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Audit Committee Meeting  
April 21, 2026  
8:30 am

- I. **DECLARATION OF QUORUM**
- II. **PUBLIC COMMENTS**
- III. **MINUTES**
  - A. Minutes of the Board of Trustees Audit Committee Meeting Held on Tuesday, January 20, 2026  
(EXHIBIT A-1 )
- IV. **REVIEW AND COMMENT**
  - A. FY26 Second Quarter Compliance Audit Activities  
(EXHIBIT A-2 Demetria Lockett)
  - B. Q2 FY2026 Internal Audit Reports Presentation  
(EXHIBIT A-3 David Fojtik)
- 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. FY26 Second Quarter Compliance Department Binder  
(EXHIBIT A-4 )
  - B. Internal Audit Reports Binder Q2, 2026  
(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, JANUARY 20, 2026  
MINUTES**

Mr. J. Lykes, Committee Chair, called the meeting to order at 8:32 a.m. in Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

Committee Members in Attendance: J. Lykes, Dr. R. Gearing , Dr. J. Lankford, Dr. K. Bacon

Committee Member in Absence:

Other Board Member Present: G. Womack, R. Thomas, Dr. M. Miller

**I. DECLARATION OF QUORUM**

Mr. Lykes called the meeting to order at 8:32 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, October 21, 2025.

**MOTION: LANKFORD SECOND: BACON**

**THEREFORE, BE IT RESOLVED** that the Minutes of the Board of Trustees Audit Committee Meeting Held on Tuesday, October 21, 2025 as presented under Exhibit A-1, is approved, and recommended to the Full Board for acceptance.

**V. REVIEW AND COMMENT**

- A. **FY2025 Annual Audit-** Tracy Young with Forvis Mazars presented the FY2025 Annual Audit to the Audit Committee.
- B. **FY26 First Quarter Compliance Audit Activities-** Demetria Luckett presented the FY26 First Quarter Compliance Audit Activities to the Audit Committee.
- C. **Q1 FY2026 Internal Audit Reports Presentation-**The Committee Chair decided to move the presentation to the next meeting.

**VI. EXECUTIVE SESSION**

There was no Executive Session during the Audit Committee Meeting.

**VII. ADJOURN-**

**MOTION: BACON      SECOND: LANKFORD**

**With unanimous affirmative vote**

**BE IT RESOLVED** The meeting was adjourned at 9:16 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**

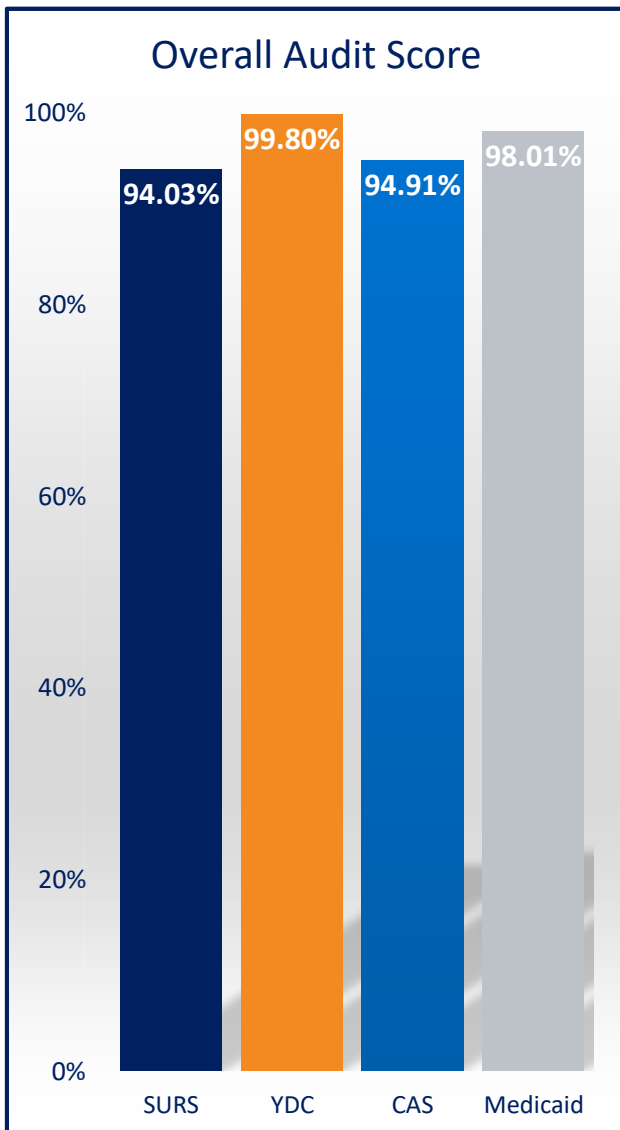
# COMPLIANCE DEPARTMENT

## FY 2026 QUARTER 2 AUDIT REPORTS

Presented by: Demetria Lockett, Compliance Director  
April 2026



# BILLING AND CODING FOCUS REVIEWS



| REVIEW   | CLIENT RECORDS<br>(CODING &<br>DOCUMENTATION) | OPERATIONS<br>(BILLING & CLAIMS<br>PROCESSES) | OVERALL SCORE | AUDIT ACTIVITIES   |
|--|---|---|---------------|--|
| <b>SUBSTANCE USE<br/>RECOVERY<br/>SERVICES (SURS)</b>      | 94.03%  | NA  | <b>94.03%</b> | <b>Areas of Improvement identified:</b> <ul style="list-style-type: none"> <li>Inconsistent inclusion of required treatment plans</li> <li>Progress note completion outside required timeframes</li> </ul> <b>Improvement Actions:</b> <ul style="list-style-type: none"> <li>Added to Behavioral Health Clinical Monitoring schedule</li> <li>Additional training on documentation expectations and timelines</li> <li>Development of documentation guidelines</li> </ul> |
| <b>YOUTH<br/>DIVERSION<br/>CENTER (YDC)</b>                | 99.80%  | NA  | <b>99.80%</b> | <b>Improvement Actions:</b> <ul style="list-style-type: none"> <li>Isolated area of improvement: Time entry inconsistencies between progress notes and EPIC flowsheets</li> </ul>  |
| <b>CHILD AND<br/>ADOLESCENT<br/>SERVICES (CAS)</b>         | 94.67%  | 95.16%  | <b>94.91%</b> | <b>Areas of Improvement identified:</b> <ul style="list-style-type: none"> <li>Progress note completion outside required timeframes</li> <li>Inaccurate encounter documentation affecting billing integrity</li> </ul> <b>Improvement Actions:</b> <ul style="list-style-type: none"> <li>Additional supervisory oversight</li> </ul>  |
| <b>MEDICAID<br/>/FRAUD, WASTE,<br/>AND ABUSE<br/>(FWA)</b> | 97.92%  | 98.11%  | <b>98.01%</b> | <b>Areas of Improvement identified:</b> <ul style="list-style-type: none"> <li>Progress note completion outside required timeframes</li> <li>Inaccurate encounter coding affecting billing integrity</li> </ul> <b>Improvement Actions:</b> <ul style="list-style-type: none"> <li>Additional staff training on documentation timeliness and billing practices</li> </ul>  |

# BILLING AND CODING: TELEHEALTH OIG FOLLOW-UP

| REVIEW                                       | CLIENT RECORDS<br>(CODING & DOCUMENTATION) | OPERATIONS<br>(BILLING & CLAIMS PROCESSES) | OVERALL SCORE | AUDIT ACTIVITIES  |
|--|--|--|---------------|---|
| TELEHEALTH AUDIT/OFFICE OF INSPECTOR GENERAL | 91.05%                                     | 83.69%                                     | <b>87.37%</b> | <b>Improvement Actions:</b> <ul style="list-style-type: none"> <li>Full implementation of corrective actions associated with OIG recommendations</li> </ul> |

### Corrective Action #1

### Corrective Action #2

### Corrective Action #3

### Corrective Action #4

Retrain staff on billing codes and appropriate documentation.

Transition from Doximity and Lifesize to Epic.

Transfer remaining clinical documentation from paper to Epic. HMIS to provide additional staff training. Approximately 90 forms identified for development.

Establish supervision documentation processes.

### Current Status

### Current Status

### Current Status

### Current Status

Ongoing efforts to ensure all staff receive training through Absorb.

Ongoing transition with expected completion within 18 months.

Approximately 60-70 forms remain in development. IT pursuing internal certification to continue. Coordination with Harris Health impacts timeline.

Supervision documentation reviewed and verified for sampled providers.

### Outcome

### Outcome

### Outcome

### Outcome

Corrective action remains partially implemented.

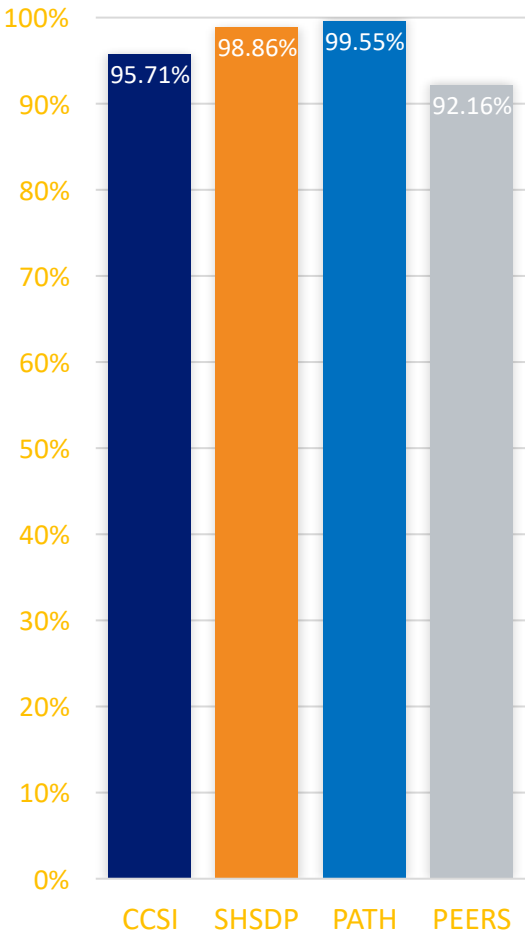
Corrective action remains partially implemented.

Corrective action remains partially implemented.

Corrective action has been implemented and may be closed.

# CPEP DIVISION

## Comprehensive Reviews



|  | OPERATIONS | MEDICAL | ENVIRONMENT | CLINICAL RECORDS | PERSONNEL | OVERALL       | AUDIT ACTIVITIES  |
|--|------------|---------|-------------|------------------|-----------|---------------|---|
| <b>CHRONIC CONSUMER STABILIZATION INITIATIVE (CCSI)</b>              | 100%       | 100%    | NA          | 91.42%           | 91.43%    | <b>95.71%</b> | <p><b>Identified Areas of Improvement</b></p> <ul style="list-style-type: none"> <li>Staff Training and Personnel Documentation</li> <li>Plan of Care Development and Timeliness</li> <li>Clinical Documentation Quality</li> <li>Rights and Assessment Requirements</li> </ul> <p><b>Plan of Improvement Activities:</b></p> <ul style="list-style-type: none"> <li>Timelines established for developing plans of care</li> <li>Implement a training schedule to strengthen documentation practices</li> </ul> |
| <b>STATE HOSPITAL STEP DOWN PROGRAM (SHSDP)</b>                      | 100%       | NA      | 100%        | 97.22%           | 98.23%    | <b>98.86%</b> | <p><b>Identified Areas of Improvement</b></p> <ul style="list-style-type: none"> <li>Staff Training Compliance</li> <li>Plan of Care and Service Documentation</li> </ul> <p><b>Plan of Improvement Activities:</b></p> <ul style="list-style-type: none"> <li>Creation/implementation of training calendars</li> <li>Re-education of staff on appropriate documentation practices</li> </ul>   |
| <b>PROJECT FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)</b> | 100%       | NA      | 100%        | 99.65%           | 98.56%    | <b>99.55%</b> | <p><b>Identified Areas of Improvement</b></p> <ul style="list-style-type: none"> <li>Staff training</li> <li>Plan of Care and Service Documentation</li> </ul> <p><b>Plan of Improvement Activities:</b></p> <ul style="list-style-type: none"> <li>Re-education of staff on appropriate documentation practices</li> </ul>   |
| <b>PEERS FOR HOPE HOUSE</b>  | 93.15%     | 100%    | 100%        | 83.90%           | 83.72%    | <b>92.16%</b> | <p><b>Identified Areas of Improvement</b></p> <ul style="list-style-type: none"> <li>Personnel and Training Gaps</li> <li>Safety and Environmental Compliance Deficiencies</li> <li>Peer Support and Recovery Service Delivery Issues</li> <li>Clinical Documentation and Continuity of Care</li> </ul> <p><b>Plan of Improvement Activities:</b></p> <ul style="list-style-type: none"> <li>Corrective Actions are pending</li> </ul>  |

