthly visit notes from Psychiatrists. We do not need. **Outcome:** HIM ROI sent the requested documentation, and a confirmation receipt was received upon completion. No further communication has been received.
60. Optum Rx Clinic Pharmacy 1/14/2025, 1/15/2025,1/29/2025,1/30/2025, 2/5/2025, 2/6/2025, 2/7/2025, 2/10/2025, 2/11/2025,2/17/2025,2/24/2025: Optum Rx conducted a Desktop Audit EXL. **Outcome:** The requested documentation was submitted by the Pharmacy Manager/Representative. The Potential Chargebacks totaled in the amount of \$309,304.84 with the overpayment totaling \$0. Documentation was accepted, and the audits were closed.
61. Whitley Penn Medical Records Request 1/16/2025: Whitley Penn conducted a medical request for Harris County Jail Division Eligibility for twenty-six (26) members. **Outcome:** HIM ROI sent the requested documentation, and a confirmation receipt was received upon completion. No further communication has been received.

62. Attorney General Ken Paxton Texas Office of the Attorney General Medicaid Fraud Investigation visit 1/24/2025. The entrance for the investigation was on 12/30/2024. The information obtained by the MFCU included twelve (12) Provider files for those who provided HCS services through A-Tap/New way Forward from 2019-2020. **Outcome:** No violations cited. No further communication has been received.
63. Texas Health and Human Services Commission (HHSC) Contract Accountability and Oversight (CAO): The fiscal Year 2025 Quality Assurance Review was conducted on 2/3/2025-2/6/2025.  
Texas Health and Human Services Commission (HHSC) Contract Accountability and Oversight (CAO) has responsibility for monitoring Local Intellectual and Developmental Disability Authority (LIDDA) compliance with the Performance Contract. Monitoring compliance includes:
- TAC Chapter 330, LIDDA Role and Responsibilities
  - TAC Chapter 331, LIDDA Service Coordination
  - TAC Chapter 334, Rights of Individual with an Intellectual Disability
  - 26 TAC Chapter 262, Texas Home Living (TxHmL) Program and Community First Choice (CFC) and 26 TAC 566 Texas Home Living (TxHmL) Program and Community First Choice (CFC) Certification Standards
  - 26 TAC Chapter 263, Home and Community-Based Services (HCS) and Community First Choice (CFC) and 26 TAC Chapter 565 Home and Community-Based Services (HCS) Program Certification Standards, Subchapter G, HHSC Actions
  - 26 TAC Chapter 303, Subchapter A-H, Preadmission Screening and Resident Review (PASRR)
  - Code of Federal Regulations, Title 42, Chapter 441, Subchapter K, Community First Choice (CFC)

Based on the results of the annual Quality Assurance Review the LIDDA qualifies for Intermittent Monitoring as one or more of the following elements were met: One or more programs (TxHmL, GR/CFC, HCF, or PASRR) scored below 90% and the overall score was below 90%. The LIDDA's next monitoring review will be scheduled for 11 to 13 months after the monitoring exit date.

**Outcome:** Comprehensive Scores are as follows: Contract Score 99.49%, TxHmL Programmatic Score 89.58%, HCS Programmatic Score 82.70%, GR-CFC Programmatic Score 95.20%, PASRR Programmatic Score 93.24%, and the overall score 92.04%. The LIDDA requires Intermittent Monitoring. The Corrective Action Plans are due by 4/6/2025, which will be submitted by Annie Cuba Close of business 4/4/2025.

64. Episource: Aetna Medical Record Request 2/4/2025 (2): Aetna performed a Medicare Risk Adjustment Review. The medical record for (16) individuals was requested for services rendered. The documentation requested for this review was Demographic/Face Sheet, Progress Notes, Consult Notes, Hospital Records, History & Physical Reports, Pathology Reports, Diagnostics, Medication and Problem List, and Past Medical History where applicable. **Outcome:** HIM ROI submitted the requested documentation, and a confirmation

receipt was received upon medical records completion. No further communication has been received.

65. Humana Medical Records Request 02/10/2025: Humana conducted a Healthcare Effectiveness Data and Information Set (HEDIS) review. Humana requested two (2) records of members' medical records for services rendered. The documentation requested for this chart review was the Member Demographic Sheet: Name and Date of Birth, all Blood Pressure Readings from 1/1/2024 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 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:** HIM ROI submitted the requested documentation, and a confirmation receipt was received upon completion of the medical records. No further communication has been received.
66. WellPoint Medical Records Request 2/10/2025, 2/13/2025 (2): WellPoint on behalf of Amerigroup conducted a HEDIS Review. The medical records of two (3) members were requested for services rendered. The documents requested included the Member Demographic Sheet: Name and Date of Birth, all Blood Pressure Readings from 1/1/2024 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. No further communication has been received.
67. Molina Healthcare Medical Records request 2/11/2025, 02/19/2025: Molina Healthcare conducted a Risk Adjustment Medical Records Review to monitor and substantiate patient care and claim payment accuracy. Molina requested thirty -six (36) records of members' medical records for services rendered. The requested documents Patient information sheets (completed by, parent, or guardian) Financial records including superbills, copayments, copies of identification cards, and patient intake forms; Provider Orders; Treatment Plan; Session start and stop times; Diagnostic test results; Signature logs corresponding with dates of service; Supervision documentation (if treatment provided under licensee); Documentation of Telehealth Visit (format, on camera/off camera); Testing results; Referral/ authorization requests and forms; Medication Records; Patient consent forms; Lab acquisitions and lab reports; Documentation of Laboratory Testing Results Communication; Psychotherapy Notes Are Being Requested and Should Be Excluded From Above

Documentation; Any and documentation you feel would support the services and that are consistent with state, federal and general coding/billing guidelines for the services billed and rendered by the organization. **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.

68. City of Houston Housing and Community Development Department City of Houston Audit 2024 American Rescue Plan Act Tax Increment Reinvestment Zone Program Limited Scope Compliance Monitoring Review Letter 2/20/2025. February, 18 2025 a desk review was conducted by the City of Houston, Housing and Community Development Department (HCDD). Subrecipient Monitoring Section (SMS) completed the American Rescue Plan Act (ARPA) and Tax Increment Reinvestment Zone Program (TIRZ) 2024 limited-scope compliance monitoring client file review of the Harris Center for Mental Health and IDD (HCMH-IDD) program pursuant to Agreement Number 4600018259. The review generally covered July 2024- September 2024. **Outcome:** No further communication has been received.
69. PREA Resource Center 2/28/2025. The entrance for the investigation was on 1/09/2025. The PREA Resource Center conducted a Staff-on-Inmate Sexual Abuse Investigation. Number of Standards exceeded: 2115.233- Resident education, 115.241- Screening for risk of victimization and abusiveness. **Outcome:** The number of Standards met: 39. The number of standards not met: 0. No violations cited. No further communication received.
70. Texas Health and Human Services Full Book Survey: Pasadena Cottage B 02/24/2025-02/28/2025. The purpose of the survey is to ensure that the facility provides a safe and healthy environment for residents and to ensure compliance with federal regulations. The health survey covers areas like medication errors, failure to conduct employee background checks, facility management, and other items that could affect resident health. The Life Safety Code survey focuses on the facility's general construction and features designed to ensure safety from dangers such as smoke and fire. **Outcome:** The program received citations within both areas. The Program was required to complete Corrective Actions in the following areas. The Corrective Actions were approved and accepted. Compliance as inserted this review to its schedule to conduct a Corrective Action Audit.

# COMPREHENSIVE REVIEWS

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.



The Harris Center for Mental Health and IDD:  
 The Compliance Department  
 1<sup>st</sup> 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 4<sup>th</sup> 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 2<sup>nd</sup> 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.



The Harris Center for Mental Health and IDD:  
 The Compliance Department  
 1<sup>st</sup> 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 4<sup>th</sup> 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.



The Harris Center for Mental Health and IDD:  
 The Compliance Department  
 1<sup>st</sup> Quarter (Qtr.) of Fiscal Year (FY) 2025  
 Executive Summary Cover Sheet  
 Comprehensive Psychiatric Emergency Program (CPEP) Division  
 Behavioral Health Response Team (BHRT)  
 Comprehensive Review/POI Follow-Up  
 Review Date: January 30, 2025, to March 5, 2025

**I. Audit Type:**

Comprehensive Review.

**II. Purpose:**

The purpose of this review was to assess BHR Operation Standards, Medical Requirements, Environmental Requirements, Personnel Requirements, and Clinical Record Requirements for compliance with Texas Administrative Code (TEX. ADMIN. CODE) 26 §301.355 Utilization Management, TEX. ADMIN. CODE 26 §320.75 Monitoring Compliance with Policies and Procedures, TEX. ADMIN. CODE 26 §301.323 Environment of Care and Safety, TEX. ADMIN. CODE 26 §301.353 Provider Responsibilities for Treatment Planning and Service Authorization, TEX. ADMIN. CODE 26 §301.359 Telemedicine Services, TEX. ADMIN. CODE 26 §301.361 Documentation of Service Provision, Provider Responsibilities for Treatment Planning and Service Authorization, TEX. ADMIN. CODE 26 §301.329 Medical Records System, TEX. ADMIN. CODE 25 §320.25 Communication of Rights to Individuals Receiving Mental Health Services, TAC 25 §320.59 Documentation of Informed Consent, TEX. ADMIN. CODE 25 §415.10 Medication Monitoring, TEX. ADMIN. CODE 25 §320.113 Staff Member Training, Interlocal Subrecipient Agreement between The City of Houston and The Harris Center for Mental Health and Intellectual Development Disabilities (IDD) (THC), and THC Policy and Procedure ACC.B.4 Screening and Assessment for Mental Health, Substance Use and IDD.

**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 person's served during the 1<sup>st</sup> Qtr. of FY 2025 (September 1, 2024, to November 30, 2024), and the *Organizational Development Staff Training Roster Report*. Compliance conducted a desk review, sampling ten (10) consumer records and seven (7) personnel records using a modified version of 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%, Personnel Requirements 97%, and Clinical Record Requirements 96%

The program has elements within the Personnel Requirements and the Clinical Record Requirements that fail below the threshold score of 95% which requires a POI: Staff must be current with the training identifying the causes of aggressive or threatening behaviors of individuals who need mental health services TAC 320.29 (1) (3) 86%, Developing a written plan of care (POC) within ten (10) business days after the date of notification the individual is eligible for services TAC 301.353 (e) 80%. The POC objectives should be measurable using quantifiable criteria TAC 301.353 (e)(2)(D) 60%. The POC reflect self-direction, autonomy, and desired outcomes, individualized using person centered language TAC 301.353 (e)(2)(E) 10%, Progress note documentation must be entered within two (2) business days after each contact that occurred to provide mental health services TAC 301.361 (b) 40%, and Developing an effective individualized safety plan THC P&P MED.MH.B.1 86%.

**History**

No previous review of this type has been conducted.

**V. Recommendations:**

Compliance recommends that the BHRT 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 TEX. ADMIN. CODE Staff Member Training Requirements, Provider Responsibilities for Treatment Planning and Service Authorization, Documentation of Service Provision, and THC P&P Suicide/Violence Behavioral Crisis Intervention. The BHRT program is required to submit a POI focusing on Personnel Requirements, and the 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



The Harris Center for Mental Health and IDD:  
 The Compliance Department  
 4<sup>th</sup> 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 3<sup>rd</sup> 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.



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.



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  
 Community Assistance and Referral Program Comprehensive Review  
 Review Date: January 14, 2025, to January 31, 2025

**I. Audit Type:**

Comprehensive Review

**II. Purpose:**

Compliance conducted this review to determine if the program was compliant with the Interlocal Agreement, CARP Operational Guidelines, and *Documentation of Service Provision TEX. ADMIN. CODE 26 §301.361 (a)(4)*.

**III. Audit Method:**

A client roster for persons served during the first quarter of FY 2025 (September 1, 2024, to November 30, 2024) was obtained from the CARP program and a staff training transcript from the Organizational Development Staff Training Roster Report. A sample size of ten (10) client records was randomly selected, and all eight (8) personnel files, using the audit tool developed by Compliance.

**IV. Audit Findings and History:**

The overall score is 97%. The program's strengths were 100% operational requirements and 100% personnel requirements. However, the program did not meet the criteria in the following areas of clinical records: 0% for the beginning and end time of service are documented on the progress notes. The total score for Clinical Records was 92%. Per the Interlocal Agreement Contract, the Harris Center must keep a log that records the dates of service, the start and end time of services provided, and the contract activities conducted on each day.

Although a log was submitted for review, it did not include the start and end times of the services provided. Compliance has not previously conducted a comprehensive review.

**V. Recommendations:**

Compliance recommends that the CARP program review its findings and continuously assess its processes to ensure all required elements are completed in accordance with the CARP *Operational Guidelines*, *Interlocal Agreement*, and the *Texas Administrative Code*. The program is required to submit a Plan of Improvement (POI) to address the deficiencies noted in this report. Compliance will conduct a POI Follow-up Review in 180 days. The Vice President (VP) of the Forensic Division and the Program Manager/Director must sign and return this report, along with the POI, to Compliance within seven (7) days.



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).

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 4<sup>th</sup> 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.

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 4<sup>th</sup> 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 2<sup>nd</sup> 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.

The Harris Center for Mental Health and IDD  
The Compliance Department  
Executive Summary Cover Sheet  
Outreach, Screening, Assessment, and Referral (OSAR) Comprehensive Review  
Review Dates: January 13, 2025-February 28, 2025

- I. Audit Type:  
Comprehensive
- II. Purpose:  
This review was conducted to determine if client records complied with the Texas Administrative Code (TEX. ADMIN. CODE) *Monitoring and Enforcing Community Services Contracts* 26 TEX. ADMIN. CODE § 301.23 (b); *Environment of Care and Safety* 26 TEX. ADMIN. CODE §§ 301.323 (a)(1)-(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)(iii), (v), (viii), and (x), (a)(3)(B)(i)-(iii) and (v), and (h)(1)-(h)(2) and (h)(4); *Medication Services* 26 TEX. ADMIN. CODE § 301.355 (b); *Telemedicine Services* 26 TEX. ADMIN. CODE § 301.359; *Responsibilities of Local Authorities, Community Centers, and Contractors* 26 TEX. ADMIN. CODE § 301.657 (c)(1); *Rights Handbooks for Individuals Receiving Mental Health Services at Health and Human Services Commission Facilities, Community Centers, and Psychiatric Hospitals Operated by Community Centers* 26 TEX. ADMIN. CODE §§ 320.21 (d) and (f); *Bill of Rights for Individuals Receiving Mental Health Services at Psychiatric Hospitals Not Operated by a Community Center* 26 TEX. ADMIN. CODE § 320.23 (f); *Communication of Rights to Individuals Receiving Mental Health Services* 26 TEX. ADMIN. CODE § 320.25 (a)-(b); *Rights Protection Officer at Health and Human Services Commission Facilities and Community Centers* 26 TEX. ADMIN. CODE § 320.27 (b); *Monitoring Compliance with Policies and Procedures* 26 TEX. ADMIN. CODE § 320.75 (a)-(b); *General Principles* 26 TEX. ADMIN. CODE § 320.207 (i); *Environment* 26 TEX. ADMIN. CODE § 564.14; *Standards of Conduct* 26 TEX. ADMIN. CODE § 564.21 (d); *Operational Plan, Policies and Procedures* 26 TEX. ADMIN. CODE § 564.502 (c); *General Environment* 26 TEX. ADMIN. CODE §§ 564.505 (b)-(h); *Required Postings* 26 TEX. ADMIN. CODE § 564.506 (a)(2)-(a)(3); *Training* 26 TEX. ADMIN. CODE §§ 564.603 (c)(3), (5), and (6); *Client Grievances* 26 TEX. ADMIN. CODE §§ 564.702 (a) and (e), *Responding to Emergencies* 26 TEX. ADMIN. CODE § 564.707; *Searches* 26 TEX. ADMIN. CODE § 564.708 (a); *Admission Authorization and Consent to Treatment* 26 TEX. ADMIN. CODE § 564.802 (d); *Requirements Applicable to All Treatment Services* 26 TEX. ADMIN. CODE §§ 564.901 (d)-(f); the *Health and Human Services Commission's (HHSC) Performance Contract Notebook (PCN) Fiscal FY 24-25, HHSC Statement of Work (SOW) September 2023*, and *HHSC SOW (9/2024)*; and *The Harris Center Policies and Procedures HR.B.35 Credentialing, Re-Credentialing Guideline and Procedure; MAN.1 Outreach Screening Assessment Referral (OSAR) Policy and Procedure Manual; MED.B.6 Telehealth & Telemedicine Procedure; and MED.MH.B.1 Suicide/Violence Behavioral Crisis Intervention.*
- III. Audit Method:  
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) clients were selected using an Excel formula to generate a random number list. The records of three (3) employees—constituting the entirety of the Harris Center OSAR staff—were reviewed. The review used an audit tool developed by Compliance.
- IV. Audit Findings/History:  
Compliance noted that program staff are not obtaining client signatures on required documentation within three business days, are not including all required elements of motivational interviewing, are not conducting follow-ups with clients within 48 hours of the initial screening, are not conducting weekly follow-ups with clients until the client is placed into a treatment facility or program, are not making at least three attempts one week apart to contact clients before closing the case due to no contact, are not documenting the client's abstinence or level of use at case closure, and are not documenting whether the client has engaged in any support or recovery groups or meetings. Compliance previously conducted a review of the OSAR Program during the 4<sup>th</sup> Qtr. FY 2021.
- V. Recommendations:  
The program should continue to review client and program documentation for compliance with regulatory standards. A Plan of Improvement (POI) is required to address the deficiencies noted in this review.

# BILLING AND CODING REVIEWS



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.



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.



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 2<sup>nd</sup> 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.



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.



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.



The Harris Center for Mental Health and IDD  
 The Compliance Department  
 Executive Summary Cover Sheet  
 Adult Mental Health (AMH) & ACT Counseling Services  
 Focused Medicaid Billing & Coding Review  
 Review Dates: January 4, 2025 to January 17, 2025

I. Audit Type:  
 Focus

II. Purpose:

The purpose of this review was to assist Adult Mental Health (AMH) Program and Revenue Management department assess Counseling Services clinical documentation and Medicaid 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, the Texas Administrative Code (TEX. ADMIN. CODE) Counseling Methods and Practices 22 TEX. ADMIN. CODE §681.31; Telemedicine and Telehealth Benefits and Limitations 1 TEX. ADMIN. CODE §354.1432; Documentation of Service Provision 26 TEX. ADMIN. CODE §301.361; 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 3<sup>rd</sup> Qtr. of FY 2024 (March 1, 2024 – March 31, 2024). Compliance reviewed Thirty (30) MEDICAID eligible client encounters containing qualified mental health care provider documentation for AMH Counseling services CPT code 90832, 90835, 90837, 90853. Above mentioned sample size was obtained on 01/04/2025. 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 & ACT Program – Medicaid Eligible Payors – 97%  
 Compliance identified service encounters miscoded for the allotted time utilized by MH provider. Compliance recommends the utilization of Psychotherapy code 90832 for service encounters that total over 15 minutes, Psychotherapy code 90834 for service encounters that total over 37 minutes and Psychotherapy code 90837 for service encounters that total over 52 minutes. Compliance identified service documentation with inaccurate or insufficient description of Telehealth modality and place of service within the body of the service note. Based on the above two findings, Compliance has identified the need to establish a clear line of communication between the program and the revenue management team. This will help mitigate the billing of unauthorized services and reduce the need for future claims reconciliation.

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 QMHP services are billed, and claims are filed and collected in a timely and accurate manner. 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 and secondary codes for Telehealth (TH) modifiers.



The Harris Center for Mental Health and IDD  
 The Compliance Department  
 Executive Summary Cover Sheet  
 Adult Mental Health (AMH) Medical Services  
 Focused Medicaid Billing & Coding Review  
 Review Dates: January 14, 2025 to January 27, 2025

I. Audit Type:  
 Focus

II. Purpose:

The purpose of this review was to assist Adult Mental Health (AMH) Medical Services Program and Revenue Management department assess the Evaluation & Management (E/M) 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, 2024 American Medical Association (AMA) E/M Service Guidelines, the Texas Administrative Code (TEX. ADMIN. CODE) Authorized Physician Services 1 *TEX. ADMIN. CODE §354.1062*; *MH 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*; *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 3<sup>rd</sup> Qtr. of FY 2024 (March 1, 2024 – March 31, 2024). Compliance reviewed Thirty (30) client encounters containing qualified mental health care provider documentation for AMH Medical Service code 90792, 99212, 99213, 99214, 99215. Above mentioned sample size was obtained on 01/14/2025. 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: Adult Mental Health Medical Services – 98%**

As per CMS regulations and AMA E/M guidelines, Compliance identified service encounters with inaccurate primary codes based on “Medical Decision Making” (MDM) selection criteria for both medication management and intake appointments. Compliance identified service documentation with evidence of copy & pasting from clinical documentation templates and appointment notes from the past.

V. Recommendations:

It is recommended that the Vice President (VP) of Mental Health (MH) Medical Services 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 clinical documentation and accurate primary coding for AMH Medical Services, Intake and Medication Management encounters.



The Harris Center for Mental Health and IDD  
 The Compliance Department  
 Executive Summary Cover Sheet  
 Adult Mental Health (AMH) Counseling Services  
 Focused Billing & Coding Review  
 Review Dates: February 5, 2025 to February 18, 2025

I. Audit Type:  
 Focus

II. Purpose:

The purpose of this review was to assist Adult Mental Health (AMH) Program and Revenue Management department assess Counseling Services clinical documentation and Medicaid 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, the Texas Administrative Code (TEX. ADMIN. CODE) Counseling Methods and Practices 22 TEX. ADMIN. CODE §681.31; Telemedicine and Telehealth Benefits and Limitations 1 TEX. ADMIN. CODE §354.1432; Documentation of Service Provision 26 TEX. ADMIN. CODE §301.361; 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 3<sup>rd</sup> Qtr. of FY 2024 (March 1, 2024 – March 31, 2024). Compliance reviewed Thirty (36) client encounters containing qualified mental health care provider documentation for AMH Counseling services CPT code 90832, 90834, 90837, 90846, 90847, 90849. Above mentioned sample size was obtained on 01/27/2025. 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: 98%

Compliance identified service encounters miscoded for the allotted time utilized by MH provider. Compliance recommends the utilization of Psychotherapy code 90832 for service encounters that total over 15 minutes, Psychotherapy code 90834 for service encounters that total over 37 minutes and Psychotherapy code 90837 for service encounters that total over 52 minutes. Compliance identified service documentation with inaccurate or insufficient description of Telehealth (TH) modality and place of service within the body of the service note.

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 QMHP services are billed, and claims are filed and collected in a timely and accurate manner. 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 and secondary codes for Telehealth (TH) modifiers.



The Harris Center for Mental Health and IDD  
 The Compliance Department  
 Executive Summary Cover Sheet  
 Child & Adolescent Services (CAS) Case Management Services  
 Focused Billing & Coding Review  
 Review Dates: February 19, 2025 to February 27, 2025

I. Audit Type:  
 Focus

II. Purpose:

The purpose of this review was to assist Child & Adolescent Services (CAS) Program and Revenue Management department assess Case Management Services 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) Mental Health Targeted Case Management Services 1 TEX. ADMIN. CODE §354.2655; Continued Eligibility 1 TEX. ADMIN. CODE §354.2653; 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 Mental Health Case Management 1 TEX. ADMIN. CODE §355.743; 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 3<sup>rd</sup> Qtr. of FY 2024 (March 1, 2024 – March 31, 2024). Compliance reviewed thirty-five (30) client encounters, each containing qualified MH care provider documentation for CAS Case Management service codes T1017.3 and T1017.5. The above-mentioned sample size was obtained on 02/12/2025. 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) – 98%

Compliance has identified instances of incorrect, overlapping, or duplicate appointment times entered into the Agency EHR by MH providers. To mitigate this, Compliance recommends that providers finalize and sign off on documentation only after the appointment has been completed, and not prior to the scheduled end time. Additionally, Compliance advises that appointment start and stop times should not overlap with those of subsequent appointments. Compliance identified expired plan of care documentation, which resulted in case management service documentation not demonstrating valid medical necessity. Compliance has identified the need for claims reconciliation due to discrepancies in the billing claims, including inaccurate billable units and unauthorized encounters, resulting from provider coding and clerical errors.

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 QMHP services are billed, and claims are filed and collected in a timely and accurate manner. 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 and secondary codes for Telehealth (TH) modifiers.



Transforming Lives

The Harris Center for Mental Health and IDD  
 The Compliance Department  
 Executive Summary Cover Sheet  
 Adult Mental Health (AMH) Counseling Services Cognitive Processing Therapy (CPT)  
 Focused Billing & Coding Review  
 Review Dates: February 24, 2025 to February 28, 2025

I. Audit Type:  
 Focus

II. Purpose:

The purpose of this review was to assist Adult Mental Health (AMH) Program and Revenue Management department assess Counseling Services (Cognitive Processing Therapy) clinical documentation and Medicaid 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, the Texas Administrative Code (TEX. ADMIN. CODE) Counseling Methods and Practices 22 TEX. ADMIN. CODE §681.31; *Telemedicine and Telehealth Benefits and Limitations 1 TEX. ADMIN. CODE §354.1432; Documentation of Service Provision 26 TEX. ADMIN. CODE §301.361; 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 3<sup>rd</sup> Qtr. of FY 2024 (March 1, 2024 – March 31, 2024). Compliance reviewed Thirty (10) client encounters containing qualified mental health care provider documentation for AMH Psychotherapy services CPT code 90837. Above mentioned sample size was obtained on 02/24/2025. 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 Counseling Services (Cognitive Processing Therapy) - 99%  
 Compliance has identified service encounters with corresponding Plan of Care documentation that do not meet the minimum clinical threshold for trauma-related therapy, specifically Cognitive Processing Therapy (CPT). Audit of CPT notes highlight insufficient linkage between established trauma and therapy. Compliance identified counseling service encounters that lack a clear "Progress Toward Goals" section. Patient-specific details which include objective measures of improvement were not present on review. Based on the above two findings, Compliance has identified the need to establish a clear line of communication between the program and the revenue management team. This will help mitigate the billing of unauthorized services and reduce the need for future claims reconciliation.

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 QMHP services are billed, and claims are filed and collected in a timely and accurate manner. 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 and secondary codes for Telehealth (TH) modifiers.

# FOCUS REVIEWS



The Harris Center for Mental Health and IDD:  
The Compliance Department  
Executive Summary Cover Sheet  
IDD Service Coordination (SC) Comprehensive Review  
Review Date: August 14, 2024, to December 13, 2024

**I. Audit Type:**

Comprehensive Review

**II. Purpose:**

Compliance conducted this review to assess IDD Service Coordination (SC) for compliance with *Texas Administrative Code (TEX. ADMIN. CODE) A Local Intellectual Developmental Disabilities Authority LIDDA Role and Responsibilities 26 §330.7, TEX. ADMIN. CODE LIDDA Service Coordination 26 §331.11, TEX. ADMIN. CODE Rights of Individuals with an Intellectual Disability 26 §334.107, §334.109, §334.113, §334.117, §334.119, and TEX. ADMIN. CODE the Texas Home Living (TxHmL) and Community First Choice (CFC) programs as outlined in 26 TAC §262, §263, §565, and §566. TEX. ADMIN. CODE 26 §303 Preadmission Screening and Resident Review (PASRR) and Code of Federal Regulations the Community (CFR) CFC 42, § 44.*

**III. Audit Method:**

A client roster for persons served during the third quarter of FY 2024 (March 1, 2024, to May 31, 2024) was obtained from the IDD SC programs Home and Community Based Services, Texas Home Living, Community First Choice, General Review and Preadmission Screening and Residential Review programs. A staff training transcript was provided by the Organizational Development Staff Training Roster Report. A sample size of ten (10) client records for HCS program and five (5) client records each for TxHmL, CFC, GR, and PASRR programs were randomly selected. The review was conducted using a state audit tool modified by Compliance. Detailed data for this review are presented below.

**IV. Audit Findings and History:**

The overall score is 90%. The program's strengths were 100% for the Clinical Record in the following areas: A LIDDA must give a copy of Your Rights in Local Authority Services to a person and Legally Authorized Representative (LAR) or actively involved person when the person applies to the LIDDA for services and supports and annually thereafter, Habilitation Coordinator (HC) made monthly face-to-face contact with designated resident, at least annually, LIDDA provides a person and LAR written notification of LIDDA's Complaint & Appeal Process, the Service Coordination Assessment (Form 8647) was completed, Annual Understanding Program Eligibility/Explanation of IDD Services/Verification of Freedom of Choice was completed. The areas of improvement are the following: the LIDDA must communicate with the Manage Care Organization (MCO) to determine whether the person is receiving CFC services no later than 60 days prior to the expiration of LOC, Person/Family Directed the Plan of Services & Supports (The outcome is identical to the previous outcome for a different service, Person Directed Plan (PDP) Content (Service Setting) If an individual selects to live in a setting in which residential support, supervised living, or host home/companion care is provided, include the discussion about resources available for room and board, Review and Update the PDP (SC sent a copy of the updated PDP to the program provider within 10 calendar days, Service Coordination Monitoring (The following services were not monitored: Psychiatric Services, LVN, Behavioral Support, Optometry, and ISS, Other SC Responsibilities (Evidence of the service coordinator's name and date on the ID/RC in the HHSC data system, No required annual trainings completed during FY 2024, the staff did not complete Annual trainings as required.

**V. Recommendations:**

The Program should continue to assess its processes and review documentation ensuring all required standards are completed in accordance with regulatory standards. A Plan of Improvement (POI) is required to address the deficiencies noted in this report. Compliance will conduct a POI Follo up Review in 180 days. The Vice President (VP) of IDD Division and the Program Manager/Director must sign and return this report and the completed POI management response along with the POI to Compliance by the close of business.

The Harris Center for Mental Health and IDD  
The Compliance Department  
Executive Summary Cover Sheet

Mental Health (MH) Division ANSA/CANS and Plans of Care (POCs) Focus Review  
Review Dates: October 13, 2024-March 5, 2025

I. Audit Type:  
Focus

II. Purpose:

This review was conducted to determine if client records complied with the Texas Health and Human Services Commission's (HHSC) *FY 24-25 Performance Contract Notebook (PCN)*; the Texas Administrative Code (TEX. ADMIN. CODE) *Provider Responsibilities for Treatment Planning and Service Authorization 26 TEX. ADMIN. CODE §§ 301.353 (d)(1)(C), (e)(1-2), and (f)(1)*; and *Prescribing of Psychoactive Medication 26 TEX. ADMIN. CODE § 320.207 (e)*; and the Harris Center's MH Division's *CAS Mental Health Clinics Program Manual* and *AMH Procedure Manual*. Furthermore, an investigation was initiated after receiving information from an employee that Southwest Community Service Center CAS Program leadership was directing employees to obtain signatures prior to the completion of POCs.

III. Audit Method:

A client roster for persons served during the 1st Qtr. FY 2025 (September 1, 2024-November 30, 2024) was obtained through the Encounter Data Service Details report of the Electronic Health Record database (i.e., Epic). Twenty-five (25) clients from the Child and Adolescent Services (CAS) Program and twenty-five (25) clients from the Adult Mental Health (AMH) Program were selected using an Excel formula to generate a random number list. The MH Division's Clinical Monitoring Team provided a roster of employees who completed a POC during the review period. Furthermore, the audit included an investigation into the timing of obtaining required signatures on POCs. 120 total POCs (25 from SWCSC CAS and 95 from other AMH and CAS locations) were randomly selected after obtaining a client roster from the Encounter Data Service Details Report. Compliance also interviewed 15 employees from the MH Division that provide direct care services. These employees were chosen randomly by using a random number generator. The review used an audit tool developed by Compliance.

IV. Audit Findings/History:

Compliance noted that agency staff are not including all required elements of a plan of care, such as descriptions of the presenting problem, the client's needs due to the mental illness, or co-occurring disorders; the expected date by which goals will be achieved; the frequency, number of units, and duration of services; goals that are overt, observable actions of the client and are objective and measurable using quantifiable criteria; goals that reflect the client's self-direction and autonomy; Compliance had not previously conducted an ANSA/CANS and Plan of Care documentation focus review.

V. Recommendations:

The programs (CAS and AMH) should continue to review plan of care documentation and employee ANSA/CANS recertifications for compliance with regulatory standards. A Plan of Improvement (POI) is required to address the deficiencies noted in this review.

The Harris Center for Mental Health and IDD  
The Compliance Department  
Executive Summary Cover Sheet  
Mental Health (MH) Division Consents Focus Review  
Review Dates: December 6, 2024-December 17, 2024

- I. Audit Type:  
Focus
- II. Purpose:  
This review was conducted to determine if client records complied with the Texas Administrative Code (TEX. ADMIN. CODE) *Documentation of Informed Consent 25 TEX. ADMIN. CODE §§ 414.405 (a)-(c) and (g)*, and The Harris Center Policies and Procedures *HIM.EHR.B.5 Content of Patient/Individual Record* and *MED.B.6 Telehealth and Telemedicine Procedure*.
- III. Audit Method:  
A client roster for persons served during the 4th Qtr. FY 2024 (June 1, 2024-August 31, 2024) was obtained through the report function of the electronic health record (EHR) database (i.e., Epic). Fifty (50) clients from the Child and Adolescent Services (CAS) Programs and fifty (50) clients from the Adult Mental Health (AMH) Programs were selected using an Excel formula to generate a random number list. The review used an audit tool developed by Compliance.
- IV. Audit Findings/History:  
Compliance noted that agency staff are not fully completing consent documentation: some consent for services documents do not contain client signatures or initials; some clients were provided telehealth/telemedicine services without a completed consent for such services; some clients did not have signed consents for treatment with medication documents—either at the onset of a medication regimen, when a new medication was prescribed, or when a change to medication occurred; there was a lack of evidence in the EHR that staff witnesses signed the consent to treatment with medication document when the client was unable or refused to execute the document; and some clients were not provided with the annual review of medication consent. Compliance had not previously conducted a consent documentation focus review.
- V. Recommendations:  
The programs (CAS and AMH) should continue to review client consent documentation for compliance with regulatory standards. A Plan of Improvement (POI) is required to address the deficiencies noted in this review.

# FOLLOW UP AND PI REVIEWS



The Harris Center for Mental Health and IDD:  
 The Compliance Department  
 Executive Summary Cover Sheet  
 Youth Diversion Center Plan (YDC) of Improvement (POI) Follow-up Review  
 Review Date: November 26, 2024, to January 10, 2025

**I. Audit Type:**

POI Follow-Up Review

**II. Purpose:**

The purpose of this review was to determine if the program has fulfilled the corrective action steps to implement individualized crisis standards, including the following: service documentation (clinical record), facility posting requirements (environment), infection control procedures (medical), and staff training (personnel). The review assessed *YDC Operational Guidelines*; Health and Human Services Commission's (HHSC) *Information Item V: VI.D.2. a-d, 3.c, 3. d.i, 3.e.i.(1-2), 4.c.iv, 9.i, 11.b*; and *Documentation of Service Provision TEX. ADMIN. CODE 26 §301.361 (a)(4), (11), and (12)*.

**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 4<sup>th</sup> Qtr. of FY 2024 (June 1, 2024, to August 31, 2024), and the *Organizational Development Staff Training Roster Report*. Compliance conducted a follow-up review based on the POI, sampling ten (10) client records and twenty-two (22) personnel records using the audit tool developed by Compliance.

**IV. Audit Findings and History:**

The overall score is 68%. The program's strengths were 100% personnel requirements, 100% Medical requirements, and 100% Clinical Records. However, the program did not meet the criteria in the following areas of clinical records: 0% for the beginning and end time of service are documented on the progress notes, 90% for every child, adolescent, and adult admitted to crisis respites and the individual's parents, LAR, or adult caregiver receives unit orientation, 90% When child and adolescent crisis respite services are provided in general residential operations, the crisis respite provider must obtain a signed medical consent form, 0% There is no rights handbook with toll-free numbers and the name, telephone number, and mailing address of the Rights Protection Officer, Environmental Requirement:0%The respite provider must ensure the operation permit posting is posted in the main office in a prominent and public place that is accessible for staff, children, parents, and others to view at all times. The safety plan from the previous Plan of Improvement (POI) is no longer applicable due to a policy change. The new policy, Suicide/Violent Behavioral Crisis Intervention, does not apply to any of the individuals reviewed. Compliance conducted a YDC Comprehensive review in the 2nd Qtr. of FY 2024.

**V. Recommendations:**

Compliance recommends that the YDC program review the Plan of Improvement (POI) findings and continue to assess its processes to ensure all required elements are completed as required by *HHSC Information Item V, YDC Operational Guidelines*, and the *Texas Administrative Code*. The program is required to submit a Plan of Improvement POI to address the deficiencies noted in the report and collaborate with Performance Improvement (PI) to assist the program in developing systems to correct the areas of improvement in this report. Compliance will conduct a POI Follow-up Review in 180 days. The Vice President (VP) of the 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) days.



The Harris Center for Mental Health and IDD:  
 The Compliance Department  
 1<sup>st</sup> Quarter (Qtr.) of Fiscal Year (FY) 2025  
 Executive Summary Cover Sheet  
 Comprehensive Psychiatric Emergency Program (CPEP) Division  
 Substance Use Disorder Outreach Program (SUDOP)  
 Plan of Improvement (PO) Follow-Up  
 Review Date: December 10, 2024, to January 13, 2025

**I. Audit Type:**

POI Follow-up Review.

**II. Purpose:**

The purpose of this review was to assess SUDOP program for implementation of its POI requirements to ensure compliance with Texas Administrative Code (TEX. ADMIN. CODE) 26 §564.803 *Assessment*, TEX. ADMIN. CODE 26 §564.804 *Treatment Planning, Implementation and Review*, TEX. ADMIN. CODE 26 §564.805 *Discharge*, TEX. ADMIN. CODE 26 §564.603 *Training*, TEX. ADMIN. CODE 26 §306.275 *Documenting MH Case Management Services*, TEX. ADMIN. CODE 26 §306.263 *MH Case Management Services Standards and Health and Human Services Commission (HHSC) Substance Use Disorder Program Guide Statement of Work (SOW)*

**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 1<sup>st</sup> Qtr. of FY 2025 (September 1, 2024, to November 30, 2024). Compliance conducted a desk review, sampling twenty (20) consumer records and four (4) personnel records using the STATE Review Tool. Detailed data for this review is presented below.

**IV. Audit Findings and History:**

**Overall Program Score: 76%**

Detailed finding(s) is presented below.

The program's strength was Personnel Requirements 100%, and some sections of the Clinical Record Requirements were 100%, e.g. the assessment shall be signed and placed in the record within three business days, a complete discharge summary shall be completed for each person served within thirty (30) days of discharge, the program shall assess all consumers for tobacco use and referred to tobacco cessation treatment if the individual is seeking to cut back or quit, education on infectious health risk factors and providing substance use overdose prevention.

The program had other Clinical Record Requirements that fail below the threshold score of 95%, the treatment plan goals, objectives, and strategies that are individualized and specific to the person served score was 0%, the counselor and consumer shall develop and implement an individual discharge plan score was 0%, and case management services include recovery plan updates with assessment, referral, linkage, monitoring, and advocacy score was 81%.

**History**

A previous review was conducted 1<sup>st</sup> Qtr. FY 2024.

**V. Recommendations:**

The Program should continue with its POI requirements and ensure all required standards are completed in accordance with *TEX. ADMIN. CODE Requirements for Treatment Planning Implementation and Review, Discharge, MH Case Management Services Standards, Documenting MH Case Management Services, Training*. The SUDOP program is required to submit a POI and will be referred to Performance Improvement (PI) to provide essential support. 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 business days.

The Harris Center for Mental Health and IDD

The Compliance Department

Executive Summary Cover Sheet

Southwest Community Service Center (SWCSC) Performance Improvement (PI) Follow-up  
Review

Review Dates: February 3, 2025-February 14, 2025

- I. Audit Type:  
Focus
  
- II. Purpose:  
This review was conducted to determine if NECSC's collaboration with PI resulted in increased compliance with the Texas Administrative Code (TEX. ADMIN. CODE) *Documentation of Informed Consent 26 TEX. ADMIN. CODE §§ 320.59 (a)-(b)(2)* and *Medication Monitoring 26 TEX. ADMIN. Code § 320.217 (e)*.
  
- III. Audit Method:  
A client roster for persons served during the 1st Qtr. FY 2025 (September 1, 2024-November 30, 2024) was obtained through the Encounter Data Service Details report of the Electronic Health Record database (i.e., Epic). Fifty (50) clients from the NECSC Program were selected using an Excel formula to generate a random number list. The review used an audit tool developed by Compliance.
  
- IV. Audit Findings/History:  
Compliance noted that Consent to Treatment with Medication documents were not found in all health records for clients being prescribed psychoactive medication, were not being completed when medication regimens were being altered in ways that resulted in significant changes in the risks or benefits to the client and when a different medication was prescribed, and did not contain all required signatures. Compliance further noted that Abnormal Involuntary Movement Scales (AIMS) were not being completed at least quarterly for clients being prescribed medications known to cause movement disorders. Compliance previously conducted Consent to Treatment with Medication documentation and AIMS completion frequency reviews in the 3<sup>rd</sup> Qtr. FY 2020, 1<sup>st</sup> Qtr. FY 2023, and 2<sup>nd</sup> Qtr. FY 2024.
  
- V. Recommendations:  
The program should continue to collaborate with PI to implement processes to ensure Consent to Treatment with Medication documentation and the completion frequency of AIMS are compliant with regulatory standards.

The Harris Center for Mental Health and IDD  
The Compliance Department  
Executive Summary Cover Sheet

Northeast Community Service Center (NECSC) Performance Improvement (PI) Follow-up  
Review

Review Dates: February 4, 2025-February 14, 2025

- I. Audit Type:  
Focus
  
- II. Purpose:  
This review was conducted to determine if NECSC's collaboration with PI resulted in increased compliance with the Texas Administrative Code (TEX. ADMIN. CODE) *Documentation of Informed Consent 26 TEX. ADMIN. CODE §§ 320.59 (a)-(b)(2)* and *Medication Monitoring 26 TEX. ADMIN. Code § 320.217 (e)*.
  
- III. Audit Method:  
A client roster for persons served during the 1st Qtr. FY 2025 (September 1, 2024-November 30, 2024) was obtained through the Encounter Data Service Details report of the Electronic Health Record database (i.e., Epic). Fifty (50) clients from the NECSC Program were selected using an Excel formula to generate a random number list. The review used an audit tool developed by Compliance.
  
- IV. Audit Findings/History:  
Compliance noted that Consent to Treatment with Medication documents were not being completed when medication regimens were being altered in ways that resulted in significant changes in the risks or benefits to the client and when a different medication was prescribed, and did not contain all required signatures. Compliance further noted that Abnormal Involuntary Movement Scales (AIMS) were not being completed at least quarterly for clients being prescribed medications known to cause movement disorders. Compliance previously conducted Consent to Treatment with Medication documentation and AIMS completion frequency reviews in the 1<sup>st</sup> Qtr. FY 2023 and 2<sup>nd</sup> Qtr. FY 2024.
  
- V. Recommendations:  
The program should continue to collaborate with PI to implement processes to ensure Consent to Treatment with Medication documentation and the completion frequency of AIMS are compliant with regulatory standards.

# EXTERNAL AUDITS

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:**

<b>Contract Number</b>	<b>Program ID</b>	<b>Contract Term</b>	<b>Maximum Potential Contract Value</b>	<b>Review Period</b>
██████████	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

**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 complete
- 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 program physician for Medication Assisted Treatment (MAT)
- 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 worker providing the service

Review Overview- Sample Month **May 2024: 291** Claims for **36** Clients were billed thru 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.

Behavioral Health Services (BHS) Contract Operations staff conducted its review virtually. BHS staff adjusted review protocols as needed in the coordination and submission of requested documentation and review activities.

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:**



Outreach ID: [REDACTED]

Site ID: [REDACTED]

## Chart Review Request

To: Medical RecordsDate: 9/3/2024Fax Number: (713) 970-3817Phone Number: (713) 970-7330

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request.  
Please call (877) 445-9293 or email [chartreview@datavant.com](mailto: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](http://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](http://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](http://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  
Pharmacy Manager / Representative Signature Date





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

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

**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><b>TO:</b> [REDACTED]</p> <p> 9401 Southwest Freeway, Houston, TX 77074</p> <p> (713)970-3354</p> <p> (713)970-3817</p>	<p><b>FROM: ADVANTMED</b></p> <p> 17981 Sky Park Circle, Building 39/Suite B &amp; C, Irvine, CA 92614</p> <p> (800)698-1690</p> <p> (800)340-7804</p> <p> Providersupport@advantmed.com</p> <p> <a href="https://www.advantmed.com/">https://www.advantmed.com/</a></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](mailto: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](mailto: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]

<b>TO:</b> [REDACTED]	<b>FROM: ADVANTMED</b>
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](mailto: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 20 2024

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

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

**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. 190<sup>th</sup> Street, 4<sup>th</sup> Floor, Gardena, CA 90248  
Phone: 1-866-243-6057 or 1-855-216-9420  
Fax: 1-833-589-0806  
Email: records@episource.com

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**Medical Records Request  
HEDIS<sup>®</sup> 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.**

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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.

ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

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]

Pharmacy Manager / Representative Signature

9-24-24

Date





Outreach ID: [REDACTED]	[REDACTED] ID: [REDACTED]
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## 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](mailto: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](http://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](http://www.cioxlink.com) using these credentials:

- [REDACTED]
- [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 25 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

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**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
	<b>Total</b> 15.1/20
<b>Final Score</b>	<b>76%</b>

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

Behavioral Health Medical Record Review



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

Please refer to the chart below for opportunities to improve your record keeping practices.

<b>Medical Necessity</b>
The provider shall have a written utilization review (UR) plan and ongoing assessment of the medical necessity of community mental health services, including the intensity/level of services and continued need for each service for the client. The written UR plan shall address:
a) A review of medical necessity or that services are medically necessary, as determined by:
1) Medical necessity guidelines (InterQual, Texas Resilience and Recovery Guidelines, MCG's etc.);
2) The type, severity, and chronicity of the client's symptoms;
3) The severity of impairment in the client's role functioning;
4) The risks that a client's symptoms or level of role functioning pose to the safety of the client or to others with whom the client interacts;
5) The expected short-term and long-term outcome of each service needed by the client; and
6) Progress made in response to treatment if the client is currently receiving treatment
7) Documentation of clinical review by physician or other clinical designee and/or multidisciplinary rounds discussions as appropriate
8) Updated treatment planning noted when significant changes in clinical presentation is documented
<b>Screening and Assessment</b>
A provider will conduct a screening and assessment for each member on functional impairment as well as any diagnosis or symptom specific needs as clinically indicated within 90 days of initiation of treatment or within initial year for symptom-based assessments.
<b>Medication Management</b>
The provider shall have all members with a primary diagnosis of a DSM major mental illness (excluding adjustment disorders) with severe functional impairment referred for a medication management needs within a reasonable amount of time from initiation of treatment.
<b>Coordination of Care</b>
For Molina members who are hospitalized within a 30-day period, member will be seen by provider within 7 days of discharge. To promote and ensure complete and integrated health care, the provider will communicate with member's physical health primary care provider



MEDICARE MEDICAL RECORD REQUEST

1st MR Request Sent Date: September 25, 2024

Provider ID: [REDACTED]

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



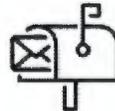
**Upload**  
Most Convenient and Secure Method:  
To upload records securely visit  
<https://www.advantmed.com/uploadrecords>



**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](mailto: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 24 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](mailto:chartreview@datavant.com) with any questions.

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**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](http://www.cioxlink.com) using these credentials:

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

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 Contact

**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

SEP 26 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
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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](mailto: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](http://www.datavant.com/campaign/betterway)

Medical records can be submitted through the following options:

### 1. Provider Portal:

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<https://idsb-portal.datavant.com/onboarding/setup>  
OR securely respond to this single request at [www.cioxlink.com](http://www.cioxlink.com) using these credentials:

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

### 2. Remote EMR Retrieval:

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Contact

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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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MEDICARE MEDICAL RECORD REQUEST

NOV 12 2024

1st MR Request Sent Date: November 11, 2024

Provider ID: [REDACTED]

RECEIVED

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

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

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

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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](http://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](http://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

RECEIVED

**VERIFICATION OF RECEIPT OF FAX:**

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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





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).
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(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

Date

11/19/2024





<b>Outreach ID:</b> [REDACTED]	<b>Site ID:</b> [REDACTED]
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# Chart Review Request

<b>To:</b>	<u>Urgent Medical Records Request</u>	<b>Date:</b>	<u>10/1/2024</u>
<b>Fax Number:</b>	<u>(713) 970-3817</u>	<b>Phone Number:</b>	<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](mailto:chartreview@datavant.com) with any questions.

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

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**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

**VERIFICATION OF RECEIPT OF FAX:**

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<b>Outreach ID:</b> [REDACTED]	<b>Site ID:</b> [REDACTED]
--------------------------------	----------------------------

# Chart Review Request

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

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10/1/2024

RECEIVED

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Outreach ID: [REDACTED]

Site ID: [REDACTED]

## Chart Review Request

To: Medical RecordsDate: 10/1/2024Fax Number: (713) 970-3817Phone Number: (713) 970-3800

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

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- Username: [REDACTED]
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2222 W. Dunlap Ave  
Phoenix, AZ 85021

OCT 02 2024

RECEIVED

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- > **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](http://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.



Outreach ID: [REDACTED]

Site ID: [REDACTED]

## Chart Review Request

OCT 04 2024

**RECEIVED**
To: UnknownDate: 10/1/2024Fax Number: (713) 970-4749Phone 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](mailto: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](http://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](http://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

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Mental Health Rehabilitation (MHR) & Mental Health Targeted Care Management (MHTCM) Provider Review Feedback	
UM Completing Review:	E.M
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

Overall Chart Compliance Rating Chart	
80% and Above	Meets Expectations
79% and Below	Does Not Meet Expectations

Claims Compliance Rating Chart	
95% and Above	Meets Expectations
94% and Below	Does Not Meet Expectations

	CHART 1	CHART 2	CHART 3	CHART 4	OVERALL CHART AVERAGE
Member Name	[REDACTED]				
Please Indicate: Adult or Child/Adolescent	Child/Adolescent	Adult	Child/Adolescent	Child/Adolescent	
<b>OVERALL CHART COMPLIANCE</b>	98.41%	97.96%	96.83%	100.00%	98.30%
<b>OVERALL CLAIMS COMPLIANCE</b>	80.00%	100.00%	85.71%	100.00%	91.43%
<b>Section 1: Assessment</b> (TAC RULE §354.2607, TAC RULE §301.363, TRR UM Guidelines)	100.00%	100.00%	93.75%	100.00%	98.44%
Reference:			TAC Rule 354.2607 (a)		
Example area of opportunity:			No supervision logs for Name redacted; no CANS cert nor supervision logs for Dylan Mireles		
<b>Section 2: Recovery Plan</b> (TAC RULE §354.2609, TAC RULE §306.263, TAC RULE §307.9, TAC RULE §307.11)	94.74%	94.74%	94.74%	100.00%	96.06%
Reference:	TAC Rule 354.2609	TAC Rule 354.2609	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)	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.		
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)				
<b>Section 3: Service Documentation</b> (TAC RULE §306.323, TAC RULE §306.275)	100.00%	100.00%	100.00%	100.00%	100.00%
<b>Section 4: Adult</b> (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	100.00%	N/A	N/A	100.00%
<b>Section 5: Child &amp; Adolescent</b> (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%	N/A	100.00%	100.00%	100.00%
<b>Section 6: Claims Issues</b>	80.00%	100.00%	85.71%	100.00%	91.43%
Type of billing issue:	Other/multiple issues (see UM Comments)		Other/multiple issues (see UM Comments)		
Impacted claim numbers:	See client tab		See client tab		
Did member fall within the average utilization guidelines for the review period?	N/A	No	No	No	
If no, was utilization above or below the average?	LOC YC	1.75 hours (LOC3 ~5.87 hours) Below	1.66 hours (LOC2 ~3 hours) Below	1.58 hours (LOC 2 ~3 hours) Below	

Additional Comments from Reviewing UM Staff:



OCT 09 2024

RECEIVED

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

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

**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

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

**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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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.

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

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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](mailto: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](http://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](http://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
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To learn more about one of these **NO COST** retrieval options, visit [www.datavant.com/campaign/betterway](http://www.datavant.com/campaign/betterway)

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**REQUEST FOR MEDICAL RECORDS**

Request Send Date: October 11, 2024

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

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

RECEIVED

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

To: <u>Medical Records</u>	Date: <u>10/14/2024</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](mailto: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](http://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](http://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

10/14/2024

RECEIVED

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- > **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

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**REQUEST FOR MEDICAL RECORDS**

Request Send Date: October 14, 2024

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

<p><b>TO: Dr. Inayath Nayeemuddin</b></p> <p> 9401 Southwest Freeway, Houston, TX 77074</p> <p> (713)970-7000</p> <p> (713)970-3817</p>	<p><b>FROM: ADVANTMED</b></p> <p> 17981 Sky Park Circle, Building 39/Suite B &amp; C, Irvine, CA 92614</p> <p> (800)698-1690</p> <p> (800)340-7804</p> <p> Providersupport@advantmed.com</p> <p> <a href="https://www.advantmed.com/">https://www.advantmed.com/</a></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](mailto: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](mailto: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 15 2024

RECEIVED

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**REQUEST FOR MEDICAL RECORDS**

Request Send Date: October 14, 2024

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

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

**DUE DATE:** July 30, 2024

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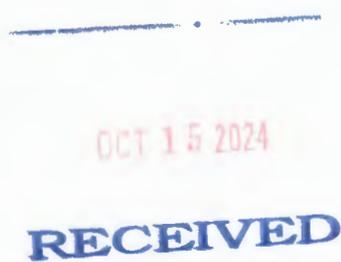
To fax records toll free, use our secure fax lines:  
(800)340-7804 (Main Fax Line)  
(949)222-0185 (Alternate Fax Line)



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 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.

# 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 (Including 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] 10/21/24  
Signature Date



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

**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](mailto: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](mailto: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 22 2024

RECEIVED

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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]

[Redacted Signature]

10-23-24

Pharmacy

Date

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.





MEDICARE MEDICAL RECORD REQUEST

OCT 24 2024

1st MR Request Sent Date: October 23, 2024

Provider ID: [REDACTED]

RECEIVED

<b>TO: THE HARRIS CENTER FOR MENTAL HEALTH AND IDD</b>	<b>FROM: ADVANTMED</b>
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.



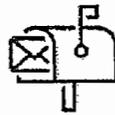
Upload  
Most Convenient and Secure Method:  
To upload records securely visit  
<https://www.advantmed.com/uploadrecords>



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

**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>'



**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](mailto: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](mailto: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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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.

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] 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><b>TO: THE HARRIS CENTER FOR MENTAL HEALTH AND IDD</b></p> <p>9401 Southwest Freeway, Houston, TX 77074</p> <p>(713)970-7000</p> <p>(713)970-3817</p>	<p><b>FROM: ADVANTMED</b></p> <p>17981 Sky Park Circle, Building 39/Suite B &amp; C, Irvine, CA 92614</p> <p>(800)698-1690</p> <p>(800)340-7804</p> <p>Providersupport@advantmed.com</p> <p><a href="https://www.advantmed.com/">https://www.advantmed.com/</a></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](mailto: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](mailto: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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**EXL**111 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**



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](mailto: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](http://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](http://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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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: L-04551660

NOV 01 2024

RECEIVED



**Health and Human Services Commission  
BHS Contract Operations  
Quality Management**

**The Harris Center for Mental Health and IDD  
Document Request List  
Diversion Center Desk Review**

The following items are requested by your Quality Management (QM) Lead Reviewer, Vanessa Crawford.

The items marked Desk review must be submitted to the SharePoint link to the QM Lead Reviewer by 11/4/2024 .

If you have any questions regarding this request, please contact the QM Lead Reviewer by e-mail at [vanessa.crawford@hhs.texas.gov](mailto:vanessa.crawford@hhs.texas.gov).

Documents Requested for the following location(s): <b>6160 South Loop East, Houston, TX 77087</b>	<b>Desk Review</b>
1. Personnel records for the following staff: <ul style="list-style-type: none"> <li>• LPHA/Program Coordinator</li> <li>• QMHP</li> <li>• Nurse</li> <li>• Psychiatrist</li> </ul>	<input checked="" type="checkbox"/>
2. Personnel documentation to include: <ul style="list-style-type: none"> <li>• Criminal background checks</li> <li>• Employee misconduct registry</li> <li>• Nurse aide registry</li> <li>• Annual Client Rights</li> <li>• Preventing and managing aggressive behavior (MDs exempt)</li> <li>• Annual verification of licensure</li> </ul>	<input checked="" type="checkbox"/>
3. Organizational chart or list of staff position titles including: <ul style="list-style-type: none"> <li>• Liaison</li> <li>• Medical Director</li> <li>• Physician or psychiatrist (telehealth)</li> <li>• Medical staff (APRN, RN, or PA)</li> <li>• All non-full time and full-time staff</li> </ul>	<input checked="" type="checkbox"/>
4. Pest control contract	<input checked="" type="checkbox"/>

## Document Request List

Documents Requested for the following location(s): <b>6160 South Loop East, Houston, TX 77087</b>	<b>Desk Review</b>
5. ADA compliance documentation (ADA plan, Inspection, Checklist)	<input checked="" type="checkbox"/>
6. Annual kitchen inspection (if applicable)	<input checked="" type="checkbox"/>
7. Diversion Center Records including but not limited to (send when EHR access is not available): <ul style="list-style-type: none"> <li>• Crisis Treatment Plan</li> <li>• Screening and Assessment</li> <li>• Continuity of Care documentation</li> <li>• Discharge Plan</li> <li>• Client Rights</li> </ul>	<input checked="" type="checkbox"/>



## Health and Human Services Commission IDD-BHS Contract Operations Quality Management

### Harris Center for Mental Health and IDD Hospital Step Down FY25 Pre-operational Document Request List

The following items are requested for your Quality Management review by your Quality Management Lead Reviewer, Vanessa Crawford.

The items marked Desk must be submitted to the Globalscape server or email, received by the Quality Management Lead Reviewer by Monday, November 4, 2024 at COB.

The items marked On-site are scheduled for a video or walk through by Tuesday, November 5, 2024.

If you have any questions regarding this request, please contact the QM Lead Reviewer via e-mail at [vanessa.crawford@hhs.texas.gov](mailto:vanessa.crawford@hhs.texas.gov).

Documents Requested	Pre-site	On-site/video
Operations policy and procedures to include: (1)staff supervision oversight, (2)environment oversight to include meeting ADA requirements, (3) securing and retention of documentation, (4) maintain full-time staffing, (5) health and sanitation, (6) fees and collection, (7) animal in the home	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Document Request List

Documents Requested	Pre-site	On-site/video
Program policy and procedures to include: (1) resident screening, admission, termination, grievances, appeals, denying admission (2) information provided to residents for program services and safety, home tour, activities, (3) resident safety and abuse reporting, (4) behavior management, (5) resident belongings, storage, and funds, (6) resident rights and advance directives, (7) resident complaints and grievances, (8) fees and money management, (9) evacuation capability determination, (10) provision and coordination of health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personnel policy and procedures to include: (1) pre/post training, (2) hiring, (3) leave, (4) disciplinary, (5) national and state criminal background checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Infection Control policy and procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medication policy and procedures to include: (1) administration, (2) storage, (3) resident self-medication	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety policies and procedures to include: (1) hazardous weather, (2) disaster Plan, (3) evacuation drills and retention of drill records, (4) weapons	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kitchen policy and procedures to include: (1) food service, (2) Food Handler Permits (3) food allergies	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fire inspection reports from the local jurisdiction indicating home complies with all local fire codes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Job descriptions for the HSD positions to be filled	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of all sub-contracted services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pest Control Contract	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Document Request List

Documents Requested	Pre-site	On-site/video
Vehicle Insurance, if applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of House Rules/Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Environment via onsite/video, (see environment tab for details)</b>		
Physical building outside and parking lot	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Common areas	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bedrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bathrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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

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.

1145 W Diversey Pkwy  
Chicago, Illinois  
60614-1318  
773-880-1460 phone  
www.ncchc.org  
accreditation@ncchc.org



**NATIONAL COMMISSION  
ON CORRECTIONAL HEALTH CARE**

# **Health Services Accreditation Report**

**Harris County Downtown Central Jail  
Houston, TX**

**Survey Date: November 12-15, 2024**

**Report Date: November 19, 2024**

This accreditation report, including any attachments, is intended solely for the use of the recipient facility and contains confidential information which may be legally protected from disclosure.

Harris County Downtown Central Jail, TX  
November 19, 2024

The National Commission on Correctional Health Care is dedicated to improving the quality of correctional health services and helping correctional facilities provide effective and efficient care. NCCHC grew out of a program begun at the American Medical Association in the 1970s. The standards are NCCHC’s recommended requirements for the proper management of a correctional health services delivery system. These standards have helped correctional facilities improve the health of their inmates and the communities to which they return, increase the efficiency of their health services delivery, strengthen their organizational effectiveness, and reduce their risk of adverse patient outcomes and legal judgments.

**Survey Information**

On November 12-15, 2024, NCCHC conducted its onsite review for continued accreditation of this facility. We commend the facility staff for their professional conduct, assistance, and candor during the course of our review. NCCHC’s team of experienced certified correctional health professionals utilized NCCHC’s 2018 *Standards for Health Services in Jails* as the basis of its health services analysis. It is most effective when read in conjunction with the *Standards* manual. The information in this report is privileged and confidential and is intended for the sole use of persons addressed.

**Essential Standards**

There are 39 essential standards, 39 are applicable to this facility and 35 (90%) were found to be in full compliance. One hundred percent (100%) of the applicable essential standards must be met to achieve accreditation. Listed below are standards that were not compliant, partially compliant, or not applicable.

Standard number and name not compliant:  
None

Standard number and name partially compliant:  
J-B-05 Suicide Prevention and Intervention  
J-E-02 Receiving Screening  
J-E-07 Nonemergency Health Care Requests and Services  
J-F-01 Patients with Chronic Disease and Other Special Needs

Standard number and name not applicable:  
None

## Important Standards

There are 20 important standards; 19 are applicable to this facility and 18 (95%) were found to be in compliance. Eighty-five percent or more of the applicable important standards must be met. If a facility meets or exceeds the 85% threshold of compliance, submission of corrective action is not required. NCCHC encourages facilities to address all important standards that have non-compliance issues. Listed below are standards that were not compliant, partially compliant, or not applicable.

Standard number and name not compliant:

None

Standard number and name partially compliant:

J-A-09 Procedure in the Event of an Inmate Death

Standard number and name not applicable:

J-C-08 Health Care Liaison

Decision: On November 19, 2024, Harris County Downtown Central Jail was granted an accreditation decision of Accreditation with Verification, which means that all areas of noncompliance need to be addressed before full accreditation can be granted. Corrective action is to be submitted to NCCHC by March 31, 2025.

## FACILITY PROFILE

The facility's security classification is: maximum

The facility was built in: 1991, 2003 & 2019.

There have been the following changes in mission or purpose since the last survey: none.

Since the last NCCHC survey, there have been the following major renovations / expansions / closures in the facility: none

The following major renovations / expansion / closures in the facility are anticipated: none

The facility is located in: Southeastern United States

The facility's supervision style is: direct and indirect supervision

The facility's structural layout is: linear and dormitory style

Total Inmate Count on day of survey: 8002

Total number of adult males on day of the survey: 7007

Total number of adult females on day of the survey: 995

Total number of juvenile males on day of the survey: none

Total number of juvenile females on day of the survey: none

Average Daily Population (ADP) for last completed calendar year: 7950

The design-rated capacity for the facility is: 9678

There has not been a substantial increase or decrease in the inmate population.

Admissions to the facility arrive: unscheduled at any time of day

The total number of admissions to the facility last year was: 100,000

The average daily intake to the facility last year was: 250

The total number of custody staff assigned to this facility is: 1850

The usual shift coverage for custody staff is: Day – 735, Evening – 572, Night - 543

There has not been a recent change in health care contractor.

Health services are provided by: community hospital district

They have provided health services since: 2022

There have not been any distinctive events that may affect the delivery of health care.

The facility also has a processing center and additional detention facility housing, both located within 400 meters of the main facility.

## Survey Method

We toured the clinic area, inmate housing areas, intake/receiving area and segregation. We reviewed health records; policies and procedures; provider licenses; administrative, health staff, and continuous quality improvement (CQI) meeting minutes; job descriptions; statistical and environmental inspection reports; and health services personnel and custody training records. We interviewed the major, responsible physician, health services administrator, designated mental health clinician, psychiatrist, mental health counselor, dentist, nurses, custody staff, and multiple inmates selected at random.

## Survey Findings and Comments

### A. GOVERNANCE AND ADMINISTRATION

Standards in this section address the establishment of a health care system that ensures access to care, professional administration of all aspects of health care, and monitoring and quality improvement policies that effectively process health care issues from identification through resolution.

#### Standard Specific Findings

<b>J-A-01 Access to Care (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The responsible health authority identifies and eliminates any unreasonable barriers, intentional and unintentional, to inmates receiving health care.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-A-02 Responsible Health Authority (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The RHA arranges for all levels of health care and ensures quality, accessible, and timely health services for inmates.	X		
2. The RHA's responsibilities are documented in a written agreement, contract, or job description.	X		
3. The RHA must be on-site at least weekly.	X		
4. Final clinical judgments rest with a single, designated, licensed <i>responsible physician</i> .	X		
5. Where there is a separate organizational structure for mental health services, there is a <i>designated mental health clinician</i> .	X		
6. Where there is a separate organizational structure for dental services, there is a <i>designated dental clinician</i> .	N/A		

7. The responsible physician (and designated mental health clinician and dental clinician, if applicable) is available to the facility frequently enough to fulfill the position's clinical and administrative responsibilities.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-A-03 Medical Autonomy (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Clinical decisions are determined by qualified health care professionals and implemented in an effective and safe manner.	X		
2. Administrative decisions are coordinated, if necessary, with clinical needs so that patient care is not jeopardized.	X		
3. <i>Custody staff</i> support the implementation of clinical decisions.	X		
4. <i>Health staff</i> recognize and follow security regulations.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-A-04 Administrative Meetings and Reports (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Administrative meetings are attended by the facility administrator and the responsible health authority (RHA) or their designees, and other members of the medical, dental, and mental health and correctional staffs as appropriate.	X		
2. Administrative meetings are held at least quarterly. Minutes or summaries are made and retained for reference, and copies available and reviewed by all appropriate personnel.	X		

3. Health staff meetings occur at least monthly to address pertinent health care issues. Minutes or summaries are made and retained for reference, and copies are available and reviewed by all health staff.	X		
4. Statistical reports of health services are made at least monthly. They are provided to the facility administrator and others as appropriate and are used to monitor trends in the delivery of health care.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-A-05 Policies and Procedures (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Policies and procedures address each applicable standard in the <i>Standards for Health Services in Jails</i> .	X		
2. Health care policies and procedures are site specific.	X		
3. Health care policies and procedures are reviewed at least annually by the RHA and responsible physician.	X		
4. Documentation of this review includes signatures of the RHA and responsible physician and the date of the review.	X		
5. Health staff review policies and procedures any time they are revised or new policies are introduced.	X		
6. Other policies, such as those for custody, kitchen, industries, and health care vendor or other contractors, do not conflict with health care policies.	X		
7. The manual or compilation is accessible to health staff.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-A-06 Continuous Quality Improvement Program (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The responsible health authority establishes a continuous quality improvement program that includes a <i>quality improvement committee</i> with representatives from the major program areas. The committee meets as required but no less than quarterly. The committee:			
a. Identifies aspects of health care to be monitored and establishes <i>thresholds</i>	X		
b. Designs quality improvement monitoring activities	X		
c. Analyzes the results for factors that may have contributed to below threshold performance	X		
d. Designs and implements improvement strategies to correct the identified health care concern	X		
e. Monitors the performance after implementation of the improvement strategies	X		
2. CQI meeting minutes or summaries are made and retained for reference, and copies are available and reviewed by all appropriate personnel.	X		
3. <i>Health record reviews</i> are done under the guidance of the responsible physician or designee to ensure that appropriate care is ordered and implemented and that care is coordinated by all health staff, including medical, dental, mental health, and nursing.	X		
4. Beyond chart reviews, the responsible physician is involved in the CQI process.	X		
5. When the committee identifies a site-specific health care concern from its monitoring, a <i>process and/or outcome quality improvement study</i> is initiated and documented.	X		
6. At least one process and/or outcome quality improvement study is completed per year.	X		
7. The committee documents a written annual review of the effectiveness of the CQI program by reviewing CQI studies and minutes of CQI, administrative, and/or staff meetings, or other pertinent written materials.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		

Comments:
None concerns noted.
Corrective action:
None

<b>J-A-07 Privacy of Care (I).</b>			
	The compliance indicator is:		
	Fully Met	Partially Met	Not Met
1. Discussions of protected patient health information and <i>clinical encounters</i> are conducted in private.	X		
2. Privacy (e.g., privacy screen, curtain, private area) should be afforded during physical exams, with special considerations for pelvic, rectal, breast, or other genital exams.	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		
Comments:			
None concerns noted.			
Corrective action:			
None			

<b>J-A-08 Health Records (E).</b>			
	The compliance indicator is:		
	Fully Met	Partially Met	Not Met
1. The method of recording entries in the health record and the <i>health record contents</i> and format are approved by the responsible health authority (RHA) or designee.	X		
2. If electronic health records are used, procedures address integration of health information in electronic and paper forms.	X		
3. Where mental health or dental records are separate from medical records:			
a. A process ensures that pertinent information is shared	N/A		
b. At a minimum, a listing of current problems, allergies, and medications is common to all medical, dental, and mental health records of an inmate	N/A		
4. Evidence exists that the health record is available to health staff and health encounters are documented.	X		

5. Criminal justice information that is pertinent to clinical decisions is available to qualified health care professionals.	X		
6. Health records stored in the facility are maintained under secure conditions separate from correctional records.	X		
7. Access to health records and health information is controlled by the RHA.	X		
8. Evidence exists that health staff receive instruction in maintaining confidentiality.	X		
9. If records are transported by nonhealth staff, the records are sealed.	X		
10. When an inmate is transferred to another correctional facility:			
a. A copy of the current health record or a <i>comprehensive health summary</i> accompanies the inmate	X		
b. The transfer and sharing of health records complies with state and federal law	X		
11. There is a system for the reactivation of records when requested by health staff.	X		
12. The jurisdiction's legal requirements regarding records retention and release are followed.	X		
13. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-A-09 Procedure in the Event of an Inmate Death (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. A <i>clinical mortality review</i> is conducted within 30 days.	X		
2. An <i>administrative review</i> is conducted in conjunction with custody staff.		X	
3. A <i>psychological autopsy</i> is performed on all deaths by suicide within 30 days.			X
4. Treating staff are informed of pertinent findings of all reviews.	X		
5. A log is maintained that includes:			

a. Patient name or identification number	X		
b. Age at time of death	X		
c. Date of death	X		
d. Date of clinical mortality review	X		
e. Date of administrative review	X		
f. Cause of death (e.g., hanging, respiratory failure)	X		
g. Manner of death (e.g., natural, suicide, homicide, accident)	X		
h. Date pertinent findings of review(s) shared with staff	X		
i. Date of psychological autopsy, if applicable	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
Since the last survey there have been 49 deaths of which 2 were as a result of suicide, 36 were by natural causes, 6 were accidental, and 5 were by unknown/undetermined causes. During this time, psychological autopsies and administrative reviews did not occur timely. Psychological autopsies did not occur within 30 days for the 2 suicides and more than 25% of the deaths did not have an administrative review.			
<b>Corrective action:</b>			
The facility is to submit corrective action to NCCHC for Compliance Indicators #2 and #3. Acceptable documentation and evidence of compliance must include: <ul style="list-style-type: none"> <li>• A plan by the RHA that addresses: <ul style="list-style-type: none"> <li>○ How administrative reviews will be conducted on all in custody deaths going forward</li> <li>○ How a psychological autopsy will be performed on all in custody deaths by suicide within 30 days of the date of death going forward</li> </ul> </li> <li>• A copy of any applicable policy and procedure (referring to both custody and health care services) changes made (with changes highlighted for easy identification by NCCHC staff)</li> </ul>			

<b>J-A-10 Grievance Process for Health Care Complaints (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. A grievance process is in place.	X		
2. The grievance policy includes:			
a. A time frame for response	X		
b. The process for appeal	X		
3. Responses to inmate grievances are:			

a. Timely	X		
b. Based on principles of adequate medical care	X		
c. Include documentation of response	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

### B. HEALTH PROMOTION, SAFETY, AND DISEASE PREVENTION

Standards in this section address the need to optimize education, safety, and preventive care. Policies and procedures related to these standards require involvement by all facility staff.