# Crisis Residential Unit (CRU)

## FOLLOW-UP AUDITS

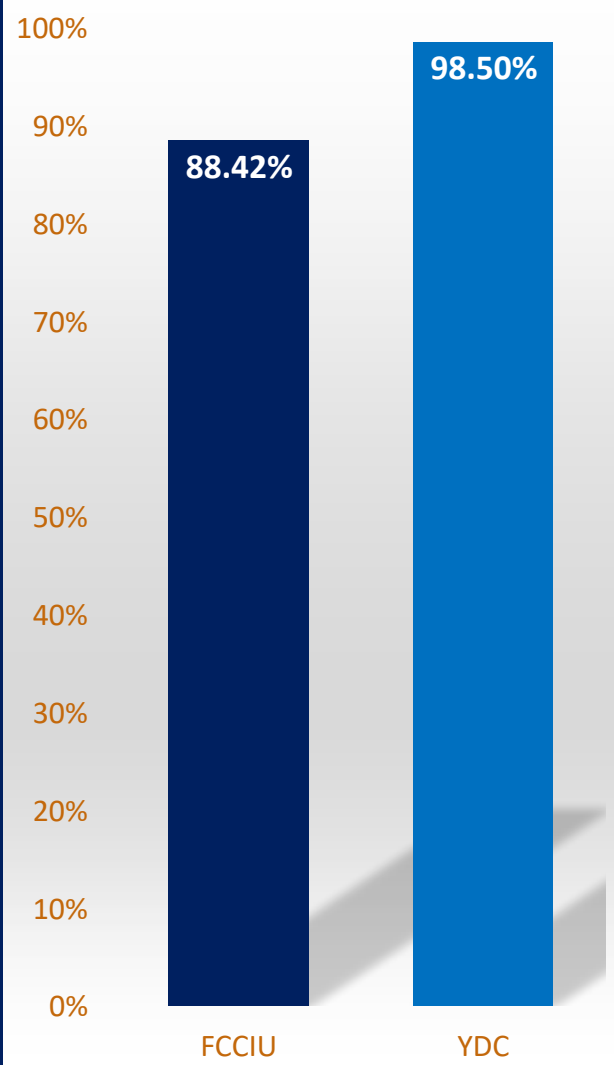
| Elements below 95% Threshold   | Previous Score<br>FY25 Q4 | Follow Up Score<br>FY26 Q2 | Change  | CAP Status                           |
|--|---------------------------|----------------------------|---------|--------------------------------------|
| Oral communication of rights shall be documented on a form bearing the date and signatures of the individual and/or the parent, conservator, or guardian, and the staff member who explained the rights.   | 0%                        | 6.98%                      | +6.98%  | Corrective<br>Actions are<br>Pending |
| Every individual admitted to services must participate in the development of a crisis treatment plan that delineates the most effective and least restrictive treatment for the individual's behavioral health disorder.   | 93%                       | 74.42%                     | -18.58% |                                      |
| Coordination of services and continuity of care must be provided for every individual and must include:<br>i. identifying and linking the individual with all available services necessary to ensure transition to routine care; and<br>ii. providing necessary assistance in accessing those services, including contacting and coordinating with the individual's existing or newly selected service providers in a timely manner and in conformance with applicable confidentiality requirements. | 93%                       | 69.77%                     | -23.23% |                                      |
| A discharge plan must be developed for every individual, and must include:<br>i. Appropriate education relevant to the individual's condition;<br>ii. Information about the most effective treatment for the individual's behavioral health disorder;<br>iii. Identification of potential obstacles to a successful return to the community and means to address these obstacles; and<br>iv. Information about follow-up care, and appropriate linkages to post discharge providers.                 | 93%                       | 85.71%                     | -7.29%  |                                      |
| Annual completion of Protecting Individual Rights: Understanding and Preventing Abuse  | 33%                       | 73.17%                     | +40.17% |                                      |
| Annual completion of Handle with Care III  | 67%                       | 28.57%                     | -38.43% |                                      |
| The initial evaluation for physical health must be performed as ordered, by a physician (preferably a psychiatrist) or a APRN or PA and includes, at a minimum: (e) A pain assessment  | 13%                       | 97.62%                     | +84.62% | Resolved                             |

### Takeaway

The findings indicate **moderate to high compliance and operational risk**, particularly related to **staff oversight, safety requirements, and recovery-oriented service delivery**. Sustained corrective actions will be necessary to achieve and maintain compliance.

# FORENSICS DIVISION

**Comprehensive Reviews**



|   | OPERATIONS     | MEDICAL        | ENVIRONMENT    | PERSONNEL | CLIENT RECORDS | OVERALL | AUDIT ACTIVITIES   |
|---|----------------|----------------|----------------|-----------|----------------|---------|--|
| <b>FORENSIC COURT CLINICAL INTERVIEW UNIT (FCCIU)</b> | Not Applicable | Not Applicable | Not Applicable | 82.72%    | 94.12%         | 88.42%  | <p><b>Areas of improvement</b></p> <ul style="list-style-type: none"> <li>• Staff training</li> <li>• Progress Note Documentation</li> </ul> <p><b>Plan of Improvement Activities:</b></p> <ul style="list-style-type: none"> <li>• Implement an internal training schedule to ensure full compliance with annual training.</li> <li>• Implement systems to ensure accurate Progress note documentation.</li> </ul>                  |
| <b>YOUTH DIVERSION CENTER (YDC)</b>                   | 100%           | 100%           | 100%           | 93%       | 99.50%         | 98.50%  | <p><b>Areas of improvement</b></p> <ul style="list-style-type: none"> <li>• Staff training</li> <li>• Isolated area of improvement: LAR signature on treatment plan</li> </ul> <p><b>Plan of Improvement Activities:</b></p> <ul style="list-style-type: none"> <li>• Implement an internal training schedule to ensure full compliance with annual training.</li> <li>• LAR given access through MyChart and DocuSign to</li> </ul> |

# FORENSICS DIVISION: FOLLOW-UP REVIEWS

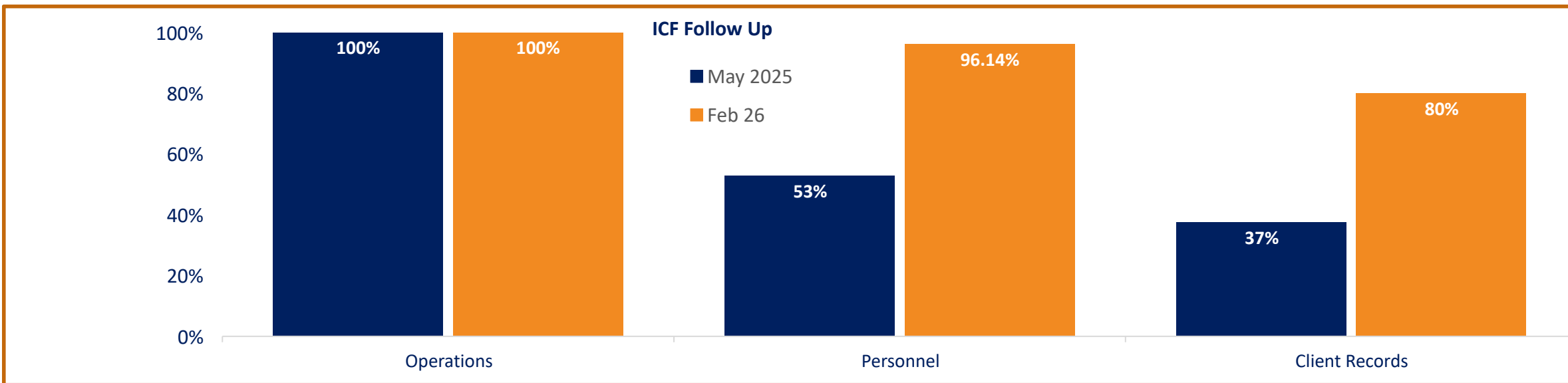
|   |  | FY 25 SCORE | FY 26 SCORE | CHANGE | AUDIT ACTIVITIES   |
|---|--|-------------|-------------|--------|--|
| TRIAD-CHILDREN'S MENTAL HEALTH SERVICES | Personnel File: Current signed job description for each staff member     | 75%         | 100%        | +25%   | <b>Areas of improvement</b><br>Staff training, disclosure of allegations of abuse and neglect history checks<br><br><b>Plan of Improvement Activities:</b><br>Program leadership currently working with HR to develop a process to incorporate specific background checks into personnel records |
|   | Staff Training: Identifying the cause of aggressive behaviors            | 33%         | 80%         | +47%   |  |
|   | Background Check: Disclosure of allegations of abuse and neglect history | 0%          | 0%          | None   |  |
| PEER SUPPORT AND REENTRY SERVICES       | Documentation of Oral Communication of rights                            | 0%          | 0%          | None   | <b>Areas of improvement</b><br>Documentation of oral communication of rights missing signatures<br><br><b>Plan of Improvement Activities:</b><br>Collaboration with Harris Health to ensure appropriate documentation practices are established  |
| TRANSITION SERVICES                     | COPSD Training   | 0%          | 100%        | +100%  | <b>Areas of improvement</b><br>Disclosure of allegations of abuse and neglect history checks<br><br><b>Plan of Improvement Activities:</b><br>Program leadership currently working with HR to develop a process to incorporate specific background checks into personnel records                 |
|   | Background Check: Disclosure of allegations of abuse and neglect history | 0%          | 0%          | None   |  |

## Executive Takeaway

The follow-up review results indicate **moderate to high compliance** and **operational risk**, driven primarily by unresolved **personnel-related control gaps**. Sustained corrective actions, enhanced cross-departmental coordination, and stronger documentation controls are necessary to mitigate ongoing risk and achieve compliance stability.

# IDD DIVISION

| POGRAM                     | OPERATIONS | MEDICAL | ENVIRONMENT | CLINICAL RECORDS | PERSONNEL | OVERALL | AUDIT ACTIVITIES   |
|----------------------------|------------|---------|-------------|------------------|-----------|---------|--|
| COMMUNITY FIRST CHOICE CFC | 100%       | NA      | 100%        | 96.65%           | 98.46%    | 98.77%  | <b>Primary Area of Concern:</b> <ul style="list-style-type: none"> <li>Personnel Training Compliance</li> <li>Clinical Records Compliance</li> </ul> <b>Plan of Improvement Activities:</b> All program staff will complete CFC service coordination training, including items identified during the review within 180 days                      |
| ICF/IID                    | 100%       | NA      | 100%        | 80.00%           | 96.14%    | 94.03%  | <b>Primary Area of Concern:</b> <ul style="list-style-type: none"> <li>Missing Required Resident Documentation</li> <li>Assessment and Clinical Record Completeness</li> <li>Guardianship and Legal Documentation</li> </ul> <b>Plan of Improvement Activities:</b> <ul style="list-style-type: none"> <li>Corrective Actions Pending</li> </ul> |