#### Standard Specific Findings

<b>J-B-01 Healthy Lifestyle Promotion (I)</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Health staff document that patients receive individual <i>health education</i> and instruction in <i>self-care</i> for their health conditions.	X		
2. General health education (e.g., pamphlets, news articles, video, classes) is accessible to all inmates.	X		
3. The facility provides a <i>nutritionally adequate</i> diet to the general population.	X		
4. A <i>registered dietitian nutritionist</i> (RDN), or other licensed qualified nutrition professional, as authorized by state scope of practice laws, documents a review of the regular diet for nutritional adequacy at least annually.	X		
5. The facility has a procedure in place to notify the RDN whenever the regular diet menu is changed.	X		
6. Health staff promote and provide education on exercise and physical activity options in the facility.	X		
7. Smoking is prohibited indoors. If the facility allows smoking outside, specific areas are designated.	X		

8. Information on the health hazards of tobacco is available to inmates.	X		
9. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-B-02 Infectious Disease Prevention and Control (E)</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The facility has a written <i>exposure control plan</i> that is approved by the responsible physician. The plan is reviewed and updated annually.	X		
2. The responsible health authority ensures that:			
a. Medical, dental, and laboratory equipment and instruments are appropriately cleaned, decontaminated, and sterilized per applicable recommendations and/or regulations	X		
b. Sharps and biohazardous wastes are disposed of properly	X		
c. Surveillance to detect inmates with infectious and communicable disease is effective	X		
d. Inmates with contagious diseases are identified and, if indicated, <i>medically isolated</i> in a timely fashion	X		
e. Infected patients receive medically indicated care	X		
3. <i>Standard precautions</i> are always used by health staff to minimize the risk of exposure to blood and body fluids.	X		
4. Inmate workers, if used, are trained in appropriate methods for handling and disposing of biohazardous materials and spills.	X		
5. Patients requiring respiratory isolation are housed in a functional negative pressure room.	X		
6. Inmates who are released with communicable or infectious diseases have documented community referrals, as medically indicated.	X		
7. The facility completes and files all reports as required by local, state, and federal laws and regulations.	X		

8. Effective <i>ectoparasite</i> control procedures are used to treat infected inmates and to disinfect bedding and clothing.	X		
a. Inmates, bedding, and clothing infected with ectoparasites are disinfected.	X		
b. Prescribed treatment considers all conditions (such as pregnancy, open sores, or rashes) and is ordered only by providers.	X		
c. If the facility routinely delouses inmates, only over-the-counter medications, such as those containing pyrethrins, are used.	X		
9. An environmental inspection of health services areas is conducted monthly to verify that:			
a. Equipment is inspected and maintained	X		
b. The unit is clean and sanitary	X		
c. Measures are taken to ensure the unit is occupationally and environmentally safe	X		
10. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-B-03 Clinical Preventive Services (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The responsible physician determines the medical necessity and/or timing of screenings and other preventive services (e.g., mammograms, colorectal screening, prostate screening, Pap smears).	X		
2. The responsible physician determines the frequency and content of periodic health assessments.	X		
3. The dentist determines the frequency and content of periodic dental evaluations.	X		

4. The responsible physician determines the medical necessity and/or timing of screening for communicable diseases (e.g., HIV, syphilis, gonorrhea, chlamydia), to include laboratory confirmation, treatment, and follow-up as clinically indicated.	X		
5. Immunizations are administered to patients as clinically indicated.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-B-04 Medical Surveillance of Inmate Workers (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. There is an institutional committee or equivalent body that identifies and oversees inmate occupational-associated risks through a <i>medical surveillance</i> program	X		
2. An initial <i>medical screening</i> of an inmate for contraindications to a work program, based on job risk factors and patient condition, is conducted prior to enrollment in the program.	X		
3. Ongoing medical screening of inmates in work programs is conducted in a way that affords the same health protections as medical screening of employee workers in equivalent jobs.	X		
4. The responsible physician reviews and approves the health aspects of the medical surveillance program.	X		
5. Inmate illness or injury potentially related to occupational exposure or with occupational implications is identified and the information provided to the quality improvement committee for review.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-B-05 Suicide Prevention and Intervention (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The responsible health authority and facility administrator approve the facility's suicide prevention program.	X		
2. A suicide prevention program includes the following:			
a. Facility staff identify suicidal inmates and immediately initiate precautions.	X		
b. Suicidal inmates are evaluated promptly by the designated health professional, who directs the intervention and ensures follow-up as needed.		X	
c. <i>Acutely suicidal</i> inmates are monitored by facility staff via constant observation.	X		
d. <i>Nonacutely suicidal</i> inmates are monitored by facility staff at unpredictable intervals with no more than 15 minutes between checks.		X	
3. The use of other inmates in any way (e.g., companions, suicide-prevention aides) is not a substitute for staff supervision.	X		
4. Treatment plans addressing suicidal ideation and its reoccurrence are developed.	X		
5. Patient follow-up occurs as clinically indicated.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.		X	
<b>Comments:</b>			
<p>Per policy, individuals expressing acute and nonacute suicidal ideations are housed in the mental health infirmary and patients expressing suicidal ideations that have co-occurring medical concerns are housed in the medical infirmary. Patient monitoring is conducted by psychiatric technicians and nursing staff. Patients reporting suicidal ideations are assessed timely.</p> <p>However, we observed multiple occasions where the monitoring of non-acute patients exceeded 15 minutes, with some as much as an hour and more than 4 hours. Patients placed on suicide watch during the intake process by the provider were not transferred to the medical or mental health infirmaries and were not monitored per policy. Patients continue with the intake process in the processing center and are monitored at a 30-minute interval, which was documented in the correctional record and not in the medical record.</p>			
<b>Corrective action:</b>			
<p>The facility is to submit corrective action to NCCHC for Compliance Indicators #2b, #2d, and #6. Acceptable proof of compliance includes submission of:</p> <ul style="list-style-type: none"> <li>• A plan by the that addresses</li> </ul>			

- How suicidal patients will be evaluated by the designated health professional, who will direct the intervention and ensure follow-up as needed going forward
- How the non-acute suicide watches will be completed in unpredictable intervals with no more than 15 minutes between checks going forward
- Any applicable policy and procedures (referring to both custody and health services) changes made (with changes highlighted for easy identification by NCCHC staff)
- Results of two consecutive 30-day CQI studies that evaluate compliance with non-acute suicide monitoring being done at unpredictable intervals with no more than 15 minutes between checks
- A copy of completed staff training for all staff involved in the identification of suicidal patients during the intake process, as well as all staff involved in the monitoring of suicidal inmates, including a copy of the course content and training records showing the training was completed (i.e., sign-in sheets)

<b>J-B-06 Contraception (I).</b>			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Emergency contraception is available to women at intake.	X		
2. For planned releases to the community, arrangements are made to initiate contraception for women, upon request.	X		
3. Information about contraceptive methods and community resources is available.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-B-07 Communication on Patients' Health Needs (I).</b>			
	<i>The compliance indicator is:</i>		
	Fully Met	Partially Met	Not Met
1. Correctional staff are advised of inmates' special health needs that may affect:			
a. Housing	X		
b. Work assignments	X		
c. Program assignments or selection	X		
d. Disciplinary measures	X		

e. Transport to and from outside appointments	X		
f. Admissions to and transfer from facilities	X		
g. Clothing or appearance	X		
h. Activities of daily living	X		
2. Communication of health needs is documented.	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-B-08 Patient Safety (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Facility staff implement <i>patient safety systems</i> to prevent <i>adverse</i> and <i>near-miss</i> clinical events.	X		
2. The responsible health authority (RHA) implements a reporting system for health staff to voluntarily report, in a nonpunitive environment, adverse and near-miss events that affect patient safety.	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-B-09 Staff Safety (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Methods of communication (e.g., radio, panic button, voice proximity) between health staff and custody staff are available.	X		
2. When a safety concern arises, custody staff are requested and readily available to health staff.	X		

3. On each shift where health staff are present, inventories are maintained on items subject to abuse (e.g., needles, scissors, other sharp instruments) and discrepancies are immediately reported to the custody staff.	X		
4. As in the community, health staff identify and use contemporary equipment during the course of their duties (e.g., personal protective equipment, needle safety devices such as self-sheathing needles or needleless systems).	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

### C. PERSONNEL AND TRAINING

Standards in this section ensure that appropriately trained personnel are in place to deliver health care to the inmate population and that qualified health care professionals are evaluated for continuing competency.

#### Standard Specific Findings

<b>J-C-01 Credentials (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. All qualified health care professionals have credentials and provide services consistent with the licensure, certification, and registration requirements of the jurisdiction.	X		
2. The responsible health authority (RHA) ensures that new hires undergo a credential verification process that confirms current licensure, certification, or registration.	X		
3. The credential verification process includes inquiry regarding sanctions or disciplinary actions of state boards and, for <i>prescribers</i> , the National Practitioner Data Bank (NPDB).	X		
4. Qualified health care professionals do not perform tasks beyond those permitted by their credentials.	X		

5. The RHA maintains verification of current credentials for all qualified health care professionals at a readily accessible location.	X		
6. A license that limits practice to only correctional health care is not in compliance with this standard.	X		
7. Specialists providing on-site or telehealth care services have appropriate licenses and certifications on file.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-C-02 Clinical Performance Enhancement (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Clinical performance enhancement reviews are conducted, at a minimum, on all full-time, part-time, or per diem:			
a. Providers	X		
b. RNs	X		
c. LPNs	X		
d. Psychologists	X		
e. Licensed clinical social workers	X		
f. Dentists	X		
2. The clinical performance enhancement review is conducted annually.	X		
3. Clinical performance enhancement reviews are kept confidential and incorporate at least the following elements:			
a. The name and credentials of the individual being reviewed	X		
b. The date of the review	X		
c. The name and credentials of the reviewer	X		
d. A summary of the findings and corrective action, if any	X		

e. Confirmation that the review was shared with the individual being reviewed	X		
4. A log or other written record listing the names of the individuals reviewed and the dates of their most recent reviews is available.	X		
5. The responsible health authority (RHA) implements an <i>independent review</i> when there is concern about any individual's competence.	X		
6. The RHA implements procedures to improve an individual's competence when such action is necessary.	X		
7. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-C-03 Professional Development (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. All qualified health care professionals obtain at least 12 hours of continuing education per year or have proof of a valid license in states where continuing education is required for licensure.	X		
2. The responsible health authority (RHA) documents compliance with continuing education requirements.	X		
3. The RHA maintains a list of the state's continuing education requirements for each category of licensure of all qualified health care professionals.	X		
4. All qualified health care professionals who have patient contact are current in cardiopulmonary resuscitation technique.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-C-04 Health Training for Correctional Officers (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. A training program is established and approved by the responsible health authority in cooperation with the facility administrator.	X		
2. An outline of the training, including course content and length, is kept on file.	X		
3. Correctional officers who work with inmates receive health-related training at least every 2 years. This training includes, at a minimum:			
a. Administration of first aid	X		
b. Cardiopulmonary resuscitation including the use of an automated external defibrillator	X		
c. Acute manifestations of certain chronic illnesses (e.g., asthma, seizures, diabetes)	X		
d. Intoxication and withdrawal	X		
e. Adverse reactions to medications	X		
f. Signs and symptoms of mental illness	X		
g. Dental emergencies	X		
h. Procedures for suicide prevention	X		
i. Procedures for appropriate referral of inmates with medical, dental, and mental health complaints to health staff	X		
j. Precautions and procedures with respect to infectious and communicable diseases	X		
k. Maintaining patient confidentiality	X		
4. A certificate or other evidence of attendance is kept on-site for each employee.	X		
5. While it is expected that 100% of the correctional staff who work with inmates are trained in all of these areas, compliance with the standard requires that at least 75% of the staff present on each shift are current in their health-related training.	X		

6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-C-05 Medication Administration Training (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Correctional or health staff who administer or deliver prescription medication to inmates must be permitted by state law to do so.	X		
2. Staff who administer or deliver prescription medications are trained in matters of:			
a. Security	X		
b. Accountability	X		
c. Common side effects	X		
d. Documentation of administration of medicines	X		
3. The training is approved by the responsible physician or designee and facility administrator or designee.	X		
4. Documentation of completed training and testing is kept on file for staff who administer or deliver medications.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-C-06 Inmate Workers (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Inmates do not make treatment decisions or provide patient care.	X		

2. Inmates are not substitutes for health staff, but may be involved in appropriate peer health-related programs or <i>reentry health care training programs</i> .	X		
3. Other than those in a reentry health care training program, inmates are not permitted to:			
a. Distribute or collect sick-call slips	X		
b. Schedule appointments	X		
c. Transport or view health records	X		
d. Handle or administer medications	X		
e. Handle surgical instruments and sharps	X		
4. Inmates in peer-health related programs are permitted to:			
a. Assist patients in <i>activities of daily living</i> (except for infirmity-level care patients)	N/A		
b. Participate in a buddy system for nonacutely suicidal inmates after documented training	N/A		
c. Participate in hospice programs after documented training (see F-07 Care for the Terminally III)	N/A		
5. Patients have the right to refuse care delivered by inmates who are in a reentry health care training program (e.g., dental assistant, nursing assistant).	N/A		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-C-07 Staffing (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The RHA approves the staffing plan.	X		
2. Prescriber and nursing time must be sufficient to fulfill clinical responsibilities.	X		
3. Responsible physician time must be sufficient to fulfill administrative responsibilities.	X		



Psychologist	8			
Care Coordinator	22.7			
Clinical Team Leader	9			
Competency Restoration Educator	1			
Court Liaison	3			
Diversion Coordinator	4			
Diversion Resource Specialist	1			
Forensic Clinical Quality Manager	1			
Forensic Court Clinical Interviewer	10			
Forensic Office Administrator	1			
Licensed Master Level Clinician	18			
Medical Director	1			
Operations Manager	1			
Peer Educator	3			
Peer Navigator	6			
Peer Specialist	1			
Performance Improvement Specialist	1			
Program Assistant	1			
Program Director	3			
Re-Entry Specialist	2			
Senior Director of Adult Forensic Services	.94			
Mental Health Counselor	14			
Mental Health Educator	1			
Mental Health Triage	1			

<b>J-C-08 Health Care Liaison (I).</b>			
<b>X NOT APPLICABLE</b> The facility does not require a health care liaison	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. A designated, trained <i>health care liaison</i> coordinates health services delivery in the facility and satellite(s) on days when no qualified health care professionals are on-site for a continuous 24-hour period.	N/A		
2. The health care liaison is instructed in the role and responsibilities by the responsible physician or designee.	N/A		
3. The health care liaison should have a plan that includes contact information for the on-call health staff, ambulance, and other emergency community contacts.	N/A		
4. The health care liaison receives instruction in reviewing patient information.	N/A		
5. The health care liaison maintains confidentiality of patient information.	N/A		

6. Duties assigned to the health care liaison post are appropriately carried out.	N/A		
7. All aspects of the standard are addressed by written policy and defined procedures.	N/A		
<b>Comments:</b>			
The facility does not require a health care liaison.			
<b>Corrective action:</b>			
None			

<b>J-C-09 Orientation for Health Staff (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The orientation program is approved by the responsible health authority and the facility administrator.	X		
2. The orientation lesson plan is reviewed annually or more frequently, as needed.	X		
3. All health staff receive a <i>basic orientation</i> on or before the first day of on-site service.	X		
4. Within 90 days of employment, all health staff complete an <i>in-depth orientation</i> .	X		
5. Completion of the orientation program is documented and kept on file.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

### D. ANCILLARY HEALTH CARE SERVICES

Standards in this section address the establishment and maintenance of all necessary procedures for the provision of ancillary health care services.

#### Standard Specific Findings

<b>J-D-01 Pharmaceutical Operations (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The facility complies with all applicable state and federal regulations regarding prescribing, <i>dispensing, administering, procuring, and disposing</i> of pharmaceuticals.	X		
2. The facility maintains procedures for the timely procurement, dispensing, <i>distribution, accounting, and disposal</i> of pharmaceuticals.	X		
3. The facility maintains records as necessary to ensure adequate control and accountability for all medications, except those that may be purchased over the counter.	X		
4. The facility maintains maximum security storage of, and accountability by use for, Drug Enforcement Agency ( <i>DEA</i> )-controlled substances.	X		
5. Drug storage and medication areas are devoid of outdated, discontinued, or recalled medications, except in a designated area for disposal.	X		
6. A staff or consulting pharmacist documents inspections and consultations of all sites, including satellites, at least quarterly.	X		
7. All medications are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.	X		
8. Antiseptics, other medications for external use, and disinfectants are stored separately from internal and injectable medications. Medications requiring special storage (e.g., refrigeration) for stability are so stored.	X		
9. An adequate and proper supply of antidotes and other emergency medications (e.g., naloxone, epinephrine) and related information are readily available to the staff.	X		

10. The poison control telephone number is posted in areas where overdoses or toxicologic emergencies are likely.	X		
11. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-D-02 Medication Services (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Medications are administered or delivered to the patient in a timely and safe manner.	X		
2. Prescription medications are given only by order of a physician, dentist, or other legally authorized individual.	X		
3. A policy identifies the expected time frames from ordering to administration or delivery to the patient and a backup plan if the time frames cannot be met.	X		
4. The responsible physician determines prescribing practices in the facility.	X		
5. If the facility maintains a <i>formulary</i> , there should be a documented process for obtaining nonformulary medications in a timely manner.	X		
6. Medications are prescribed only when clinically indicated.	X		
7. Medications are kept under the control of appropriate staff members, except for <i>self-medication programs</i> approved by the facility administrator and responsible physician.	X		
8. Inmates are permitted to carry medications necessary for the emergency management of a condition when ordered by a prescriber.	X		
9. Inmates entering the facility on verifiable prescription medication continue to receive the medication in a timely fashion, or justification for an alternate treatment plan is documented.	X		

10. The ordering prescriber is notified of the impending expiration of an order so that the prescriber can determine whether the drug administration is to be continued or altered.	X		
11. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-D-03 Clinic Space, Equipment, and Supplies (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Examination and treatment rooms for medical, dental, and mental health care are available and equipped to meet the needs of the patient population.	X		
2. Pharmaceuticals, medical supplies, and mobile emergency equipment are available and checked in accordance with policy.	X		
3. There is adequate office space with administrative files, secure storage of health records, and writing desks.	X		
4. When laboratory, radiological, or other ancillary services are provided on-site, the designated area is adequate to hold equipment and records.	X		
5. When patients are placed in a waiting area for more than a brief period, the waiting area has seats and access to drinking water and toilets.	X		
6. The facility has, at a minimum, the following equipment, supplies, and materials for the examination and treatment of patients:			
a. Hand-washing facilities or alternate means of hand sanitization	X		
b. Examination table	X		
c. A light capable of providing direct illumination	X		
d. Scale	X		
e. Thermometers	X		

f. Blood pressure monitoring equipment	X		
g. Stethoscope	X		
h. Ophthalmoscope	X		
i. Otoscope	X		
j. Transportation equipment (e.g., wheelchair, stretcher)	X		
k. Trash containers for biohazardous materials and sharps	X		
l. Sterilizer for non-disposable medical or dental equipment	X		
m. Appropriate space, equipment, and supplies for pelvic examinations if the facility houses females.	X		
n. Oxygen	X		
o. Automated external defibrillator	X		
p. Pulse oximeter	X		
q. Personal protective equipment (e.g., gloves, eye protection, gowns, masks)	X		
7. Basic equipment required for on-site dental examinations includes, at a minimum:			
a. Hand-washing facilities or alternate means of hand sanitization	X		
b. Dental examination chair	X		
c. Examination light	X		
d. Instruments	X		
e. Trash containers for biohazardous materials and sharps	X		
f. A dentist's stool	X		
g. Personal protective equipment	X		
8. The presence of a dental operatory requires the addition of at least:			
a. An X-ray unit with developing capability	X		
b. Blood pressure monitoring equipment	X		
c. Oxygen	X		
9. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			

<b>Corrective action:</b>
None

<b>J-D-04 On-Site Diagnostic Services (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The responsible health authority maintains documentation that on-site diagnostic services (e.g., laboratory, radiology) are certified or licensed to provide that service.	X		
2. There is a procedure manual for each on-site diagnostic service, including protocols for the calibration of testing devices to ensure accuracy.	X		
3. Facilities have, at a minimum, multiple-test dipstick urinalysis, finger-stick blood glucose tests, peak flow meters (handheld or other), stool blood-testing material, and in facilities housing women, pregnancy test kits.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-D-05 Medical Diets (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Medical diets are provided per prescriber order and documented in the health record.	X		
2. Orders for medical diets are communicated in writing to dietary staff and include the type of diet, the duration for which it is to be provided, and special instructions, if any.	X		
3. A registered dietitian nutritionist (RDN) or other licensed qualified nutrition professionals, as authorized by state scope of practice laws, documents a review of all medical diets for nutritional adequacy at least annually.	X		
4. The facility has a procedure in place to notify the RDN whenever the medical diet menu is changed.	X		

5. Written documentation of menu reviews includes the date, signature, and title of the dietitian.	X		
6. Workers who prepare medical diets are supervised in diet preparation.	X		
7. When inmates refuse prescribed diets, follow-up nutritional counseling is provided.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-D-06 Patient Escort (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Patients are transported safely and in a timely manner for medical, dental, and mental health clinic appointments both inside and outside the facility.	X		
2. Patient confidentiality is maintained during transport.	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-D-07 Emergency Services and Response Plan (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The facility provides 24-hour emergency medical, dental, and mental health services.	X		
2. Facility staff provide emergency services until qualified health care professionals arrive.	X		
3. The health aspects of the documented emergency response plan are approved by the responsible health authority and facility administrator, and include, at a minimum:	X		

a. Responsibilities of health staff	X		
b. Procedures for triage for multiple casualties	X		
c. Predetermination of the site for care	X		
d. Emergency transport of the patient(s) from the facility	X		
e. Use of an emergency vehicle	X		
f. Telephone numbers and procedures for calling health staff and the community emergency response system (e.g., hospitals, ambulances)	X		
g. Use of one or more designated hospital emergency departments or other appropriate facilities	X		
h. Emergency on-call physician, dental, and mental health services when the emergency health care facility is not nearby	X		
i. Security procedures for the immediate transfer of patients for emergency care	X		
j. Procedures for evacuating patients in a mass disaster	X		
k. Alternate backups for each of the plan's elements	X		
l. Time frames for response	X		
m. Notification to the person legally responsible for the facility	X		
4. <i>Mass disaster drills</i> are conducted so that each shift has participated over a 3-year period, including satellites.	X		
5. A health emergency <i>man-down drill</i> is practiced once a year on each shift where health staff are regularly assigned, including satellites.	X		
6. The mass disaster and man-down drills are <i>critiqued</i> , the results are shared with all health staff, and recommendations for health staff are acted upon.	X		
7. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-D-08 Hospital and Specialty Care (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Evidence demonstrates that there is appropriate and timely access to hospital and specialist care when necessary.	X		
2. When patients are referred for outside care, written or verbal information about the patient and the specific problem to be addressed must be communicated to the outside entity.	X		
3. The health record contains results and recommendations from off-site visits, or attempts by health staff to obtain these results.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

**E. PATIENT CARE AND TREATMENT**

Standards in this section ensure the delivery of health care from arrival through discharge for health care issues. All care is timely and appropriate, and continues until resolution of the problem or until discharge.

**Standard Specific Findings**

<b>J-E-01 Information on Health Services (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. A sign explaining how to access health services is posted in the intake/processing area.	X		
2. Within 24 hours of their arrival, inmates are provided with written, electronic, or video information about:			
a. How to access emergency and routine medical, dental, and mental health services	X		
b. The fee-for-service program, if one exists	X		
c. The grievance process for health-related complaints	X		

3. Procedures ensure that inmates who have difficulty communicating (e.g., foreign speaking, developmentally disabled, illiterate, mentally ill, deaf) understand how to access health services.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-E-02 Receiving Screening (E)</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Reception personnel ensure that persons who are unconscious, semiconscious, bleeding, mentally unstable, severely intoxicated, exhibiting symptoms of alcohol or drug withdrawal, or otherwise urgently in need of medical attention are referred immediately for care and <i>medical clearance</i> into the facility.	X		
a. If they are referred to a community hospital and then returned, admission to the facility is predicated on written medical clearance from the hospital.	X		
2. A <i>receiving screening</i> takes place as soon as possible upon acceptance into custody.		X	
3. The receiving screening form is approved by the responsible health authority and inquires as to the inmate's:			
a. Current and past illnesses, health conditions, or special health requirements (e.g., hearing impairment, visual impairment, wheelchair, walker, sleep apnea machine dietary)	X		
b. Past infectious disease	X		
c. Recent communicable illness symptoms (e.g., chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, night sweats)	X		
d. Past or current mental illness, including hospitalizations	X		
e. History of or current suicidal ideation	X		

f. Dental problems (decay, gum disease, abscess)	X		
g. Allergies	X		
h. Dietary needs	X		
i. Prescription medications (including type, amount, and time of last use)	X		
j. Legal and illegal drug use (including type, amount, and time of last use)	X		
k. Current or prior withdrawal symptoms	X		
l. Possible, current, or recent pregnancy	X		
m. Other health problems as designated by the responsible physician	X		
4. The form also records reception personnel's observations of the inmate's:			
a. Appearance (e.g., sweating, tremors, anxious, disheveled)	X		
b. Behavior (e.g., disorderly, appropriate, insensible)	X		
c. State of consciousness (e.g., alert, responsive, lethargic)	X		
d. Ease of movement (e.g., body deformities, gait)	X		
e. Breathing (e.g., persistent cough, hyperventilation)	X		
f. Skin (including lesions, jaundice, rashes, infestations, bruises, scars, tattoos, and needle marks or other indications of drug abuse)	X		
5. The disposition of the inmate (e.g., immediate referral to an appropriate health care service, placement in the general population) is appropriate to the findings of the receiving screening and is indicated on the receiving screening form.	X		
6. Receiving screening forms are dated and timed immediately on completion and include the name, signature and title of the person completing the form.	X		
7. All immediate health needs are identified through the screening and properly addressed by qualified health care professionals.	X		
8. Potentially infectious inmates are isolated from the general inmate population	X		
9. If a woman is pregnant, an opiate history is obtained.	X		

<p>10. If a woman reports current opiate use, she is immediately offered a test for pregnancy to avoid opiate withdrawal risks to fetus.</p>	<p>X</p>		
<p>11. When health-trained correctional personnel perform the receiving screening, they have documented training by the responsible physician or designee in early recognition of medical, dental, and mental health conditions requiring clinical attention.</p>	<p>X</p>		
<p>12. Health staff regularly monitor receiving screenings to determine the safety and effectiveness of this process.</p>	<p>X</p>		
<p>13. All aspects of the standard are addressed by written policy and defined procedures.</p>	<p>X</p>		
<p><b>Comments:</b></p>			
<p>A brief screening is conducted by custody staff at the time of arrival to the intake processing center. Anyone with a positive response to the health-related questions on the screening is referred to health services for further screening. Anyone determined by health services as needing medical clearance is transported by arresting jurisdiction to a local hospital for medical clearance.</p> <p>Detained individuals wait on the first floor of the processing facility until charges are accepted by the district attorney. Health services staff report they are responsible for responding to any medical emergencies that occur while detainees are waiting for charges to be accepted on the first floor.</p> <p>When charges are accepted, detainees are moved to the second floor of the processing center and placed in a que to complete a receiving screening. As a result of this process, many detainees are not administered a receiving screening until 24+ hours after arrival to the processing center with some taking as long as 40+ hours. This extended period to participate in a receiving screening is the norm with completion in less than 12 hours the exception.</p>			
<p><b>Corrective action:</b></p>			
<p>The facility is to submit corrective action to NCCHC for Compliance Indicator #2. Acceptable documentation and evidence of compliance must include:</p> <ul style="list-style-type: none"> <li>• A joint plan by the RHA and facility administrator that addresses how a receiving screening will be completed as soon as possible upon acceptance into custody going forward</li> <li>• Any applicable (referring to both custody and health services) policy and procedure changes made (with changes highlighted for easy identification by NCCHC staff)</li> <li>• Evidence of staff training, including course materials and attendance (i.e., sign-in sheets showing names and titles of those present) for all staff involved in the receiving screening process</li> <li>• Results of two consecutive 30-day CQI studies mentioned that assess compliance with the timeliness of the receiving screening being completed, including any additional corrective action that may be identified for follow-up studies</li> </ul>			

<b>J-E-03 Transfer Screening (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Qualified health care professionals review each transferred inmate's health record or summary to ensure continuity of care and medications.	X		
2. When transferred from an intake facility, inmates who do not have initial medical, dental, or mental health assessments are to be evaluated at the receiving facility in a timely manner.	X		
3. Documentation in the health record demonstrates continuity of health care and medication administration.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-E-04 Initial Health Assessment (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
<b>Compliance Indicators: Full Population Assessment (1-9)</b>			
1. Receiving screening results are reviewed within 14 days.	X		
2. All inmates receive an initial health assessment as soon as possible, but no later than 14 calendar days after admission to the facility.	X		
3. If the health assessment is deferred because of a documented health assessment within the last 12 months, documentation in the health record must confirm that the new receiving screening shows no change in health status.	X		
a. If the receiving screening shows a change in health status, the initial health assessment is repeated.	X		
4. The responsible physician determines the components of an initial health assessment.	X		
5. Initial health assessments include, at a minimum:			

a. A qualified health care professional collecting additional data to complete the medical, dental, and mental health histories, including any follow-up from positive findings obtained during the receiving screening and subsequent encounters	X		
b. A qualified health care professional recording of vital signs (including height and weight)	X		
c. A <i>physical examination</i> (as indicated by the patient's gender, age, and risk factors) performed by a physician, physician assistant, nurse practitioner, or RN.	X		
d. A screening test for latent tuberculosis (e.g., PPD, chest X-ray, laboratory test), unless completed prior to the initial health assessment.	X		
6. All abnormal findings (i.e., history and physical, screening, and laboratory) are reviewed by the provider.	X		
7. Specific problems are integrated into an initial problem list.	X		
8. Diagnostic and therapeutic plans for each problem are developed as clinically indicated.	X		
9. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Compliance Indicators: Individual Assessment When Clinically Indicated (10-16)</b>			
<b>X NOT APPLICABLE</b> The facility has implemented option #1, Full Population Assessment			
10. Inmates identified with <i>clinically significant findings</i> as the result of a comprehensive receiving screening receive an initial health assessment as soon as possible, but no later than 2 working days after admission. To qualify for this option, an institution:			
a. Has 24-hour, 7-day on-site health staff coverage	N/A		
b. Allows only licensed health care personnel to conduct a comprehensive receiving screening on all inmates	N/A		
c. Includes in its comprehensive receiving screening all elements of the receiving screening standard plus:	N/A		
i. Further inquiry into past history and symptoms of chronic diseases	N/A		
ii. Finger stick on individuals with diabetes	N/A		
iii. Vital signs (including pulse, respirations, blood pressure, and temperature)	N/A		

iv. Further inquiry into medication and dosages where possible	N/A		
v. A screening test for latent tuberculosis (e.g., PPD, chest X-ray, laboratory test.	N/A		
11. If the health assessment is deferred because of a documented health assessment within the last 12 months, documentation must confirm that the new receiving screening shows no change in health status.	N/A		
a. If the comprehensive receiving screening shows a change in health status, the initial health assessment is repeated.	N/A		
12. The responsible physician determines the components of an initial health assessment.	N/A		
13. Individual health assessments include, at a minimum:			
a. A review of comprehensive receiving screening results	N/A		
b. A qualified health care professional collecting additional data to complete the medical, dental, and mental health histories, including any follow-up from positive findings obtained during the receiving screening and subsequent encounters	N/A		
c. A qualified health care professional recording of vital signs (including height and weight)	N/A		
d. A physical examination (as indicated by the patient's gender, age, and risk factors) performed by a provider.	N/A		
e. Laboratory and/or diagnostic tests for disease, such as peak flow for asthma patients and blood work for diabetes patients.	N/A		
14. Specific problems are integrated into an initial problem list.	N/A		
15. Diagnostic and therapeutic plans for each problem are developed as clinically indicated.	N/A		
16. All aspects of the standard are addressed by written policy and defined procedures.	N/A		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-E-05 Mental Health Screening and Evaluation (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Mental health screening is performed as soon as possible but no later than 14 calendar days after admission.	X		
2. Mental health screening may be conducted by <i>qualified mental health professionals</i> or qualified health care professionals who have received documented training.	X		
3. The initial mental health screening includes a structured interview with inquiries into:			
a. A history of:			
i. Psychiatric hospitalization and outpatient treatment	X		
ii. Substance use hospitalization	X		
iii. Withdrawal seizures	X		
iv. Detoxification and outpatient treatment	X		
v. Suicidal behavior	X		
vi. Violent behavior	X		
vii. Victimization	X		
viii. Special education placement	X		
ix. Cerebral trauma	X		
x. Sexual abuse	X		
xi. Sex offenses	X		
b. The current status of:			
i. Psychotropic medications	X		
ii. Suicidal ideation	X		
iii. Drug or alcohol use	X		
iv. Drug or alcohol withdrawal or intoxication	X		
v. Orientation to person, place, and time	X		
c. Emotional response to incarceration	X		
d. A screening for <i>intellectual functioning</i> (i.e., mental retardation, developmental disability, learning disability)	X		

4. The patient's health record contains results of the initial screening.	X		
5. Inmates who screen positive for mental health problems are referred to <i>qualified mental health professionals</i> for further evaluation.	X		
6. Mental health evaluations of patients with positive screens should be completed within 30 days or sooner if clinically indicated.	X		
7. Patients who require acute mental health services beyond those available on-site are transferred to an appropriate facility.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-E-06 Oral Care (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. <i>Oral care</i> under the direction and supervision of a licensed dentist is provided to each inmate.	X		
2. Care is timely and includes immediate access for urgent conditions.	X		
3. <i>Oral screening</i> is performed as soon as possible but no later than 14 calendar days from admission.	X		
4. Oral screening may be done by the dentist or qualified health care professional who has received documented training approved or provided by the dentist.	X		
5. Instruction in oral hygiene and preventive oral education are given within 14 days of admission.	X		
6. An initial <i>oral examination</i> is performed by a dentist within 12 months of admission.	X		
7. <i>Oral treatment</i> , not limited to extractions, is provided according to a treatment plan based on a system of established priorities for care when, in the dentist's judgment, the patient's health would otherwise be adversely affected.	X		

8. Radiographs are used in the development of the treatment plan.	X		
9. Consultation through referral to oral health care specialists is available as needed.	X		
10. Each inmate has access to the preventive benefits of fluorides in a form determined by the dentist to be appropriate for the individual's needs.	X		
11. Extractions are performed in a manner consistent with community standards of care.	X		
12. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-E-07 Nonemergency Health Care Requests and Services (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. All inmates, regardless of housing assignment, are given the opportunity to submit oral or written <i>health care requests</i> at least <i>daily</i> .	X		
2. The health care requests are picked up daily by health staff.		X	
3. Health care requests are reviewed and prioritized daily by qualified health care professionals, or the health care liaison if applicable.		X	
4. A face-to-face encounter for a health care request is conducted by a qualified health care professional, or the health care liaison (if applicable), within 24 hours of receipt by health staff.		X	
5. Patients are evaluated in a <i>clinical setting</i> as indicated.	X		
6. All aspects of the health care request process, from review and prioritization to subsequent encounter, are documented, dated, and timed.	X		
7. The frequency and duration of response to health services requests is sufficient to meet the health needs of the inmate population.	X		

<p>8. All aspects of the standard are addressed by written policy and defined procedures.</p>	<p>X</p>		
<p><b>Comments:</b></p>			
<p>Nonemergency health care requests are submitted via kiosk in general population and paper in areas such as restricted housing and any special programs that where the kiosk is unavailable. Each discipline (health services, mental health and dental) reviews their respective requests. Requests for health services and mental health services are consistently reviewed daily; however, dental requests are not reviewed by dental staff over the weekend.</p> <p>Further, the mechanism for handling requests differs between buildings. Health services in one building processes requests and sees the patient within 24 hours of submission, while another building reviews the request and often schedules the patient for an appointment. The patient is informed via the kiosk an appointment has been scheduled; however, the appointment may be 48 to 72 hours after request submission and patient is often not seen within 24 hours. Most dental requests are scheduled an appointment but are not seen within 24 hours of request.</p> <p>80% of the health services requests we reviewed were seen with 24 hours of request, 99% of mental health requests were seen within 24 hours and 20% of dental requests were seen within 24 hours of request.</p>			
<p><b>Corrective action:</b></p>			
<p>The facility is to submit corrective action for Compliance Indicators #2 - #4. Acceptable proof of compliance includes submission of:</p> <ul style="list-style-type: none"> <li>• A plan by the RHA that addresses the process for nonemergent health care service requests, specifically             <ul style="list-style-type: none"> <li>○ How nonemergent dental requests will be picked up daily by health staff going forward</li> <li>○ How nonemergent dental requests will be reviewed and prioritized daily by qualified health care professionals going forward</li> <li>○ How all clinically related medical and dental health care requests will have an applicable face-to-face encounter completed within 24 hours of receipt by health staff</li> </ul> </li> <li>• A copy of any applicable policy and procedure changes made (with changes highlighted for easy identification by NCCHC staff)</li> <li>• A copy of completed staff training for those involved in collecting, reviewing, prioritizing, and completing the applicable face-to-face encounters within 24 hours of health care staff receipt of dental and medical related health services requests, including course content and attendance records (i.e., sign-in sheets)</li> <li>• Results of two consecutive 30-day CQI studies evaluating the compliance with collecting, reviewing and prioritizing, completing a face-to-face encounter within 24 hours of health care's receipt of all clinically based dental nonemergency health services requests, including any additional corrective action that may be identified for follow-up studies</li> </ul>			

<b>J-E-08 Nursing Assessment Protocols and Procedures (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Nursing assessment protocols and nursing procedures:			
a. Are used by nursing personnel	X		
b. Are appropriate to the level of competency and preparation of the nurses who will carry them out	X		
c. Comply with the state practice act in the facility's jurisdiction	X		
2. Protocols and procedures are developed and reviewed annually by the nursing administrator and responsible physician based on the level of care provided in the facility.	X		
3. The protocols and procedures are accessible to all nursing staff.	X		
4. There is documentation of nurses' training in use of nursing assessment protocols and nursing procedures based on the level of care provided by the nurse. Documentation includes:			
a. Evidence that new nursing staff are trained and demonstrate knowledge and competency for the protocols and procedures that are applicable to their scope of practice	X		
b. Evidence of annual review of competency	X		
c. Evidence of retraining when protocols or procedures are introduced or revised	X		
5. Nursing assessment protocols for nonemergency health care requests include over-the-counter medications only.	X		
6. Approved assessment protocols pertaining to emergency life-threatening conditions (e.g., chest pain, shortness of breath) may contain prescription medications and must include immediate communication with a provider.	X		
7. Emergency administration of prescription medications requires a provider's order before or immediately after administration.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-E-09 Continuity, Coordination, and Quality of Care During Incarceration (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Patients receive medical, dental, and mental health services from admission to discharge per prescribers' recommendations, orders, and evidence-based practices.	X		
2. Prescriber orders are implemented in a timely manner.	X		
3. If deviations from evidence-based practices are indicated, clinical justification for the alternative treatment plan while in custody is documented.	X		
4. Diagnostic tests are reviewed by the provider in a timely manner.	X		
5. Treatment plans are modified as clinically indicated by diagnostic tests and treatment results.	X		
6. Treatment plans, including test results, are shared with patients.	X		
7. For hospitalization, urgent care, emergency department, or specialty visits:			
a. Patients are seen by a qualified health care professional or health care liaison (if appropriate) upon return	X		
b. Recommendations are reviewed for appropriateness of use in the correctional environment	X		
c. A provider is contacted in a timely manner to ensure proper implementation of any orders and to arrange appropriate follow-up	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-E-10 Discharge Planning (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. For planned discharges, health staff arrange for a <i>reasonable supply</i> of current medications.	X		
2. For patients with serious medical, dental, or mental health needs, arrangements or referrals are made for follow-up services with community prescribers, including exchange of clinically relevant information.	X		
3. All aspects of discharge planning are documented in the health record.	X		
4. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

## F. SPECIAL NEEDS AND SERVICES

Standards in this section address patients with special health care needs and establish compliance requirements specific to each health care issue

### Standard Specific Findings

<b>J-F-01 Patients with Chronic Disease and Other Special Needs (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Patients with chronic diseases and other <i>special needs</i> are identified.	X		
2. The responsible physician establishes and annually approves clinical protocols.	X		
3. Clinical protocols are consistent with <i>national clinical practice guidelines</i> .	X		
4. Clinical protocols for the identification and management of chronic diseases or other special needs include, but are not limited to, the following:			

a. Asthma	X		
b. Diabetes	X		
c. HIV	X		
d. Hyperlipidemia	X		
e. Hypertension	X		
f. Mood Disorders	X		
g. Psychotic disorders	X		
5. Individualized <i>treatment plans</i> are developed by a physician or other qualified provider at the time the condition is identified and updated when warranted.	X		
6. Documentation in the health record confirms that providers are following chronic disease protocols and special needs treatment plans as clinically indicated by:			
a. Determining the frequency of follow-up for medical evaluation based on disease control	X		
b. Monitoring the patient's condition (e.g., poor, fair, good) and status (e.g., stable, improving, deteriorating) and taking appropriate action to improve patient outcome		X	
c. Indicating the type and frequency of diagnostic testing and therapeutic regimens (e.g., diet, exercise, medication)	X		
d. Documenting patient education (e.g., diet, exercise, medication)	X		
e. Clinically justifying any deviation from the protocol	X		
7. Chronic illnesses and other special needs requiring a treatment plan are listed on the master problem list.	X		
8. Medical and dental orthoses, prostheses, and other <i>aids to reduce effects of impairment</i> are supplied in a timely manner when patient health would otherwise be adversely affected, as determined by the responsible physician or dentist.	X		
9. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
Clinical protocols are consistent with national guidelines and individualized treatment plans are completed. The electronic health record assists with maintaining timely completion of chronic care follow-up; however, monitoring the patient's status and condition is not consistent with presenting problems within the progress note. Symptoms requiring monitoring or identifying a			

change in status or condition indicated within the progress note, but the status is noted as good or no change.

**Corrective action:**

The facility is to submit corrective action to NCCHC for Compliance Indicator #6b. Acceptable documentation and evidence of compliance must include:

- A joint plan by the RHA and responsible physician that addresses how documentation in the health record will confirm that providers are monitoring the patient's status (e.g., stable, improving, deteriorating) going forward
- Results of two consecutive 30-day CQI studies that evaluate compliance with proper documentation of the patient's status, including any additional corrective action that may be identified for follow-up studies

**J-F-02 Infirmatory-Level Care (E).**

	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Policy defines the scope of medical, psychiatric, and nursing care available on-site to patients who need infirmatory-level care.	X		
2. Patients who need infirmatory-level care are always within sight or hearing of a facility staff member, and a qualified health care professional can respond in a timely manner.	X		
3. The number of qualified health care professionals providing infirmatory level care is based on the number of patients, the severity of their illnesses, and the level of care required for each.	X		
4. At least daily, a supervising RN ensures that care is being provided as ordered. Initiation and discontinuation of infirmatory-level care is by provider order.	X		
5. The frequency of provider and nursing rounds for patients who need infirmatory-level care is specified based on clinical acuity and the categories of care provided.	X		
6. Health records for patients who need infirmatory-level care include:			
a. Initial clinical note that documents the reason for infirmatory-level care and outlines the treatment and monitoring plan	X		
b. Complete documentation of the care and treatment given	X		
7. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			

<b>Corrective action:</b>
None

<b>J-F-03 Mental Health Services (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Patients' mental health needs are addressed on-site or by referral to appropriate alternative facilities.	X		
2. Outpatient services include, at a minimum:			
a. Identification and referral of inmates with mental health needs	X		
b. Crisis intervention services	X		
c. Psychotropic medication management, when indicated	X		
d. Individual counseling	X		
e. Group counseling and/or psychosocial/psychoeducational programs	X		
f. Treatment documentation and follow-up	X		
3. When commitment or transfer to an inpatient psychiatric setting is clinically indicated:			
a. Required procedures are followed	X		
b. The transfer occurs in a timely manner	X		
c. The patient is safely housed and adequately monitored until the transfer occurs	X		
4. Outpatients receiving mental health services are seen as clinically indicated and as prescribed in their individual treatment plans.	X		
5. Mental health, medical, and substance abuse services are sufficiently coordinated such that patient management is appropriately integrated, medical and mental health needs are met, and the impact of these conditions on each other is adequately addressed.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			

None

<b>J-F-04 Medically Supervised Withdrawal and Treatment (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Protocols exist for managing inmates under the influence of or undergoing withdrawal from alcohol, sedatives, opioids, and/or other substances.	X		
2. Protocols for intoxication and withdrawal are approved by the responsible physician annually and are consistent with nationally accepted treatment guidelines.	X		
3. Individuals showing signs of intoxication or withdrawal are monitored by qualified health care professionals using approved protocols as clinically indicated until symptoms have resolved.	X		
4. Individuals being monitored are housed in a safe location that allows for effective monitoring.	X		
5. If the findings from patient monitoring meet the national guidelines to begin prescription medications, <i>medically supervised withdrawal</i> is implemented.	X		
6. Medically supervised withdrawal is done under provider supervision.	X		
7. Inmates experiencing severe or progressive intoxication (overdose) or severe alcohol/sedative withdrawal are transferred immediately to a licensed acute care facility.	X		
8. The facility has a policy that addresses the management of inmates on medication-assisted treatment (MAT).	X		
9. Inmates entering the facility on MAT have their medication continued, or a plan for medically supervised withdrawal is initiated.	X		
10. Disorders associated with alcohol and other drugs (e.g., HIV, liver disease) are recognized and treated.	X		
11. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-F-05 Counseling and Care of the Pregnant Inmate (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Counseling and assistance are provided and documented in accordance with the pregnant inmate's expressed desires regarding her pregnancy, whether she elects to keep the child, use adoptive services, or have an abortion.	X		
2. Prenatal care includes:			
a. Medical examinations by a provider qualified to provide prenatal care	X		
b. Prenatal laboratory and diagnostic tests in accordance with national guidelines	X		
c. Orders and treatment plans documenting clinically indicated levels of activity, nutrition, medications, housing, and safety precautions	X		
d. Counseling and administering recommended vaccines in accordance with national guidelines	X		
3. Pregnant patients with active opioid use disorder receive evaluation upon intake, including offering and providing medication-assisted treatment (MAT) with methadone or buprenorphine.	X		
4. Emergency delivery kits are available in the facility.	X		
5. Custody restraints are not used during labor and delivery.	X		
6. Custody restraints, if used, at other points of pregnancy and the postpartum period shall be limited to handcuffs in front of the body.	X		
7. <i>Postpartum care</i> is provided and documented.	X		
8. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-F-06 Response to Sexual Abuse (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The facility has guidelines or protocols regarding the detection, prevention, and reduction of sexual abuse.	X		
2. Health staff are trained in how to:			
a. Detect, assess, and respond to signs of sexual abuse and sexual harassment	X		
b. Preserve physical evidence of sexual abuse	X		
3. Emergency contraception is available to female victims of sexual assault.	X		
4. Recent sexual assault is either referred to a community facility for treatment and gathering of evidence, <b>or</b> if these procedures are performed in-house, the following guidelines are used:	X		
a. A history is taken and qualified health care professionals conduct an examination to document the extent of physical injury and to determine whether referral to another medical facility is indicated.	N/A		
b. Personnel trained in examination of sexual abuse victims will conduct the exam.	N/A		
c. Whenever possible, the examiner will not have a therapeutic relationship with individuals involved in the incident.	N/A		
d. With the victim's consent, the examination includes collection of evidence from the victim, using a kit approved by the local legal authority.	N/A		
5. In all cases, whether the victim is treated in-house or referred to an outside facility, the following activities occur:			
a. Prophylactic treatment and follow-up care for sexually transmitted infections or other communicable diseases (e.g., HIV, hepatitis B) are offered to all victims, as appropriate.	X		
b. There is an evaluation by a qualified mental health professional for crisis intervention counseling and follow-up.	X		

c. A report is made to the correctional authorities to effect a separation of the victim from the abuser in their housing assignments.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-F-07 Care for the Terminally Ill (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. A program to address the needs of terminally ill inmates includes <i>palliative care</i> .	X		
2. When the responsible physician determines that care in a community setting is medically preferable, a recommendation is made to the appropriate legal authority regarding the patient's transfer or <i>early release</i> .	X		
3. If there is an on-site palliative care program:			
a. Enrollment is a patient's informed choice	X		
b. Qualified health care professionals working in the program have received training in palliative care techniques	X		
c. Inmate workers or volunteers providing services in the program are properly trained and supervised	X		
4. <i>Advance directives</i> , health care proxies, and "do not resuscitate" (DNR) orders are available when medically appropriate.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

## G. MEDICAL – LEGAL ISSUES

The standards in this section ensure that health services comply with legal requirements.

### Standard Specific Findings

<b>J-G-01 Restraint and Seclusion (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. With regard to <i>clinically ordered restraint and seclusion</i> :			
a. Policies and procedures specify:			
i. The types of restraints or conditions of seclusion that may be used	X		
ii. When, where, how, and for how long restraints or seclusion may be used	X		
iii. How proper peripheral circulation is maintained when restraints are used	N/A		
iv. That proper nutrition, hydration, and toileting are provided	X		
b. In each case, use is authorized by a physician or other qualified health care professional where permitted by law, after reaching the conclusion that no other less restrictive treatment is appropriate.	X		
c. Unless otherwise specified by a physician or other qualified health care professional, health-trained personnel or health staff evaluate any patient placed in clinically ordered restraints or seclusion at an interval of no greater than every 15 minutes and document their findings.	X		
d. The treatment plan provides for removing patients from restraints or seclusion as soon as possible.	X		
e. The same types of restraints that would be appropriate for individuals treated in the community are used in the facility.	N/A		
f. Patients are not restrained in a position that could jeopardize their health.	N/A		
2. With regard to <i>custody-ordered restraints</i> :			

a. When restraints are used by custody staff for security reasons, a qualified health care professional is notified immediately in order to:			
i. Review the health record for any contraindications or accommodations required, which, if present, are immediately communicated to appropriate custody staff	X		
ii. Initiate health monitoring, which continues at medically appropriate intervals as long as the inmate is restrained. If the inmate's health is at risk, this is immediately communicated to appropriate custody staff.	X		
iii. If health staff are not on duty when custody-ordered restraints are initiated, it is expected that health staff review the health record and initiate monitoring upon arrival	N/A		
b. If the restrained inmate has or develops a medical or mental health condition, the provider is notified immediately so that appropriate orders can be given.	X		
c. When health staff note use of restraints that may be jeopardizing an inmate's health, this is communicated to custody staff immediately.	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-G-02 Segregated Inmates (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Upon notification that an inmate has been placed in segregation:			
a. A qualified health care professional reviews the inmate's health record	X		
b. If existing medical, dental, or mental health needs require accommodation, custody staff are notified	X		
c. The review and notification, if applicable, are documented in the health record	X		

2. The health professional's monitoring of a segregated inmate is based on the degree of isolation:			
a. Inmates in <i>solitary confinement</i> with little or no contact with other individuals are monitored daily by medical staff and at least once a week by mental health staff.	X		
b. Inmates who are segregated and have limited contact with staff or other inmates are monitored 3 days a week by medical or mental health staff.	X		
3. Documentation of segregation rounds is made on individual logs or cell cards, or in an inmate's health record, and includes:			
a. The date and time of the contact	X		
b. The signature or initials of the health staff member making the rounds	X		
4. Significant health findings are documented in the inmate's health record.	X		
5. Health staff promptly identify and inform custody officials of inmates who are physically or psychologically deteriorating and those exhibiting other signs or symptoms of failing health.	X		
6. All aspects of the standard are addressed by written policy and defined procedures	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-G-03 Emergency Psychotropic Medication (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The policies on <i>emergency forced psychotropic medication</i> :			
a. Require licensed provider authorization prior to use	X		
b. Specify when, where, and how the psychotropic medication may be forced	X		
2. When a provider orders psychotropic medication to be forced, he or she documents in the patient's record:			
a. The patient's condition	X		

b. The threat posed	X		
c. The reason for forcing the medication	X		
d. Other treatment modalities attempted, if any	X		
e. Treatment plan goals for less restrictive treatment alternatives as soon as possible	X		
3. Appropriate follow-up care is provided when medication is forced.	X		
4. Follow-up documentation is made by nursing staff at least once within the first 15 minutes, then every 30 minutes until transfer to an inpatient setting or the patient no longer requires monitoring.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-G-04 Therapeutic Relationship, Forensic Information, and Disciplinary Actions (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Health staff are not involved in the collection of <i>forensic information</i> .	X		
2. Health staff do not participate in disciplinary action nor are compelled to provide clinical information solely for the purposes of discipline.	X		
3. Treatments and medications are never withheld as a form of punishment.	X		
4. Segregation and restraints are never clinically implemented as disciplinary action.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-G-05 Informed Consent and Right to Refuse (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. All examinations, treatments, and procedures are governed by <i>informed consent</i> practices applicable in the jurisdiction.	X		
2. For procedures and medications that in the community setting would require informed consent, written documentation of informed consent is required.	X		
3. Any health evaluation and treatment refusal is documented and must include the following:			
a. Description of the service being refused	X		
b. Evidence that the inmate has been informed of any adverse health consequences that may occur because of the refusal	X		
c. The signature of the patient	X		
d. The signature of a health staff witness	X		
4. If the patient does not sign the refusal form, it is to be noted on the form by a second health or custody staff witness.	X		
5. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

<b>J-G-06 Medical and Other Research (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. Guidelines are in place that specify:			
a. The process for obtaining approval to conduct the research	X		
b. The steps to be taken to preserve the subject's rights	X		
2. When inmates who are participants in a community-based research protocol are admitted to the facility, procedures provide for:			
a. Continuation of participation	X		

b. Consultation with community researchers so that withdrawal from the research protocol is done without harming the health of the inmate	X		
3. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
None concerns noted.			
<b>Corrective action:</b>			
None			

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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 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]

Pharmacy Manager / Representative Signature

Date

11/22/24





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.

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]

11/26/2024

Pharmacy Manager / Representative Signature

Date





11/27/2024

To: MEDICAL RECORDS  
Harris Center for Mental Health & IDD  
9401 SOUTHWEST FWY  
  
HOUSTON, TX 77074  
Phone: 17139707000  
Fax: 17139703817

Anthem  
Commercial Risk Adjustment  
C/O Cotiviti-2000  
10701 S Riverfront Pkwy  
Box 12002  
South Jordan, Utah 84095  
Phone: 877-489-8437  
Secured Fax: 888-393-9830

**RE: Request for Medical Records**

Dear Physician or Office Administrator:

We are contacting you to request medical records for your Anthem covered patient(s). Anthem reviews medical records for its members in order to meet Affordable Care Act requirements by reporting complete and accurate diagnosis coding to Health and Human Services (HHS).

Please return the medical record(s) for all visits from 01/01/2024 - present and the enclosed member information form for the members listed on the form in one of the following ways to Cotiviti:

- Upload the record image to our secure portal at [www.submitrecords.com](http://www.submitrecords.com)  
Enter your secure Client Identifier: anth15cra and select the files to be uploaded.
- Securely faxing to 888-393-9830.
- Mailing the records directly to Cotiviti. Please mark the envelope "Confidential" and send to:  
C/O Cotiviti, Inc - 2000  
10701 S Riverfront Pkwy  
Box 12002  
South Jordan, Utah 84095
- Please call 801-506-1998 for remote EMR set up or any questions regarding remote EMR retrieval services
- Please call 385-557-5694 to have a scanner technician visit your office.

Our agreement with Cotiviti complies with HIPAA privacy regulations. Cotiviti works with us in a role that is defined and covered by the Health Insurance Portability and Accountability Act (HIPAA). As a "business associate" of Anthem under HIPAA, Cotiviti is authorized to conduct this review. Cotiviti will maintain the confidentiality of any protected health information (PHI) they receive from you on our behalf, in accordance with HIPAA and other applicable confidentiality and privacy laws.

Be advised that Anthem is not requesting copies of "psychotherapy notes" as that term is defined under HIPAA. However, any data excluded from the definition of psychotherapy notes must be provided where applicable and pursuant to this request. If the medical documentation includes any of the information included in the definition of psychotherapy notes in §164.501, the provider is responsible for excluding or removing the information from their submission.

As to the disclosure of information related to outpatient psychotherapy records of California residents, please review the California Civil Code 56.104 attachment to this letter.

Please respond within 14 days of receipt of this request.  
Please inform us if additional time is needed to fulfill the request.  
We very much appreciate your assistance with this data collection. If you have questions about this request, call Cotiviti. You can reach them at 877-489-8437, Monday through Friday, from 9 a.m. to 6 p.m. MT.

Sincerely,



Director Risk Adjustment Programs  
Anthem

DEC 02 2024  
**RECEIVED**



**MEDICAL RECORDS  
MEMBER LIST**

11/27/2024

**Site Information**

<b>Site ID:</b>	1870102
<b>Site Name:</b>	Harris Center for Mental Health & IDD
<b>Site Address:</b>	9401 SOUTHWEST FWY , HOUSTON, TX 77074
<b>Site Phone:</b>	17139707000

**Time-sensitive request for medical records from 01/01/2024 – Present**

**Please send a copy of all requested records within 14 business days of receipt of this request**

Action Required, please return a copy of the following:

- All documentation for face-to-face encounters between the patient and the provider
- All documentation for telehealth encounters between the patient and the provider
- History and Physical Notes
- Consultation Letters & Reports
- Physician Orders
- Emergency & Urgent care visit notes
- Diagnostic test reports
- Operative & Pathology Reports
- Medication lists
- Inpatient hospital notes, including the discharge summary

PLEASE DO NOT SEND THIS REQUEST TO ANY PRINTING/COPY SERVICES

**Records can be sent by:**

1. Uploading the record image to Cotiviti's secure portal at [www.submitrecords.com](http://www.submitrecords.com), enter your Client identifier: **anth15cra** and select the files to be uploaded; Please name each medical record file with only the individual member's corresponding Request ID listed below, if possible.
2. Secure fax to **888-393-9830**; or
3. US Postal Service

**C/O Cotiviti, Inc -2000  
10701 S Riverfront Pkwy  
Box 12002  
South Jordan, Utah 84095**

**If you are unable to process in house, please utilize one of the following methods:**

4. Remote EMR Downloading
  - Please call **801-506-1998** for remote EMR set up or any questions regarding remote EMR retrieval services
5. Onsite Scanning Technician
  - Please call **385-557-5694** to set up Onsite Scanning Services or for any questions regarding Onsite Scanning

**If you have any questions regarding this medical record request please contact Cotiviti directly at 877-489-8437.**

Site ID:

Member Name	Date of Birth	Effective Dates	Request ID	No Patient/ No Record
N/A [REDACTED]	[REDACTED]	01/01/2024 - Present	J541-740742	<input checked="" type="checkbox"/>



Outreach ID: [REDACTED]

Site ID: [REDACTED]

## Chart Review Request

To: Renethia WilliamDate: 11/27/2024Fax Number: (713) 970-3817Phone Number: (713) 970-3800

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request.  
Please call (877) 445-9293 or email [chartreview@datavant.com](mailto: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](http://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 1-972-729-6164

### 5. Mail:

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

11/27/2024

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](http://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.

Nov 27 2024 14:35:49 Via Fax

->

17139707246 Humana Inc.

Page 001 of 005

# Humana.

## Facsimile transmission

Company: The Harris Center for Mental Health and IDD  
 Fax Number: 7139707246  
 Sender: Humana  
 Sender Phone: 0  
 Sender Fax: 1-866-305-6655  
 Fax notes: Please review and respond within the specified timeframe.

Date and time of transmission: Nov 27, 2024 14:23:46

If this transmission is not received in good order, please contact the sender at the phone or fax number listed above.

The information transmitted is intended only for the person or entity to which it is addressed and may contain CONFIDENTIAL material. If you receive this material/information in error, please contact the sender and delete or destroy the material/information.

DEC 03 2024

RECEIVED

Nov 27 2024 14:36:46 Via Fax ->

17139707246 Humana Inc.

Page 003 of 005

**Humana.**  
P.O. BOX 14465  
LEXINGTON KY 40512

November 27, 2024

The Harris Center for Mental Health and IDD  
7011 Southwest Fwy  
Houston TX 77074-7007

**Medical records request**

Dear The Harris Center for Mental Health and IDD:

The following pages contain medical record requests. Your cooperation is essential, and your prompt attention is appreciated. Failure to submit the requested records may result in your claim(s) being denied or adjusted.

Please note that if you are contracted with Humana and/or the ChoiceCare Network<sup>®</sup>, you may be required to provide the requested information without charging Humana for the cost of submitting the documents. Please refer to the medical records section of your contract for further information.

To ensure expedited routing to the appropriate department, please be sure to submit the bar-coded medical record request as a cover sheet when returning the requested information.

These requests for medical records are a permissible use and/or disclosure under both state and federal privacy laws and regulations, including the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and a patient authorization for the release of the requested information is not required.

We recognize that special requirements exist under 42 CFR Part 2 for the disclosure of patient records regarding alcohol and drug use. Please let us know if you have concerns about releasing certain items under these provisions.

Sincerely,

The Grievance and Appeals Department

**Humana.**

Mental Health Rehabilitation (MHR) & Mental Health Targeted Care Management (MHTCM) Provider Review Feedback	
UM Completing Review:	E. M., MA, LPC, LCPC and J. U, MS, LPC
Quarter of Visit:	Q4
Date Span Reviewed:	7/1-9/30/2024
Date of Initial Feedback:	12/5/2024
Date of Feedback Meeting:	Thursday, December 5, 2024

Overall Chart Compliance Rating Chart	
80% and Above	Meets Expectations
79% and Below	Does Not Meet Expectations

Claims Compliance Rating Chart	
95% and Above	Meets Expectations
94% and Below	Does Not Meet Expectations

	CHART 1	CHART 2	CHART 3	CHART 4	OVERALL CHART AVERAGE
Member Name	[REDACTED]				
Please Indicate: Adult or Child/Adolescent	Child/Adolescent	Child/Adolescent	Child/Adolescent	Child/Adolescent	
<b>OVERALL CHART COMPLIANCE</b>	87.88%	94.00%	93.65%	93.65%	92.30%
<b>OVERALL CLAIMS COMPLIANCE</b>	66.67%	20.00%	50.00%	57.14%	48.45%
<b>Section 1: Assessment</b> (TAC RULE §354.2607, TAC RULE §301.363, TRR UM Guidelines)	100.00%	100.00%	100.00%	100.00%	100.00%
<b>Section 2: Recovery Plan</b> (TAC RULE §354.2609, TAC RULE §306.263, TAC RULE §307.9, TAC RULE §307.11)	77.27%	85.00%	89.47%	89.47%	85.30%
Reference:	TAC Rule 354.2609	TAC Rule 354.2609	TAC Rule 354.2609	TAC Rule 354.2609	
Example area of opportunity:	No credentials listed (Melissa Alaniz)	No credentials listed (Kaylinn Hendricks)	No credentials listed (Stephany Perez)	No credentials listed (Stacey Gonzalez)	
Reference:	TAC Rule 354.2609	TAC Rule 354.2609	TAC Rule 354.2609	TAC Rule 354.2609	
Example area of opportunity:	No baseline identified which makes the goal measurable	No baseline documented which makes the goal measurable	No baseline documented which make the goal measurable		
Reference:	TAC Rule 354.2609	TAC Rule 354.2609			
Example area of opportunity:	Member moved from LOC 2 to LOC 3 yet goals remained the same	Minimal progress notated, however, goals were not changed/updated			
Reference:	TAC Rule 354.2609				
Example area of opportunity:	No progress notated on the recovery plan goals				
<b>Section 3: Service Documentation</b> (TAC RULE §306.323, TAC RULE §306.275)	90.48%	100.00%	95.24%	95.24%	95.24%
Reference:	TAC Rule 306.275		TAC Rule 306.275	TAC Rule 306.275	
Example area of opportunity:	The note indicates treatment plan was updated not a case management activity		Note indicates the recovery plan was updated which is not a case management activity	Note indicates the recovery plan was updated which is not a case management activity	
<b>Section 4: Adult</b> (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	n/a	n/a	n/a	#DIV/0!
<b>Section 5: Child &amp; Adolescent</b> (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)	85.71%	100.00%	87.50%	87.50%	90.18%
Reference:	TAC Rule 306.263		TAC Rule 306.263	TAC Rule 306.263	
Example area of opportunity:	the only case management note was to complete the recovery plan which is not a case management activity		the only case management notes indicates the recovery plan was updated which is not a case management activity	Case management notes indicate the recovery plan was updated which is not a case management activity	
<b>Section 6: Claims Issues</b>	66.67%	20.00%	50.00%	57.14%	48.45%
Type of billing issue:	Billed incorrect service	Billed incorrect service	Unbillable activities	Unbillable activities	
Impacted claim numbers:	See claims tab	See claims tab	See claims tab	See claims tab	
Type of billing issue:	Unbillable activities	No progress note	No progress note	No progress note	
Impacted claim numbers:	See claims tab	See claims tab	See claims tab	See claims tab	
<b>Did member fall within the average utilization guidelines for the review period?</b>	No	N/A	No	No	No
If no, was utilization above or below the average?	Below		Below	Below	
	1.6 hours (LOC 3 ~ 5 hours)	LOC YC	2 hours (LOC 2 ~ 3 hours)	1.5 hours (LOC 2 ~ 3 hours)	

**Additional Comments from Reviewing UM Staff:**  
 Service documentation: best clinical practice: the second half of the documentation is identical verbiage and vague; better to identify actual steps and change the verbiage



December 2, 2024

**VIA SECURE EMAIL**

Mr. Steven Schnee  
Chief Executive Officer  
MHMR Authority of Harris County  
9401 Southwest Freeway  
Houston, TX 77074

Subject: Notification of Desk Review  
TxHmL Contract Number: [REDACTED]  
Component Code: 280

Dear Mr. Schnee:

This letter is to notify you that the Health and Human Services Commission (HHSC) will be conducting a provider fiscal compliance desk review of your Home and Community-based Services (HCS) Program and/or Texas Home Living (TxHmL) Program.

All services must have proper authorization and documentation to support the claim in accordance with the HCS and/or TxHmL Program Billing Requirements. The purpose of the provider fiscal compliance review is to ensure claims filed for HCS and/or TxHmL service components meet the requirements of your Provider Agreement for the HCS and/or TxHmL Program and applicable department rules, including Texas Administrative Code (TAC), 40 TAC §§49.301-49.313, 26 TAC §262 and §263.

Provider fiscal compliance reviews may result in recoupment from the program provider depending on the results of the review.

For this review, HHSC is requesting the following documentation **in this order**:

- copies of signed and dated Person Directed Plans (PDP);
- copies of signed and dated Implementation Plans (IP);
- copies of signed and dated Intellectual Disability/Related Condition Assessments (ID/RC);
- copies of signed and dated Individual Plans of Care (IPC)
- copies of electronic visit verification (EVV) visit log/records;
- copies of residential assistance service delivery logs;
- copies of community first choice service delivery logs;

**submitted on time in order to avoid recoupment for failure to provide supporting documentation.** You will not be allowed to submit additional documentation beyond the deadline indicated in this letter unless you contact Shawnniqua Collins at the number below **before the deadline** and receive a written extension of the deadline. Extensions will be granted only under extraordinary circumstances, so do not rely on getting an extension.

Mr. Steven Schnee  
December 2, 2024  
Page 3

Please be aware that HHSC will not consider documentation that is not legible. **DO NOT create, alter, or destroy any documentation as it relates to this review. Additionally, DO NOT reverse, delete, back out, or modify any retainer payment claims that have been submitted in the Claims Administrator.** Refer to Appendix I of the HCS and TxHmL Program Billing Requirements regarding documentation requirements. HHSC will review the documentation you provide to support your Medicaid claims. Once the review is complete, you will receive a detailed report of any errors found and will have an opportunity to refute the findings. The process of refuting the findings allows you to explain why you believe the documentation you submitted is sufficient to justify your Medicaid claim. However, you will not be allowed to submit the documentation requested in this letter during the refuting process.

You are encouraged to contact [REDACTED], Contract Specialist, at [REDACTED] or email at [shawnniqua.collins@hhs.texas.gov](mailto:shawnniqua.collins@hhs.texas.gov) with any questions you may have concerning the desk review process, documentation requested, or any other concerns.

Sincerely,

[REDACTED]

[REDACTED]

Team Lead, HCS, TxHmL, and CFC Provider Fiscal Compliance  
Medicaid CHIP, Contract Administration & Provider Monitoring



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: SOUTHWEST CLINIC PHARMACY 3

NABP #: 4531415

Date: December 4, 2024

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
[REDACTED]	[REDACTED]	[REDACTED]	12/02/2024	INVEGA TRINZ INJ 540MG	

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]

12/6/2024

Date





### MEDICAL RECORD REQUEST

1st MR Request Sent Date: December 09, 2024

Provider ID: [REDACTED]

<p><b>TO: THE HARRIS CENTER FOR MENTAL HEALTH AND IDD</b></p> <p>Attention To: Medical Records</p> <p>Address: 9401 Southwest Freeway,</p> <p>City, State Zip: Houston, TX 77074</p> <p>Phone: (713)970-7000</p> <p>Fax: (713)970-3817</p>	<p><b>FROM: ADVANTMED</b></p> <p>Address: 17981 Sky Park Circle, Building 39/Suite B &amp; 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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DEC 10 2024  
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**DUE DATE: December 23, 2024**

#### Dear Physician Or Office Administrator

Blue Cross and Blue Shield of Texas (BCBSTX) has partnered with Advantmed to collect medical records for the Risk Adjustment 2024 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> OR email records to our secure server at [records@advantmed.com](mailto:records@advantmed.com)



#### Remote EMR Download

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



#### Fax

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



#### Mail

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



#### Onsite Schedule

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

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

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**REQUEST FOR MEDICAL RECORDS**

Request Send Date: December 17, 2024

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

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

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

**REQUESTOR:** Ambetter of Illinois

**DUE DATE:** December 31, 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](mailto: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](mailto: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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**REQUEST FOR MEDICAL RECORDS**

Request Send Date: December 17, 2024

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

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

**Dear Physician or Office Administrator:**

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

**REQUESTOR:** Ambetter of North Carolina

**DUE DATE:** December 31, 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](mailto: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](mailto: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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BlueCross BlueShield of Texas

Advantmed



MEDICAL RECORD REQUEST

1st MR Request Sent Date: December 10, 2024

Provider ID: [REDACTED]

Latest Request Date: December 17, 2024

<b>TO: Dr. Jesus Tamez</b>	<b>FROM: ADVANTMED</b>
Attention To: Medical Records	Address: 17981 Sky Park Circle, Building 39/Suite B & C
Address: 5901 Long Drive,	City, State Zip: Irvine, CA 92614
City, State Zip: Houston, TX 77087	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: December 31, 2024

Dear Physician Or Office Administrator

Blue Cross and Blue Shield of Texas (BCBSTX) has partnered with Advantmed to collect medical records for the Risk Adjustment 2024 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><b>Upload</b> Most Convenient and Secure Method: To upload records securely visit <a href="https://www.advantmed.com/uploadrecords">https://www.advantmed.com/uploadrecords</a></p>	 <p><b>Fax</b> To fax records toll free, use our secure fax lines: (800)340-7804 (Main Fax Line) (949)222-0185 (Alternate Fax Line)</p>
 <p><b>Email</b> To email records to our secure server: <a href="mailto:records@advantmed.com">records@advantmed.com</a></p>	 <p><b>Mail</b> To mail records, please send to: 17981 Sky Park Circle, Building 39/Suite B &amp; C, Irvine, CA 92614</p>

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

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12/17/2024

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD  
Attn: Medical Records  
9401 SOUTHWEST FREEWAY,  
HOUSTON, TX, 77074

**Request for Medical Records**

Dear Physician or Practice Manager:

Community Health Choice reviews patient medical records to report complete and accurate diagnosis codes to the Centers for Medicare & Medicaid Services (CMS). Community Health Choice has partnered with Credo Health to retrieve medical records for review of selected patients. As a business associate and agent for Community Health Choice, collection of these medical records by Credo Health is permissible.

CMS implemented a system for paying managed care plans based on the health status of their enrolled populations. Our company and all Marketplace plans obtain health status documentation from diagnoses contained in claims and from information contained in the member's medical record. CMS requires that we report the presence of chronic persistent conditions each year for each member. This request differs from other recent medical record requests as it is specific to dates of service and documentation is needed.

Your prompt attention would be appreciated in providing medical records from **all dates of service (DOS) from January 1, 2024 through December 31, 2024** for each of the patients on the attached list. Community Health Choice must submit corrected or confirmed additional data within specified time frames.

Section 164.506(c) (4) of the Privacy Rule permits medical providers to disclose patient medical information without authorization from the patient. Additionally, the Office of Civil Rights, which enforces the Privacy Rule, has determined that a health care provider may disclose health information to a health plan, provided the health plan has or has had a relationship with the individual who is the subject of the information.

**Medical record documentation should include those with check marks.**

✓ Progress Notes/Office Notes	
✓ History and Physicals and Exams	
✓ Consultation Reports	
✓ Discharge Summaries	
✓ Operative Reports	
<b>All Records must be signed by the provider &amp; include proper credentials (i.e. MD, DO, PA, NP, etc.)</b>	

**Why should the provider comply with medical record requests?** This review will ensure accurate payment to plans. Provider reimbursement is inextricably and positively linked to a plan's ability to secure accurate CMS reimbursement. It will also ensure accurate clinical coding and appropriate reimbursement for the cost of treating patients with more acute diseases and severe chronic conditions, and it will increase access to quality care for less healthy patients. The diagnosis information comes directly from providers.



December 16, 2024

██████████  
Executive Director  
The Harris Center for Mental Health and IDD  
9401 Southwest Freeway  
Houston, TX 77074

Subject: Fiscal Year 2025 Quality Assurance Authority Review

██████████:

Texas Health and Human Services Commission (HHSC) Contract Accountability and Oversight (CAO) has responsibility for monitoring Local Intellectual and Developmental Disability Authority (LIDDA) compliance with the Performance Contract. Monitoring compliance includes:

- TAC Chapter 330, LIDDA Role and Responsibilities
- TAC Chapter 331, LIDDA Service Coordination
- TAC Chapter 334, Rights of Individual with an Intellectual Disability
- 26 TAC Chapter 262, Texas Home Living (TxHmL) Program and Community First Choice (CFC) and 26 TAC 566 Texas Home Living (TxHmL) Program and Community First Choice (CFC) Certification Standards
- 26 TAC Chapter 263, Home and Community-Based Services (HCS) and Community First Choice (CFC) and 26 TAC Chapter 565 Home and Community-Based Services (HCS) Program Certification Standards, Subchapter G, HHSC Actions
- 26 TAC Chapter 303, Subchapter A-H, Preadmission Screening and Resident Review (PASRR)
- Code of Federal Regulations, Title 42, Chapter 441, Subchapter K, Community First Choice (CFC)

██████████, Contract Specialist, has been assigned to facilitate the fiscal year 2025 Quality Assurance Authority Review for The Harris Center for Mental Health and IDD. ██████████ will contact ██████████, Program Director of Service Coordination, to coordinate the review, including scheduling interviews with designated LIDDA staff. The review has been scheduled for February 3, 2025 through February 6, 2025. This review will be conducted via desk review. The facilitator will work with the contact person to make the necessary arrangements.

In accordance with Article 4.1.6 of the fiscal years 2024-2025 Performance Contract, initial findings are shared with designated representatives of the LIDDA

The Harris Center for Mental Health and IDD

December 16, 2024

2

during an exit conference. Reports of findings for Quality Assurance, GR/CFC, TxHmL, HCS, and PASRR are provided to the HHSC IDD Services Contract Manager. Should any of these reports include findings that require the LIDDA's submittal of a Corrective Action Plan (CAP), the LIDDA will submit the CAP to HHSC IDD Services for approval. In response, the Contract Manager will issue a notice of alleged non-compliance to the LIDDA, specifying remedies and sanctions, if applicable.

For questions or additional information concerning this review, please contact Alana Ivey, Contract Specialist, by email at [alana.ivey@hhs.texas.gov](mailto:alana.ivey@hhs.texas.gov).

Sincerely,

[REDACTED]

[REDACTED]

Manager  
Contract Accountability and Oversight  
HHSC IDD Services

KM:ai

cc: [REDACTED], The Harris Center for Mental Health and IDD  
[REDACTED], Contract Manager, IDD Performance Contracts Unit



<b>Outreach ID:</b> [REDACTED]	<b>Site ID:</b> [REDACTED]
--------------------------------	----------------------------

# Chart Review Request

<b>To:</b> <u>Medical Records</u>	<b>Date:</b> <u>12/19/2024 DEC 20 2024</u>
<b>Fax Number:</b> <u>(713) 970-3817</u>	<b>Phone Number:</b> <u>(713) 970-7335</u>

RECEIVED

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request. Please call (877) 445-9293 or email [chartreview@datavant.com](mailto: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](http://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]

[REDACTED]  
[REDACTED]  
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](http://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: December 20, 2024

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

<p><b>TO: Dr. Carmen Deneen</b></p> <p> 4910 Airport Avenue, Suite D Rosenberg, TX 77471</p> <p> (713)970-7330</p> <p> (713)970-3817</p>	<p><b>FROM: ADVANTMED</b></p> <p> 17981 Sky Park Circle, Building 39/Suite B &amp; C, Irvine, CA 92614</p> <p> (800)698-1690</p> <p> (800)340-7804</p> <p> Providersupport@advantmed.com</p> <p> <a href="https://www.advantmed.com/">https://www.advantmed.com/</a></p>
--	--

**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:** January 03, 2025

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](mailto: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](mailto: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: [REDACTED]	Date: 12/31/2024	JAN 01 2025
Fax Number: (713) 970-3817	Phone Number: (713) 970-7330	RECEIVED

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request.  
Please call (877) 445-9293 or email [chartreview@datavant.com](mailto: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](http://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 1-972-729-6132

#### 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](http://www.datavant.com/campaign/betterway)

#### VERIFICATION OF RECEIPT OF FAX:

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**Risk Adjustment CMS Audit**

**Attn:** Medical Records  
**Provider:** The Harris Center for Mental Health and IDD  
**Phone:** (713) 970-7330  
**Fax:** (713) 970-3817  
**Pages:** 5 (including cover)  
**Reference #:** [REDACTED]  
**Date Sent:** 01/02/2025

JAN 03 2025

**RECEIVED**

Please review the attached information and return by 01/06/2025 .