# Texas Home Living (TxHmL)

## FOLLOW-UP AUDITS

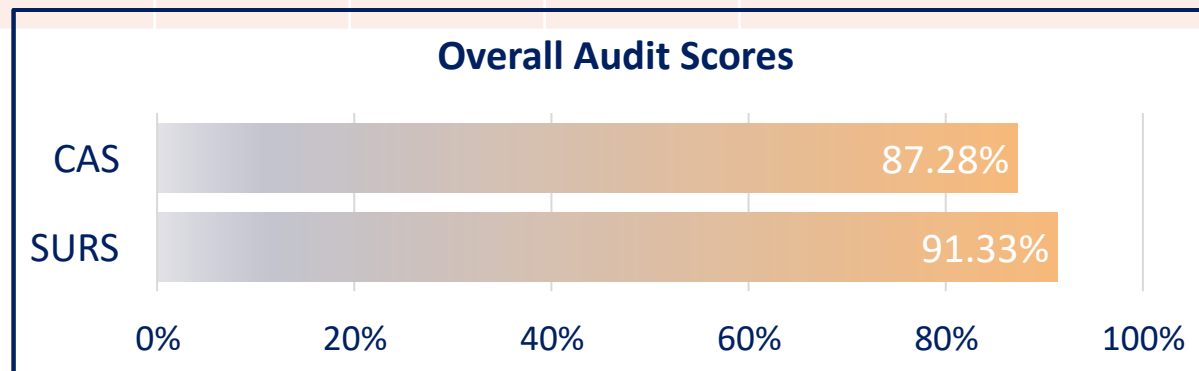
| Elements below 95% Threshold   | Previous Score<br>FY25 Q4 | Follow Up Score<br>FY26 Q2 | Change | CAP<br>Status  |
|--|---------------------------|----------------------------|--------|----------------|
| Before service date, LIDDA must provide enrollment documentation (IPC, PDP, ID/RC) to provider   | 40%                       | 10.00%                     | -30%   | CAP<br>Pending |
| The HHSC TxHmL Service Coordination Notification form must be completed by service coordinator   | 85%                       | 100%                       | +15%   | Resolved       |
| Have two or more documented needs that require services and support other than service coordination  | 40%                       | 100%                       | +60%   | Resolved       |
| A LIDDA must ensure that service coordination revises the plan using person-directed planning using Directed Planning Guidelines   | 57%                       | 100%                       | +43%   | Resolved       |
| If the LIDDA determines an individual is eligible for and desires service coordination the LIDDA must develop a PDP  | 40%                       | 100%                       | +60%   | Resolved       |
| Plan of services and supports—A written plan that describes the services and supports to be provided to the individual   | 40%                       | 100%                       | +60%   | Resolved       |
| Identifies the frequency and duration of service coordination to be provided to individual   | 40%                       | 100%                       | +60%   | Resolved       |
| A written plan that describes the services and supports to be provided to the individual   | 40%                       | 100%                       | +60%   | Resolved       |
| A copy of the completed HHSC HCS/TxHmL CFC PAS/HAB Assessment form.  | 75%                       | 100%                       | +60%   | Resolved       |
| If service coordination sees a needed PDP or IPC change, they must discuss it with the individual or LAR.  | 75%                       | 100%                       | +60%   | Resolved       |
| 30 calendar days before the expiration of an individual's IPC, the service coordinator must update the individual's PDP with the individual's service planning team        | 57%                       | 100%                       | +43%   | Resolved       |
| If the individual receives a TxHmL Program service or a CFC service from a program provider, submit to the program provider and the individual or LAR: (A) the updated PDP | 75%                       | 100%                       | +60%   | Resolved       |

### Takeaway

The TxHmL program demonstrated strong corrective action outcomes, resolving 11 of 12 prior findings and achieving full compliance across most service coordination and planning requirements. One remaining gap related to timely receipt of LIDDA enrollment documentation presents an ongoing compliance risk and remains under corrective action.

# BEHAVIORAL HEALTH DIVISION

|   | OPERATIONS | MEDICAL | ENVIRONMENT | CLINICAL RECORDS | PERSONNEL | OVERALL       | AUDIT ACTIVITIES  |
|---|------------|---------|-------------|------------------|-----------|---------------|---|
| <b>CHILDREN AND ADOLESCENT SERVICES (CAS)</b> | 100%       | 100%    | 100%        | 80.60%           | 55.81%    | <b>87.28%</b> | <p><b>Identified Areas of Improvement:</b></p> <ul style="list-style-type: none"> <li>Incomplete clinical record documentation</li> <li>Gaps in required personnel training documentation</li> <li>Inconsistent support documentation related to medications and care planning</li> </ul> <p><b>Plan of Improvement Activities:</b></p> <ul style="list-style-type: none"> <li>Corrective Action Pending</li> </ul>   |
| <b>SUBSTANCE USE RECOVERY SERVICES (SURS)</b> | 100%       | 100%    | 100%        | 76.38%           | 80.28%    | <b>93.02%</b> | <p><b>Identified Areas of Improvement:</b></p> <ul style="list-style-type: none"> <li>Incomplete consent and eligibility documentation</li> <li>Treatment plan and discharge documentation deficiencies</li> <li>Progress note timeliness and annual training compliance gaps</li> </ul> <p><b>Plan of Improvement Activities:</b></p> <ul style="list-style-type: none"> <li>Implement an internal training schedule to ensure full compliance with annual training.</li> <li>Development of documentation guidelines</li> </ul> |



# Agency Snapshot

## Purpose:

Provide executive oversight of agency-wide compliance with required consent practices.

Method: Reviewed completion status across all divisions for three required consent forms:

- Consent to Services and Rights Acknowledgement
- Authorization to Disclose Consumer Health Information
- Consent to Treatment with Medication

This review assesses compliance with regulatory requirements and verifies adherence to intake and annual renewal standards across the agency.

## Key Findings:

1. Systemic gaps in consent form completion and documentation integrity, including missing required signatures from clients and/or staff, limiting the ability to demonstrate informed consent and regulatory compliance.
2. Reliance on verbal consent practices are inconsistent with documentation standards, creating compliance exposure as verbal authorizations do not meet regulatory requirements for consent or disclosures.
3. Inconsistent application of intake and renewal consent requirements across programs, indicating a need for stronger standardization and oversight of consent processes agency-wide.

## Recommendations:

- Standardize Consent Processes
- Eliminate Reliance on Verbal Consent
- Strengthen Oversight and Monitoring
- Provide Targeted Training

# External Audit Activities

## Medical Record Requests

31 Datavant Audit requests

These medical records are requested as part of a required Medicare Risk Adjustment (MRA) program. Datavant requests records on behalf of the insurance provider and the insurance company will review.

20 Additional Medical Record requests from other Managed Care Organizations.

Various MCO's requested records for MRA purposes or to review claims.

## Pharmacy Audits

20 Optum Pharmacy Audits

All clinics were audited throughout the quarter to validate claims associated with specific prescription medications. All audits are closed out with no errors, no overpayment identified, and no recoupment due.

# External Audit Activities Cont.

## Texas Health And Human Services (HHSC) Intermediate Care Facility (ICF) Applewhite

A surveyor came to the Applewhite location on December 1, 2025, to review a self-reported neglect allegation. A preliminary findings summary was issued on December 3, 2025, and no findings were cited.

## Texas Health & Human Services (HHSC) Early Childhood Intervention

The HHSC completed a full audit of the ECI program in January 2026 and identified significant system-wide noncompliance. The review of more than 100 child records showed widespread documentation problems, including missing or incomplete assessments, non-measurable or outdated outcomes, incorrect or missing notices and consents, inaccurate TKIDS data, incomplete service documentation, and required forms not provided in families' native languages. Overall, the findings point to systemic documentation failures, regulatory noncompliance, and quality-assurance gaps. A corrective Action Plan was submitted on March 16, 2026, which includes staff retraining, improved documentation processes, and quarterly record reviews to address these issues.

## Community Health Choice

On December 2, 2025, Community Health Choice initiated its 2026 Annual Delegation Audit to ensure The Harris Center for Mental Health and IDD meets all contractual and regulatory requirements. The audit focuses on key operational areas such as HR processes, staff training, KPI monitoring, call quality, financial practices, and IT security, and required submission of extensive documentation covering the period since the last assessment. All requested information was submitted as instructed, and the program is now awaiting feedback and final findings from Community Health Choice.

## Harris County Office of County Administration Jail Diversion

The December 5, 2025, the Jail Diversion Grant Monitoring Review found the program to be compliant, with no questioned costs, fraud, or major issues. The audit identified only minor administrative and documentation updates, all of which were low-risk and corrected. Overall, the review confirmed strong internal controls, sound financial management, and effective service delivery, resulting in a low audit-risk profile.

# External Audit Activities Cont.

## Harris County Office of County Administration Follow-Up American Rescue Plan Act Program (ARPA)

On December 9, 2025, the County completed the Q3 monitoring review of the Behavioral Health Response Team. Two invoicing issues were identified and later corrected by The Harris Center. On January 23, 2026, the County confirmed all issues were resolved and the program is fully compliant. The next review begins in February 2026.

## The City Of Houston Housing & Development Department (HCDD)

On December 9, 2025, the City of Houston HCDD, Subrecipient Monitoring Section (SMS), completed a review of the financial and single audit report for fiscal year 2024 submitted by The Harris Center to the Federal Audit Clearinghouse. The report did not include findings related to the grants awarded to The Harris Center that required further follow-up or a corrective action plan. The review is officially closed.

## Texas Health & Human Services (HHSC) LIDDA Compliance Review

HHSC conducted its FY26 Quality Assurance Review of The Harris Center in late January 2026. The review highlighted issues with PDP documentation and Service Coordination monitoring, including missing person-centered details and missing monitoring. An appeal was submitted on February 12, however, the findings were upheld. The following Corrective Actions, QA, GR-CFC, HCS, PASRR and TXHml, were submitted March 24, 2026 related to the findings. On February 11, 2026 HHSC also noted a brief Q1 target shortfall tied to bringing GR respite services in-house, but performance exceeded targets the next quarter. Based on the overall results, HHSC assigned the agency to Intermittent Monitoring.

## The Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)

On January 5, 2026, The Harris Center was notified of an upcoming compliance review. The on-site review for the Adult and Juvenile programs took place from February 24 through February 27, 2026, with an entrance meeting held on February 24 at 10:00 a.m. at the Long Drive location. Reviewers were given access to the EHR, printer, and internet as requested. The review was on hold due to an access-key issue, but it has been corrected and the meeting is scheduled for March 30, 2026.

# External Audit Activities Cont.

## The Office of Inspector General (OIG) – CMBHS Inquiry

On January 26, 2026, the Office of Inspector General requested an audit of CMBHS user attestations for The Harris Center. They found discrepancies between the attestation and the system report, including extra active accounts and some individuals listed without system access. OIG asked for clarification and verification by February 2, 2026. All required documentation and responses were submitted on time, including follow-up clarifications. The review is complete, and we are currently awaiting feedback.

## Texas Health & Human Services (HHSC) Individual Skills and Socialization (ISS)

On January 28, 2026, Texas Health and Human Services conducted an onsite review at the Humble Service Center. The visit was a follow-up for re-licensure and a previous incident review. Inspectors met with leadership, and all required documents were submitted that morning. The center is licensed through February 2028 and currently serves 28 individuals. No state or federal violations were found, and HHSC confirmed the facility meets all licensing requirements with no deficiencies or sanctions.

## Fire Marshall Office – Intermediate Care Facilities (ICF) Pasadena Cottages A & B

The Pasadena Fire Marshal's Office conducted its annual Fire and Life Safety Inspection at Wichita Cottage A and B on February 17, 2026. The facility passed all 25 applicable codes with no violations, and one code was not applicable. All documentation was completed on February 16, 2026, and the next inspection is scheduled for February 3, 2027. Overall, the facility met all fire and life safety requirements.

Thank you.

# **EXHIBIT A-3**

# FY2026 Q2 Audits

Internal Audit Department

David Wayne Fojtik, CPA, CIA, CFE  
April 21, 2026



# FY2026 Q2 Audit Reports

## **Agenda:**

### **Projects to be presented:**

- 1) Budget Department Procedures/Processes and Organizational Budget Control Audit
- 2) Fraudulent Check Activity Audit

### **Project in Progress**

- 1) FY 2026 Grant Contract Billing Review (Follow-up)

# FY2026 Q2 Audit Reports

## Budget Department Procedures/Processes and Organizational Budget Control Audit

**Observation #1** - Internal Audit found the Harris Center Budget Department demonstrates a strong commitment to financial stewardship.

**Observation #2** – The audit identified the Department has solid framework for budgeting, forecasting, and spend oversight.

**Observation #3** – The new Enterprise Resource Planning software is a targeted improvement which will link budget data with financial data and further strengthen financial stewardship across the Center.

# FY2026 Q2 Audit Reports

## Budget Department Procedures/Processes and Organizational Budget Control Audit (Cont'd)

### Management Response (CFO) –

“I have to say that the process that we’ve implemented and sustained is very effective. In addition but not limited to from a monitoring standpoint we have departmental operational reviews/visits throughout the year with the departmental leaders along with the VPs to ensure that they are all staying compliant and consistently in touch with their respective budgets”.

“We’re constantly challenging ourselves to improve. Having said that in recent years we haven’t encountered any challenges or inefficiencies that we haven’t been able to overcome”.

# FY2026 Q2 Audit Reports

## Budget Department Procedures/Processes and Organizational Budget Control Audit (Cont'd)

### Management Response (CFO) –

“Regarding recommendations for improvements, having a new financial system will reduce the amount of manual work required in terms of the development and monitoring of the annual budget process”.

# FY2026 Q2 Audit Reports

## Fraudulent Check Activity - Arc of Harris County

**Finding #1** – A total of three checks, totaling \$58,851.25, issued by the Harris Center were not received by the Arc of Harris County over the period December 2025 and January 2026 due to a fraudulent request to change bank accounts.