**Please return medical records to the Optum RADV Intake team.  
 Contact information is available within the request.**

**Privacy Information:**

The regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) are the federal rules that govern the privacy of a patient's protected health information (PHI), and establish requirements for the use and disclosure of PHI by physicians/health care professionals, health plans and health plans' business associates and business associate subcontractors.

HIPAA regulations permit a covered entity, such as a physician practice, to disclose protected health information (PHI) to another covered entity, such as a health plan, without obtaining a member's authorization or consent, for the purpose of facilitating health care operations. Under HIPAA, health care operations include disclosure of PHI for accreditation and certification activities (e.g., risk assessment). These disclosures may be made to a business associate, acting on behalf of the covered entity. The American Recovery and Reinvestment Act of 2009 (ARRA) also permits release of records.

This facsimile transmission contains confidential information intended for the parties identified above. If you have received this transmission in error, please immediately notify me by telephone and return the original message to me at the address listed above. Distribution, reproduction or any other use of this transmission by any party other than the intended recipient is strictly prohibited.



JAN 03 2025

RECEIVED

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**Phone:** (713) 970-7330  
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Outreach ID: [REDACTED]

Site ID: [REDACTED]

## Chart Review Request

To: Medical RecordsDate: 1/3/2025

JAN 06 2025

Fax Number: (713) 970-3817Phone Number: (713) 970-7330

RECEIVED

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request.  
Please call (877) 445-9293 or email [chartreview@datavant.com](mailto: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](http://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 1-972-729-6132

#### 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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MEDICARE MEDICAL RECORD REQUEST

1st MR Request Sent Date: January 09, 2025

Provider ID: [REDACTED]

RECEIVED

<b>TO: Dr. Gerard Scardino</b>	<b>FROM: ADVANTMED</b>
Attention To: Medical Records	Address: 17981 Sky Park Circle, Building 39/Suite B & C
Address: 17070 Red Oak Drive, Suite 209	City, State Zip: Irvine, CA 92614
City, State Zip: Houston, TX 77090	Phone: (800)698-1690
Phone: (713)970-7263	Fax: (800)340-7804
Fax: (713)970-3817	Email: Providersupport@advantmed.com
	Website: https://www.advantmed.com

DUE DATE: January 16, 2025

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](mailto: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.



EXL

NABP #: [REDACTED]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 14 BUSINESS DAYS.

FROM: [REDACTED] / SE Pharmacy 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: January 14, 2025

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
[REDACTED]	[REDACTED]	[REDACTED]	01/09/2025	ABILIFY ASIM INJ 960MG	

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] 1-15-25  
Date





Outreach ID: [REDACTED]

Site ID: [REDACTED]

## Chart Review Request

To: Medical RecordsDate: 1/23/2025Fax Number: (713) 970-3817Phone Number: (713) 970-7000

RECEIVED

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

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<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 1-972-729-6164

#### 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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- > **Digital Retrieval:** Automate the intake, fulfillment, quality control and delivery of medical records
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ATTORNEY GENERAL KEN PAXTON

**[REDACTED]**  
Lieutenant  
Medicaid Fraud Control Unit

10777 Northwest Freeway, Ste. 200 Houston, TX 77092  
(713) 613-2056 • cell (832) 396-9473 • fax (512) 457-4541  
erika.yates@oag.texas.gov



MEDICAID FRAUD CONTROL UNIT

KITWORKS

December 30, 2024

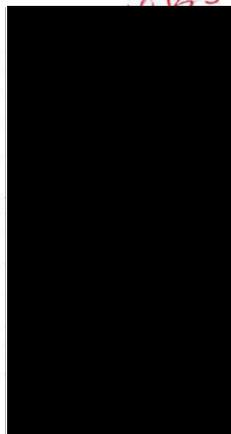
The Harris Center for Mental Health and IDD  
9401 SOUTHWEST FREEWAY  
HOUSTON, TX 77074

Dear The Harris Center for Mental Health and IDD:

The Texas Office of the Attorney General Medicaid Fraud Control Unit (MFCU) is conducting an investigation concerning Fraud, and as part of our investigation, we require access to information that must be retained pursuant to the Medicaid provider agreement. *See* 42 C.F.R. § 1007.11; 1 Tex. Admin. Code § 371.1667 and 371.1(73); Texas Medicaid Provider Procedures Manual. Information obtained by the MFCU in the course of an investigation is reviewed for evidence of criminal misconduct, including fraud, waste, and abuse.

Specifically, please provide the electronic version of the documents and records listed below, if applicable:

Provider files for those who provided HCS services through A-Tap/A New Way Forward from 2019 - 2020:



Under federal law and the Texas Administrative Code, as well as Medicaid Program rules, the MFCU has authority to obtain records of Medicaid providers and those in contractual obligation with a Medicaid provider. The term "records" includes any documents necessary to verify items or services furnished, including business and accounting records with support documentation. *See* 42 C.F.R. § 431.107; 1 Tex. Admin. Code § 371.1(73); Texas Medicaid Provider Procedures Manual.

Further, although the Health Insurance Portability and Accountability Act (HIPAA) imposes obligations on providers to protect individually identifiable health information, HIPAA permits disclosure of such information to a health oversight agency. The preamble to the HIPAA Privacy Rule specifically lists Medicaid Fraud Control Units as an example of a health oversight agency. *See* 65 Fed. Reg. 82462, 82492 (2000).

To comply with this request, please provide all requested documents and records at the time of request. Please refer to the Texas Medicaid Provider Procedures Manual regarding the responsibility to provide original or copied documents and records at the expense of the provider.



**REQUEST FOR MEDICAL RECORDS**

Request Send Date: January 24, 2025

JAN 27 2025

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

**RECEIVED**

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

**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:** February 07, 2025

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](mailto: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](mailto: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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Audit ID: DSK-38015

**Records Transmittal Page****PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 30 DAYS.****Pharmacy Name:** NORTHWEST CLINIC PHARMACY**NCPDP:** [REDACTED]**From:** [REDACTED] Northwest Clinic Pharmacy **To:** ORX Pharmacy Network Audit

(Sender's Name)

**# of Pages:** 250 (Including Cover)

1. **Preferred Secure Fax:** 800-984-8431
2. **Encrypted Email:** rx\_audit@optum.com
3. **Mail:** Optum Rx – Desk Audit  
PO Box 2749  
Mission, KS 66201

**Please remember to:**

1. **Submit a copy (front and back) of each prescription listed.**
2. **Submit copies of all supporting documentation necessary to validate the claim(s).**
3. **Include this Record Transmittal Page with document submission.**
4. **We do not accept documents from file hosting or shared drive services.**

This communication and any attachments may contain confidential information. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution, or copying of it or its contents, are prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments.

PO Box 2749 Mission, KS 66201



March 7, 2025

██████████  
Executive Director  
The Harris Center for Mental Health and IDD  
9401 Southwest Freeway  
Houston, TX 77074

Subject: Fiscal Year 2025 Quality Assurance Authority Review

Dear ██████████:

Texas Health and Human Services Commission (HHSC) Contract Accountability and Oversight (CAO) completed the fiscal year 2025 Quality Assurance Authority Review of The Harris Center for Mental Health and IDD on February 6, 2025

At the conclusion of the Quality Assurance Authority Review, these reports of findings were presented to designated local intellectual and developmental disability authority (LIDDA) staff. These reports may include findings that require the LIDDA to submit to HHSC Corrective Action Plans with timelines to implement the plans upon approval by HHSC.

Based on the results of the annual Quality Assurance review:

The LIDDA qualifies for **Intermittent Monitoring** as one or more of the following elements were met:

- One or more program areas (TxHmL, GR/CFC, HCS, or PASRR) scored below 90%; and/or
- The overall score was below 90%.

The LIDDA's next monitoring review will be scheduled for 11 to 13 months after the monitoring exit date.

Please see the Report of Findings and the Comprehensive Score document for specific programmatic and comprehensive scores.

For questions or additional information concerning these reports and debriefing pages, please contact Alana Ivey, Contract Specialist, by email at [alana.ivey@hhs.texas.gov](mailto:alana.ivey@hhs.texas.gov).

The Harris Center for Mental Health and IDD

March 7, 2025

2

Sincerely,

[REDACTED]

[REDACTED]

Manager  
Contract Accountability and Oversight  
HHSC IDD Services

[REDACTED]

cc: [REDACTED], The Harris Center for Mental Health and IDD  
[REDACTED], Contract Manager, IDD Performance Contracts Unit

Enclosures



Outreach ID: [REDACTED]

Site ID: [REDACTED]

## Chart Review Request

JAN 30 2025

To: unkDate: 1/29/2025 **RECEIVED**Fax 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](mailto: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](http://www.datavant.com/campaign/betterway)

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- 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 1-972-729-6140

#### 5. Mail:

Mark "Confidential" on the envelope and mail the medical records to:

Datavant  
2222 W. Dunlap Ave  
Phoenix, AZ 85021

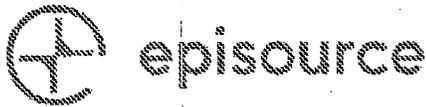
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- > **Digital Retrieval:** Automate the intake, fulfillment, quality control and delivery of medical records
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Epi Reference ID: [REDACTED]

Episource, LLC on behalf of Aetna

Address: 500 W. 190<sup>th</sup> Street, 4<sup>th</sup> 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)

FEB 04 2025

RECEIVED

**Medical Records Request  
Commercial Risk Adjustment Review**

Attention To: Medical Records  
Phone: (713) 970-7330  
Fax: (713) 970-3817  
Request Date: 02/04/2025  
Epi Reference ID: L-04776591

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

**Please contact Episource within 7 days of receiving this request:**

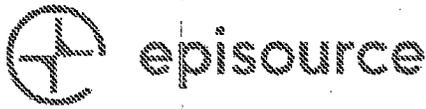
**1-209-299-3563 or 1-860-316-2982**

**Email: aetnachartretrieval@episource.com**

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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](mailto:compliance@episource.com).

**Epi Reference ID: L-04776591**



Epi Reference ID: L [REDACTED]

Episource, LLC on behalf of Aetna

Address: 500 W. 190<sup>th</sup> Street, 4<sup>th</sup> 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)

FEB 04 2025

RECEIVED

**Medical Records Request  
Commercial Risk Adjustment Review**

Attention To: Medical Records  
Phone: (713) 970-7330  
Fax: (713) 970-3817  
Request Date: 02/04/2025  
Epi Reference ID: L-04776591

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**1-209-299-3563 or 1-860-316-2982**

**Email: aetnachartretrieval@episource.com**

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Epi Reference ID: [REDACTED]



Outreach ID: [REDACTED]

Site ID: [REDACTED]

## Chart Review Request

To: Medical Records DeptDate: 2/5/2025Fax Number: (832) 548-5092Phone Number: (832) 548-5000

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request.  
Please call (877) 445-9293 or email [chartreview@datavant.com](mailto: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](http://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 1-877-445-9293

#### 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 1-877-445-9293

#### 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

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

FEB 05 2025

To learn more about one of these **NO COST** retrieval options, visit [www.datavant.com/campaign/betterway](http://www.datavant.com/campaign/betterway)

RECEIVED

#### 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.



EXL

NABP #: [REDACTED]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 14 BUSINESS DAYS.

FROM: [REDACTED] Southeast Pharmacy  
(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 #: [REDACTED]

Date: January 29, 2025

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
[REDACTED]	[REDACTED]	[REDACTED]	01/24/2025	INVEGA TRINZ INJ 819MG	RTS 2/3/25-never picked up

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]

2/10/25  
Date





EXL

NABP #: [REDACTED]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 14 BUSINESS DAYS.

FROM: [REDACTED] Southeast Pharmacy  
(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 #: [REDACTED]

Date: January 29, 2025

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
[REDACTED]	[REDACTED]	[REDACTED]	01/24/2025	INVEGA TRINZ INJ 819MG	RTS 2/3/25-never picked up

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]

2/10/25  
Date



# Order

paliperidone palm, 3 month, (INVEGA TRINZA) 819 mg/2.63 mL injection [140114] (Order 464103002)

## Patient Demographics

Patient Name	Legal Sex	DOB	Address	Phone
[REDACTED]	M	[REDACTED]	[REDACTED]	[REDACTED]

Patient's BMI = 26.39

- BMI <18.5 using actual body weight (CrCl = 0)
- BMI 18.5 - 24.9 using ideal body weight (CrCl = 0)
- BMI >25 using adjusted body weight (CrCl = 0)
- Current BMI (CrCl = 0)

## Order Audit Trail

Number of times this order has been changed since signing: 2  
Order Audit Trail

Rx #: 7-6145882

paliperidone palm, 3 month, (INVEGA TRINZA) 819 mg/2.63 mL injection [464103002]

### Order Details

Dose: 819 mg	Route: Intramuscular	Frequency: Every 3 months
Dispense Quantity: 2.63 mL	Refills: 1	Fills remaining: 2

Sig: Inject 2.63 mL intramuscularly every 3 months

Start Date: 10/28/24	End Date: --
Written Date: 10/28/24	Expiration Date: 10/28/25

Associated Diagnoses: Bipolar affective disorder, remission status unspecified [F31.9]  
Original Order: paliperidone palm, 3 month, (INVEGA TRINZA) 819 mg/2.63 mL injection [453989384]

## Providers

Ordering Provider and Authorizing Provider:

Ruan, Qingmin, MD ⓘ

[REDACTED]

DEA #: FR4724060 NPI: 1548586308

Ordering User: Ruan, Qingmin, MD

## Pharmacy

Southeast Clinic Pharmacy  
5901 Long Drive, Houston TX 77087  
Phone: 713-970-4308 Fax: 713-970-4577  
DEA #: BS0315134

Quantity remaining: 5.26 mL	Quantity used: 0 mL	Next fill due: 1/26/2025 ⓘ
Default refill request to: Ruan, Qingmin, MD ⓘ		

## License:

RUAN, QINGMIN Q0353

**DEA#:**

FR4724060

state provider

**Dispense History**

Date	Type	Origin	Status	Quantity	Day Supply	Patient Charge	Product	Pharmacy	Fill Number
01/24/25	First Fill	Electronic	Canceled	2.63 mL	90	\$12,848.94	Invega-Trinza 819 mg/2.63 mL injection	Southeast Clinic Pharmacy	1
10/28/24	First Fill	Electronic	Canceled	2.63 mL	90	\$12,523.32	Invega-Trinza 819 mg/2.63 mL injection	Southeast Clinic Pharmacy	1

**Order Information**

Date	Department	Ordering/Authorizing
10/28/2024	Southeast MH Adult Clinic	Ruan, Qingmin, MD

**Order Providers**

Prescribing Provider (ID180801HC) Ruan, Qingmin, MD	Encounter Provider (ID180801HC) Ruan, Qingmin, MD
--	--

Order #	Class	Route	Login Department	Comments	Reason For Discontinue
464103002	ePrescribe	Intramuscular	HC SE MH ADULT-AFFILIATE [615214100]		

**Associated Diagnoses**

Bipolar affective disorder, remission status unspecified - Primary

**Pharmacy**

HC OP SE PHARMACY-AFFILIATE

**Encounter**

[View Encounter](#)

**Most Recent Warning Override Details for INVEGA TRINZA 819 MG/2.63 ML INTRAMUSCULAR SYRINGE**

Overridden by Broussard, Neal, RPH on 01/24/2025 11:48 AM					
Type	Severity	Description	Agents	Reason	Comment
Duplicate Therapy	(Not available)	ANTIPSYCHOTICS (EXCLUDING SELECT ARIPIPIRAZOLE FORMULATIONS)		Dose Appropriate	
Duplicate Therapy	(Not available)	ANTIPSYCHOTICS, ATYPICAL		Dose Appropriate	
Duplicate Therapy	(Not available)	ANTIPSYCHOTICS		Dose Appropriate	

**Warnings Override History**

Total number of overridden warnings: 15

**Outpatient Medication Detail**

	Disp	Refills	Start	End	DAW
paliperidone palm, 3 month, (INVEGA TRINZA) 819 mg/2.63 mL injection	2.63 mL	1/1	10/28/2024	—	No

Disp Refills Start End DAW

Sig - Route: Inject 2.63 mL intramuscularly every 3 months - Intramuscular

Sent to pharmacy as: Invega Trinza 819 mg/2.63 mL intramuscular syringe (paliperidone palm (3 month))

Class: ePrescribe

**Order Transmittal Tracking Details**

paliperidone palm, 3 month, (INVEGA TRINZA) 819 mg/2.63 mL injection (Order #464103002) on 10/28/24 OTX  
Details Report

In Order Panel:

In Preference List:No

**Order History**

Outpatient

Date/Time	Action Taken	User	Additional Information
10/28/24 1411	Sign	Ruan, Qingmin, MD	Reorder from Order: 453989384
10/28/24 1411	Taking Flag Checked	Ruan, Qingmin, MD	Reorder from Order: 453989384

# Fill Report

**Rx #: 7-6145882**

**paliperidone palm, 3 month, (INVEGA TRINZA) 819 mg/2.63 mL injection [464103002]**

## Product

Invega Trinza 819 mg/2.63 mL injection ⓘ

NDC: 50458-609-01 (2.63 mL Syringe)

Discard after: 1/24/2026

Start taking: --

Day supply: 90

Quantity: 2.63 mL

## Fill Information

Patient: [REDACTED]

Fill status: Canceled

Cancel reason: Never Picked Up

Fill Type: First Fill

Requested from: Pharmacy

Cancel comments: --

## Dispensed by

Southeast Clinic Pharmacy

5901 Long Drive, Houston TX 77087

Phone: 713-970-4308 Fax: 713-970-4577

DEA #: BS0315134

## Billing Information

Patient charge: \$12,848.94

Cash price: \$12,848.94



Coverage: RX HC AFF 610097/RX HC 610097/9999-AFF

Covered Amount: \$0.00

Plan Price: \$12,848.94

Billed Remainder To: Personal/Family Guarantor - [REDACTED]

Relationship to Patient: Self

Service Area: AFFILIATE HARRIS CENTER SERVICE AREA

## Status History [464103002]

Current work request edits: Hide

Adjudications: Hide

### Mon Feb 3, 2025

Time	Action	User	Department
8:20 AM	☰ Fill Returned	Feller, Christopher, RPH	Southeast Clinic Pharmacy
	✘ Canceled - Never Picked Up		
	☰ Profiled - First fill canceled (Never Picked Up)		
	🔄 Reversal (B2) - Approved		
	Plan: RX HC AFF 610097/RX HC 610097/9999-AFF		
	📧 Interface Message Sent 7447765654 - HCHD RELAY HEALTH CLAIMS ADJUDICATION OUT [810630]		
	📧 Interface Message Received 7447776925 - HCHD RELAY HEALTH ADJUDICATION IN [810631]		
	⬆️ Balance Incremented - 1 Syringe (NDC: 50458-609-01)		
	📄 Return to Stock Label		

**Sat Jan 25, 2025**

Time	Action	User	Department
12:41 AM	Work Request Edited - Ready at time	Epicrx, Admin	--

**Fri Jan 24, 2025**

Time	Action	User	Department
11:48 AM	Ready to Dispense	Broussard, Neal, RPH	Southeast Clinic Pharmacy
	Verified - Barcode Scanned		
11:48 AM	Ready to Verify	Broussard, Neal, RPH	Southeast Clinic Pharmacy
	Filled - Barcode Scanned		
	Balance Decremented - 1 Syringe (NDC: 50458-609-01)		
11:41 AM	Fill Initiated	Tsang, Sharon	Southeast Clinic Pharmacy
	Zebra Bottle Label		
	Medication Monograph		
	Harris Center Patient Leaflet		
11:40 AM	Work Request Edited - Comments	Feller, Christopher, RPH	--
11:40 AM	Ready to Fill	Feller, Christopher, RPH	Southeast Clinic Pharmacy
11:40 AM	Pending Fill	Feller, Christopher, RPH	Southeast Clinic Pharmacy
	Bill (B1) - Paid		
	Plan: RX HC AFF 610097/RX HC 610097/9999-AFF		
	Interface Message Sent 7414197487 - HCHD RELAY HEALTH CLAIMS ADJUDICATION OUT [810630]		
	Interface Message Received 7414210351 - HCHD RELAY HEALTH ADJUDICATION IN [810631]		

**Pharmacist Clinical Review History**

Date	By
10/28/2024 14:25	Dahlmeier, Renee K, RPH

**Work Request Details [35943618]**

[View Audit Trail](#)

Delivery Method:	Pickup	Work Request 1/28
Delivery Comments:	--	Comments:

**Work Request**

Dispensed	Rx Number	Status	Medication	Patient Charge	Paid
--	7-6145882	Canceled	paliperidone palm, 3 month, (INVEGA TRINZA) 819 mg/2.63 mL injection	--	--
				\$0.00	\$0.00



### Barcode Scan History

Stage	Selected Via Scan	Completed Via Scan
Fill Verification	Yes	Yes
Filling Activity	Yes	Yes

### Claim Adjudication History

Transaction	Response	Covered	Patient Charge	Type	Coverage	Date/Time	User
Reversal (B2)	Approved	(\$10,748.89)	(\$0.00)	Primary	RX HC AFF 610097/RX HC 610097/9999-AFF	2/3/2025 08:20	Feller, Christopher, RPH
Bill (B1)	Paid	\$10,748.89	\$0.00	Primary	RX HC AFF 610097/RX HC 610097/9999-AFF	1/24/2025 11:40	Feller, Christopher, RPH

### Inventory Information for Fill Request on 1/24/2025 11:41 AM

**PALIPERIDONE PALMITATE (3-MONTH) 819 MG/2.63 ML INTRAMUSCULAR SYRINGE, 2.63 mL, Southeast Clinic Pharmacy Inventory [596035]**

#### Balance Updates

Date	User	Package	Reason	Change (Syringe)	Balance (Syringe)
02/03 0820	Feller, Christopher, RPH	50458-609-01	Return to Stock	1	3
01/24 1148	Broussard, Neal, RPH	50458-609-01	Dispense	-1	1

02/07/25 10:45:43

Page 001/012

# Humana®

9401 SOUTHWEST FWY  
HOUSTON, TX 77074-1407

## Fax

TO: THE HARRIS CENTER FOR MENTAL HEALTH AND IDD	FROM: Humana
PHONE: 17139707000	PAGES:
FAX: 17139703817	DATE: 2/7/2025
RE: MEDICAL RECORDS RETRIEVAL	SITE ID/REFERENCE: [REDACTED] NUMBER

ATTN: MEDICAL RECORDS

Attached is a request for records we need from your practice. If you have any questions, please feel free to contact me at the number below.

Thanks

[REDACTED]  
T 281-630-2383  
F 713- 814-0886

FEB 10 2025

RECEIVED

*If this transmission is not received in good order, please call 1-866-444-8094 or advise by fax at 1-888-737-1057. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. Failure to maintain confidentiality of such information is subject to sanctions and penalties under state and federal law. If you have received this material/information in error, please contact the sender and delete or destroy the material/information immediately.*

583601ALL1024-H

02/08/25 05:36:55

Page 001/010



Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan)

2/7/2025

Attention to: Medical Records  
 The Harris Center For Mental Health and IDD  
 Site ID: 5921747  
 Houston, TX  
 Phone: **17139704300**  
 Fax: **17139703817**

**Subject: Annual HEDIS® medical record request**

Dear Provider:

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) performs an annual review of our members' medical records as part of the Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS is part of a nationally recognized quality improvement initiative and is used by the Centers for Medicare & Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA) and several states to monitor the performance of managed care organizations. NCQA is a private, nonprofit organization dedicated to improving health care quality.

**What is being requested from your office?**

**Medical records** — Attached are the following documents including:

1. *HEDIS Member List*, which includes the member information and the HEDIS measure(s) selected for the member.
2. *HEDIS Instruction Sheet* listing the details for each HEDIS measure.

Some members *may* be selected for multiple measures. Please make sure to place the *Member List* on top of the medical records.

FEB 10 2025

RECEIVED



NABP #: [REDACTED]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 14 BUSINESS DAYS.

FROM: [REDACTED] / Southwest Pharmacy

(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 #: [REDACTED]

Date: February 6, 2025

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
[REDACTED]	[REDACTED]	[REDACTED]	02/03/2025	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]

Pharmacy Manager / Representative Signature [REDACTED]

2-11-25  
Date



# Order

paliperidone palm, 3 month, (INVEGA TRINZA) 819 mg/2.63 mL injection [140114] (Order 468695848)

## Patient Demographics

Patient Name	Legal	DOB	Address	Phone
[REDACTED]	Sex F	11/20/1979	[REDACTED]	[REDACTED]

Patient's BMI = 29.21

- BMI <18.5 using actual body weight (CrCl = 0)
- BMI 18.5 - 24.9 using ideal body weight (CrCl = 0)
- BMI >25 using adjusted body weight (CrCl = 0)
- Current BMI (CrCl = 0)

## Order Audit Trail

Number of times this order has been changed since signing: 5  
Order Audit Trail

Rx #: 3-6092467

paliperidone palm, 3 month, (INVEGA TRINZA) 819 mg/2.63 mL injection [468695848]

### Order Details

Dose: 819 mg	Route: Intramuscular	Frequency: Every 3 months
Dispense Quantity: 2.63 mL	Refills: 1	Fills remaining: 1

Sig: Inject 2.63 mL intramuscularly every 3 months

Start Date: 02/04/25	End Date: --
Written Date: 12/11/24	Expiration Date: 12/11/25

Associated Diagnoses: Schizoaffective disorder, bipolar type [F25.0]  
Original Order: paliperidone palm, 3 month, (INVEGA TRINZA) 819 mg/2.63 mL injection [462813904]

## Providers

Ordering Provider and Authorizing Provider:

Hinman, Hunter, MD ⓘ  
9401 Southwest Fwy, Houston TX 77074  
Phone: 713-970-3800 Fax: 713-970-3315  
DEA #: FH4574390 NPI: 1821618737

Ordering User: Hinman, Hunter, MD

## Pharmacy

Southwest Clinic Pharmacy  
9401 SW Freeway, Suite 101, Houston TX 77074  
Phone: 713-970-7635 Fax: 713-970-3310  
DEA #: BN0428424

Quantity remaining: 2.63 mL      Quantity used: 2.63 mL      Next fill due: 5/5/2025 ⓘ  
Default refill request to: Hinman, Hunter, MD ⓘ

## License:

HINMAN, HUNTER U8343

**DEA#:**

FH4574390

state provider

**Dispense History**

Date	Type	Origin	Status	Quantity	Day Supply	Patient Charge	Product	Pharmacy	Fill Number
02/04/25	First Fill	Electronic	Dispensed	2.63 mL	90	\$0.00	Invega Trinza 819 mg/2.63 mL injection	Southwest Clinic Pharmacy	1
<del>12/11/24</del>	<del>First Fill</del>	<del>Electronic</del>	<del>Canceled</del>	<del>2.63 mL</del>	<del>90</del>	<del>\$12,523.32</del>	<del>Invega Trinza 819 mg/2.63 mL injection</del>	<del>Southwest Clinic Pharmacy</del>	<del>1</del>

**Order Information**

Date: 12/11/2024  
 Department: Southwest MH Adult  
 Ordering/Authorizing: Hinman, Hunter, MD

**Order Providers**

Prescribing Provider: (ID160288HC) Hinman, Hunter, MD  
 Encounter Provider: (ID197755HC) Jessa, Dafe, MD

**Supervision Information**

Encounter Supervising Provider: (ID160288HC) Hinman, Hunter, MD  
 Type of Supervision: Supervision Required

Order #	Order Class	Route	Login Department	Comments	Reason For Discontinue
468695848	ePrescribe	Intramuscular	HC SW MH ADULT-AFFILIATE [611014041]		

**Associated Diagnoses**

Schizoaffective disorder, bipolar type - Primary

**Pharmacy**

HC OP SW PHARMACY-AFFILIATE

**Encounter**

View Encounter

**Most Recent Warning Override Details for INVEGA TRINZA 819 MG/2.63 ML INTRAMUSCULAR SYRINGE**

Overridden by Jakana, Elizabeth, LVN on 02/04/2025 4:32 PM

Type	Severity	Description	Agents	Reason	Comment
Duplicate Therapy	(Not available)	ANTIPSYCHOTICS		RN Reviewed	
Duplicate Therapy	(Not available)	ANTIPSYCHOTICS (EXCLUDING SELECT ARIPIPIRAZOLE FORMULATIONS)		RN Reviewed	
Duplicate Therapy	(Not available)	ANTIPSYCHOTICS, ATYPICAL		RN Reviewed	

**Warnings Override History**

Total number of overridden warnings: 14

### Outpatient Medication Detail



	Disp	Refills	Start	End	DAW
paliperidone palm, 3 month, (INVEGA TRINZA) 819 mg/2.63 mL injection	2.63 mL	1/1	2/4/2025	—	No
Sig - Route: Inject 2.63 mL intramuscularly every 3 months - Intramuscular					
Sent to pharmacy as: Invega Trinza 819 mg/2.63 mL intramuscular syringe (paliperidone palm (3 month))					
Class: ePrescribe					

### Order Transmittal Tracking Details

paliperidone palm, 3 month, (INVEGA TRINZA) 819 mg/2.63 mL injection (Order #468695848) on 12/11/24 OTX Details Report

In Order Panel:  
In Preference List:Yes

### Order History

Outpatient

Date/Time	Action Taken	User	Additional Information
12/11/24 1556	Sign	Hinman, Hunter, MD	Reorder from Order: 462813904
12/11/24 1556	Taking Flag Checked	Hinman, Hunter, MD	Reorder from Order: 462813904

# Fill Report

**Rx #: 3-6092467**

**paliperidone palm, 3 month, (INVEGA TRINZA) 819 mg/2.63 mL injection [468695848]**

## Product

Invega Trinza 819 mg/2.63 mL injection ⓘ

NDC: 50458-609-01 (2.63 mL Syringe)

Discard after: 2/3/2026

Start taking: --

Day supply: 90

Quantity: 2.63 mL

## Fill Information

Patient: [REDACTED]

Fill status: Dispensed

Fill Type: First Fill

Requested from: Pharmacy

## Dispensed by

Southwest Clinic Pharmacy

9401 SW Freeway, Suite 101, Houston TX 77074

Phone: 713-970-7635 Fax: 713-970-3310

DEA #: BN0428424

## Billing Information

Patient charge: \$0.00 (\$0.00 collected)

Cash price: \$12,848.94



Coverage: RX HC AFF 610097/RX HC 610097/9999-AFF

Covered Amount: \$10,748.89

Plan Price: \$12,848.94

Billed Remainder To: Personal/Family Guarantor - [REDACTED]

Relationship to Patient: Self

Service Area: AFFILIATE HARRIS CENTER SERVICE AREA

## Status History [468695848]

Current work request edits: Hide  
Adjudications: Hide

### Tue Feb 4, 2025

Time	Action	User	Department
8:51 AM	Dispensed Dispense Receipt Billing Charge Dropped	Johnson, losha	Southwest Clinic Pharmacy
8:50 AM	Consult - Offered and Declined (Set by Johnson, losha)	Johnson, losha	Southwest Clinic Pharmacy
2:41 AM	Work Request Edited - Ready at time	Epicrx, Admin	--

### Mon Feb 3, 2025

Time	Action	User	Department
4:35 PM	Ready to Dispense Verified - Barcode Scanned Fill Info Edited - Authorizing Pharmacist	Schoeneberg, Heather, RPH	Southwest Clinic Pharmacy
1:32 PM	Ready to Verify Filled - Barcode Scanned Balance Decremented - 1 Syringe (NDC: 50458-609-01)	Garcia, Amy	Southwest Clinic Pharmacy

Time	Action	User	Department
1:32 PM	<ul style="list-style-type: none"> <li>☰ Fill Initiated</li> <li>📄 Zebra Bottle Label</li> <li>📄 Medication Monograph</li> <li>📄 Harris Center Patient Leaflet</li> </ul>	Garcia, Amy	Southwest Clinic Pharmacy
1:30 PM	<ul style="list-style-type: none"> <li>☰ Ready to Fill</li> <li>✎ Fill Info Edited - Payment Method</li> <li>📄 Bill (B1) - Paid</li> <li>Plan: RX HC AFF 610097/RX HC 610097/9999-AFF</li> <li>📄 Interface Message Sent 7452289729 - HCHD RELAY HEALTH CLAIMS ADJUDICATION OUT [810630]</li> <li>📄 Interface Message Received 7452299983 - HCHD RELAY HEALTH ADJUDICATION IN [810631]</li> </ul>	Johnson, losha	Southwest Clinic Pharmacy
1:30 PM	<ul style="list-style-type: none"> <li>🚫 Flag Removed - Charging Rejected</li> </ul>	Epicrx, Admin	Southwest Clinic Pharmacy
1:30 PM	<ul style="list-style-type: none"> <li>✎ Fill Info Edited - Payment Method</li> <li>📄 Bill (B1) - Rejected</li> <li>Plan: RX HC AFF 610494/RX HC 610494/9999-AFF</li> <li>📄 Interface Message Sent 7452289720 - HCHD RELAY HEALTH CLAIMS ADJUDICATION OUT [810630]</li> <li>📄 Interface Message Received 7452299974 - HCHD RELAY HEALTH ADJUDICATION IN [810631]</li> </ul>	Johnson, losha	Southwest Clinic Pharmacy
1:30 PM	<ul style="list-style-type: none"> <li>🚩+ Flag Added - Charging Rejected</li> <li>🚫 Flag Removed - Charging Rejected</li> </ul>	Epicrx, Admin	Southwest Clinic Pharmacy
1:30 PM	<ul style="list-style-type: none"> <li>☰ Pending Fill</li> <li>📄 Bill (B1) - Rejected</li> <li>Plan: RX HC AFF 610097/RX HC 610097/9999-AFF</li> <li>📄 Interface Message Sent 7452289714 - HCHD RELAY HEALTH CLAIMS ADJUDICATION OUT [810630]</li> <li>📄 Interface Message Received 7452299968 - HCHD RELAY HEALTH ADJUDICATION IN [810631]</li> </ul>	Johnson, losha	Southwest Clinic Pharmacy
1:30 PM	<ul style="list-style-type: none"> <li>🚩+ Flag Added - Charging Rejected</li> </ul>	Epicrx, Admin	Southwest Clinic Pharmacy

### Pharmacist Clinical Review History

Date: 12/11/2024 16:18  
 By: Schoeneberg, Heather, RPH

### Work Request Details [36110983]

[View Audit Trail](#)

Delivery Method: Pickup  
 Work Request Comments: RN ELIZABETH 2/4

Delivery --  
Comments:

### Work Request

Dispensed	Rx Number	Status	Medication	Patient Charge	Paid
2/4/2025	3-6092467	Dispensed	paliperidone palm, 3 month, (INVEGA TRINZA) 819 mg/2.63 mL injection	\$0.00	\$0.00
				\$0.00	\$0.00

### Barcode Scan History

Stage	Selected Via Scan	Completed Via Scan
Dispensing	Yes	Not Needed
Fill Verification	Yes	Yes
Filling Activity	Yes	Yes

### Claim Adjudication History

Transaction	Response	Covered	Patient Charge	Type	Coverage	Date/Time	User
Bill (B1)	Paid	\$10,748	\$0.00	Primary	RX HC AFF 610097/RX HC 610097/9999-AFF	2/3/2025 13:30	Johnson, losha
Bill (B1)	Rejected	\$0.00	--	Primary	RX HC AFF 610494/RX HC 610494/9999-AFF	2/3/2025 13:30	Johnson, losha
Bill (B1)	Rejected	\$0.00	--	Primary	RX HC AFF 610097/RX HC 610097/9999-AFF	2/3/2025 13:30	Johnson, losha

### Inventory Information for Fill Request on 2/3/2025 1:32 PM

**PALIPERIDONE PALMITATE (3-MONTH) 819 MG/2.63 ML INTRAMUSCULAR SYRINGE, 2.63 mL, Southwest Clinic Pharmacy Inventory [573368]**

#### Balance Updates

Date	User	Package	Reason	Change (Syringe)	Balance (Syringe)
02/03 1332	Garcia, Amy	50458-609-01	Dispense	-1	0



Tuesday, February 04, 2025

CERTIFIED MAIL

Case ID: [REDACTED]

The Harris Center for Mental Health and IDD  
9401 SOUTHWEST FWY  
HOUSTON, TEXAS 77074

Re: Medical Records Request

Dear The Harris Center for Mental Health and IDD:

Molina Healthcare of Texas (Molina) is requesting medical records. Please see the attached document. The review is taking place in order to monitor and substantiate patient care and claims payment accuracy. Your cooperation in responding to this request is necessary in order to complete this review.

Under the Health Insurance Portability and Accountability Act (HIPAA), protected health information (PHI) may be released to a covered entity without a release from the member/patient for treatment, payment, and health care operations. Molina is a covered entity as defined by HIPAA. Health plan members, upon enrollment in our health plan, are given a HIPAA Privacy Notice delineating exceptions under HIPAA.

Please submit **complete** medical records for all of the members indicated for the dates of service provided. This includes:

- Patient information sheets (completed by patient, parent, or guardian)
- Financial records including superbills, copayments, copies of identification cards, and patient intake forms
- Provider orders
- Treatment plan
- Session start and stop times
- Diagnostic test results
- Signature logs corresponding with dates of service
- Supervision documentation (if treatment provided under another licensee)
- Documentation of telehealth visit (format, on camera/off camera)
- Testing results
- Referral/authorization requests and forms
- Medication records
- Patient consent forms
- Lab requisitions and lab reports

- Documentation of laboratory testing results communication
- \*Psychotherapy Notes Are Not Being Requested and Should Be Excluded From Above Documentation
- Any and all documentation you feel would support the services and that are consistent with state, federal and general coding/billing guidelines for the services billed and rendered by your organization

Please photocopy each record. Make sure all copies are complete and legible and contain both sides of each page, including page edges. Complete copies should include specific records to support the services provided and be separated by patient in chronological order.

All records should be sent via a trackable manner (e.g., certified mail). Please return a copy of this letter with the medical records to the following address:

Molina Healthcare, Inc.  
 Attn: Special Investigation Unit  
 200 Oceangate, Suite 100  
 Long Beach, CA 90802

**Records may also be faxed to: (855) 366-5462 [Attn: SIU]**

**Molina must be in receipt of the requested documents within 30 calendar days from the date on letter. Failure to submit requested documentation could result in the retrospective denial of claims, a referral to regulatory agencies such as the Texas Office of Inspector General (OIG), Texas Department of Insurance or the i-Medic and/or affect your contract status with Molina.**

For Medicaid requests, Texas Administrative Code TAC § 371.1667 addresses possible grounds for enforcement for Failure to Provide Requested Medical Records.

The Molina Provider Manual for all lines of business states in part that, Provider acknowledges Molina's right to conduct pre and post-payment billing audits. Provider shall cooperate with Molina's Special Investigations Unit and audits of Claims and payments by providing access at reasonable times to requested Claims information, all supporting medical records, Provider's charging policies, and other related data as deemed relevant to support the transactions billed. Providers are required to submit, or provide access to, medical records upon Molina's request. Failure to do so in a timely manner may result in an audit failure and/or denial, resulting in overpayment.

Molina does not reimburse providers for charges associated with making copies as related to claims review.

Should you have questions regarding this request, you may contact me via email at [llsia.villatoro@molinahealthcare.com](mailto:llsia.villatoro@molinahealthcare.com).



**URGENT REQUEST FOR MEDICAL RECORDS**

Request Send Date: February 13, 2025

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

FEB 14 2025

RECEIVED

<p><b>TO: Dr. David S Buck</b></p> <p> 9401 Southwest Fwy, Houston, TX 77074</p> <p> (713)970-3800</p> <p> (713)970-3817</p>	<p><b>FROM: ADVANTMED</b></p> <p> 17981 Sky Park Circle, Building 39/Suite B &amp; C, Irvine, CA 92614</p> <p> (800)698-1690</p> <p> (949)377-2060</p> <p> Provider_support@advantmed.com</p> <p> <a href="https://www.advantmed.com/">https://www.advantmed.com/</a></p>
--	---

**Dear Physician or Office Administrator:**

UnitedHealthcare has partnered with Advantmed to collect and review medical records for HEDIS® Reporting.



REQUESTOR:

DUE DATE: February 20, 2025

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>



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



To email records to our secure server:  
[MedicalRecords@advantmed.com](mailto:MedicalRecords@advantmed.com)



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

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.



NABP #: [REDACTED]

### Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 14 BUSINESS DAYS.

FROM: [REDACTED] Northwest Pharmacy  
(Sender's Name)

TO: EXL Service

Secure Fax: 844-505-8246

Encrypted Email: Optum.RxPVR@exlservice.com

# of Pages: 7 (Including Cover)

Pharmacy Name: NORTHWEST CLINIC PHARMACY

NABP #: [REDACTED]

Date: February 7, 2025

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
[REDACTED]	[REDACTED]	[REDACTED]	02/04/2025	INVEGA TRINZ INJ 410MG	

**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] Date 2-17-25



# Order

paliperidone palm, 3 month, (INVEGA TRINZA) 410 mg/1.32 mL injection [140112] (Order 465824235)

## Patient Demographics

Patient Name	Legal	DOB	Address	Phone
[REDACTED]	Sex	[REDACTED]	[REDACTED]	[REDACTED]
	M			

Patient's BMI = 28.35

- BMI <18.5 using actual body weight (CrCl = 79.82)
- BMI 18.5 - 24.9 using ideal body weight (CrCl = 64.26)
- BMI >25 using adjusted body weight (CrCl = 70.94)
- Current BMI (CrCl = 70.94)

## Order Audit Trail

Number of times this order has been changed since signing: 5  
Order Audit Trail

Rx #: 4-6176698

paliperidone palm, 3 month, (INVEGA TRINZA) 410 mg/1.32 mL injection [465824235]

### Order Details

Dose: 410 mg	Route: Intramuscular	Frequency: EVERY 3 MONTHS
Dispense Quantity: 1.32 mL	Refills: 2	Fills remaining: 2

Sig: Inject 1.32 mL intramuscularly every 3 months

Start Date: 11/13/24	End Date: --
Written Date: 11/13/24	Expiration Date: 11/13/25

Associated Diagnoses: Schizoaffective disorder, bipolar type [F25.0]  
Original Order: paliperidone palm, 3 month, (INVEGA TRINZA) 410 mg/1.32 mL injection [457288218]

## Providers

Ordering Provider and Authorizing Provider:  
Shah, Nurun N, MD ⓘ  
3737 Dacoma St, Houston TX 77092  
Phone: 713-970-8400 Fax: 713-970-8407  
DEA #: AS2103240 NPI: 1740262336

Ordering User: Shah, Nurun N, MD

## Pharmacy

Northwest Clinic Pharmacy  
3737 Dacoma, Houston TX 77092  
Phone: 713-970-8460 Fax: 713-683-1730  
DEA #: BN0261406

Quantity remaining: 2.64 mL      Quantity used: 1.32 mL      Next fill due: 5/19/2025 ⓘ  
Default refill request to: Shah, Nurun N, MD ⓘ

## License:

SHAH, NURUN N G3074

**DEA#:**

AS2103240

state provider

**Dispense History**

Date	Type	Origin	Status	Quantity	Day Supply	Patient Charge	Product	Pharmacy	Fill Number
02/06/25	First Fill	Electronic	Dispensed	1.32 mL	90	\$0.00	Invega Trinza 410 mg/1.32 mL injection	Northwest Clinic Pharmacy	1
<del>11/13/24</del>	<del>First Fill</del>	<del>Electronic</del>	<del>Canceled</del>	<del>1.32 mL</del>	<del>90</del>	<del>\$6,261.59</del>	<del>Invega Trinza 410 mg/1.32 mL injection</del>	<del>Northwest Clinic Pharmacy</del>	<del>1</del>

**Order Information**

Date	Department	Ordering/Authorizing
11/13/2024	Northwest MH Adult Clinic	Shah, Nurun N, MD

**Order Providers**

Prescribing Provider	Encounter Provider
(ID181024HC) Shah, Nurun N, MD	(ID181024HC) Shah, Nurun N, MD

Order #	Order Class	Route	Login Department	Comments	Reason For Discontinue
465824235	ePrescribe (Fill Today)	Intramuscular	HC NW MH SERVICES-AFFILIATE [613014200]		

**Associated Diagnoses**

Schizoaffective disorder, bipolar type

**Pharmacy**

HC OP NW PHARMACY-AFFILIATE

**Encounter**

View Encounter

**Most Recent Warning Override Details for INVEGA TRINZA 410 MG/1.32 ML INTRAMUSCULAR SYRINGE**

Overridden by Butler, Monica M., RPH on 02/06/2025 10:31 AM

Type	Severity	Description	Agents	Reason	Comment
Drug-Drug	Custom Severity	TRAZODONE (>= 100 MG) / QT PROLONGING AGENTS	TRAZODONE 150 MG TABLET->INVEGA TRINZA 410 MG/1.32 ML INTRAMUSCULAR SYRINGE	Other	

**Warnings Override History**

Total number of overridden warnings: 12

**Panel Detail for paliperidone palm, 3-month, (INVEGA TRINZA) 410 mg/1.315 mL Patient Supplied Order Panel**

**Outpatient Medication Detail**

	Disp	Refills	Start	End	DAW
paliperidone palm, 3 month, (INVEGA TRINZA) 410 mg/1.32 mL injection	1.32 mL	2/2	11/13/2024	—	No

Sig - Route: Inject 1.32 mL intramuscularly every 3 months - Intramuscular  
 Sent to pharmacy as: Invega Trinza 410 mg/1.32 mL intramuscular syringe (paliperidone palm (3 month))  
 Class: ePrescribe (Fill Today)

**Other Panel Orders**

**Clinic-Administered Medications**

	Dose	Frequency	Start	End	DAW
paliperidone palm (3 month) (INVEGA TRINZA) 410 mg/1.32 mL injection 410 mg	410 mg	EVERY 3 MONTHS	11/13/2024	—	--

Admin Instructions: Ensure to mark as "patient supplied med" if pharmacy dispenses this medication.  
 Class: ePrescribe  
 Route: Intramuscular

**Order Transmittal Tracking Details**

paliperidone palm, 3 month, (INVEGA TRINZA) 410 mg/1.32 mL injection (Order #465824235) on 11/13/24 OTX  
 Details Report

In Order Panel:610036  
 In Preference List:Yes

**Order History**

Outpatient

Date/Time	Action Taken	User	Additional Information
11/13/24 1154	Sign	Shah, Nurun N, MD	Reorder from Order: 457288218
01/14/25 1449	Taking Flag Checked	Nolledo, Eleanor M, RN	Reorder from Order: 457288218

# Fill Report

**Rx #: 4-6176698**

**paliperidone palm, 3 month, (INVEGA TRINZA) 410 mg/1.32 mL injection [465824235]**

## Product

Invega Trinza 410 mg/1.32 mL injection ⓘ

NDC: 50458-607-01 (1.32 mL Syringe)

Discard after: 2/4/2026

Start taking: --

Lot: PGB2200

Day supply: 90

Quantity: 1.32 mL

Expiration Date: 6/30/2026

## Fill Information

Patient: [REDACTED]

Fill status: Dispensed

Fill Type: First Fill

Requested from: Pharmacy

## Dispensed by

Northwest Clinic Pharmacy

3737 Dacoma, Houston TX 77092

Phone: 713-970-8460 Fax: 713-683-1730

DEA #: BN0261406

## Billing Information

Patient charge: \$0.00 (\$0.00 collected)

Cash price: \$6,424.39 ⓘ

Coverage: RX HC AFF 610494/RX HC 610494/9999-AFF

Covered Amount: \$5,277.99

Plan Price: \$6,424.39

Billed Remainder To: Personal/Family Guarantor - [REDACTED]

Relationship to Patient: Self

Service Area: AFFILIATE HARRIS CENTER SERVICE AREA

## Status History [465824235]

Current work request edits: Hide  
Adjudications: Hide

### Thu Feb 6, 2025

Time	Action	User	Department
9:54 AM	Dispensed Dispense Receipt Billing Charge Dropped	Baker, Anita	Northwest Clinic Pharmacy
9:53 AM	Consult - Offered and Declined (Set by Baker, Anita)	Baker, Anita	Northwest Clinic Pharmacy

### Tue Feb 4, 2025

Time	Action	User	Department
10:36 AM	Ready to Dispense Verified - Barcode Scanned Fill Info Edited - Authorizing Pharmacist	Johnson, Sean, RPH	Northwest Clinic Pharmacy
10:26 AM	Ready to Verify Filled - Barcode Scanned Fill Info Edited - Lot Dispense Quantity, Lot Info	Huerta, Victor	Northwest Clinic Pharmacy

Time	Action	User	Department
	Balance Decremented - 1 Syringe (NDC: 50458-607-01)		
10:24 AM	Fill Initiated Zebra Bottle Label Medication Monograph Harris Center Patient Leaflet	Huerta, Victor	Northwest Clinic Pharmacy
8:22 AM	Work Request Edited - Comments, Ready at time	Huerta, Victor	--
8:22 AM	Ready to Fill	Huerta, Victor	Northwest Clinic Pharmacy
8:22 AM	Pending Fill Bill (B1) - Paid Plan: RX HC AFF 610494/RX HC 610494/9999-AFF Interface Message Sent 7452295799 - HCHD RELAY HEALTH CLAIMS ADJUDICATION OUT [810630] Interface Message Received 7452306050 - HCHD RELAY HEALTH ADJUDICATION IN [810631]	Huerta, Victor	Northwest Clinic Pharmacy

### Pharmacist Clinical Review History

Date: 11/13/2024 12:08 By: Johnson, Sean, RPH

### Work Request Details [36126898]

[View Audit Trail](#)

Delivery Method: Pickup  
 Work Request Comments: Insured - Mediciad NW Inj 2/6/25  
 Delivery Comments: --

### Work Request

Dispensed	Rx Number	Status	Medication	Patient Charge	Paid
2/6/2025	4-6176698	Dispensed	paliperidone palm, 3 month, (INVEGA TRINZA) 410 mg/1.32 mL injection	\$0.00	\$0.00
				\$0.00	\$0.00

### Barcode Scan History

Stage	Selected Via Scan	Completed Via Scan
Dispensing	Yes	Not Needed
Fill Verification	Yes	Yes
Filling Activity	Yes	Yes

### Claim Adjudication History



Transaction	Response	Covered	Patient Charge	Type	Coverage	Date/Time	User
Bill (B1)	Paid	\$5,277.99	\$0.00	Primary	RX HC AFF 610494/RX HC 610494/9999-AFF	2/4/2025 08:22	Huerta, Victor

**Inventory Information for Fill Request on 2/4/2025 10:24 AM**

**INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE, 1.315 mL, Northwest Clinic Pharmacy Inventory [591104]**

**Balance Updates**

Date	User	Package	Reason	Change (Syringe)	Balance (Syringe)
02/04 1026	Huerta, Victor	50458-607-01	Dispense	-1	0



February 12, 2025

**VIA SECURE EMAIL**

[REDACTED]  
Chief Executive Officer  
MHMR Authority of Harris County  
9401 Southwest Freeway  
Houston, TX 77074

Subject: Provider Fiscal Compliance Review  
TxHmL Contract Number: [REDACTED]  
Component Code: [REDACTED]

[REDACTED]

In a letter sent via secure email on December 5, 2024, the Health and Human Services Commission (HHSC) requested documentation to support billing claims for your Home and Community-based Services (HCS) Program and/or Texas Home Living (TxHmL) Program.

All services must have proper authorization and documentation to support the claim, in accordance with the HCS and/or TxHmL Program Billing Requirements. The purpose of the provider fiscal compliance review is to ensure claims filed for HCS and/or TxHmL service components meet the requirements of your Provider Agreement for the HCS and/or TxHmL Program and applicable department rules, including Texas Administrative Code (TAC), 40 TAC §§49.301-49.313, 26 TAC §262 and §263.

Upon receipt of the requested documents, a desk review of your records was completed. Individual records were reviewed to ensure that a valid and original Level of Care or Intellectual Disability/Related Condition Assessment and Individual Plan of Care (IPC) authorized all services. Individual records were also reviewed to ensure that progress notes supported the billing claims and that each service claim that was paid met the proper service definition guidelines.

**Documentation Errors**

A sample of six individual records were reviewed for all services delivered and paid during August 2023 through October 2023.

February 12, 2025

Page 2

There were non-verified billings totaling \$3,649.84. These billing errors are attributed to improper documentation (e.g., no progress note, and no begin and end time). Refer to attachment 1 for an explanation of the error codes. Refer to Attachment 2 for a detailed explanation of the types of documentation errors that were found.

### **Authorization Errors**

All records were reviewed to ensure that original and valid authorization documents existed in the individuals' records, that the appropriate qualified staff and individual or legally authorized representative signed them, and that the services paid for were prescribed on the IPC. All six records were found to comply with the authorization requirements.

### **Summary of Claims Review**

The total amount to be recouped for claims that could not be verified due to documentation errors is \$3,649.84.

### **Refuting Claims**

The process of refuting allows you an opportunity to submit the missing documentation and provide a written statement explaining why you believe the documentation **not previously submitted** to HHSC should be considered.

HHSC requires the following minimum formatting of any submitted documentation:

- **Statement:** Please include a signed and dated statement indicating the total number of pages submitted for this review.
- **Numbering:** Every page that is included in the documentation submission should be numbered sequentially. There should not be any breaks or gaps in the numbering.
- **Delivery:** Documentation must be received by HHSC on or before 5:00 p.m. on the 14th calendar day following your receipt of this letter.

Please ensure that all the requested documentation is **submitted on time to avoid recoupment for failure to provide supporting documentation**. Please be aware that HHSC will not consider documentation that is not legible. **DO NOT create, alter, or destroy any documentation as it relates to this review. Additionally, DO NOT reverse, delete, back out, or modify any retainer payment claims that have been submitted in the Claims Administrator.** Refer to Appendix I of the HCS and TxHmL Program Billing Requirements regarding documentation requirements.

**If you wish to submit additional or missing documentation related to these billing errors, the documentation must be received by HHSC by 5:00 p.m. on the 14th calendar day after**

[REDACTED]  
February 12, 2025

Page 3

**your receipt of this letter.** Under no circumstances will any additional billing documentation be accepted after that time. Documents not submitted in response to the previous letter may only be accepted under extraordinary circumstances and at the discretion of the Provider Fiscal Compliance manager.

Please send any documentation to refute the attached findings of the review to:

**Health and Human Services Commission**  
[REDACTED] **Provider Fiscal Compliance**  
**Mail Code 362-8**  
**2133 Highway 6 South, STE 100,**  
**Houston, TX 77077**

If you choose not to refute the findings of the provider fiscal compliance review or if you have any questions concerning the refuting process described above or any claims that have been unverified, contact Shawnniqua Collins, Contract Specialist, at (713) 941-9498 or email at [shawnniqua.collins@hhs.texas.gov](mailto:shawnniqua.collins@hhs.texas.gov).

Sincerely,

[REDACTED]

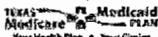
[REDACTED]  
Team Lead, HCS, TxHmL, and CFC Provider Fiscal Compliance  
Medicaid CHIP, Contract Administration & Provider Monitoring  
Attachments

**MHMR Authority of Harris County****280 - 001010312****Attachment 1****PROVIDER FISCAL COMPLIANCE REVIEW CODES**

<b>Documentation Errors:</b>	<b>Program Billing Guideline Section</b>
No documentation provided (CFC)	3100(11)
No matching EVV (CFC)	3100(13)
Billed more than documented	3210(11)
No documentation provided	3210(12)
Missing required content for service log (description of activities)	3820(a)(1)(B)(i)
Missing required content for service log (signature of the service provider)	3820(a)(1)(F)
Missing required content for service log (description of activities) (CFC)	4200(a)(1)(B)(i)
Missing required content for service log (signature of service provider) (CFC)	4200(a)(1)(E)

02/12/25 13:49:55

Page 003/013



Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan)

2/12/2025

Attention to:  
 The Harris Center For Mental Health and IDD  
 Site ID: 6519741  
 Houston, TX  
 Phone: 17139707000  
 Fax: 17139703817

**Subject: Annual HEDIS® medical record request**

Dear Provider:

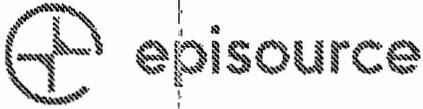
Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) performs an annual review of our members' medical records as part of the Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS is part of a nationally recognized quality improvement initiative and is used by the Centers for Medicare & Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA) and several states to monitor the performance of managed care organizations. NCQA is a private, nonprofit organization dedicated to improving health care quality.

**What is being requested from your office?**

**Medical records** — Attached are the following documents including:

1. *HEDIS Member List*, which includes the member information and the HEDIS measure(s) selected for the member.
2. *HEDIS Instruction Sheet* listing the details for each HEDIS measure.

Some members *may* be selected for multiple measures. Please make sure to place the *Member List* on top of the medical records.



Epi Reference ID: [REDACTED]

Episource, LLC on behalf of Aetna

Address: 500 W. 190<sup>th</sup> Street, 4<sup>th</sup> 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)

FEB 13 2025

RECEIVED

**Medical Records Request  
Commercial Risk Adjustment Review**

Attention To: [REDACTED]  
Phone: (713) 970-7330  
Fax: (713) 970-3817  
Request Date: 02/12/2025  
Epi Reference ID: [REDACTED]

**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**

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.

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Epi Reference ID: [REDACTED]



Cecile Erwin Young  
Executive Commissioner

**QUALITY ASSURANCE AUTHORITY REVIEW  
FY 2025 REPORT OF FINDINGS**  
280 - The Harris Center for Mental Health and IDD

<b>Authority Functions</b>	<b>99.49%</b>
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02/03/25 - 02/06/25

Performance Contract			
% Met	Elements for Review	Expectations	Findings/Comments
100.00%	<b>Planning and Network Advisory Committee (PNAC)</b> Attachment E A-1, Article 2, 2.1.5 - 2.1.9	LIDDA ensures the PNAC performs its advisory functions according to its identified outcomes and reporting requirements	
100.00%	<b>Local Provider Network Development Plan</b> Attachment E A-1, Article 2, 2.1.1-2.1.4	LIDDA posts current IDD Services Local Service Plan	
100.00%	<b>CRCG Participation</b> Attachment E A-1, Article 2, 2.3.4 - 2.3.5	<ul style="list-style-type: none"> <li>LIDDA participation in CRCG/CRCGA</li> <li>LIDDA shares information with CRCG/CRCGA on persons with multiagency service needs</li> </ul>	
100.00%	<b>Separation of Provider and Authority Functions</b> Attachment E A-1, Article 2, 2.5.1; Attachment E A-6, Article 1, 1.1.3	<ul style="list-style-type: none"> <li>LIDDA ensures designated enrollment staff do not perform functions for the LIDDA's provider operations.</li> <li>LIDDA ensures service coordinators do not perform provider functions.</li> </ul>	
100.00%	<b>Provider Complaint Resolution</b> Attachment E A-1, Article 2, 2.6.8	LIDDA has written procedures for responding to provider complaints/appeals	
100.00%	<b>Quality Management Plan</b> Attachment E A-1, Article 2, 2.6.9 (A-D)	QM Plan includes the required methods.	
87.50%	<b>HCS &amp; TxHmL Interest List Maintenance</b> Attachment E A-1, Article 2, 2.7.1 (B) TAC 26 §263.103	<ul style="list-style-type: none"> <li>HCS &amp; TxHmL Interest List Maintenance Process</li> </ul>	See debriefing pages.
100.00%	<b>Permanency Planning</b> Attachment E A-10, 1.1- 1.2	Permanency Plan contains the following elements: <ul style="list-style-type: none"> <li>Information for Permanency Planning</li> <li>Support Planning Information</li> <li>Action Plans</li> <li>Participant Information</li> </ul>	
Administrative			
% Met	Elements for Review	Expectations	Findings/Comments
100.00%	<b>Internal Interest List</b> Attachment E A-1, Article 2, 2.10.3	LIDDA has written procedures for processing requests for services not immediately available using HHSC required documentation	
100.00%	<b>Emergency Plan</b> Attachment E A-1, Article 2, 2.10.6	LIDDA has an emergency plan that meets the contract requirements.	



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02/03/25 - 02/06/25

Data		
<b>Not Reviewed</b>	<b>Accurate and Timely Critical Incident and data reporting</b> Attachment E A-1, Article 2, 2.9.4 (M); Attachment D, Article 2, 2.4.7	<ul style="list-style-type: none"> <li>• Accurate and timely data reporting</li> <li>• Timely and Accurate Critical Incident Reporting</li> </ul>
<b>100.00%</b>	<b>Priority Population</b> Attachment E A-1, Article 2, 2.7.1	LIDDA ensures individuals who receive services are qualified to receive services.
TLETS		
<b>100.00%</b>	<b>Texas Law Enforcement Telecommunication System (TLETS)</b> LIDDA HB 19240 Attachment E A-1, Article 2, 2.3.7	<ul style="list-style-type: none"> <li>• TLETS Implementation</li> </ul>
CLOIP		
<b>Not Reviewed</b>	<b>Community Living Options Information Process</b> Attachment E A-14; TAC 26 §A-904.5, §D-904.99; §330.11(a); HB 10300	<ul style="list-style-type: none"> <li>• CLOIP Implementation</li> </ul>
OBI		
<b>100.00%</b>	<b>Outpatient Biopsychosocial Services (OBI) Program</b> Attachment E A-21	<ul style="list-style-type: none"> <li>• OBI Implementation</li> </ul>
Crisis Intervention Respite		
<b>100.00%</b>	<b>Semi-Annual Educational and Informational Activities</b> Attachment E A-4 <b>1.3.3</b>	<ul style="list-style-type: none"> <li>• Planned LIDDA activities to provide individuals with education and information about their options living in the community.</li> </ul>



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02/03/25 - 02/06/25

Service Provision			
<b>100.00%</b>	<b>Ensuring Quality of Service Provision in all programs</b> Attachment E A-1, Article 2, 2.7.1 R (A)(1-4)	LIDDA shall supervise and ensure provision of IDD services	
<b>100.00%</b>	<b>Ensuring Meaningful Access to LIDDA Programs, Services, Activities</b> Attachment E A-1, Article 2, 2.8.7	LIDDA must provide meaningful access to its programs, services & activities and ensure adequate communication through language assistance services	
<b>100.00%</b>	<b>Ensuring Eligibility Determination</b> Attachment E A-1, Article 2, 2.7.1 (A) LH 6600	LIDDA shall provide screening, eligibility determination services	
Human Resources			
% Met	Elements for Review	Expectations	Findings/Comments
<b>100.00%</b>	<b>Service Coordinators Qualifications &amp; Training</b> §331.17(b-f); §331.19 (b) (1-8) & (c) §301.669 (a-b), §301.519, §301.607 §301.609 , §334.121, C §52.107(b-c) □ §330.17 (h)(1-5); TxHmL §262.701 (g)(3)(A) & (B) HCS-D §263.901 (b)(3)(A) & (B)	<ul style="list-style-type: none"> <li>Qualifications and training requirements for service coordination supervisor and service coordinators assigned to individuals in the GR, TxHmL, HCS, and PASRR samples.</li> </ul>	
<b>Not Reviewed</b>	<b>PASRR Habilitation Coordination Qualifications &amp; Training</b> §303.501 (1-3), §303.502(a)(1)(A-B) §334.121, §301.669 (a-b), §330.17(h)(1-5), §303.502 (2)(A-B) 26 §301.607 §301.609 , C §52.107(b,c,f), 303.703(b)(1)(A-B)	<ul style="list-style-type: none"> <li>Qualifications and training requirements for habilitation coordinators assigned to individuals PASRR samples.</li> </ul>	



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02/03/25 - 02/06/25

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Human Resources			
% Met	Elements for Review	Expectations	Findings/Comments
<b>100.00%</b>	<b>PASRR Evaluation Staff Qualifications &amp; Training</b> §331.17(b-f), §331.19 (b) (1-8) & (c), §301.669 (a-b), §301.519, §301.607, §301.609, §334.121, C §52.107(b,c,f), §330.17 (h)(1-5); TxHmL §262.701 (g)(3)(A) & (B) HCS-D §263.901 (b)(3)(A) & (B) §303.703(b)(1)(A), §303.303(c)(1)(A)	<ul style="list-style-type: none"> <li>• Qualifications and training requirements for staff who are completing PASRR Evaluations.</li> </ul>	
<b>Not Reviewed</b>	<b>ECC Coordinator Qualifications and Training</b> §331.17(b-f), §331.19 (b) (1-8) & (c), §301.669 (a-b), §301.519, §301.607, §301.609, §334.121, C §52.107(b-c), §330.17 (h)(1-5); TxHmL §262.701 (g)(3)(A) & (B) HCS-D §263.901 (b)(3)(A) & (B) §303.703(b)(1)(A-B), §303.303(c)(1)(A)	<ul style="list-style-type: none"> <li>• Qualifications and training requirements for ECC service coordinators assigned to individuals in the GR, TxHmL, HCS, and PASRR programs.</li> </ul>	
<b>Not Reviewed</b>	<b>PASRR Diversion Staff Qualifications &amp; Training</b> §331.17(b-f); §331.19 (b) (1-8) & (c), §301.669 (a-b), TAC 40 §301.519, 26 §301.607 §301.609, §334.121, □ §52.107(b-c), §330.17 (h)(1-5); HCS-D §263.901 (b)(3)(A) & (B) §303.703(b)(1)(A-B), §303.303(b)(3) & (c)	<ul style="list-style-type: none"> <li>• Qualifications &amp; training requirements for staff who are completing PASRR Diversions.</li> </ul>	



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02/03/25 - 02/06/25

Human Resources			
% Met	Elements for Review	Expectations	Findings/Comments
<b>Not Reviewed</b>	<b>Professional Staff Qualifications &amp; Training</b> §301.669 (a-b), §301.519□ §301.607, §301.609, §334.121, §52.107(b,c,f), §330.17 (h)(1-5)	• Qualifications and training requirements for employed and contracted professional staff assigned to individuals in the GR sample.	
<b>Not Reviewed</b>	<b>Direct Support Staff Qualifications &amp; Training</b> §330.17(h)(4)(A)&(B), §330.17(h)(5)(A)&(B), §330.17(e)(1-2), §334.121, §301.669 (a)(1)-(7), §301.669 (b), §301.607, §301.609, C §52.107(b,c,f)	• Qualifications and training requirements for direct support staff assigned to individuals in the GR sample.	
<b>100.00%</b>	<b>Enrollment Staff Qualifications &amp; Training</b> Attachment A-6, 1.1.2 §331.17(b-f); §331.19 (b) (1-8) & (c), §301.669 (a-b), §301.519, §301.607, §301.609, §334.121, §52.107(b-c), §330.17 (h)(1-5); TxHmL §262.701 (g)(3)(A) & (B) HCS-D §263.901 (b)(3)(A) & (B) LIDDA Handbook: 13100	• Training requirements for designated enrollment staff.	
<b>Not Reviewed</b>	<b>Crisis Intervention Specialist Qualifications and Training</b> 1.3.1A, 1.3.2 A-B, 42 Code of Federal Regulations, §483.430(a), LIDDA Handbook: 19000, §334.121, §301.669 (a-b), §330.17(h)(5)(A) & (B), §330.17 (h)(1); §301.607, §301.609, C §52.107(f), §52.107(c)(5), §52.107(b)	• Qualifications & training requirements for staff who are providing Crisis Intervention Specialized Services.	
<b>100.00%</b>	<b>Collaborative Care Case Manager DSW Training</b> Attachment A-21 1.3.3	• Training requirements for staff who are providing Collaborative Care Case Management.	



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Human Resources and other requirements			
% Met	Elements for Review	Expectations	Findings/Comments
<b>100.00%</b>	<b>Record Retention</b> Attachment E A-1, Article 2, 2.10.8; Attachment D, Article 5, 5.2 (9); Attachment D, Article 5, 5.10	LIDDA must ensure that all records are retained and made available in accordance with guidelines.	
<b>Not Reviewed</b>	<b>Additional Items of Non-Compliance</b>		
<b>100.00%</b>	<b>Federal &amp; Texas LEIE Compliance</b> §52.107(f)	• LEIE Compliance	



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ELEMENTS	Met	Not Met	N/A	CAP REQUIREMENTS
Planning and Network Advisory Committee (PNAC)	1	0	0	NO corrections are required for this element
Local Provider Network Development Plan	1	0	0	NO corrections are required for this element
CRCG Participation	1	0	0	NO corrections are required for this element
Separation of Provider and Authority Functions	2	0	0	NO corrections are required for this element
Provider Complaint Resolution	1	0	0	NO corrections are required for this element
Quality Management Plan	1	0	0	NO corrections are required for this element
HCS & TxHmL Interest List Maintenance Process	7	1	0	A SPECIFIC, SYSTEMIC, and MONITORING correction is required for each finding in this element
Permanency Planning	15	0	0	NO corrections are required for this element
Internal Interest List	1	0	0	NO corrections are required for this element
Emergency Plan	1	0	0	NO corrections are required for this element
Accurate/Timely Critical Incident and CARE Reporting	0	0	2	Not Applicable
Priority Population	7	0	0	NO corrections are required for this element
Data Verification	0	0	24	Not Applicable
Texas Law Enforcement Telecommunication System (TLETS)	6	0	4	NO corrections are required for this element
Community Living Options Information Process	0	0	8	Not Applicable
Outpatient Biopsychosocial Services (OBI) Program	16	0	0	NO corrections are required for this element
Semi-Annual Educational and Informational Activities	47	0	0	NO corrections are required for this element
Ensuring Quality of Service Delivery (ALL programs)	4	0	0	NO corrections are required for this element
Ensuring Meaningful Access to LIDDA	3	0	0	NO corrections are required for this element
Ensuring Eligibility Determination	1	0	0	NO corrections are required for this element



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02/03/25 - 02/06/25

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ELEMENTS	Met	Not Met	N/A	CAP REQUIREMENTS
Service Coordinators Qualifications & Training	23	0	1	NO corrections are required for this element
Habilitation Coordination Training and Qualifications	0	0	0	Not Applicable
PASRR Evaluator Qualifications and Training	10	0	1	NO corrections are required for this element
ECC Staff Qualifications & Training	0	0	2	Not Applicable
PASRR Diversion Coordinator Checks	0	0	2	Not Applicable
Professional Staff Qualifications & Training	0	0	2	Not Applicable
Direct Support Staff Qualifications & Training	0	0	2	Not Applicable
Eligibility Determination Staff	0	0	2	Not Applicable
Enrollment Staff Qualifications & Training	2	0	1	NO corrections are required for this element
Crisis Intervention Specialist Qualifications and Training	0	0	2	Not Applicable
Collaborative Care Case Manager DSW Training	1	0	1	NO corrections are required for this element
Federal & Texas LEIE Compliance	2	0	0	NO corrections are required for this element
Record Retention	42	0	0	NO corrections are required for this element
Additional Items of non-compliance	0	0	0	Not Applicable
<b>PARTICIPANT GRAND TOTALS</b>	<b>195</b>	<b>1</b>	<b>54</b>	<b>PARTICIPANT GRAND TOTAL SCORE</b>
				<b>99.49%</b>



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In accordance with FYs 2025 and 2026 Performance Contract, for any item of non-compliance remaining uncorrected by the LIDDA at the time of the review exit conference, the LIDDA must, within 30 calendar days after receiving a notice of deficiency, submit to HHSC a Corrective Action Plan (CAP).

The CAP must include the following:

- The date by which the deficiency will be corrected, which date may not exceed 90 days after the day of the exit conference or the date identified in the notice of deficiency, unless HHSC, IDD Services approves an additional amount of time prior to the expiration date;
- Identification of the party responsible for ensuring the deficiency is corrected;
- The actions that have been or will be taken to correct the deficiency, and
- A description of the systematic change and monitoring system implemented to ensure the deficiency does not re-occur, including the frequency of the monitoring and the party responsible for monitoring.

The CAP is due to HHSC IDD Services no later than **30 days** after receiving the final reports.

Within 10 business days of receiving this report, the LIDDA may request a reconsideration of findings based on the evidence originally reviewed by HHSC, IDD Services. The reconsideration request must be in writing via email to the Review Facilitator. Submission of new or additional information will not be considered. Requests for reconsideration will not affect the CAP due date HHSC, IDD Services will respond via email to the LIDDA's request for reconsideration within 15 calendar days after receiving the request.

In accordance with the FYs 2025 and 2026 Performance Contract, Attachment D. Article 3 and Article 4.1.1, the QA Debriefing page is shared at the time of the Exit Conference. The Authority Review report will be shared with the LIDDA and Contract Manager once the report has been finalized. If remedies or sanctions are required, the Contract Manager shall send to the LIDDA notice of the LIDDA's alleged noncompliance and HHSC specified remedies or sanctions after receipt of the CAP.

For CAP Submission, please provide the CAPS via email the facilitator at: [REDACTED]

Please extend our appreciation to your staff for their cooperation during this review. If you have any questions or require additional information, please contact:

**Email:** [REDACTED]



EXL

NABP #: [REDACTED]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 14 BUSINESS DAYS.