**Finding #2** - Although staff followed existing procedures, the controls in place were insufficient.

# FY2026 Q2 Audit Reports

## Fraudulent Check Activity - Arc of Harris County (cont'd)

**Observation #1** – Vendor bank account changes carry inherent risks and require stronger verification processes to defer fraud

**Observation #2** – Reports have been filed with the HPD, FBI, and an insurance claim is in progress

# FY2026 Q2 Audit Reports

## Fraudulent Check Activity - Arc of Harris County (cont'd)

### **Recommendation -**

In the past 2½ years, The Harris Center has experienced two instances of fraudulent vendor-initiated bank account changes. In response, Internal Audit has recommended the implementation of strengthened procedures utilizing multiple layers of defense governing vendor-requested banking modifications. Due to the increasing sophistication of identity-theft methods—enabling unauthorized actors to replicate documents such as W-9 forms, tax identification numbers, and voided checks—enhanced internal controls are necessary to mitigate the risk of future fraud.

# FY2026 Q2 Audit Reports

## Fraudulent Check Activity - Arc of Harris County (cont'd)

### Management Response: (Controller) – (cont'd)

“We acknowledge the findings and conclusions of Internal Audit. Management concurs with Internal Audit’s assessment that vendor bank account changes represent an inherently high-risk activity and agrees that enhanced controls are warranted. Management accepts Internal Audit’s recommendations and has already implemented the following corrective actions:

- A Verbal Verification of Payment Change Request form was developed and implemented to create a formal, standardized process for verifying with vendors that the request for change is valid.
- Established a two-level approval process requiring review and approval by both Purchasing and the Controller (or designee) prior to any bank account changes being entered into the accounting system”.

# FY2026 Q2 Audit Reports

## Fraudulent Check Activity - Arc of Harris County (cont'd)

### Management Response: (Controller) – (cont'd)

- “Implemented post-change monitoring procedures to confirm receipt of initial payments following any bank account update and to promptly investigate and resolve discrepancies.
- Staff were notified and trained accordingly.

We would like to thank Internal Audit for its work on this project. We will continue to work collaboratively with Internal Audit, Information Technology, and Risk Management to ensure the revised controls are effectively designed and operating as intended”.

# FY2026 Q2 Audit Reports

## Closing Comments

# 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:** This report provides a summary of compliance activities for quarter two of Fiscal Year (FY) 2026, including internal audit findings, external audit involvement, and ongoing department responsibilities.

**Presenter:** Demetria Luckett, Compliance Director

### **Explanation of Auditing Format:**

Audits are structured across five core components: Personnel, Operations, Environment, Client Records, and Medical. This categorization facilitates the identification of potential risks and opportunities for improvement across all programs and service lines.

This report covers audits completed between December 1, 2025, and February 28, 2026. It includes a breakdown by division and by review type: Comprehensive, Focus, and Follow-Up. There will be an overview of each audit completed and corrective action, if applicable.

### **Audit Format Refresher:**

- Personnel: Training, licensing, certifications, and adherence to staffing requirements.
- Operations: Internal processes, documentation practices, and regulatory compliance.
- Environment: Safety protocols, emergency preparedness, vehicle compliance, and rights protections.
- Client Records: Documentation accuracy, timeliness, integrity, medical necessity, and clinical recordkeeping.
- Medical: Medication management practices, consents, clinical services, and patient safety standards.

There were a total of five (5) Billing and Coding Focus Reviews completed for the second quarter of FY26. Each billing and coding focus audit consists of two core areas: billing and coding/clinical documentation.

#### **1. Behavioral Health – Substance Use Recovery Services (SURS)**

- a. Compliance conducted a focus review of the Substance Use Recovery Services program (SURS). Only one domain was included in this audit: Coding/Clinical documentation. The score was 94.03%, just below the 95% compliance threshold. Although the threshold was narrowly missed, the team showed strong effort and maintained solid compliance. The three main areas contributing to the deficiency are the lack of consent for treatment, the absence of treatment plans, and delayed documentation of progress notes. These issues pose significant compliance and operational risks. They can lead to regulatory violations, inadequate support for medical necessities, and an increased likelihood of claim denials or recoveries. Additionally, they raise concerns about the integrity of documentation, client rights, and continuity of care, all of which can affect overall service quality and accountability for program effectiveness.

#### **2. Forensic – Youth Diversion Center (YDC)**

- a. Compliance conducted a focus review of the Youth Diversion Center (YDC). The Coding and Clinical Documentation review achieved an overall compliance score of 99.80%, reflecting a high level of accuracy and adherence to medical documentation and coding standards. This outstanding performance highlights the program's strong commitment to quality, regulatory



compliance, and thorough clinical documentation practices. The YDC team is praised for this remarkable achievement. Such a high compliance level demonstrates consistent attention to detail, effective processing, and a clear understanding of coding and documentation requirements.

### 3. Behavioral Health – Child and Adolescent Services (CAS)

- a. Compliance conducted a focus review of the Child and Adolescent Services (CAS) program locations. The audit evaluated two main domains: Billing, which achieved 95.16%, and Coding/Clinical documentation, which achieved 94.67%. The audit's overall compliance score of 94.91% indicates strong performance in meeting Medicaid documentation, coding, and billing requirements. The program demonstrated notable adherence across several areas, especially in the Plan of Care component, which earned a 95.16% score, meeting the established compliance standard. Although this threshold was satisfied, the score suggests a narrow margin for variance and highlights the need for ongoing oversight to maintain compliance. Opportunities for improvement were identified in the completeness of progress notes and incorrect encounter type (90.32%). These elements are essential to ensure that billed services are fully supported and accurately documented. Progress notes should be completed within two (2) business days, as delays could affect billing and claim submission. The modifiers should be appended to claims to avoid denials.

### 4. Medicaid, Procedure Codes, and Fraud, Waste, and Abuse (FWA)

- a. Compliance conducted a focus review of Medicaid procedure codes to assess potential fraud, waste, and abuse across selected programs in all four agency divisions. The audit evaluated two main domains: Billing, which achieved 98.11%, and Coding/Clinical documentation, which achieved 97.92%, resulting in an overall compliance score of 98.01%, indicating strong adherence to Medicaid documentation, coding, and billing requirements. The programs performed well; however, opportunities for improvement were identified in the timely completion of progress notes and accurate reporting of service units. Timely documentation is necessary to ensure the accuracy, completeness, and integrity of the clinical record. Compliance notified the respective program managers of the findings, and they have indicated that corrective actions will be implemented to ensure documentation is completed within two (2) business days. Also, three (3) encounters were identified in which the units billed did not align with the documented time spent on the encounters. Accurate alignment between documented service time and billed units is required to ensure compliance with Medicaid billing guidelines. If units billed exceed the documented time, it may result in improper billing and could lead to payment recoupment if identified during an external review or payer audit. Although these issues were infrequent, they highlight areas of risk that require corrective actions to ensure ongoing compliance and audit readiness.

## **Follow-Up Audit**

### 5. Telehealth Services and Office of Inspector General (OIG) Follow-up Audit

- a. Compliance conducted a focus review of telehealth services, including follow-up on prior Office of Inspector General (OIG) audit recommendations. A total of sixty-three (63) client encounters from the Child and Adolescent Services – Airline program and Adult Mental Health program (all clinics) were reviewed to assess compliance with established telehealth documentation, coding, and billing standards. The review evaluated adherence to approved telehealth platforms, accuracy of time-



based service reporting, and the presence of all required clinical documentation elements. The audit results were analyzed by the domain: The Billing domain achieved a score of 83.69%, while the Coding and Clinical Documentation domain achieved 91.05%. The overall audit score was 87.37%, which is below the agency's compliance threshold of 95%. The low score was mainly due to the number of services for which delivery could not be confirmed via an approved telehealth platform. Of the 63 services reviewed, eighteen (18) encounters could not be verified to show that many billed services were delivered via an approved telehealth platform. Additionally, nine (9) encounters had discrepancies between the documented service time and the duration displayed on the telehealth platform, indicating a misalignment with time-based billing requirements. Another deficiency identified was the lack of a documented plan of care in four (4) encounters, all of which are Evaluation and Management (E/M) services. The absence of a documented plan of care limits the ability to demonstrate medical necessity and continuity of treatment. These findings pose a potential financial risk to the agency, especially in the event of an external review or regulatory audit. For the follow-up, because several OIG corrective actions remain incomplete, the agency continues to face elevated risks, including unsupported services, billing errors, exposure from potential paybacks, and the likelihood of repeated external findings.

Within the four (4) divisions, Compliance completed a total of ten (10) comprehensive, four (4) focus, and five (5) follow-up audits. Comprehensive reviews cover the five components applicable to the program; follow-up reviews cover the component(s) that previously required a plan of improvement; operational reviews cover the physical requirements of a facility; and focus reviews cover specific domains within a program.

### **CPEP Comprehensive Reviews**

#### **1. Chronic Consumer Stabilization Initiative (CCSI)**

- a. Compliance completed a comprehensive audit of the Chronic Consumer Stabilization Initiative (CCSI), with an overall score of 95.71%. The domains that were audited are listed, with operations and medical each scoring 100%. The area of improvements domains consists of personnel with a score of 91.43% due to staff not being current with required annual trainings, and the clinical record which scored 91.42% attributing to service encounter documentation not evidencing the consumer demonstrating progress or lack of progress towards recovery goals, services provided that was not identified as a treatment goal on the plan of care, and plans of care not completed with all required elements. Program management addressed the findings and provided a timeline to meet expectations as part of their corrective action plan.

#### **2. State Hospital Step Down (SHSD)**

- a. Compliance completed a comprehensive audit of the State Hospital Step Down Program, with an overall score of 98.86%. The domains that were audited are listed, with operations and environmental each scoring 100%. The personnel requirement scored 98.23% and the clinical record scored 97.22% which were above the audit threshold score of 95%; however, within these domains, there were elements that fell below the threshold score, which required a plan of improvement. Staff were not current with annual training, scoring 70.83%, and one record that did not have a person-centered plan of care resulting in a score of 88.89%. Program management addressed the findings and provided a timeline to meet expectations as part of their corrective action plan

#### **3. Projects for Assistance in Transition from Homelessness (PATH)**



- a. Compliance completed a comprehensive audit of the Projects for Assistance in Transition from Homelessness (PATH), with an overall score of 98.40%. The audited domains included Operational and Environmental requirements, each scoring 100%. Areas identified for improvement included the Personnel domain, which scored 93.96% due to staff not being current with the required annual training(s). The Clinical Record domain scored 99.65%. However, there were elements within the clinical record that fell below the threshold score of 95%. Those attributing elements were service encounter documentation not reflecting the person's served objectives as stated in the plan of care, while being consistent with the purpose and intent of the service, and service encounter documentation not evidencing how the person served demonstrated progress or lack of progress towards recovery goals. Program management addressed the findings and will provide a timeline to meet expectations as part of their corrective action plan.
- 4. Peers for Hope House**
- a. Compliance completed a Comprehensive audit of the PEERS for Hope House Respite program, with an overall score of 92.16%. The audited domains included Medical and Policy each scoring 100%. Areas of Improvement are Environment/Safety which scored 93.15%, Personnel scored 83.72% due to staff not completing annual trainings and there was no evidence of weekly or monthly supervision being completed. The Clinical Record scored 83.90% due to daily documentation of an individual's progress or lack of progress not being completed, no evidence of Skills training on the creation of wellness and recovery plans, social group activities, educational activities, and recreational activities. not being documented, and evidence of copying and pasting.

### **Follow-Up Audits**

- 5. CPEP-Crisis Residential Unit (CRU) POI Follow-up Audit**
- a. Compliance conducted a follow-up audit of the CRU Program. The program demonstrated improvements in several areas (e.g., conducting a pain assessment during the initial physical health evaluation, oral communication of rights, and annual completion of rights training); however, only the completion of a pain assessment exceeded the threshold score of 95.00%. The deficiencies noted in employee training (i.e., Handle with Care III) and client records (e.g., development of a treatment plan; identifying, linking, and assisting the client with accessing needed services; and developing a discharge plan) during the FY 2025 audit remained. Compliance recommended the program continue the corrective actions from the previous POI and consult with PI to identify additional strategies to resolve these shortcomings.

### **Forensics Comprehensive Reviews**

- 1. Forensic Court and Clinical Interview Unit (FCCIU)**
  - a. Compliance had not previously conducted a comprehensive review of the Forensic Court Clinical Interview Unit (FCCIU) Program. The program demonstrated strong overall performance, achieving an overall compliance score of 88.42%. In the Clinical area, the program scored 94.12%. However, the review identified several compliance issues related to personnel records. Specifically, multiple staff members did not complete the required agency training courses, resulting in a compliance score of 82.72% in this area. Additionally, the program must develop a plan to ensure staff acknowledgment of policies and procedures. This gap was attributed to staff not activating their Policy Stat accounts, which are essential for confirming policy review and compliance.
- 2. Youth Diversion Center (YDC)**



- a. Compliance previously conducted a POI follow-up review of the YDC program. The overall score for the previous review was 68%. The program made significant improvements in the areas of the beginning and end times of progress notes, signed medical consents, and the rights handbook, including the name, telephone number, and mailing address of the Rights Protection Officer. The posted operation permit in the building was issued by the county. The program demonstrated strong overall performance, achieving an overall compliance score of 98.50%. In the medical, environmental, and operations record review category, the program excelled with a perfect score of 100%, reflecting robust operational practices; however, the review identified several compliance issues related to personnel records. Specifically, multiple staff members did not complete the required agency training courses, resulting in a compliance score of 93.00% in this area. In the Clinical record, the treatment plan was not signed by the Legally Authorized Representative, resulting in a score of 99.50%. Additionally, the program must develop a plan to ensure staff acknowledgment of policies and procedures. This gap was attributed to staff not activating their Policy Stat accounts, which are essential for confirming policy review and compliance.