FROM: [REDACTED] / Southeast Pharmacy TO: EXL Service

(Sender's Name)

Secure Fax: 844-505-8246

Encrypted Email: Optum.RxPVR@exlservice.com

# of Pages: 7 (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY

NABP #: [REDACTED]

Date: February 17, 2025

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
[REDACTED]	[REDACTED]	[REDACTED]	02/12/2025	CONCERTA TAB 54MG	

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]

2-17-25

Date



# Order

CONCERTA 54 mg TR24 extended release tablet [34333] (Order 471435870)

## Patient Demographics

Patient Name	Legal Sex	DOB	Address	Phone
[REDACTED]	M	[REDACTED]	[REDACTED]	[REDACTED]

Patient's BMI = 18.46

- BMI <18.5 using actual body weight (CrCl = 0)
- BMI 18.5 - 24.9 using ideal body weight (CrCl = 0)
- BMI >25 using adjusted body weight (CrCl = 0)
- Current BMI (CrCl = 0)

## Order Audit Trail

Number of times this order has been changed since signing: 2  
Order Audit Trail

Rx #: 7-2003389

CONCERTA 54 mg TR24 extended release tablet [471435870]

Order Details

Dose: 54 mg	Route: Oral	Frequency: EVERY MORNING
Dispense Quantity: 30 tablet	Refills: 0	Fills remaining: 0

Sig: Take 1 tablet by mouth every morning

Start Date: 02/06/25	End Date: --
Written Date: 01/09/25	Expiration Date: 03/08/25
Earliest Fill Date: 02/06/25	

Associated Diagnoses: Attention-deficit hyperactivity disorder, combined type [F90.2]

## Providers

Ordering Provider and Authorizing Provider:  
 Whiteside, Sheila J., MD ⓘ  
 5901 Long Dr, Houston TX 77087  
 Phone: 713-970-7555 Fax: 713-970-4373  
 DEA #: BW3616882 NPI: 1649380197

Ordering User: Whiteside, Sheila J., MD

## Pharmacy

Southeast Clinic Pharmacy  
 5901 Long Drive, Houston TX 77087  
 Phone: 713-970-4308 Fax: 713-970-4577  
 DEA #: BS0315134

Quantity remaining: 0 tablet	Quantity used: 30 tablet	Next fill due: 3/16/2025 ⓘ
Default refill request to: Whiteside, Sheila J., MD ⓘ		

## License:

WHITESIDE, SHEILA J. J3391

**DEA#:**

BW3616882

state provider

**Dispense History**

Date	Type	Origin	Status	Quantity	Day Supply	Patient Charge	Product	Pharmacy	Fill Number
02/12/25	First Fill	Electronic	Dispensed	30 tablet	30	\$0.00	Concerta 54 mg Tr24 extended release tablet	Southeast Clinic Pharmacy	1

**Order Information**

Date	Department	Ordering/Authorizing
1/9/2025	Southeast MH Child Clinic	Whiteside, Sheila J., MD

**Order Providers**

Prescribing Provider	Encounter Provider
(ID181939HC) Whiteside, Sheila J., MD	(ID181939HC) Whiteside, Sheila J., MD

Order #	Order Class	Route	Login Department	Comments	Reason For Discontinue
471435870	ePrescribe (Fill Today)	Oral	HC SE MH CHILD-AFFILIATE [615214200]		

**Associated Diagnoses**

Attention-deficit hyperactivity disorder, combined type

**Pharmacy**

HC OP SE PHARMACY-AFFILIATE

**Encounter**

[View Encounter](#)

**Most Recent Warning Override Details for CONCERTA 54 MG TABLET,EXTENDED RELEASE**

Overridden by Dabney, Jackie, RPH on 02/12/2025 12:19 PM

Type	Severity	Description	Agents	Reason	Comment
Duplicate Therapy	(Not available)	AMPHETAMINES/ANOREXIANTS/STIMULANTS		Dose Appropriate	
Duplicate Therapy	(Not available)	ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) AGENTS		Dose Appropriate	
Drug-Disease	Severe Warning	SEVERE WARNING: CONCERTA - SUICIDAL IDEATION		Dose Appropriate	

**Warnings Override History**

Total number of overridden warnings: 15

**Outpatient Medication Detail**

	Disp	Refills	Start	End	DAW
CONCERTA 54 mg TR24 extended release tablet	30 tablet	0/0	2/6/2025	—	Yes
Sig - Route: Take 1 tablet by mouth every morning - Oral					
Sent to pharmacy as: Concerta 54 mg tablet,extended release					
Class: ePrescribe (Fill Today)					
Earliest Fill Date: 2/6/2025					



### Order Transmittal Tracking Details

CONCERTA 54 mg TR24 extended release tablet (Order #471435870) on 1/9/25 OTX Details Report

In Order Panel:

In Preference List:Yes

### Order History

Outpatient

Date/Time	Action Taken	User	Additional Information
01/09/25 1416	Sign	Whiteside, Sheila J., MD	

# Fill Report

Rx #: 7-2003389

CONCERTA 54 mg TR24 extended release tablet [471435870]

## Product

Concerta 54 mg Tr24 extended release tablet ⓘ

NDC: 50458-587-01 (100 Each Bottle)

Discard after: 2/12/2026

Start taking: --

Day supply: 30

Quantity: 30 tablets

## Fill Information

Patient: [REDACTED]

Fill status: Dispensed

Fill Type: First Fill

Requested from: Pharmacy

## Dispensed by

Southeast Clinic Pharmacy

5901 Long Drive, Houston TX 77087

Phone: 713-970-4308 Fax: 713-970-4577

DEA #: BS0315134

## Billing Information

Patient charge: \$0.00 (\$0.00 collected)

Coverage: RX HC AFF 610494/RX HC 610494/9999-AFF

Billed Remainder To: Personal/Family Guarantor - [REDACTED]

Cash price: \$534.29 ⓘ

Covered Amount: \$446.11

Relationship to Patient: Father

Plan Price: \$534.29

Service Area: AFFILIATE HARRIS CENTER SERVICE AREA

## Status History [471435870]

Current work request edits: Hide  
Adjudications: Hide

### Wed Feb 12, 2025

Time	Action	User	Department
4:55 PM	Dispensed Dispense Receipt Billing Charge Dropped	Williams, Myra	Southeast Clinic Pharmacy
4:54 PM	Consult - Offered and Declined (Set by Williams, Myra)	Williams, Myra	Southeast Clinic Pharmacy
12:37 PM	Ready to Dispense Verified - Barcode Scanned	Dabney, Jackie, RPH	Southeast Clinic Pharmacy
12:34 PM	Ready to Verify Filled - Barcode Scanned Balance Decremented - 30 Each (NDC: 50458-587-01)	Dabney, Jackie, RPH	Southeast Clinic Pharmacy
12:23 PM	Fill Initiated Zebra Fill Log Label Zebra Bottle Label Medication Reference Medication Monograph	Nino, Deisy	Southeast Clinic Pharmacy

Time	Action	User	Department
	Harris Center Patient Leaflet		
12:21 PM	Flag Removed - Check PMP	Dabney, Jackie, RPH	Southeast Clinic Pharmacy
12:21 PM	Ready to Fill	Dabney, Jackie, RPH	Southeast Clinic Pharmacy
	Flag Added - Check PMP		
12:19 PM	Pending Fill	Dabney, Jackie, RPH	Southeast Clinic Pharmacy
	Bill (B1) - Paid		
	Plan: RX HC AFF 610494/RX HC 610494/9999-AFF		
	Interface Message Sent 7495179827 - HCHD RELAY HEALTH CLAIMS ADJUDICATION OUT [810630]		
	Interface Message Received 7495193337 - HCHD RELAY HEALTH ADJUDICATION IN [810631]		

### Pharmacist Clinical Review History

Date	By
1/9/2025 14:20	Abagi, Robert, RPH

### Work Request Details [36278848]

[View Audit Trail](#)

Delivery Method:	Pickup	Work Request Comments:	Per Crystal , CWR
Delivery	--		
Comments:			

### Work Request

Dispensed	Rx Number	Status	Medication	Patient Charge	Paid
2/12/2025	7-6157047	Dispensed	guanFACINE ER (INTUNIV ER) 2 mg extended release tablet	\$0.00	\$0.00
2/12/2025	7-2003389	Dispensed	CONCERTA 54 mg TR24 extended release tablet	\$0.00	\$0.00
				\$0.00	\$0.00

### Barcode Scan History

Stage	Selected Via Scan	Completed Via Scan
Dispensing	Yes	Not Needed
Fill Verification	Yes	Yes
Filling Activity	Yes	Yes

### Claim Adjudication History



Transaction	Response	Covered	Patient Charge	Type	Coverage	Date/Time	User
Bill (B1)	Paid	\$446.11	\$0.00	Primary	RX HC AFF 610494/RX HC 610494/9999-AFF	2/12/2025 12:19	Dabney, Jackie, RPH

**Inventory Information for Fill Request on 2/12/2025 12:23 PM**

**METHYLPHENIDATE ER 54 MG TABLET,EXTENDED RELEASE 24 HR, Southeast Clinic Pharmacy**

**Inventory [57068]**

**Balance Updates**

Date	User	Package	Reason	Change (Each)	Balance (Each)
02/12 1234	Dabney, Jackie, RPH	50458-587-01	Dispense	-30	89



Outreach ID: [REDACTED]

Site ID: [REDACTED]

## Chart Review Request

To: unkDate: 2/14/2025Fax 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](mailto: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](http://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 1-972-729-6164

### 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](http://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.

FEB 17 2025

RECEIVED



### MEDICAL RECORD REQUEST

1st MR Request Sent Date: December 09, 2024

Provider ID: [REDACTED]

Latest Request Date: February 12, 2025

<p><b>TO: THE HARRIS CENTER FOR MENTAL HEALTH AND IDD</b></p> <p>Attention To: Medical Records</p> <p>Address: 9401 Southwest Freeway,</p> <p>City, State Zip: Houston, TX 77074</p> <p>Phone: (713)970-7263</p> <p>Fax: (713)970-3817</p>	<p><b>FROM: ADVANTMED</b></p> <p>Address: 17981 Sky Park Circle, Building 39/Suite B &amp; 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:** February 26, 2025

#### Dear Physician Or Office Administrator

Blue Cross and Blue Shield of Texas (BCBSTX) has partnered with Advantmed to collect medical records for the Risk Adjustment 2024 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](mailto: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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FEB 17 2025

RECEIVED



02/18/2025

RECEIVED

REQUEST FOR MEDICAL RECORDS

Request Send Date: February 17, 2025

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

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

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: March 03, 2025

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](mailto: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](mailto: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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Feb 18 2025

RECEIVED

**REQUEST FOR MEDICAL RECORDS**

Request Send Date: February 17, 2025

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

<p><b>TO: THE HARRIS CENTER FOR MENTAL HEALTH AND IDD</b></p> <p>9401 South west Freeway, Houston, TX 77074</p> <p>(713)970-7263</p> <p>(713)970-3817</p>	<p><b>FROM: ADVANTMED</b></p> <p>17981 Sky Park Circle, Building 39/Suite B &amp; C, Irvine, CA 92614</p> <p>(800)698-1690</p> <p>(800)340-7804</p> <p>Providersupport@advantmed.com</p> <p><a href="https://www.advantmed.com/">https://www.advantmed.com/</a></p>
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To upload records securely visit <https://www.advantmed.com/uploadrecords>  
OR email records to our secure server at [records@advantmed.com](mailto: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](mailto:RemoteAccess@advantmed.com). Please provide a point of contact and number for further communication.



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



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FEB 18 2025

**REQUEST FOR MEDICAL RECORDS**

Request Send Date: February 17, 2025

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

RECEIVED

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

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**REQUESTOR:** Ambetter from Superior HealthPlan

**DUE DATE:** March 03, 2025

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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](mailto:records@advantmed.com)



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To mail records, please send to:  
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To schedule an onsite appointment, please contact us at (800)698-1690

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February 03, 2025

MHMRA OF HARRIS COUNTY  
9401 SOUTHWEST FWY  
HOUSTON, TX 77074

Re: NOTIFICATION OF PREPAYMENT REVIEW – REQUEST FOR MEDICAL RECORDS  
Provider Number: [REDACTED]

Dear MHMRA OF HARRIS COUNTY,

This is a follow up to the letter you received 30 days ago

**OPTUM** will review claim(s) for services provided by the above referenced provider number on behalf of **Wellcare**. The review will verify the extent and nature of the services rendered for the patient's condition and that the claim is coded correctly for the services billed.

For each claim listed on the enclosed spreadsheet, please submit all of the documents listed below:

- The enclosed identifying cover sheet that references the specific claim
- A copy of the claim form or paper substitute of an electronic claim
- Complete medical records to include history and physical, office/treatment records, consultation reports, operative reports, plan of care, activity sheets/logs, time sheets, anesthesia and recovery room records and discharge summaries, if applicable.
- Infusion flow sheets or medication administration logs, if applicable.
- Orders for and results of diagnostic tests, including pathology, radiology and laboratory, if applicable.
- For DME, include proof of co-pay and/or deductible being paid by the member and a signed receipt from the member verifying receipt of any device/equipment/supplies, if applicable.
- For all drug codes, as applicable, include the National Drug Code (NDC) information, drug name, units, provider Health Resources & Services Administration (HRSA) grant number and information, along with invoice with the acquisition cost for the individual drugs.
- Itemization of services billed for the above dates.

If necessary, please provide a legible interpretation of these records in English.

Please submit this information within 30 days from the date you receive this notice. If we do not receive the requested documentation, we will make a determination on your claims(s) based on available information. Your claim will remain denied at this time. You will have the right to submit a dispute.

Thank you in advance for your cooperation and help. If you have any questions or concerns, please feel free to contact us at **1-844-458-6739**.

Sincerely,

**OPTUM**

Enclosures

RECEIVED

FEB 11 2025

REVENUE MANAGEMENT

PRO\_08609E Internal/State Approved 01012022  
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NA7WCMLTR08609E\_02



Tuesday, February 04, 2025

CERTIFIED MAIL

Case ID: [REDACTED]

The Harris Center for Mental Health and IDD  
9401 SOUTHWEST FWY  
HOUSTON, TEXAS 77074

Re: Medical Records Request

Dear The Harris Center for Mental Health and IDD:

Molina Healthcare of Texas (Molina) is requesting medical records. Please see the attached document. The review is taking place in order to monitor and substantiate patient care and claims payment accuracy. Your cooperation in responding to this request is necessary in order to complete this review.

Under the Health Insurance Portability and Accountability Act (HIPAA), protected health information (PHI) may be released to a covered entity without a release from the member/patient for treatment, payment, and health care operations. Molina is a covered entity as defined by HIPAA. Health plan members, upon enrollment in our health plan, are given a HIPAA Privacy Notice delineating exceptions under HIPAA.

Please submit **complete** medical records for all of the members indicated for the dates of service provided. This includes:

- Patient information sheets (completed by patient, parent, or guardian)
- Financial records including superbills, copayments, copies of identification cards, and patient intake forms
- Provider orders
- Treatment plan
- Session start and stop times
- Diagnostic test results
- Signature logs corresponding with dates of service
- Supervision documentation (if treatment provided under another licensee)
- Documentation of telehealth visit (format, on camera/off camera)
- Testing results
- Referral/authorization requests and forms
- Medication records
- Patient consent forms
- Lab requisitions and lab reports

- Documentation of laboratory testing results communication
- \*Psychotherapy Notes Are Not Being Requested and Should Be Excluded From Above Documentation
- Any and all documentation you feel would support the services and that are consistent with state, federal and general coding/billing guidelines for the services billed and rendered by your organization

Please photocopy each record. Make sure all copies are complete and legible and contain both sides of each page, including page edges. Complete copies should include specific records to support the services provided and be separated by patient in chronological order.

All records should be sent via a trackable manner (e.g., certified mail). Please return a copy of this letter with the medical records to the following address:

Molina Healthcare, Inc.  
 Attn: Special Investigation Unit  
 200 Oceangate, Suite 100  
 Long Beach, CA 90802

**Records may also be faxed to: (855) 366-5462 [Attn: SIU]**

**Molina must be in receipt of the requested documents within 30 calendar days from the date on letter. Failure to submit requested documentation could result in the retrospective denial of claims, a referral to regulatory agencies such as the Texas Office of Inspector General (OIG), Texas Department of Insurance or the i-Medic and/or affect your contract status with Molina.**

For Medicaid requests, Texas Administrative Code TAC § 371.1667 addresses possible grounds for enforcement for Failure to Provide Requested Medical Records.

The Molina Provider Manual for all lines of business states in part that, Provider acknowledges Molina's right to conduct pre and post-payment billing audits. Provider shall cooperate with Molina's Special Investigations Unit and audits of Claims and payments by providing access at reasonable times to requested Claims information, all supporting medical records, Provider's charging policies, and other related data as deemed relevant to support the transactions billed. Providers are required to submit, or provide access to, medical records upon Molina's request. Failure to do so in a timely manner may result in an audit failure and/or denial, resulting in overpayment.

Molina does not reimburse providers for charges associated with making copies as related to claims review.

Should you have questions regarding this request, you may contact me via email at [llsia.villatoro@molinahealthcare.com](mailto:llsia.villatoro@molinahealthcare.com).



# CITY OF HOUSTON

Housing & Community Development Department

**John Whitmire**

Mayor

Michael C. Nichols  
Director  
2100 Travis, 9<sup>th</sup> Floor  
Houston, Texas 77002

T. (832) 394-6200  
F. (832) 395-9662  
[www.houstontx.gov/housing](http://www.houstontx.gov/housing)

February 20, 2025

Wayne Young  
Chief Executive Officer  
The Harris Center for Mental Health & IDD  
9401 Southwest Freeway  
Houston, TX 77074

**Re: 2024 American Rescue Plan Act and Tax Increment Reinvestment Zone Program Limited-scope Compliance Monitoring Review Letter for the Harris Center for Mental Health and IDD for the Homeless Program with Outline Agreement Number 4600018259.**

Dear Mr. Young:

On February 18, 2025, the City of Houston, Housing and Community Development Department (HCDD), Subrecipient Monitoring Section (SMS), completed the American Rescue Plan Act (ARPA) and Tax Increment Reinvestment Zone Program (TIRZ) 2024 limited-scope compliance monitoring client file review of the Harris Center for Mental Health and IDD (HCMH-IDD) Program pursuant to Agreement Number 4600018259. The compliance review generally covered July 2024 through September 2024.

The objective of the desk review was to ensure the HCMH-IDD complied with the Agreement provisions; and federal regulations at Parts 2 CFR 200, *as applicable to the project*.

To accomplish our objectives, the monitoring methodology used during the compliance client file review included a *desk* and *site* review of the HCDD and HCMH-IDD client files, and intake policies and procedures; review of the Fraud, Waste, and Abuse Policy requirements; and interviews with the HCDD and HCMH-IDD personnel.

Based on the results of the compliance review, the HCDD compliance personnel determined there were no *identified findings or concerns*.

CDBG 2024 Limited-scope Compliance Monitoring Review Letter, Harris Center for Mental Health and IDD

Thank you and your staff for the cooperation and assistance extended to our compliance personnel during this compliance review. If you should have any questions regarding this letter, please contact Gabrielle Giles at 832-459-9209 or by email at [gabrielle.giles@houstontx.gov](mailto:gabrielle.giles@houstontx.gov)

Sincerely,

DocuSigned by:

*Abolade Olaye*

29ADA122B0204ED...

---

Abolade Olaye  
Division Manager  
Subrecipient Monitoring Section  
Compliance and Grants Administration Division

AO/gg

Cc: Hayden Hernandez  
Rachel Beasley  
Demetria Lockett

Cf: Outline Agreement Number 4600018259

**Technical Assistance-Resources:**

OIG Fraud, Waste & Abuse:  
<https://www.hudoig.gov/hotline>

# PREA Facility Audit Report: Final

**Name of Facility:** Dual Diagnosis Residential Program (DDRP)

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 02/28/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> [REDACTED]	<b>Date of Signature:</b> 02/28/2025

AUDITOR INFORMATION	
<b>Auditor name:</b>	[REDACTED]
<b>Email:</b>	[REDACTED]
<b>Start Date of On-Site Audit:</b>	01/09/2025
<b>End Date of On-Site Audit:</b>	01/10/2025

FACILITY INFORMATION	
<b>Facility name:</b>	Dual Diagnosis Residential Program (DDRP)
<b>Facility physical address:</b>	2310 1/2 Atascocita Road, Humble, Texas - 77396
<b>Facility mailing address:</b>	

Primary Contact
-----------------

<b>Name:</b>	██████████
<b>Email Address:</b>	████████████████████
<b>Telephone Number:</b>	██████████

<b>Facility Director</b>	
<b>Name:</b>	██████████
<b>Email Address:</b>	████████████████████
<b>Telephone Number:</b>	██████████

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	██████████
<b>Email Address:</b>	████████████████████
<b>Telephone Number:</b>	██████████

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	218
<b>Current population of facility:</b>	138
<b>Average daily population for the past 12 months:</b>	136
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Both womens/girls and mens/boys

<p><b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b></p>	
<p><b>Age range of population:</b></p>	18 - 66
<p><b>Facility security levels/resident custody levels:</b></p>	Community
<p><b>Number of staff currently employed at the facility who may have contact with residents:</b></p>	92
<p><b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b></p>	21
<p><b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b></p>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Harris County Community Supervision and Corrections Department
<b>Governing authority or parent agency (if applicable):</b>	Criminal Justice Assistance Division
<b>Physical Address:</b>	209 West 14th Street, Suite 400, Austin, Texas - 78701
<b>Mailing Address:</b>	
<b>Telephone number:</b>	[REDACTED]

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	[REDACTED]

<b>Email Address:</b>	████████████████████
<b>Telephone Number:</b>	██████████

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	██████████	<b>Email Address:</b>	████████████████████

## **Facility AUDIT FINDINGS**

### **Summary of Audit Findings**

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

#### **Number of standards exceeded:**

2	<ul style="list-style-type: none"> <li>• 115.233 - Resident education</li> <li>• 115.241 - Screening for risk of victimization and abusiveness</li> </ul>
---	---

#### **Number of standards met:**

39
----

#### **Number of standards not met:**

0
---

Texas Health and  
Human Services

Report of Contact  
Intermediate Care Facilities for Individuals with Intellectual Disabilities

Form 3614-A  
Dec 2019

Region: 06	Health Visit	Entrance Date: 02-24-2025 10:15 AM	Exit Date: 02-28-2025
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Facility Name PASADENA COTTAGE B	Telephone 7134723470	FAX
Address – Street (physical location) 2122 WICHITA PASADENA, TX 77502	TULIP Facility ID: 007818  County: Harris	

**PURPOSE OF CONTACT:**

COMPLAINT INVESTIGATION;FUNDAMENTAL SURVEY

Follow Up Visit (original exit date) – SURVEY/INVESTIGATION

Intakes Number(s) Investigated  
554997

IID Capacity: 6 IID Census: 6

**LTCR STAFF REPORTING**

Name	Title
Kourtnee Sostrand	QIDP

**REGULATORY DECISIONS AND SANCTIONS RECOMMENDED**

DEFICIENCIES CITED (HEALTH); MEETS STATE STANDARDS FOR PARTICIPATION; SUBSTANTIAL COMPLIANCE (HEALTH); LICENSURE VIOLATIONS CITED (HEALTH); SSP-NO VIOLATIONS CITED;MEETS LICENSURE REQUIREMENTS (HEALTH); FOLLOW UP WITH POC

**REFERRALS**

**ADMINISTRATIVE**

ACO ID: J7H511; EVT-0000487315  
Facility Staff:Samor-Sherod-Haynes-QIDP

**NARRATIVE**

Health Narrative attached: No; LSC Narrative attached: No

## Intermediate Care Facility Survey/Inspection Summary Report

The Texas Health and Human Services Commission Regulatory Services division conducted a survey or inspection on 02/28/2025

Facility Name Pasadena Cottage B	Type of Facility Intermediate Care Facility for Individuals with Intellectual Disabilities
Street Address 2122 Wichita	City, State, ZIP Code Pasadena, TX 77502

**The items on the following charts represent areas that the survey team surveyed or inspected for compliance with state and/or federal requirements. Only the items checked Yes or No are applicable to this report; other deficiencies in areas not checked may still be pending and not reflected on this current report. You may obtain a copy of the complete report, including outstanding deficiencies, from the facility administration.**

### Life Safety Code Survey or Inspection

	Compliance			Compliance			Compliance	
	Yes	No		Yes	No		Yes	No
1. Fire Alarm System			3. Emergency Electrical System			5. Other: See CMS Form 2567		
2. Sprinkler System			4. Physical Plant and Environment			6. Other:		

### Health Survey or Inspection (ICF/IID)

1. Governing Body and Management	x		5. Client Behavior and Facility Practices	x		9. State Standards for Participation	x	
2. Client Protections	x		6. Health Care Services		x	10. Licensure:	x	
3. Facility Staffing		x	7. Physical Environment	x				
4. Active Treatment	x		8. Dietetic Services	x				

If you need further information, you may call the HHSC regional office at 7137672200

The Survey/Inspection Summary Report must be posted in an area of the facility that is readily available to residents, clients, employees and visitors in accordance with the facility's appropriate licensure regulations at Texas Administrative Code, Title 26, Part 1, Chapter 551, §551.326.



**STATEMENT OF LICENSING VIOLATIONS AND  
PLAN OF CORRECTION**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>007818</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/28/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PASADENA COTTAGE B</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2122 WICHITA PASADENA, TX 77502</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Initial Comments  Purpose of visit: Full book survey and complaint intake # 554997 Date of entrance: 02/24/2025 Census: 6  DSP- direct support professional ID- intellectual disability QIDP- qualified intellectual development professional RN- registered nurse	M 000		
M 079	§551.42(c) Standards/ Adopted by Reference  (c) Standards. Each ICF/IID must comply with regulations promulgated by the United States Department of Health and Human Services in 42 CFR, Part 483, Subpart I §§483.400 - 483.480. Additionally, HHSC adopts by reference the federal regulations governing conditions of participation for the ICF/IID program as specified in 42 CFR Part 483, Subpart I §§483.410, 483.420, 483.430, 483.440, 483.450, 483.460, 483.470, 483.475, and 483.480 as licensing standards. This Requirement is not met as evidenced by:  Refer to CMS 2567 for 2/28/2025 W455	M 079		

SOD - State Form  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>45H197</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/28/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>PASADENA COTTAGE B</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2122 WICHITA PASADENA, TX 77502</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS  Purpose of visit: Full book survey and complaint intake # 554997 Date of entrance: 02/24/2025 Census: 6  DSP- direct support professional ID- intellectual disability QIDP- qualified intellectual development professional RN- registered nurse	W 000			
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1)  There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure sanitary practices were promoted for 6 of 6 individuals (Individuals #1, #2, #3#4, #5, #6), reviewed for infection control.  Specifically,  DSP did not wash/sanitize their hands; did not sanitize the desktop between individuals; did not ensure Individuals #1, #2, #3, #6 washed/sanitized their hands during medication administration.  DSP did not ensure Individuals #1, #2, #3, #4, #5, #6 washed/sanitized their hands before breakfast .  This facility failure could place all individuals at risk for spreading germs and cross contamination	W 455			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 455	<p>Continued From page 1          could occur by not following sanitary procedures.</p> <p>Findings:</p> <p>Record review of Individual #1's Person Summary Sheets, dated 02/24/2025, revealed she was a 60-year-old female diagnosed with moderate ID who was admitted to the facility on 09/01/1990.</p> <p>Record review of Individual #2's Person Summary Sheets, dated 02/04/25, revealed he was a 50-year-old male diagnosed with autism who was admitted to the facility on 8/5/1998.</p> <p>Record review of Individual #3's Person Summary Sheets, dated 02/24/25, revealed she was a 48-year-old female diagnosed with moderate ID who was admitted to the facility on 5/15/2023 .</p> <p>Record review of Individual #4's Person Summary Sheets, dated 02/24/25, revealed he was a 60-year-old male diagnosed with Autism who was admitted to the facility on 07/28/1994.</p> <p>Record review of Individual #5's Person Summary Sheets, dated 02/24/25, revealed he was a 21-year-old male diagnosed with Moderate ID who was admitted to the facility on 03/26/2023.</p> <p>Record review of Individual #6's Person Summary Sheets, dated 02/24/25, revealed she was a 64-year-old female diagnosed with Moderate ID who was admitted to the facility on 10/11/1993 .</p> <p>Observation of breakfast on 02/24/2025 at 5:48 am, revealed all individuals were eating</p>	W 455		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  <b>PASADENA COTTAGE B</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2122 WICHITA PASADENA, TX 77502</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 455	<p>Continued From page 2</p> <p>breakfast.          The individuals were coming to the table. They had cereal, juice, and a cereal bar. The individuals sat down and ate. DSP did not prompt the individuals to wash their hands. DSP did not wash hands before serving breakfast.</p> <p>Observation of morning medication pass in the office, on 02/24/25, from 6 am - 7am, revealed, at 6 am, Individual #1 was prompted for SAM. DSP A was not observed sanitizing the desktop or washing/sanitizing her hands. DSP A was not observed to assist Individual #1 to wash her hands or to sanitize her hands. DSP A provided assistance to Individual #1 in punching her pill. Individual #1 took her medications. DSP A was not observed to sanitize the desktop or her hands. Individual #3 was prompted for SAM. at 6:07 am DSP A was not observed to assist Individual #3 to wash/sanitize her hands. DSP A provided assistance to Individual #3 in punching her pills. Individual #3 took her medication. DSP A was not observed sanitizing the desktop or hands. Individual #2 was observed with his hands in his pants sitting in his recliner before medication pass. At 6:45 am DSP A prompted Individual #2 for SAM. DSP A assisted Individual #2 to medication area. DSP A was not observed sanitizing her hands. DSP A was not observed to prompt Individual #2 to wash/ sanitize his hands. DSP A provided assistance to Individual #2 in punching his pills. Individual #2 took his medication. DSP A assisted Individual #2 back to his recliner. DSP A came back to the medication area and was not observed wash/ sanitize her hands. DSP A was not observed sanitizing desktop. At 7 am DSP A prompted Individual # 6 for SAM. DSP A was not observed to assist Individual #6 to wash or sanitize her hands.</p>	W 455		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  <b>PASADENA COTTAGE B</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2122 WICHITA PASADENA, TX 77502</b>		
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W 455	<p>Continued From page 3</p> <p>Individual #6 punched her pills out and took them. DSP A was not observed sanitizing the desktop.</p> <p>During an interview with DSP A, on 02/28/25, at 1:18pm, she said to perform medication pass, sanitize the area used, have one client at a time and ensure no one else came in the room, she said sanitize her hands and the clients hands, she said she sanitized the area before she started medication pass. She said the individuals and staff were to wash their hands before eating and preparing food. She said she did not know the clients did not wash their hands before eating.</p> <p>During an interview with RN case manager on 02/28/25 at 12:03 pm, He stated there was a medication administration packet for staff to follow and it did state to wash and sanitize medication area, wash hands before and after medication pass. He said in his nursing profession hands should be washed at medication times, food times, after patient care to keep germs down. They have inservice and trainings and they do house checks</p> <p>During interview with QIDP on 02/28/25 at 12:35 pm, she stated that hands were to be washed before and after medication pass, food times, patient care and anytime there was a need to sanitize to keep cross contamination and germs down.</p> <p>Record review of the facility Infection Control policy, dated 04/2024, revealed, 1. The best way to prevent an infection from spreading is to wash your hands frequently and between clients. Even if you wear gloves, still wash your hands after taking them off and before putting on a new pair. Liberal use of soap and water is still one of the</p>	W 455		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>45H197</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/28/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>PASADENA COTTAGE B</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2122 WICHITA PASADENA, TX 77502</b>		
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W 455	Continued From page 4 best ways to prevent the spread of infection.  Record review of the Medication Administration Competency Checklist for non-licensed personnel revealed ...2. Washes hands .....12 ... cleans and sanitizes area between clients.	W 455		

Texas Health and  
Human Services

Report of Contact  
Intermediate Care Facilities for Individuals with Intellectual Disabilities

Form 3614-A  
Dec 2019

Region: 06	Health Visit	Entrance Date: 02-24-2025 10:15 AM	Exit Date: 02-28-2025
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Facility Name PASADENA COTTAGE B	Telephone 7134723470	FAX
Address – Street (physical location) 2122 WICHITA PASADENA, TX 77502	TULIP Facility ID: 007818  County: Harris	

**PURPOSE OF CONTACT:**

COMPLAINT INVESTIGATION;FUNDAMENTAL SURVEY

Follow Up Visit (original exit date) – SURVEY/INVESTIGATION

Intakes Number(s) Investigated  
554997

IID Capacity: 6 IID Census: 6

**LTCR STAFF REPORTING**

Name	Title
Kourtnee Sosthand	QIDP

**REGULATORY DECISIONS AND SANCTIONS RECOMMENDED**

DEFICIENCIES CITED (HEALTH); MEETS STATE STANDARDS FOR PARTICIPATION; SUBSTANTIAL COMPLIANCE (HEALTH); LICENSURE VIOLATIONS CITED (HEALTH); SSP-NO VIOLATIONS CITED;MEETS LICENSURE REQUIREMENTS (HEALTH); FOLLOW UP WITH POC

**REFERRALS**

**ADMINISTRATIVE**

ACO ID: J7H511; EVT-0000487315  
Facility Staff:Samor-Sherod-Haynes-QIDP

**NARRATIVE**

Health Narrative attached: No; LSC Narrative attached: No





**TEXAS**  
Health and Human  
Services

**Texas Health and Human Services Commission**

**Cecile Erwin Young**  
Executive Commissioner

**NOTICE OF ACCEPTED PLAN OF CORRECTION**

**This fax/e-mail consists of one page only.**

<b>To:</b>	ICF/IID Manager/Superintendent/Director/Representative
Facility Name:	Pasadena Cottage B
Facility ID Number:	007818
Telephone Number:	(713)472-3470
Fax Number:	
<b>From:</b>	
Program:	HHSC Regulatory Services, 06 Regional Office
Phone Number:	713-767-2292
Fax Number:	713-767-2210
Mail Code:	175-5
Address:	5425 Polk St Suite 290

**We accepted your plan of correction for the following visit(s):**

Health  LSC Exit Date: 2-28-25

**Follow-up Visit Information** (Select only the statements that apply):

- A follow-up visit may be scheduled to determine compliance for violations or deficiencies cited.** (Select this statement after the original visit and first on-site follow-up visit.)
- An additional follow-up visit, if authorized, may be scheduled to determine compliance for violations or deficiencies cited.** (Select this statement after the second on-site follow-up visit.)
- The plan of correction (PoC) or evidence of correction or both may be accepted as determination of correction in lieu of conducting an on-site follow-up visit for violations or deficiencies cited.** (Select this statement when violations or deficiencies will be followed-up by a desk review.)

**Evidence Request** (Select the following statement only when requesting evidence of correction for violations or deficiencies cited on the exit date referenced above):

As described in the preceding paragraph, **evidence** may be requested and accepted as verification of correction in lieu of conducting an on-site follow-up visit.

- Submit evidence showing how the facility attained and maintains corrective action for the violation(s) or deficiency(ies) listed below:**

\_\_\_\_\_

\_\_\_\_\_

**Evidence must be received at the HHSC Regional Office listed above by:** \_\_\_\_\_

Clearly identify which violation or deficiency each piece of evidence corresponds to. Examples of acceptable evidence include the following:

- An invoice or receipt verifying that purchases were made, repairs were completed, etc.
- Sign-in sheets verifying staff attendance at an in-service training.
- Copies of interviews with more than one training participant about an in-service training.

**\*If, during a future visit, violations or deficiencies that were corrected through PoC or evidence are again cited, HHSC may recommend enforcement actions, including immediate imposition of remedies.** If you have further questions or wish to revise your PoC completion date, please contact the program manager at the telephone number or address provided above.

**Signed:** *Kimberly Williams*

**Date:** 3-24-25

# **EXHIBIT A-5**

# Executive Summary

## REVENUE MANAGEMENT THIRD-PARTY BILLING AND REFUNDS AUDIT (RMTPB0125)

### FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

**Observation #1** – Internal Audit compared general ledger data and summaries in the external auditor’s FY 2024 *Annual Comprehensive Financial Report (ACFR)*, which showed the following:

- 1) Harris County Allocation & Other Contracts decreased from \$52.6 million in FY 2023 to \$46.3 million in FY 2024. Note – Harris County Allocation reporting \$51.0 million as of February 2025. Note – Harris County Allocation reporting \$51.0 million as of February 2025.

**Table I – FY2024 and FY2023**

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCES - GOVERNMENTAL FUNDS For the Years Ended August 31, 2024 and 2023			
General Fund			
	2024		2023
<b>Revenues</b>			
State grants & programs	\$ 151,910,634	\$	124,573,917
Federal grants	107,101,684		103,993,065
Harris County allocation and other contracts	46,339,437		52,635,562
Local billings	36,383,805		29,083,609
Investment earnings	3,662,619		2,941,559
Miscellaneous	3,294,681		4,287,776
<b>Total Revenues</b>	348,692,860		317,515,488

**Source:** *Annual Comprehensive Financial Report, The Harris Center for Mental Health, January 28, 2025, page 22.*

**Management Response** – “Regarding the decrease in Harris County Allocation & Other Contracts, the Vice-President of Revenue Cycle stated: “In FY 2023 Jail Diversion was included in Harris County and Local. This was inappropriately classified as this funding is a pass through from HHSC. We reclassified this in FY2024 which decreased Harris County and Local and increased State Grants and programs.”



**RM Third-Party Billing and Refunds Audit  
(RMTPB0125)**

**INTERNAL AUDIT REPORT**

**April 15, 2025**

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

**Director, Internal Audit**



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**AUDIT RISKS.....3**

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**CURRENT PROCESS.....4**

**FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES.....5**

**CONCLUSION.....6**

## SCOPE AND OBJECTIVES

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**Audit Scope:** This report was authorized by the Board of Directors to evaluate the third-party billing activity at The Harris Center.

**Audit Objectives:** The report compares third-party billing year over year and seeks to identify new opportunities for the Center, and our audit objectives are to affirm that the Center can:

1. Activate the third-party billing process so that resources are effectively applied.
2. Make possible future improvements in the EPIC electronic health record system and amendments in the overall billing and collections workflow activities.
3. Continue to improve clinical outcomes for patients and protect the Center's financial results.

## AUDIT RISKS

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**Audit Risks:** Possible factors that may contribute to worsened outcomes, including the following:

1. Management may not be willing to evaluate the third-party billing process in terms of strengths and weaknesses, which may not allow addressing workflow or process issues in third-party billing.
2. Management may not be able to identify recurring root causes of third-party billing issues, nor want to analyze issues in sufficient detail to consider any system/process changes or staffing.
3. Management may meet challenges when adding new third-party billing workflow processing components such as new payors, or new clearinghouse requirements, etc. or other matters.

## FIELD WORK

---

**Field Work:** Internal Audit has performed similar reviews of the third-party billing process in the past. The field work for this current audit is as follows:

1. Obtain the Trending Report to show specified period of third-party billing activities and find the strongest- and the weakest-performing accounts among all current third-party billing entities.
2. Review the Revenue Management Department's Collections Report to evaluate changes in the collectability of billed clinical services, ranked by insurance carrier or collection methods.
3. Perform a horizontal analysis to see which trends appear in the same reporting period which appear to be consistent over time.
4. Analyze the type of process factors may have changed at The Harris Center which can affect the financial results.
5. Interview the managers to hear their priorities for process improvements and other changes that can facilitate the process and make it overall more effective.

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## CURRENT PROCESS

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The Revenue Management Department has primary responsibility for processing the third-party billing and collections activities for The Harris Center's clinical, medical and administrative offices.

Revenue Management employs staff who interact with insurance carriers, managed care organizations, as well as federal and state government payors. The department leads the fee collections process and interacts with the business office regarding patient fees collection workflows. They use a clearinghouse for resolving all outstanding claims.

The Revenue Management supervisors pull their revenue data reports from EPIC system dashboards. The department tracks progress and can easily note anomalies that might affect collections. The more recent reports have shown conditions are stable and collections activity is occurring at a stronger pace. The bad debt due to denials account has fallen over the past four years and shows improvement due to the department's collections process.

The Financial Services organization can provide general ledger summaries at year-end for the purpose of performing year-over-year analysis to identify stronger performing business units and business-related changes in the clinics. They agree that the Medicaid Administrative Claiming program is one in which the "federal government permits our agency to claim reimbursement to draw down federal funds for activities performed that are necessary for the proper and efficient administration of the Medicaid State Plan." However, they agree that the MAC does not represent a typical third-party billing account. We will evaluate the third-party billing activity without the inclusion of the MAC activity going forward.

**FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES**

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STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES			
IN FUND BALANCES - GOVERNMENTAL FUNDS			
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	2024	2023	
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## CONCLUSION

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The Harris Center’s Revenue Management Department performs third-party billing and collections with government payors, commercial sources such as managed care organizations, and from health insurance companies.

Financial Services has built workflows to increase efficiency and flow-through, and to boost productivity. The EPIC electronic healthcare records system (EHR) shows additional process improvements.

Third-party billing is utilized for various programs in which clinical and administrative services occur. Clinical service providers generate activity by scheduling appointments with patients at clinical locations or at patient homes. Activity is tracked in EPIC where applicable patient billing and coding is generated. Third-party payors are notified of activity and provide authorizations; transactions that are denied by are analyzed further to comply with the denial reason. The Business Office (BO) personnel perform fee collections through process billing to third-party payers as well as collection from patients. The Business Office teams report to Adult Mental Health division.

Revenue Management’s analysis includes clearing suspended activity. Government payors (Medicaid) responsibilities accumulate in the Accounts Receivable Other Governments account receivable balance. The 412000 Local Patient Fees account represents receipts from patients, however in the year after the EPIC conversion the value of applied “billed service” amounts were reported in the 412000 account. This required development of a contra-account called Explicit Price Reductions (a summary of adjustments) to offset all patients’ billed services balances. Financial Services reported the 412000 Local Patient Fees as \$153k in FY 2024 following the structural change they employed to improve reporting methods.

Management has evaluated the bad debt-denial write-off activity and has brought it down significantly over the past four years when the EPIC healthcare records system was initially introduced at the Center. At the end of FY 2024, Financial Services announced \$0 bad debt due to denial activity based on changes in the billing processing. Today the third-party accounts receivable aging reports show large reductions in days of outstanding A/R, and the development of specific EPIC reports improve the reporting quality. These EHR and related process improvements have paid off in improving our collections process.

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

## CYBERSECURITY AUDIT (CYBER0125)

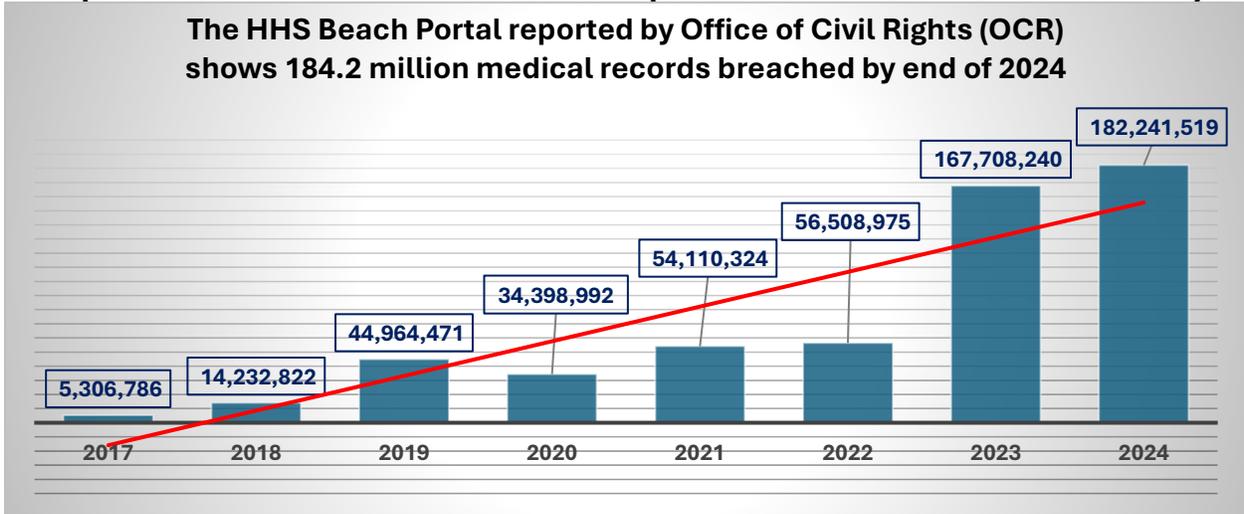
### FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

#### General Information –

THIS IS A NATIONAL DEBRIEF AND IS NOT SPECIFIC TO THE HARRIS CENTER.

The March Clearwater Security Company debrief assessed 182.2 million medical records were breached nationwide in 2024 compared to 167.7 million records in 2023 according to the Office of Civil Rights (OCR).

#### Department of Health and Human Services report shows increased data breach activity



Source: Office of Civil Rights HHS Breach Portal report, presented at Clearwater Security seminar, January 9, 2025

#### Management Response (Information Security Officer):



**Cybersecurity Audit  
(CYBER0125)**

**INTERNAL AUDIT REPORT**

**April 21, 2025**

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

**Director, Internal Audit**



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## SCOPE AND OBJECTIVES

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**Audit Scope:** This Special Management Audit is a follow-up of the Center’s cybersecurity progress since the cybersecurity attack that occurred in November 2023. Internal Audit reviewed the strategies put forth by the Information Security Officer to stabilize the Harris Center’s infrastructure.

**Audit Objectives:** This special management request 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. Review the prior audit reports from FY2024 and FY2022 to view outstanding cybersecurity issues.
2. Evaluate the Information Security Officer’s plans for the Harris Center’s security infrastructure.
3. Affirm that The Harris Center’s security profile has improved since the last cybersecurity audit.

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## AUDIT RISKS

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**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 security profile.

1. Management does not assign sufficient resources to mitigate known infrastructural weaknesses.
2. Management does not keep records of transactions or documents with management approvals.
3. Management does not comply with the terms of one or more of the regulatory agencies or with meeting established HIPAA requirements.

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## FIELD WORK

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

1. Internal Audit will schedule a meeting with the Center’s Information Security Officer (ISO) and Chief Information Officer (CIO) about how the department responded (as stated in previous audit report).
2. Review how his team performs the ongoing infrastructure upgrades, repairs and maintenance to further improve resiliency against external penetrations and related issues.
3. Verify that The Harris Center’s infrastructure development and system maintenance projects are budgeted appropriately for ongoing infrastructural improvements.
4. Affirm how the Harris Center’s infrastructure projects are monitored during the year and inquire how they work to provide needed protection against external intrusions from any malicious actors.
5. Discuss the possible performance of a NIST compliance audit or other comparable assessments to verify that the Center’s infrastructure resources are improved, and less vulnerable to cyberattacks.
6. Identify other reported cybersecurity attacks in the healthcare marketplace that are tracked by the ISO and evaluate how the ISO and the cybersecurity team work to improve end-user service levels and at the same time assure increase the overall protection for the Center’s data.

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## CURRENT PROCESS

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In our previous audit reports, Internal Audit interviewed the Information Security Officer (ISO) about his plans to harden the Center's data systems infrastructure from system penetration by all external actors. The cyberattack that occurred in early November 2023 was a reminder that cybersecurity is an ongoing process requiring qualified staffers and state-of-the-art technology tools, including specialized software that substantially identifies malicious actors prior to any successful penetration of the "attack surface" representing The Harris Center's infrastructure.

The ISO has been employed in the role over ten (10) years at The Harris Center and he described the basic improvements that they employed which have enhanced the security profile of The Harris Center.

The results of the FY2022 questionnaire for Cybersecurity showed us several issues, including:

1. Data loss and system inaccessibility via end user compromises are still our largest 'threat vector' and an employee can be coaxed into responding to emails from external actors with malicious intentions or the actors who seek access to The Harris Center's systems and databases for patient data. The Harris Center's patient data is believed to be a primary target because of its potential market value in the "dark web" where it can be sold and resold. Improving employees' training in making proper response and handling of everyday phishing attempts is critical in reducing this risk/vulnerability.
2. The largest operational threat concerning cybersecurity initiatives is supporting the Harris Center's mobile workforce who leverage hybrid (on-premise, cloud, vendor-hosted, and SaaS) technologies. Employees today use powerful data devices such as iPhones, laptops and other internet-connected devices which can be misappropriated or stolen and therefore any potential access to patient data. The Center's concern is protecting data assets is electronic patient healthcare information (ePHI).
3. The landscape of technologies has changed in the past few years, and the rollout of additional IT equipment to accommodate the EPIC system rollout introduced new challenges for management. The Harris Center is following a well-rounded security project portfolio to address the IT landscape which, in turn affects the Center's security posture. The Information Security team will continue to request more funding as needed for protecting a variety of business initiatives at the Harris Center, which may require rebalancing the mix of existing security projects.

One of the Information Security Officer's recommendations was that "we need more financial resources for solutions and personnel, and faster procurement processes." The immediate need for the remedial system software was slowed due to the Harris Center's cumbersome procurement workflows, however, executive management worked hard to expedite procurement approvals.

The Information Security team recommended the purchase of top-rated CrowdStrike, which enables the team the ability to monitor changes in the "environment" well in advance of actual threat activity. This is the major selling point of this software versus other cybersecurity vendors. Internal Audit found that the documentation and charges for the CrowdStrike service can be charged to the subscriptions account as a software as a service (SaaS). In our search of purchase orders we found that the CrowdStrike service is actually billed by several other firms including Trace3, but the functionality is fully available to the team.

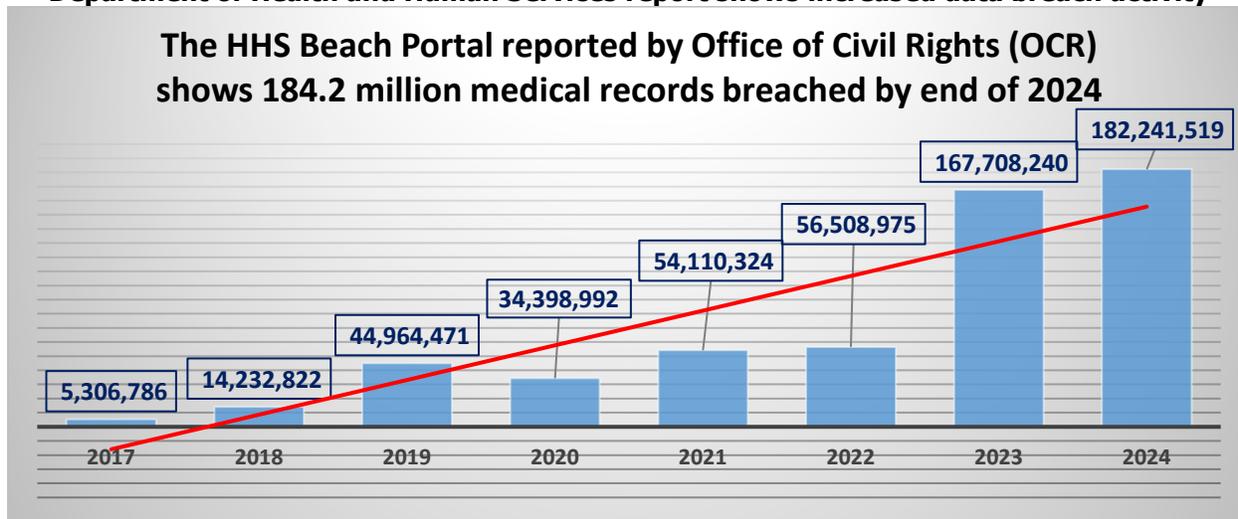
## FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

### General Information –

**THIS IS A NATIONAL DEBRIEF AND IS NOT SPECIFIC TO THE HARRIS CENTER.**

The March Clearwater Security Company debrief assessed 182.2 million medical records were breached nationwide in 2024 compared to 167.7 million records in 2023 according to the Office of Civil Rights (OCR).

### Department of Health and Human Services report shows increased data breach activity



Source: Office of Civil Rights HHS Breach Portal report, presented at Clearwater Security seminar, January 9, 2025

### Management Response (Information Security Officer):

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## CONCLUSION

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The Harris Center experienced a significant cybersecurity attack which exfiltrated sensitive data as part of a ransom demand. The event occurred on November 7, 2023, which temporarily stopped operations, but Information Technology began restoring service by changing user access to computers and laptops.

The Information Security Officer (ISO) role was tasked with the planning projects to fortify the Harris Center's data systems and databases against malicious actors. The ISO explains that cybersecurity is an ongoing threat that requires constant implementation of the latest detection tools and software as the malicious actors become more sophisticated.

The cybersecurity event demonstrated that attacks occur with little advance notice, and the ISO's team responds by strictly limiting access. The ISO said that senior management and members of the Board of Directors were supportive of new cybersecurity upgrades that improved the Center's security posture. In response to the ransom demand, and to reduce the Center's vulnerability, Information Technology worked hard reimage hundreds of agency laptop computers which although may seem time-consuming but yielded an entirely different security landscape with a hardened infrastructure.

The primary reason to perform this Special Management Request report on this topic is to assure that the prior audit responses were addressed by management. This audit report has been prepared a full year after the November 2023 cyber event, and the Center's infrastructural improvements have been implemented by the Information Technology teams and have worked well since last year's remediation.

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

### SPECIAL AUDIT REQUEST: BOND ISSUE REVIEW (SARBOND0125)

#### **FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES**

**Finding #1** – Internal Audit reviewed the Bond Series 2024 Official Statement and found this table of Owned Properties, showing that ID#1, Unimproved Land on East Little York Road in Zip Code 77019.

We found that East Little York Road runs eastward through Zip Codes 77076, 77093, 77016 and 77078. After we examined various East Little York Road real estate properties on Zillow, we found that Zip Code 77019 was not correctly associated with the ID#1, Unimproved Land on East Little York Road information.

#### **A partial list of Center-owned properties as shown in the Bond 2024 Official Statement**

A. <u>Owned Properties:</u>				
ID#	Address	City	Zip	Function(s)
1.	Unimproved Land on East Little York Road*	Houston	77019	Future Northeast Clinic
2.	9401 Southwest Fwy*	Houston	77074	Administration/Clinic
3.	7200 N. Loop E. Fwy	Houston	77028	Northeast Mental Health Clinic
4.	3737 Dacoma Street	Houston	77092	Northwest Mental Health Clinic
5.	6160 S. Loop E.	Houston	77087	Jail Diversion/Hospital at Home
6.	5901 Long Drive	Houston	77087	Southeast Community Service Center
7.	2001 Cedar Bayou Road	Baytown	77520	Land for Bayshore Mental Health Clinic
8.	3902 W. Little York	Houston	77091	Land for Future Northwest Clinic

**Source:** Bond 2024 Official Statement, provided by Financial Services, February 2025, page 12

**Management Response (Controller):** It appears the zip code should be 77016 based on a listing obtained from Facilities.



**Special Audit Request: Bond Issue Review  
(SARBOND0125)**

**INTERNAL AUDIT REPORT**

**April 15, 2025**

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

**Director, Internal Audit**



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## SCOPE AND OBJECTIVES

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**Audit Scope:** This Special Management Request audit reviews activities related to The Harris Center’s 2024 Series Bond Issue that was completed in November 2024.

**Audit Objectives:** The Special Management Request audit report has been approved for inclusion in the Internal Audit Fiscal Year 2025 Annual Audit Plan, and our audit objectives were designed to:

1. Review the financial reporting statements and understand interim changes in monthly reporting.
2. Examine how revenue bond funds are being received and recorded, and methods of allocation used at the Center to fund intended business unit activities.
3. Learn from the first bond issue and assess how the process may be improved in subsequent years.

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## AUDIT RISKS

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**Audit Risks:** Factors that may impede management’s oversight of the 2024 Series Bond Issue.

1. Management does not adequately assign sufficient personnel or other related Center resources to effectively manage the Center’s initial year Bond Issue implementation.
2. Management does not maintain adequate record keeping materials, such as detailed transaction logs, transcripts of bond issue vendor meetings, and documents showing management approvals.
3. Management does not engage sufficiently with members of the Board of Directors who may have some expertise in managing fixed asset securities or can provide insight to fine-tuning its goals.

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## FIELD WORK

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

1. Review financial plan documentation detailing the specifics of the Center’s bond issues.
2. Evaluate online sources of information on how bond issue reviews should be performed and show how the specific procedural steps may be improved in bond issue renewals in future years.
3. Develop a questionnaire to present to the Controller or Chief Financial Officer to assure that all steps were taken to ensure that this bond issue met the financial needs of The Harris Center.
4. Discuss when the financial reporting requirements were changed to provide regular reporting on bond issue activity and for basic reporting requirements for the Resource Committee Meetings.
5. Evaluate the reporting requirements to update the Annual Comprehensive Financial Report (ACFR) clearly show the additional funding source and allocations within The Harris Center’s operations.

## CURRENT PROCESS

The Harris Center for Mental Health and IDD has always used funding sources from grants but increased funding requirements for building new facilities introduced a need to add funding sources including the recent approval of the 2024 bond issue. The bond issue was identified as the best long-term method for funding for a long-term project such as the construction and renovation projects that were identified at The Harris Center in 2023-2024. This plan 2024 series bond issue was executed in November 2024.

The Controller presented the plan to The Harris Center’s Board of Directors earlier in 2024 and outlined the deadlines in the bond issue process. The 2024 series bond issue created a \$24.745 million funding source for The Harris Center’s operations, and administered by Municipal Capital Markets Group, Inc. The bond issue plan shows The Harris Center will complete bond obligations on November 1 each year for principal, and on May 1 each year for interest payments. The interest rate on the bonds is 5.0%.

The Chief Financial Officer and Controller observed that the Center’s business plans included extensive construction and building projects including the 6158 Apartments and plans for construction of clinics. The Harris Center bonds represent long-term 30-year maturities. Individuals and institutions purchasing these bonds will negotiate their purchases in a secondary market through Municipal Capital Markets, an investment bank specializing in bond investments used to finance many forms of infrastructure projects.

Internal Audit reviewed the Official Statement which includes an in-depth description of the bond issue, and the Closing Memorandum summary, which shows the bond’s revenue proceeds and applicable fees that applied during the transaction on the 2024 series bond issue.

Moody’s Ratings gave this 2024 bond issue the Aa3 rating, which constitutes a bond issuance in which “an obligor has very strong capacity to meet its financial commitments.” The Moody’s Rating is similar to the Standard & Poors AA- rating and the Fitch AA- rating, all of which assign very high credit worthiness.

The intended uses of The Harris Center’s 2024 bond fund issue will be for constructing dormitories and renovation of clinical and administrative offices. The Harris Center has a long-standing record of stable performance and has worked with funding derived from federal, state and local government sources.

### Rating tier definitions [\[ edit \]](#)

Moody’s	S&P	Fitch	Credit worthiness <sup>[7][8]</sup>
Aaa1	AAA+	AAA+	An obligor has <b>extremely strong</b> capacity to meet its financial commitments.
Aaa2	AAA	AAA	
Aaa3	AAA-	AAA-	
Aa1	AA+	AA+	An obligor has <b>very strong</b> capacity to meet its financial commitments. It differs from the highest-rated obligors only to a small degree.
Aa2	AA	AA	
Aa3	AA-	AA-	
A1	A+	A+	An obligor has <b>strong</b> capacity to meet its financial commitments but is somewhat more susceptible to the adverse effects of changes in circumstances and economic conditions than obligors in higher-rated categories.
A2	A	A	
A3	A-	A-	

Source: *Bond Issue Ratings, Wikipedia, February 6, 2025*

## FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

**Finding #1** – Internal Audit reviewed the Bond Series 2024 Official Statement and found this table of Owned Properties, showing that ID#1, Unimproved Land on East Little York Road in Zip Code 77019.

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### A partial list of Center-owned properties as shown in the Bond 2024 Official Statement

A. <u>Owned Properties:</u>				
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7.	2001 Cedar Bayou Road	Baytown	77520	Land for Bayshore Mental Health Clinic
8.	3902 W. Little York	Houston	77091	Land for Future Northwest Clinic

*Source: Bond 2024 Official Statement, provided by Financial Services, February 2025, page 12*

**Management Response (Controller):** It appears the zip code should be 77016 based on a listing obtained from Facilities.

**CONCLUSION**

The Harris Center’s Financial Services team began plans for the 2024 bond issue and gained momentum after the new Controller joined the Financial Services organization. The new Controller had professional expertise with revenue bond issues from prior positions and continues to demonstrate her advocacy.

The Harris Center for Mental Health bond issue represents a suitable method for financing operations over the long term in a predictable business model. The Harris Center has demonstrated some evolution in business plans, but as long as the state’s legislative environment remains intact our Center’s delivery of our patients’ services should continue to grow strongly in the coming decades.

The Center’s program demands require building dormitories and other permanent structures to house clients and other program facilities. The 2024 bond issue is an ideal long-term funding source that meets this long-term need.

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

### **SPECIAL AUDIT REQUEST: EMPLOYEE TIMECARD REVIEW (SARETR0125)**

#### **FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES**

**Observation #1** – Internal Audit reviewed the Management Letter which outlined their finding that three (3) out of twenty-five (25) payroll transactions lacked the electronic workflow timesheet approval.

The external auditors noted that Payroll issues emails regarding missed punches and pending leave requests prior to payroll calculation, and the home screen in UKG Dimensions advises Payroll with any notes if leave requests remain in pending status.

We contacted Human Resources to gain the status of their addressing issues in the Management Letter. Human Resources provided an initial written response concerning four areas of timecard improvement:

1. Enhanced communication to the Center's leaders and employees
2. Development of additional notification features such as pending timecard approvals
3. Introduction of a new training course for employees and onboarding process for new employees
4. Identification of timecards left unapproved after payroll closure

**Management Response (Senior Director, People Operations):**



**Special Management Request: Employee Timecard Review  
(SMRETC0125)**

**INTERNAL AUDIT REPORT**

**April 15, 2025**

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

**Director, Internal Audit**



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## SCOPE AND OBJECTIVES

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**Audit Scope:** This Special Management Request will review activities related to The Harris Center’s employee timecard processing issue following the receipt of the management letter advisory from Whitley-Penn LLC, the current external auditor.

**Audit Objectives:** The Special Management Request Review report has been approved for inclusion in the Internal Audit Fiscal Year 2025 Annual Audit Plan, and our audit objectives were designed to:

1. Obtain a listing of the Center’s employee reports of hours worked, including Paid Time Off (PTO) and other exception pay codes for two pay periods (08A and 08B) in August, 2024.
2. Compare the number of hours reported by employees versus Kronos balances of exception time hours for each pay period and note hours that contributed to exceeding 80 hours per week.
3. Identify all cost centers showing the most significant issues with obtaining employee compliance and/or delayed approver activity needed to revise timecards to comply with payroll standard.

## AUDIT RISKS

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**Audit Risks:** Factors that may impede management’s oversight of the Bond Issue in November 2024.

1. Management does not adequately assign sufficient personnel or other related Center resources to effectively manage the Center’s ongoing timecard reviews.
2. Management does not maintain adequate responses to Payroll Department requests to perform revisions on payroll codes or hours information which does not comply with payroll standards.
3. Management does not review timecards for quality assurance and does not require employee reviews of their regular time hours worked and any exception time hours worked information.

## FIELD WORK

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

1. Review the management letter from Whitley-Penn LLC for specific control failures they noted in the review of payroll operations at The Harris Center for the Fiscal Year ending August 31, 2024.
2. Examine the Payroll Department processing on pay period submissions. Identify reports that do not meet standard thresholds (less than or more than 80 hours prepay period) or missed punches. Examine the root cause for these omissions and communicate with employees and/or approvers to identify possible process improvements that can be installed into the payroll software.
3. Create a histogram showing cost center activity to identify the “hot spots” of timecard processing issues which represent ongoing employee and/or approver timecard review non-compliance.
4. Contact non-compliant approvers and ascertain their specific reasons for the apparent lack of follow-up with employees who habitually report inaccurate timecards and obtain feedback.
5. Recommend that a training deck be developed for timecard approvers and employees to reveal the best methods to obtain compliance in timecard calculations.

## CURRENT PROCESS

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The Harris Center pays its employees based on reported hours worked for regular time and for time off. Employees are generally paid as exempt employees with 80 hours in a two-week pay period while the non-exempt employees report time on a hourly basis by using a time-clock or similar reporting device.

Employees are encouraged to notify a payroll approver or manager of any paid time off (PTO) before a requested time-off date. All requests are subject to management approval and managers should verify that their remaining staffing level provides sufficient coverage for a shift in which one or more employees have requested paid time off.

On Kronos Dimensions, the employees can select the desired time and date by using the PTO pay code for any personal time requests. Holidays are identified on employees' timecards in advance. While there is employee training for time reporting to administratively rectify the timecards for payroll processing, there will be "off-the-book" situations in which employees misreport time by taking long breaks, etc. These behavioral challenges are managed by the business unit managers and/or unit payroll approvers, but that effort can be improved by implementing new automated tools and new process guardrails.

The primary recommendation is using an access-controlled online timecard system such as Kronos to minimize risks to "buddy punching" and limit "ghost employees" problems. The practice of punching in and out is required for non-exempt employees. The UKG Dimensions system (Kronos) providers controls over punches to ensure veracity so that buddy punching should never occur. Ghost employees can exist if a fraudulent payroll record were created, and if buddy punching was allowable (it is not). The Payroll Department has no intimate knowledge of employee work schedules. The unit managers are responsible for managing employees to ensure that their individual time reporting is at least reasonably accurate.

The payroll approver's attention in preparing employee timecards is time-consuming, yet it needs to be enacted quickly before the payroll processing deadline (usually on Monday before Pay Day on Friday). The Payroll Department performs administrative checks such as incorrect number of total hours worked on the timecards, which prompts the Payroll Department to send email alerts to the payroll approver. The discovery of unapproved timecards is another challenge which have been occurring as it can alter The Harris Center's monthly and year-end payroll expense reporting. It should be noted that these data are used in the Center's various grant billing programs, so all requested corrections or approvals delay our financial reckoning. The combination of missed punches, delayed revisions, and reports of incorrect PTO hours can harm our Center's grant administration goals and diminish their economic performance.

In the last external auditor's annual report, the Management Letter addressed their concerns for payroll as they performed substantive testing and found that in a sample of twenty-five timecards that three (3) were unapproved. This Letter was issued when the *Annual Comprehensive Financial Report (ACFR)* was performed during the pay periods reviewed during Fiscal Year 2024. The Management Letter clearly stated the issues and it contained management responses to provide solutions, by adding additional automation and by creating new reports to show unapproved timecards requiring attention and adding more employee training about their timecard preparation.

Internal Audit seeks to test timecard reporting at the end of FY 2024 pay period and comparing that activity to one or more prior pay periods in FY 2024. We need to ascertain that the training and related process enhancements, including system prompts, were put into place to address these anomalies and that the Payroll Department can approve improvements as they are sufficiently strong enough controls to remedy the majority of issues in payroll processing concerning timecard approvals and so on.

---

## **FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES**

---

**Observation #1** – Internal Audit reviewed the Management Letter which outlined their finding that three (3) out of twenty-five (25) payroll transactions lacked the electronic workflow timesheet approval.

The external auditors noted that Payroll issues emails regarding missed punches and pending leave requests prior to payroll calculation, and the home screen in UKG Dimensions advises Payroll with any notes if leave requests remain in pending status.

We contacted Human Resources to gain the status of their addressing issues in the Management Letter. Human Resources provided an initial written response concerning four areas of timecard improvement:

1. Enhanced communication to the Center's leaders and employees
2. Development of additional notification features such as pending timecard approvals
3. Introduction of a new training course for employees and onboarding process for new employees
4. Identification of timecards left unapproved after payroll closure

**Management Response (Senior Director, People Operations):**

## CONCLUSION

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The Harris Center's Annual Comprehensive Financial Report was recently approved on January 28, 2025. One of the deliverables was a Management Letter that detailed some findings in payroll data that show some overreporting of compensated absences.

Internal Audit called the external auditor to discuss the notable observation and the discussion included some anecdotal descriptions of issues observed in payroll processing during the Fiscal Year 2024 period. The plea to management was to keep get more management attention on the finding to assure that it does not become problematic at the Center. The implications are that distortions or misreported hours can become problematic for reimburseable services billing in which employee hours are provided for the basis of reimbursements for employee compensation.

The Human Resources organization responded quickly to the need to provide employee training and add more automation from UKG Kronos to issue pre-payroll processing notices to employees whenever the system detects unapproved time cards, in an effort to have them corrected before payroll production.

Respectfully submitted,

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*Kirk D. Hickey*

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## Executive Summary

### SPECIAL MANAGEMENT REQUEST: RECENTER INTEGRATION REVIEW (SARRCTR0125)

#### **FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES**

Observation #1 – Internal Audit reviewed the financial documents supporting the payroll and accounts payables activity at the Recenter since April 2024. The Harris Center’s obligation for reimbursements to the Recenter is limited to covering their current contract obligations.

The Director of Internal Audit worked with Paul Nichols, who is the Operations Director at the Recenter. Internal Audit and Recenter share an electronic drop-box that organizes accounts payables files by date and by accounting period. We reconciled reimbursement requests as they were submitted by Recenter. We reviewed the drop-box for possible duplicate entries but did not find that in our reviews.

The Recenter’s b-1 bank statement represents a complete audit record of Recenter’s expenditures and deposits, including reimbursement payments from The Harris Center. Our reconciliation matched the reimbursement requests of the individual vendor accounts paid by the Recenter’s Operations Director. We found one \$10.00 overpayment due to an employee’s transposition error.

In April 2024 the local media announced the Recenter would not accept new residents. Internal Audit noted that the Recenter’s utility expenses and water charges appeared to be unaffected by a reduced headcount. There were many vendor invoices that warned of service shutoffs and in arrears with late fees.

Internal Audit tested payroll calculations for employee social security taxes and we found that payroll was processed and paid on time. Dozens of employees performed minimum-wage jobs at the Recenter but were billed for rent and laundry services as applicable.

The payroll processing was completed on QuickBooks, which produced checks and tracked the employee payroll tax liabilities. We found that special payroll deductions (such as for garnishing wages as part of a legal requirement or monthly laundry fees) were handled consistently through deductions. The payroll disbursements and wage taxes appeared to be paid in the monthly b-1 bank statements. As of December 19, 2024, the Recenter’s operations and obligations had merged with The Harris Center. The current plan is to fully integrate Recenter operations in 2025.



**Special Management Request: Recenter Integration Review  
(SMRCTR0125)**

**INTERNAL AUDIT REPORT**

**April 15, 2025**

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

**Director, Internal Audit**



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## SCOPE AND OBJECTIVES

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**Audit Scope:** This special audit request evaluated the financial and operational plans that integrated the Recenter Respite Services (a/k/a The Men's Center) into The Harris Center's business operations. This special management request report was added to Internal Audit's Fiscal Year 2025 Audit Plan.

**Audit Objectives:** The special management request 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. Review the current financial statements and assess weaknesses or inaccuracies in reporting.
2. Evaluate the possibility of latent liabilities in the Recenter infrastructure, such as payroll.
3. Examine the portfolio of the property, plant and equipment found at the integration date.

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## AUDIT RISKS

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**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 Recenter's assets and liabilities.
2. Management did not keep transaction records or retain documents with management approvals.
3. Management did not comply with the terms of one or more of the regulatory agencies or with other government agency requirements which may necessitate remediation by The Harris Center.

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## FIELD WORK

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

1. Meet with the Recenter department contacts and interview them regarding their immediate and long-term plans to remain in positions after the planned integration with The Harris Center.
2. Review how Recenter department contacts operated properties and provided payroll to staffs, and performed basic facilities and maintenance services, and fulfilled their financial services activities.
3. Assess the executives' vision of the Recenter operational integration and identify key milestones.
4. Affirm how Recenter's current infrastructure projects are being monitored and review operations which are to be incorporated into The Harris Center's operational portfolio starting January 2025.
5. Evaluate the requirements to update the Annual Comprehensive Financial Report (ACFR) to clearly show the acquisition and to appropriately record operational activities.

## CURRENT PROCESS

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The Recenter was established in 1950 as a non-profit human services organization operated by the City of Houston's Housing and Community Development Department. In 2024 the management reported that funding sources have deteriorated their day-to-day financial condition, so the Recenter stopped taking in new residents, and despite rumors no 30 day notice to vacate was issued by City of Houston.

Internal Audit evaluated a bi-weekly payroll summary for about 42 residents, including the payroll for the CEO/Executive Director Steven Brinkman. Many residents provide up to 40 hours of service a week in exchange for their housing, thus their pay offsets the total \$923 bi-weekly program costs, which will cover the residents' room and board, and full access to the on-site counseling and professional services.

The main objective is to assure that the current Recenter residents can continue to live at the facility. According to the Recenter website: "Recenter is a nonprofit striving to aid predominantly homeless men and women with alcohol and drug additions through services and programs in Houston. Substance addition is largely misunderstood public health problem; the solution is peer support, structure, and accountability. Recenter equips people suffering from addiction with the tools to rebuild their lives."<sup>[1]</sup>

Recenter's operations are overseen by the Board of Directors with various skills and interests. According to the Recenter's website, CEO/Executive Director Steven Brinkman began serving in the role in 2006 when he began as a Resident Manager, and he brings a research background in Biology and Psychology, and actively engages the program population and gains the residents' trust at the 'ground-level'.<sup>[1]</sup>

The current Recenter Board Chair John Puckett is Chief Financial Officer of Phoenix Environmental Services, who brings 25 years of experience working in the energy services sector. The Board Treasurer is Alan G. Woodbury, CPA, who has specialized in computer auditing for small and medium sized banks, but recently runs his accounting firm as he brings his CFO knowledge and experience to entrepreneurs. The Board Secretary is Andrew J. Martin who is the CEO Chairman of Challenge Group International, LLC, whose background is in fundraising, public relations and special event management. John Andrell serves as Board Director, who previously has developed commercial office building developments in Houston, and responsible for the leasing and ongoing management of over 600,000 square feet of office space.<sup>[1]</sup>

According to the website, Blazek and Vetterling certified accountants had audited The Men's Center (dba Recenter) in 2019. The report revealed funding is sourced from a Community Development Block Grant which passed through the City of Houston and Harris County, totaling \$3.78 million. The audit report showed a Summary of Auditors' Results as 'Unmodified' with no known material weaknesses, nor significant deficiencies for financial reporting or internal control over major federal programs.<sup>[1]</sup> The website included a Form 990 Public Inspection Copy for operations in calendar year 2018, and the Form 990 Public Inspection Copy for Hope Harbor QALICB, the Men's Center's funding organization.<sup>[1]</sup> The Hope Harbor QALICB = qualified active low-income community business, which closed in 2018.<sup>[2]</sup>

In March, ABC13 KTRK interviewed CEO/Executive Director Steve Brinkman, who reported funding problems since COVID-19 pandemic arrived and as some residents lost jobs and could not afford rent. In addition, there were additional operational costs for purchases of protective personal equipment (PPE), creating a "seven-figure hit" on the organization, according to Brinkman. The City of Houston's Housing and Community Development Department advised Recenter to cease taking new residents at this time.

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## **FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES**

**Observation #1** – Internal Audit reviewed the financial documents supporting the payroll and accounts payables activity at the Recenter since April 2024. The Harris Center’s obligation for reimbursements to the Recenter is limited to covering their current contract obligations.

The Director of Internal Audit worked with Paul Nichols, who is the Operations Director at the Recenter. Internal Audit and Recenter share an electronic drop-box that organizes accounts payables files by date and by accounting period. We reconciled reimbursement requests as they were submitted by Recenter. We reviewed the drop-box for possible duplicate entries but did not find that in our reviews.

The Recenter’s b-1 bank statement represents a complete audit record of Recenter’s expenditures and deposits, including reimbursement payments from The Harris Center. Our reconciliation matched the reimbursement requests of the individual vendor accounts paid by the Recenter’s Operations Director. We found one \$10.00 overpayment due to an employee’s transposition error.

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### **Management Response (Chief Financial Officer):**

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## CONCLUSION

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The Harris Center's Financial Services team began integration of the Recenter respite services to align with the Center's existing group of respite service program operations as currently by The Harris Center. The City of Houston discovered significant deficits in their annual operating budget which created an operational need to cut their expenditures and obtain local funding entities such as The Harris Center.

The fit between The Harris Center's services and the Recenter's health services appears practical. The acquisition introduces new real estate properties, and it provides some additional program resources. There are clients who continue to live at the ReCenter's 3809 Main Street location, but no residents are known to live in the other down ReCenter locations.

Internal Audit closely followed a number of payroll processes and found calculations were performed adequately, and that employee deductions were completed and employee payroll tax liabilities and other calculations were correct and sufficiently detailed for us to so that we could reconcile the separate paychecks to the payroll summary.

Respectfully submitted,

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*Kirk D. Hickey*

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

## Executive Summary

### SPECIAL MANAGEMENT REQUEST: RECENTER INTEGRATION REVIEW (SARRCTR0125)

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04-15-2025 SMR-Recenter Integration Review ExecSumm on 04-15-2025 DWF KDH



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