## **Follow-Up Audits**

### **3. Triad POI Follow-up Audit**

- a. Compliance conducted a follow-up review of the Triad program to assess the corrective actions taken to address personnel record elements that previously fell below the agency's 95% compliance threshold score. At the time of the follow-up audit, only five employee records remained active and available for evaluation. During the initial review, the program scored 75.00% for maintaining a current, signed job description for each staff member; 33.00% for the required training, *Identifying the Cause of Aggressive Behaviors*; and 0.00% for the Texas Department of Family and Protective Services (TDFPS) Disclosure of Allegation of Abuse and Neglect History Checks. The finding related to maintaining a current, signed job description for each staff member has been fully resolved. The score improved from 75.00% to 100.00%, and no further corrective action is required. The score for the required training, *Identifying the Cause of Aggressive Behaviors*, improved from 33.00% to 80.00%. The overall score is 90.00%. However, this remains below the agency's 95% compliance threshold score; therefore, a plan of improvement is required for this element. One personnel record requirement remains unresolved. Documentation for the TDFPS Disclosure of Allegation of Abuse and Neglect History Check, required under the interlocal agreement, could not be validated within the agency's personnel records. The program reported that these checks are processed externally through Harris County Resources for Children and Adults (HCRCA), where assigned staff complete the necessary background documentation and receive clearance notifications upon approval. Although the background screenings are conducted by the external partner, the agency did not maintain internal documentation to demonstrate compliance with the required tracking and verification procedures outlined in the interlocal agreement. As a result, compliance with this requirement could not be confirmed at this time. The program is currently working with the internal Human Resources department to establish and implement a process to ensure these specific background checks are appropriately documented and incorporated into agency personnel records.

### **4. Peers Support and Reentry Services POI Follow-up Audit**

- a. Compliance conducted a follow-up review of the Peer Support and Reentry program to assess the corrective action taken to address the Clinical record element that previously fell below the agency's 95% compliance threshold. At the time of the follow-up audit, only thirty consumer records remained active and available for evaluation. During the initial review, the program scored 20.00% for maintaining oral communication of rights documented on a form bearing the date and



signatures of the individual and/or the patient, conservator, or guardian, and staff who explained the rights. This form should be filed in the individual's chart. The finding related to Oral Communication of Rights Follow-Up was inconclusive. The score changed from 20.00% to inconclusive. There is no overall score. The program explained that the Harris Center is not responsible for documenting oral communication of rights at the Jail, and that this task is assigned to Harris Health. The program will relay this finding to Harris Health. Although Oral communication of Rights is conducted by the external partner, the agency did not maintain internal documentation to demonstrate compliance with the Texas Administrative Code. As a result, compliance with this requirement could not be confirmed at this time.

## 5. Transition Services POI Follow-up Audit

- a. Compliance conducted a follow-up audit of the Transition Services Program to evaluate corrective actions for personnel record elements that previously scored below the agency's 95% threshold. At the time of the follow-up audit, only one employee record remained active and available for review. The program previously scored 0% compliance for Co-occurring Psychiatric and Substance Use Disorder (COPSD) training. During the plan of improvement (POI) follow-up audit, documentation confirmed the required training had been completed by the active employee. As a result, this finding has been fully resolved, and the compliance score improved from 0% to 100% for this element. The overall score is 100.00%. One personnel record element remains inconclusive. Documentation for the Texas Department of Family and Protective Services (TDFPS) Disclosure of Allegation of Abuse and Neglect History Check (Interlocal agreement) could not be validated within the agency personnel records. The program reported that abuse and neglect history checks are conducted externally through an interlocal partner, Harris County Resources for Children and Adults (HCRCA), where assigned staff completed required background documentation and provided clearance notification upon approval. Although background screenings are conducted through the external entity, documentation evidencing the agency's tracking and verification (as required by the interlocal agreement) was not maintained in agency records. Compliance with this requirement could not be confirmed at this time. The program is in contact with our internal Human Resources department to implement a process for incorporating these specific background checks into the agency.

## IDD Comprehensive Reviews

### 1. Community First Choice (CFC)

- a. Compliance completed a review of the Community First Choice (CFC) Program for the second quarter of FY 2026 (December 1–February 28, 2026). The program showed strong regulatory adherence with an overall compliance score of 98.77%. Client record documentation scored 96.65%, reflecting generally sound practices with some areas for improvement. Staff training scored 98.46%. The program earned a perfect score of 100% on operational and environmental standards. The findings emphasize the need for strengthened documentation practices, improved training completion, and continued oversight to support full compliance.

### 2. Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/IID)

- a. Compliance conducted a comprehensive review of the ICF/IID Program for the second quarter of FY 2026 (December 1–February 28, 2026). The program achieved an overall compliance score of 94.03%, which falls below the required 95% threshold and therefore a Plan of Improvement (POI) is required. The review identified substantial deficiencies in client record documentation, reflected in a compliance score of 80.00%, indicating the need for strengthened documentation practices. The overall training compliance score of 96.14% met expectations. The program demonstrated exemplary



performance in operational and environmental standards, achieving a 100% compliance score across all four group homes. The program must continue to ensure full compliance with all applicable regulatory standards.

## **Follow-Up Audits**

### **3. IDD -Texas Home Living (TxHmL) Follow-up Audit**

- a. Compliance conducted a follow-up review of the Texas Home Living (TxHmL) Program for the second quarter of FY 2026, covering December 1, 2025, through February 28, 2026, and the program achieved an overall compliance score of 93.00% related to client record documentation. Continued gaps across multiple TAC requirements—specifically §§ 262.103, 262.701, and 331.11—reflect deficiencies stemming from inconsistent internal processes for transferring required records into EPIC and ongoing communication gaps between the LIDDA and providers. These issues, coupled with recurrent findings previously addressed in a POI, indicate that corrective actions were not fully implemented or sustained, resulting in missed provider notification timelines and continued noncompliance. To ensure alignment with regulatory expectations, the Program must continue evaluating its processes, strengthen documentation practices, and complete a new POI.

## **Behavioral Health Comprehensive and Focus Reviews**

### **1. Child and Adolescent Services (CAS) Comprehensive and POI Follow-up Audit**

- a. Compliance conducted comprehensive, POI follow-up, and operational reviews of the CAS program locations. The programs had an overall score of 87.28%--a decrease compared to the FY 2025 audit score of 96.40%. This discrepancy can be partly attributed to the exclusion of New Employee Orientation (NEO) training courses from the current audit and a smaller sample size (20 clients per location during individual location audits during FY 2025, compared to 43 clients across all locations during the current audit). If NEO courses were included in the overall score, the program score would be 88.65%. The program surpassed the minimum threshold score of 95.00% in the operations, medical, and environment components. The program did not surpass the minimum threshold score in the personnel (55.81%) or client records (80.60%) components. All locations demonstrated improvements in many areas included in the previous POIs. While corrective actions resulted in some areas exceeding the threshold score of 95.00% (e.g., completing plans of care within 10 business days of eligibility notification), some did not. The program should continue to review client documentation for compliance with regulatory standards, provide periodic targeted training based on self-monitoring results, and ensure employees remain current on all training courses and policy acknowledgements. Program leadership was advised to continue implementing the previous POI protocols, more frequently monitor the documentation of services, and consult with Performance Improvement (PI) to develop additional strategies to resolve deficiencies noted during this review. Program leadership stated they would collaborate with PI to identify additional methods to resolve deficiencies and consult with Organizational Development concerning revised training courses.

### **2. Substance Use Recovery Services (SURS)**

- a. Compliance conducted a comprehensive review of the SURS Program. The program had an overall score of 91.33%--with findings noted in the personnel (80.28%) and client records (76.38%) portions of the review. The program surpassed the minimum threshold score of 95.00% in the operations,



medical, and environment components. The program did not surpass the minimum threshold score in the personnel or client records components. Compliance noted opportunities for improvement in employee training requirements (i.e., timely completion of assigned training courses) and client records documentation (e.g., entering client progress notes within 48 hours [Harris Center requirement] and 72 hours [HHSC requirement], including all required elements of treatment plans, and ensuring treatment plans are completed within required timeframes). Compliance also noted several client records had not been uploaded into Epic or the Clinical Management for Behavioral Health Services (CMBHS) electronic health records. The program was advised to continue monitoring client documentation for compliance with regulatory standards, provide periodic targeted training based on self-monitoring results, and ensure employees remain current on all training courses and policy acknowledgements. Program leadership was provided with a POI to document actions undertaken to remedy the noted deficiencies. Program leadership stated process changes have been initiated to resolve deficiencies identified with treatment plans (e.g., additional training for LCDCs and requiring treatment plans be completed prior to the provision of services), timeliness of documentation entry (e.g., additional oversight by the program's CTL), and employee training (e.g., development of a comprehensive Excel-based training course monitoring tool).

## **Agency Focus Audit**

### **1. Agency-wide Consent Form**

- a. Compliance conducted a Consent Form focus review across all divisions of the agency to obtain a view of current consent form compliance by reviewing the completion status for three (3) specific consent forms: Consent to Services and Rights Acknowledgement, Authorization to Disclose Consumer Health Information, and Consent to Treatment with Medication. These forms are utilized across all divisions within the Agency. This review was designed to assess the consistency of use across divisions. The overall score for all three consent forms reviewed was 74.31%. The Consent to Services and Rights Acknowledgement scored 55.70%, Authorization to Disclose Consumer Health Information scored 88.09%, and the Consent to Treatment with Medication scored 79.16%. The key findings from this review were the completion of consent forms, which are part of the intake and annual renewal process, and a regulatory requirement. A significant number of consent forms were found to be missing or incomplete, lacking the necessary signatures from the client, the staff member, or both. An unsigned consent form cannot be regarded as sufficient documentation that the required information was presented to, or adequately explained to, the individuals served, and instances of verbal consents were found in some records. Verbal consents are not acceptable; all consents must have wet signatures. Verbal authorization is not adequate for consents or disclosures. The consents reviewed are a critical component of ensuring that clients are fully informed and voluntarily agree to the services being offered and provided. These documents confirm that clients have had their rights clearly explained to them and acknowledge their understanding of the information being provided. Additionally, medication consent information is an essential part of this process, as it verifies that clients have been informed about any prescribed medications, including their purpose, potential risks, benefits, and alternatives. This documentation ensures that clients make informed decisions about their treatment and that all required discussions are completed in alignment with regulatory and ethical standards. To maintain compliance across the agency, programs should stress the importance of completing consent forms completely and accurately. Programs should provide staff with refresher training on completing consent forms accurately and completely. It may also be necessary to retrain staff on what consent forms should be completed and at what point during the intake, renewal, or



update process. Compliance recommends that the Electronic Health Record (EHR) Department formally revisit the current prohibition on verbal consents and evaluate whether limited, clearly defined exceptions should be permitted.

### **Other Compliance Activities**

1. Epic Deficiency Monitoring: Track and communicate ongoing Epic documentation deficiencies to ensure timely resolution.
2. Policy and Procedure Oversight: Facilitate and maintain the agency's policy and procedure process using the Policy Stat platform, which includes approvals, updates, and staff communication (ongoing).
3. Corrective Action Monitoring: Track and follow up on corrective action plans related to audit findings, including timelines and status updates.
4. Complaint and Grievance Review: Support the Rights Office by conducting clinical record reviews related to complaints and grievances.

**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:**

### **External Datavant Medical Record Requests:**

1. Datavant on behalf of Aetna requested records on 12/4/2025 for Medicare Risk Adjustment reporting. The request was for two Aetna members, associated with Outreach ID:64426733. Records were submitted by our Release of Information Coordinator.
2. Datavant on behalf of Wellpoint requested records on 12/4/2025 for Medicare Risk Adjustment reporting. The request was for two Wellpoint members, associated with Outreach ID:63436747. Records were submitted by our Release of Information Coordinator.
3. Datavant on behalf of Devoted Health requested records on 12/4/2025 for Medicare Risk Adjustment reporting. The request was for one Devoted Health member, associated with Outreach ID:59828007. Records were submitted by our Release of Information Coordinator.
4. Datavant on behalf of Ambetter Health requested records on 12/4/2025 for Medicare Risk Adjustment reporting. The request was for three Ambetter Health members, associated with Outreach ID:63007976. Records were submitted by our Release of Information Coordinator.
5. Datavant on behalf of United Healthcare requested records on 12/4/2025 for Medicare Risk Adjustment reporting. The request was for four United Healthcare members, associated with Outreach ID:63590746. Records were submitted by our Release of Information Coordinator.
6. Datavant on behalf of Aetna requested records on 12/16/2025 for Medicare Risk Adjustment reporting. The request was for thirty-three Aetna members, associated with Outreach ID:63692423. Records were submitted by our Release of Information Coordinator.
7. Datavant on behalf of Oscar requested records on 12/17/2025 for Medicare Risk Adjustment reporting. The request was for Three Oscar members, associated with Outreach ID:62182685. Records were submitted by our Release of Information Coordinator.
8. Datavant on behalf of Aetna requested records on 12/22/2025 for Medicare Risk Adjustment reporting. The request was for one Aetna member, associated with Outreach ID:64426733. Records were submitted by our Release of Information Coordinator.
9. Datavant on behalf of Aetna requested records on 12/30/2025 for Medicare Risk Adjustment reporting. The request was for one Aetna member, associated with Outreach ID:64854392. Records were submitted by our Release of Information Coordinator.



10. Datavant on behalf of United Healthcare requested records on 1/9/2026 for Medicare Risk Adjustment reporting. The request was for one United Healthcare member, associated with Outreach ID:63783733. Records were submitted by our Release of Information Coordinator.
11. Datavant on behalf of Ambetter requested records on 1/9/2026 for Medicare Risk Adjustment reporting. The request was for one hundred sixty-four Ambetter members, associated with Outreach ID:64854392. Records were submitted by our Release of Information Coordinator for one member; the other member was not associated with the agency.
12. Datavant on behalf of Blue Cross BlueShield CA requested records on 1/9/2026 for Medicare Risk Adjustment reporting. The request was for two Blue Cross BlueShield members, associated with Request ID:65053385. Records were submitted by our Release of Information Coordinator.
13. Datavant on behalf of Oscar requested records on 1/9/2026 for Medicare Risk Adjustment reporting. The request was for ninety-five Oscar members, associated with Outreach ID:62182685. Records were submitted by our Release of Information Coordinator for one member; the other member was not associated with the agency.
14. Datavant on behalf of Wellpoint requested records on 1/9/2026 for Medicare Risk Adjustment reporting. The request was for one Wellpoint member, associated with Outreach ID:64831104. Records were submitted by our Release of Information Coordinator.
15. Datavant on behalf of Wellpoint requested records on 1/9/2026 for Medicare Risk Adjustment reporting. The request was for one Wellpoint member, associated with Outreach ID:64835354. Records were submitted by our Release of Information Coordinator.
16. Datavant on behalf of United Healthcare requested records on 1/9/2026 for Medicare Risk Adjustment reporting. The request was for four United Healthcare members, associated with Outreach ID:63590746. Records were submitted by our Release of Information Coordinator.
17. Datavant on behalf of Aetna requested records on 1/15/2026 for Medicare Risk Adjustment reporting. The request was for fifteen Aetna members, associated with Outreach ID:65078029. Records were submitted by our Release of Information Coordinator.
18. Datavant on behalf of Oscar requested records on 1/21/2026 for Medicare Risk Adjustment reporting. The request was for sixteen Oscar members, associated with Outreach ID: 64985586. Records were submitted by our Release of Information Coordinator.
19. Datavant on behalf of Superior Health plan requested records on 1/28/2026 for Medicare Risk Adjustment reporting. The request was for two Superior Health plan members, associated with Outreach ID:65773883. Records were submitted by our Release of Information Coordinator.
20. Datavant on behalf of Oscar requested records on 1/30/2026 for Medicare Risk Adjustment reporting. The request was for one Oscar member, associated with Outreach ID: 63414963. Records were submitted by our Release of Information Coordinator.
21. Datavant on behalf of Aetna requested records on 1/30/2026 for Medicare Risk Adjustment reporting. The request was for fifteen Aetna members, associated with Outreach ID:65078029. Records were submitted by our Release of Information Coordinator. (2nd Request)
22. Datavant on behalf of Superior Health plan requested records on 2/2/2026 for Medicare Risk Adjustment reporting. The request was for one Superior Health plan member, associated with Outreach ID:65773883. Records were submitted by our Release of Information Coordinator.
23. Datavant on behalf of Aetna requested records on 2/3/2026 for Medicare Risk Adjustment reporting. The request was for two Aetna members, associated with Outreach ID:65973466. Records were submitted by our Release of Information Coordinator for one member; the other member was not associated with the agency.



24. Datavant on behalf of Aetna requested records on 2/3/2026 for Medicare Risk Adjustment reporting. The request was for three Aetna members, associated with Outreach ID:65978581. Records were submitted by our Release of Information Coordinator.
25. Datavant on behalf of Aetna requested records on 2/3/2026 for Medicare Risk Adjustment reporting. The request was for two Aetna members, associated with Outreach ID:65979375. Records were submitted by our Release of Information Coordinator.
26. Datavant on behalf of Superior Health plan requested records on 2/5/2026 for Medicare Risk Adjustment reporting. The request was for one Superior Health plan member, associated with Outreach ID:66002527. Records were submitted by our Release of Information Coordinator.
27. Datavant on behalf of Ambetter requested records on 2/5/2026 for Medicare Risk Adjustment reporting. The request was for three Ambetter Superior Health plan members, associated with Outreach ID:63571591. Records were submitted by our Release of Information Coordinator.
28. Datavant on behalf of Aetna requested records on 2/24/2026 for Medicare Risk Adjustment reporting. The request was for one Aetna member, associated with Outreach ID:63519067. Records were submitted by our Release of Information Coordinator.
29. Datavant on behalf of Oscar requested records on 2/24/2026 for Medicare Risk Adjustment reporting. The request was for three Oscar members, associated with Outreach ID:64965194. Records were submitted by our Release of Information Coordinator.
30. Datavant on behalf of Oscar requested records on 2/24/2026 for Medicare Risk Adjustment reporting. The request was for one Oscar member, associated with Outreach ID:66251882. Records were submitted by our Release of Information Coordinator.
31. Datavant on behalf of UHC requested records on 2/24/2026 for Medicare Risk Adjustment reporting. The request was for one UHC member, associated with Outreach ID:66434053. Records were submitted by our Release of Information Coordinator.

**Other External Medical Record Requests:**

1. Optum on behalf of United Healthcare requested records on 12/1/2025 for Medicare Risk Adjustment reporting. The request was for one United Healthcare member. Records were submitted by our Release of Information Coordinator.
2. Centauri Health Solutions (on behalf of Molina Healthcare) requested records on 12/03/25 for Risk Adjustment Review and Validation reporting. The request was for one Molina member. Records were submitted by our ROI department.
3. Humana requested records on 12/12/2025 for Medicare Risk Adjustment reporting. The request was for one Humana member. Records were submitted by our Release of Information Coordinator.
4. Blue Cross BlueShield on behalf of Anthem requested records on 12/16/2025 for Medicare Risk Adjustment reporting. The request was for one Aetna member not affiliated with THC. No records were submitted by our Release of Information Coordinator.
5. Community Health Choice requested records on 12/31/2025 for Medicare Risk Adjustment reporting. The request was for twenty members. Records were submitted by our Release of Information Coordinator.
6. Wellpoint on behalf of Anthem requested records on 1/6/2026 for Medicare Risk Adjustment reporting. The request was for two Anthem members. Records were submitted by our Release of Information Coordinator.
7. Blue Cross BlueShield on behalf of Vitrix requested records on 1/6/2026 for Medicare Risk Adjustment reporting. The request was for two Blue Cross BlueShield members. Records were submitted by our Release of Information Coordinator.



8. Advantmed on behalf of Ambetter requested records on 1/8/2026 for Medicare Risk Adjustment reporting. The request was for one Ambetter Superior Health plan member. Records were submitted by our Release of Information Coordinator.
9. Datified on behalf of Ambetter requested records on 1/9/2026 for Medicare Risk Adjustment reporting. The request was for three Ambetter Superior Health plan members. Records were submitted by our Release of Information Coordinator.
10. Aetna requested verification of Chronic Condition on 1/12/2026. The request was for one Aetna member. Per our Release of Information Coordinator, the patient's account is closed, therefore the form cannot be completed. The correspondence was sent to the requestor.
11. Wellpoint on behalf of Anthem requested records on 1/12/2026 for Medicare Risk Adjustment reporting. The request was for one Wellpoint member. Records were submitted by our Release of Information Coordinator.
12. Advantmed on behalf of Ambetter from Superior Healthcare Plan requested records on 1/13/2026 for Medicare Risk Adjustment reporting. The request was for sixty- nine Ambetter members. Records were submitted by our Release of Information Coordinator.
13. Advantmed on behalf of Ambetter from Superior Healthcare Plan requested records on 1/13/2026 for Medicare Risk Adjustment reporting. The request was for twenty-one Ambetter members. Records were submitted by our Release of Information Coordinator.
14. Advantmed on behalf of Ambetter from Louisiana Healthcare Connections requested records on 1/20/2026 for Medicare Risk Adjustment reporting. The request was for three Ambetter members. Records were submitted by our Release of Information Coordinator.
15. Advantmed on behalf of United Healthcare requested records on 2/2/2026 for Medicare Risk Adjustment reporting. The request was for one United Healthcare member. Records were submitted by our Release of Information Coordinator.
16. Humana requested records on 2/4/2026 for Medicare Risk Adjustment reporting. The request was for one Humana member. Records were submitted by our Release of Information Coordinator.
17. EXL on behalf of Texas Children's Health Plan (TCHP) initiated an audit of behavioral health claims submitted by The Harris Center for services delivered to a Medicaid member across multiple dates of service from July 2024 through May 2025 on February 6, 2026. The audit is being conducted by EXL, a third-party audit vendor authorized by TCHP to review claims for compliance with Texas Medicaid laws, regulations, and contractual requirements. As part of this first documentation request, EXL is requiring submission of the entire medical record, staff credentials and certifications, and supervision of documentation for all listed dates of service. These documents must be provided within 30 calendar days and uploaded through the EXL Provider Portal. TCHP notes that Medicaid rules entitle the plan to full and timely access to all records supporting billed services. Records were submitted by our Release of Information Coordinator.
18. EXL on behalf of Texas Children's Health Plan (TCHP) has initiated an audit of claims submitted by The Harris Center for Mental Health and IDD for services provided to one Medicaid member. EXL, a third-party audit vendor contracted by TCHP, is conducting this review to ensure that all claims were billed and paid in accordance with Texas Medicaid requirements and the provider's contractual obligations. As part of this first request for documentation, EXL requires submission of the complete medical record, staff credentials and certifications, and all supervision of documentation for the dates of service listed in the attached Medical Records Transmittal. Providers must supply these materials at no cost and within 30 calendar days, as required under Texas Administrative Code provisions granting TCHP timely and unrestricted access to records relevant to Medicaid payments. TCHP has formally authorized EXL to perform Behavioral Health audits under a valid Business Associate Agreement, affirming compliance with HIPAA requirements



for the use and disclosure of protected health information. All documents should be uploaded through the EXL Provider Portal. Records were submitted by our Release of Information Coordinator.

19. Advantmed on behalf of Ambetter requested records on 2/11/2026 for Medicare Risk Adjustment reporting. The request was for four Ambetter Superior Health plan members, associated with Provider ID:18287853. Records were submitted by our Release of Information Coordinator.
20. Molina requested records on 2/11/2026 for Hedis & Medicare Risk Adjustment reporting. The request was for one Molina member. Records were submitted by our Release of Information Coordinator.

#### **External Pharmacy Audits:**

1. Optum Rx conducted a chart review audit for Southwest Clinic Pharmacy on 11/19/25 to validate claims associated with Invega INJ 410mg and 819mg. The requested documentation was submitted by the pharmacy representative on 12/2/25. Audit results are still pending at this time.
2. Optum Rx conducted a chart review audit for Southwest Clinic Pharmacy on 12/5/25 to validate claims associated with Invega INJ 819mg. The requested documentation was submitted by the pharmacy representative on 12/12/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
3. Optum Rx conducted a chart review audit for Southeast Clinic Pharmacy on 12/12/25 to validate claims associated with Invega INJ 234/1.5. The requested documentation was submitted by the pharmacy representative on 12/19/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
4. Optum Rx conducted a chart review audit for Northwest Clinic Pharmacy on 12/12/25 to validate claims by reviewing and supporting documentation (e.g., prescriptions, dispensing records, and related paperwork) to ensure claims were billed correctly and services rendered as report. The requested documentation was submitted by the pharmacy representative on 1/02/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
5. Optum Rx conducted a chart review audit for Northwest Clinic Pharmacy on 12/15/25 to validate claims associated Hydroxyzine 10mg and Aripiprazole 10mg. The requested documentation was submitted by the pharmacy representative on 12/19/25. Audit results are still pending at this time.
6. Optum Rx conducted a chart review audit for Southwest Clinic Pharmacy on 12/18/25 to validate claims associated with Uzedy INJ 200mg. The requested documentation was submitted by the pharmacy representative on 12/30/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
7. Optum Rx conducted a chart review audit for Northeast Clinic Pharmacy on 12/18/25 to validate claims associated with Abilify INJ 930 mg. The requested documentation was submitted by the pharmacy representative on 12/30/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
8. Optum Rx conducted a chart review audit for Northeast Clinic Pharmacy on 12/19/25 to validate claims associated with Abilify INJ 930 mg. The requested documentation was submitted by the pharmacy representative on 12/30/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
9. Optum Rx conducted a chart review audit for Northeast Clinic Pharmacy on 12/29/25 to validate claims associated with Invega INJ 234/1.5. The requested documentation was submitted by the pharmacy representative on 1/5/26. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
10. Optum Rx conducted a chart review audit for Southwest Clinic Pharmacy on 12/31/25 to validate claims associated with Invega INJ 234/1.5. The requested documentation was submitted by the pharmacy



- representative on 1/5/26. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
11. Optum Rx conducted a chart review audit for Southeast Clinic Pharmacy on 12/31/25 to validate claims associated with Invega Uzedy INJ 200mg. The requested documentation was submitted by the pharmacy representative on 1/5/26. Audit results are still pending at this time.
  12. Optum Rx conducted a chart review audit for Southeast Clinic Pharmacy on 1/8/26 to validate claims associated with Invega INJ 819mg. The requested documentation was submitted by the pharmacy representative on 1/21/26. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
  13. Optum Rx conducted a chart review audit for Southeast Clinic Pharmacy on 1/13/26 to validate claims associated with Uzedy INJ 200mg. The requested documentation was submitted by the pharmacy representative on 1/21/26. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
  14. Optum Rx conducted a chart review audit for Northeast Clinic Pharmacy on 1/13/26 to validate claims associated with Invega TRINZ INJ 410mg. The requested documentation was submitted by the pharmacy representative on 1/21/26. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
  15. Optum Rx conducted a chart review audit for Northwest Clinic Pharmacy on 1/16/26 to validate claims associated with Invega SUST INJ 234/1.5. The requested documentation was submitted by the pharmacy representative on 1/27/26. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
  16. Optum Rx conducted a chart review audit for Southwest Clinic Pharmacy on 1/21/26 to validate claims associated with Invega SUST INJ 156mg/ml. The requested documentation was submitted by the pharmacy representative on 1/28/26. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
  17. Optum Rx conducted a chart review audit for Northwest Clinic Pharmacy on 1/28/26 to validate claims associated with Invega SUST INJ 156mg/ml. The requested documentation was submitted by the pharmacy representative on 1/28/26. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
  18. Optum Rx conducted a chart review audit for Southeast Clinic Pharmacy on 2/6/26 to validate claims associated with Invega SUST INJ 234/1.5. The requested documentation was submitted by the pharmacy representative on 2/20/26. Audit results are still pending at this time.
  19. Optum Rx conducted a chart review audit for Northwest Clinic Pharmacy on 2/18/26 to validate claims associated with Invega TRINZ INJ 410mg. The requested documentation was submitted by the pharmacy representative on 2/27/26. Audit results are still pending at this time.
  20. Optum Rx conducted a chart review audit for Southeast Clinic Pharmacy on 2/20/26 to validate claims associated with Invega SUST INJ 234/1.5. The requested documentation was submitted by the pharmacy representative on 2/25/26. Audit results are still pending at this time.

### External Program Specific Audits

1. A surveyor came to the Applewhite location on December 1, 2025, to review a self-reported neglect allegation. A preliminary findings summary was issued on December 3, 2025, and no findings were cited.
2. **Texas Health & Human Services (HHSC):**  
The HHSC completed a full audit of the ECI program in January 2026 and identified significant system-wide noncompliance. The review of more than 100 child records showed widespread documentation problems, including missing or incomplete assessments, non-measurable or outdated



outcomes, incorrect or missing notices and consents, inaccurate TKIDS data, incomplete service documentation, and required forms not provided in families' native languages. Overall, the findings point to systemic documentation failures, regulatory noncompliance, and quality-assurance gaps. A corrective Action Plan was submitted on March 16, 2026, which includes staff retraining, improved documentation processes, and quarterly record reviews to address these issues.

**3. Community Health Choice:**

On December 2, 2025, Community Health Choice initiated its 2026 Annual Delegation Audit to ensure The Harris Center for Mental Health and IDD meets all contractual and regulatory requirements. The audit focuses on key operational areas such as HR processes, staff training, KPI monitoring, call quality, financial practices, and IT security, and required submission of extensive documentation covering the period since the last assessment. All requested information was submitted as instructed, and the program is now awaiting feedback and final findings from Community Health Choice.

**4. Harris County Office of County Administration:**

The December 5, 2025, the Jail Diversion Grant Monitoring Review found the program to be compliant, with no questioned costs, fraud, or major issues. The audit identified only minor administrative and documentation updates, all of which were low-risk and corrected. Overall, the review confirmed strong internal controls, sound financial management, and effective service delivery, resulting in a low audit-risk profile.

**5. Harris County Office of County Administration Follow-Up American Rescue Plan Act Program (ARPA):**

On December 9, 2025, the County completed the Q3 monitoring review of the Behavioral Health Response Team. Two invoicing issues were identified and later corrected by The Harris Center. On January 23, 2026, the County confirmed all issues were resolved and the program is fully compliant. The next review begins in February 2026.

**6. The City of Houston Housing & Community Development Department (HCDD):**

On December 9, 2025, the City of Houston HCDD, Subrecipient Monitoring Section (SMS), completed a review of the financial and single audit report for fiscal year 2024 submitted by The Harris Center to the Federal Audit Clearinghouse. The report did not include findings related to the grants awarded to The Harris Center that required further follow-up or a corrective action plan. The review is officially closed.

**7. Texas Health & Human Services (HHSC) LIDDA Compliance Review:**

HHSC conducted its FY26 Quality Assurance Review of The Harris Center in late January 2026. The review highlighted issues with PDP documentation and Service Coordination monitoring, including missing person-centered details and missing monitoring. An appeal was submitted on February 12, however, the findings were upheld. The following Corrective Actions, QA, GR-CFC, HCS, PASRR and TXHml, were submitted March 24, 2026 related to the findings. On February 11, 2026 HHSC also noted a brief Q1 target shortfall tied to bringing GR respite services in-house, but performance exceeded targets the next quarter. Based on the overall results, HHSC assigned the agency to Intermittent Monitoring.

**8. The Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI):**

On January 5, 2026, The Harris Center was notified of an upcoming compliance review. The on-site review for the Adult and Juvenile programs took place from February 24 through February 27, 2026, with an



entrance meeting held on February 24 at 10:00 a.m. at the Long Drive location. Reviewers were given access to the EHR, printer, and internet as requested. The review was on hold due to an access-key issue, but it has been corrected and the meeting is scheduled for March 30, 2026.

**9. The Office of Inspector General (OIG):**

On January 26, 2026, the Office of Inspector General requested an audit of CMBHS user attestations for The Harris Center. They found discrepancies between the attestation and the system report, including extra active accounts and some individuals listed without system access. OIG asked for clarification and verification by February 2, 2026. All required documentation and responses were submitted on time, including follow-up clarifications. The review is complete, and we are currently awaiting feedback.

**10. Texas Health & Human Services (HHSC) Humble Service Center:**

On January 28, 2026, Texas Health and Human Services conducted an onsite review at the Humble Service Center. The visit was a follow-up for re-licensure and a previous incident review. Inspectors met with leadership, and all required documents were submitted that morning. The center is licensed through February 2028 and currently serves 28 individuals. No state or federal violations were found, and HHSC confirmed the facility meets all licensing requirements with no deficiencies or sanctions.

**11. Pasadena Fire Marshall Office:**

The Pasadena Fire Marshal's Office conducted its annual Fire and Life Safety Inspection at Wichita Cottage A and B on February 17, 2026. The facility passed all 25 applicable codes with no violations, and one code was not applicable. All documentation was completed on February 16, 2026, and the next inspection is scheduled for February 3, 2027. Overall, the facility met all fire and life safety requirements.



**The Harris Center for Mental Health and IDD  
The Compliance Department  
Executive Summary Cover Sheet  
Substance Use Recovery Services (SURS)  
Coding/Clinical Documentation Audit Review  
Review Dates: February 4, 2026 – February 24, 2026**

**I. Audit Type:**

Focus Review

**II. Purpose:**

This review was conducted to assist Substance Use Recovery Services (SURS) program and Revenue Management division assess Substance Use Recovery Service clinical documentation, coding and billing claim practices for compliance with the 2025 Center for Medicare and Medicaid Services (CMS) Regulations and Guidance, the 2025 Current Procedural Terminology (CPT) guidelines, Clinical Management for Behavioral Health Services (CMBHS), Texas Medicaid Provider Procedures Manual: Vol. 2 December 2025; the Texas Administrative Code (TEX. ADMIN. CODE) Chapter 564 - CHEMICAL DEPENDENCY TREATMENT FACILITIES, HIM.EHR.A.9 Patient/Individual Records Administration; Telemedicine and Telehealth Benefits and Limitations; Documentation of Service Provision 26 TEX. ADMIN. CODE §301.361; *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 first quarter of FY 2026 (September 1, 2025 – November 30, 2025). Compliance reviewed fifty-seven (57) client encounter documentation for the Substance Use Recovery Services. This desk review was conducted using the Compliance Coding & Billing Audit Review Tool. It consisted of two components: medical billing and coding requirements (Operations) and clinical documentation requirements (Client records). However, only clinical documentation and coding tools will be used for this review.

**IV. Audit Findings and History:**

The overall audit score was 94.03%, just below the 95% compliance threshold. Although the threshold was narrowly missed, the team showed strong effort and maintained solid compliance. I would like to commend the program team for their dedication and attention to detail throughout the audit period. The three main areas contributing to the deficiency are the lack of consent for treatment, the absence of treatment plans, and delayed documentation of progress notes. These issues pose significant compliance and operational risks. They can lead to regulatory violations, inadequate support for medical necessities, and an increased likelihood of claim denials or recoveries. Additionally, they raise concerns about the integrity of documentation, client rights, and continuity of care, all of which can affect overall service quality and accountability for program effectiveness.

**V. Recommendations**

It is recommended that the program leadership of the Mental Health Division and the Program Director of Substance Use Recovery Services review the findings and collaborate with the appropriate personnel to ensure that physician and other LCDC services are billed correctly, and that claims are filed and collected in a



**The Harris Center for Mental Health and IDD**

**The Compliance Department**

**Executive Summary Cover Sheet**

**Substance Use Recovery Services (SURS)**

**Coding/Clinical Documentation Audit Review**

**Review Dates: February 4, 2026 – February 24, 2026**

timely and accurate manner in accordance with information in CMBHS, TAC, CPT, CMS guidelines, and Agency P&P. Compliance will review provider documentation and coding over the next 180 days to verify that the program has implemented its plan of improvement (POI) related to documentation integrity, consent, and treatment plan requirements for Mental Health Substance Use Recovery services. Compliance will continue to support the Mental Health Division and the Revenue Management team in documenting services, including the review of clinical documentation by a credentialed professional coder. The program leadership of both the Mental Health Division and the Substance Use Recovery Services program director must return a signed copy acknowledging receipt of this report to Compliance within seven (3) days.



**The Harris Center for Mental Health and IDD**  
**The Compliance Department**  
**Executive Summary Cover Sheet**  
**Youth Diversion Center Coding Review**  
**Review Dates: January 17, 2026 - February 11, 2026**

**I. Audit Type: Focus**

**II. Purpose:**

This focused audit was conducted to assess the Forensic YDC program's compliance with clinical documentation and coding standards, in alignment with internal policies and applicable regulatory requirements. Compliance with the 2025 Center for Medicare and Medicaid Services (CMS) Regulations and Guidance, the 2025 Current Procedural Terminology (CPT) guidelines, Behavioral Health & Case Management Services Handbook - Texas Medicaid Provider Procedures Manual: Vol. 2, December 2025; the Texas Administrative Code (TEX. ADMIN. CODE) Documentation of Service Provision 26 TEX, ADMIN. CODE §301.361, 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 quarter of FY 2025 (September 1, 2025 – November 30, 2025). Compliance reviewed fifty (50) client encounters containing qualified mental health care provider documentation. The sample size mentioned above was obtained on 01/17/2025. This desk review was conducted using the Compliance Coding & Billing Audit Review Tool. It consisted of two components: Medical Billing & Coding requirements (Operations) and Clinical Documentation requirements (Client records).

**IV. Audit Findings/History:**

The YDC Coding and Clinical Documentation Audit achieved an overall compliance score of 99.80%, reflecting a high level of accuracy and adherence to medical documentation and coding standards. This outstanding performance highlights the program strong commitment to quality, regulatory compliance, and thorough clinical documentation practices. The YDC team is praised for this remarkable achievement. Such a high compliance level demonstrates consistent attention to detail, effective processing, and a clear understanding of coding and documentation requirements. Please continue the excellent work and maintain this diligence to ensure ongoing compliance and audit readiness.

**V. Recommendations:**

It is recommended that the Forensic Division's program leadership review the findings and collaborate with appropriate personnel to assess and ensure that physician and other QMHP services are clinically documented, accurate, and aligned with the services provided. Clinical documentation and progress notes should align with TAC, CPT, CMS guidelines, and agency policy and procedure. Compliance will continue to provide essential support to the Division and the Revenue Management team in documenting services, including the review of clinical documentation by a credentialed professional coder. The leadership of the Forensic Division must return a signed copy acknowledging receipt of compliance within (7) business days



The Harris Center for Mental Health and IDD  
 The Compliance Department  
 Executive Summary Cover Sheet  
 Child And Adolescent Services (CAS)  
 Review Date: January 5, 2026, - February 6, 2026

**I. Audit Type:**  
 Focus Review

**II. Purpose:**

This review was conducted to assist Child & Adolescent Services (CAS) program and Revenue Management division assess Medical billing and clinical documentation, coding and billing claim practices for compliance with the 2025 Center for Medicare and Medicaid Services (CMS) Regulations and Guidance, the 2025 Current Procedural Terminology (CPT) guidelines, Behavioral Health & Case Management Services Handbook - Texas Medicaid Provider Procedures Manual: Vol. 2 December 2025; the Texas Administrative Code (TEX. ADMIN. CODE) Child and Adolescent Services 1 TEX. ADMIN. CODE §306; MH Case Management Medicaid Reimbursement 26 TEX. ADMIN. CODE §306.277; Telemedicine and Telehealth Benefits and Limitations; 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.

**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 Quarter of FY 2025 (September 1, 2025 – November 30, 2025). Compliance reviewed sixty-two (62) client encounters containing qualified mental health care provider documentation for Child and Adolescent. The overall score was calculated based on the number of records reviewed within each program, rather than a simple average of the individual program scores. Southwest Child and Adolescent 26 records, Southeast Child and Adolescent 12 records, Co-location Pasadena Child and Adolescent 12 records, and Northeast Child and Adolescent 12 records. Each program contributed to the final score based on its share of the total sample, which consisted of 62 records. The sample size was obtained on 1/2/2026. This desk review was conducted using the Compliance Coding & Billing Audit Review Tool. It included two components: Medical Billing & Coding requirements (Operations) and Clinical Documentation requirements (Client records).

**IV. Audit Findings and History: Overall Score (94.91%)**

The Child and Adolescent Services (CAS) audit achieved an overall compliance score of 94.91%, indicating strong performance in meeting Medicaid documentation, coding, and billing requirements. The audit evaluated two main domains: Billing, which achieved 95.16%, and Coding/Clinical documentation, which achieved 94.67%. The program demonstrated notable adherence across several areas, especially in the Plan of Care component, which earned a 95.16% score, meeting the established compliance standard. Although this threshold was satisfied, the score suggests a narrow margin for variance and highlights the need for ongoing oversight to maintain compliance.

Opportunities for improvement were identified in the completeness of progress notes and incorrect encounter type (90.32%). These elements are essential to ensure that billed services are fully supported and accurately documented. Progress notes should be completed within 2 business days (24-48 hours), as delays could affect billing and claim submission. The modifiers should be appended to claims to avoid denials.

**V. Recommendations**

It is recommended that the program leadership of the Mental Health Division and the Program Director of all the Child and Adolescent Programs review the findings and collaborate with the appropriate personnel to evaluate and ensure that physician and other QMHP services are clinically documented, accurate, and consistent with TAC, CPT, CMS guidelines, and Agency P&P. Compliance will re-assess provider documentation and coding in the next (90-180) days to confirm that the program has implemented its plan of improvement (POI) regarding documentation integrity and service authorization requirements. Compliance will continue to provide vital support to the Mental Health Division and Child and Adolescent program



The Harris Center for Mental Health and IDD  
The Compliance Department  
Executive Summary Cover Sheet  
Child And Adolescent Services (CAS)

Review Date: January 5, 2026, - February 6, 2026

team regarding their documentation of services, including review of clinical documentation by a credentialed professional coder. The program leadership of both the Mental Health Division and the Child and Adolescent program director must return a signed copy acknowledging receipt of this report to Compliance within three (3) days.



**The Harris Center for Mental Health and IDD**  
**The Compliance Department**  
**Executive Summary Cover Sheet**  
**Medicaid Procedure Codes/Fraud, Waste, and Abuse, All Divisions**  
**Focused Billing & Coding Review**  
**Review Dates: February 12, 2026 – February 25, 2026**

- I. Audit Type:  
Focus Audit
- II Purpose:  
This focused review was conducted to evaluate The Harris Center for Mental Health and IDD's compliance with Medicaid procedure coding, clinical documentation standards, billing practices, and Fraud, Waste, and Abuse (FWA) safeguards across all four agency divisions. The assessment examined whether services were accurately documented, appropriately coded, and billed in accordance with: 2025 CMS Regulations and Guidance, 2025 CPT Guidelines, Texas Medicaid Provider Procedures Manual – Behavioral Health & Case Management Services (Vol. 2, Dec. 2025), Texas Administrative Code requirements (TAC §§ 306, 301.361, 355.8085), Telemedicine and Telehealth benefits and limitations, Agency policies and procedures. The review aimed to ensure documentation integrity, correct code selection, accurate unit reporting, and compliance with state and federal requirements.
- III. Audit Method:  
Active records were randomly selected by generating the *Compliance PB Transaction Report* in the EPIC Electronic Health Record (EHR) system for persons served during the 1st Quarter of FY 2026 (September 1, 2025 – November 30, 2025). Compliance reviewed one hundred and six (106) client encounters containing qualified mental health care provider documentation for all four divisions. The above-mentioned sample size was obtained on 2/12/2026. 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 Score (98.01%)  
The audit resulted in an overall compliance score of 98.01%, indicating strong adherence to Medicaid documentation, coding, and billing requirements. Overall, the programs performed well; however, opportunities for improvement were identified in the timely completion of progress notes and accurate reporting of service units. Instances were noted in which the units billed did not match the provider's documented duration of service, raising concerns about compliance, as unit reporting must accurately reflect the actual time and services provided. Although these issues were infrequent, they highlight areas of risk that require corrective actions to ensure ongoing compliance and audit of readiness. Incorrectly reporting service units poses both compliance and financial risks to the agency. Overreporting units can lead to recoupments, repayments, or findings during external reviews, while underreporting results in lost revenue for legitimately provided services that are not fully documented.
- V. Recommendations:  
It is recommended that the program leadership of the Agency Divisions across all the physician and other QMHP services are clinically documented, accurate, and aligned with TAC, CPT, CMS guidelines, and Agency P&P. Compliance will re-evaluate provider documentation and coding must be completed within one hundred and eighty (180) days to ensure the program has implemented its plan of improvement (POI) regarding documentation integrity and service authorization requirements. Compliance will continue to



**The Harris Center for Mental Health and IDD  
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Medicaid Procedure Codes/Fraud, Waste, and Abuse, All Divisions  
Focused Billing & Coding Review  
Review Dates: February 12, 2026 – February 25, 2026**

provide essential support to the Divisions and programs concerning their documentation of services, including review of clinical documentation by a credentialed professional coder. Program leadership of the Divisions and the program directors must return a signed copy of this report acknowledging receipt to Compliance within three (3) days.



**The Harris Center for Mental Health and IDD**  
**The Compliance Department**  
**Executive Summary Cover Sheet**  
**Telehealth/Office of Inspector General Follow-up Audit**  
**Focused Billing & Coding Review**  
**Review Dates: November 5, 2025 – January 31, 2026**

**I. Audit Type:** Focus

**II. Purpose:**

This audit was conducted to review current telehealth practices and assess the progress in implementing prior Office of Inspector General (OIG) recommendations. This focused audit reviewed coding and billing claim practices for compliance with the 2025 Center for Medicare and Medicaid Services (CMS) Regulations and Guidance, the 2025 Current Procedural Terminology (CPT) guidelines, the Behavioral Health & Case Management Services Handbook - Texas Medicaid Provider Procedures Manual: Vol. 2, December 2025; MH Case Management Medicaid Reimbursement 26 TEX. ADMIN. CODE §306.277; Telemedicine and Telehealth Benefits and Limitations; Documentation of Service Provision 26 TEX. ADMIN. CODE §301.361; 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, and Telehealth & Telemedicine Procedures MED.B.6.

**III. Audit Method:**

Active records were randomly selected by generating the Compliance PB Transaction Report in the EPIC Electronic Health Record (EHR) system for individuals served during the 4th quarter of FY 2025 (06/01/2025 - 08/31/2025). Compliance reviewed sixty-three (63) client encounters provided by Qualified Mental Health Professionals (QMHP), licensed physicians, and advanced practice providers. This desk review was conducted using the Compliance Coding & Billing Audit Review Tool. It consisted of two components: Medical Billing & Coding requirements (Operations) and Clinical Documentation requirements (Client records).

**IV. Audit Findings/History:**

This audit assessed compliance with approved telehealth platforms, the accuracy of time-based service reporting, and the presence of all required clinical documentation elements. It covered two domains: Billing and Coding/Clinical Documentation. The billing domain scored 83.69%, while the Coding and Clinical Documentation domain scored 91.05%. The overall score was 87.37%, which falls below the agency's compliance threshold of 95%. The lower score was mainly due to the number of encounters where service delivery could not be verified using a telehealth time-tracking platform. Additionally, nine encounters showed discrepancies between the documented service time and the time displayed on the telehealth platform, indicating noncompliance with time-based billing. One of these encounters would warrant the recoupment of payment. Another deficiency identified was the lack of a documented plan of care in four (4) encounters, all of which are Evaluation and Management (E/M) services. The absence of a documented plan of care limits the ability to demonstrate medical necessity and continuity of treatment. These findings pose a potential financial compliance risk to the agency.

**V. Recommendations:**



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The Compliance Department  
Executive Summary Cover Sheet  
Telehealth/Office of Inspector General Follow-up Audit  
Focused Billing & Coding Review  
Review Dates: November 5, 2025 – January 31, 2026**

It is recommended that program leadership of the Mental Health Division review the findings and collaborate with relevant staff to assess and ensure that services are billed correctly, and that claims are filed and collected promptly and accurately, following the guidelines outlined in TAC, CPT, Medicare, Medicaid, and Agency P&P. Additionally, Compliance will review provider documentation and coding within the next 90-180 days to verify that the program has implemented its plan of improvement (POI) related to documentation integrity. Compliance will also continue to offer essential support to the MH Division Management team in documenting services, including the review of clinical documentation by a credentialed professional coder. Moreover, Compliance suggests reimbursement for encounters where billing did not match the documented service time, as well as for encounters lacking a valid Plan of Care. The program leader of the MH Division must return a signed copy of this report confirming receipt of Compliance within three days.



**The Harris Center for Mental Health and IDD:  
The Compliance Department  
2<sup>nd</sup> Quarter (Qtr.) of Fiscal Year (FY) 2026  
Executive Summary Cover Sheet  
Comprehensive Psychiatric Emergency Program (CPEP) Division  
Chronic Consumer Stabilization Initiative (CCSI)  
Comprehensive Audit  
Review Date: January 9, 2026, to February 2, 2026**

**I. Audit Type:**

Comprehensive Review.

**II. Purpose:**

The purpose of this review was to assess Chronic Consumer Stabilization Initiative (CCSI) Guidelines, Medical Requirements, Personnel Requirements, and Clinical Record Requirements for compliance with the City of Houston Interlocal Agreement Contract and 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 §301.359 *Telemedicine Services*, TEX. ADMIN. CODE 26 §301.351 *Crisis Services*, TEX. ADMIN. CODE 26 §301.329 *Medical Records System*, TEX. ADMIN. CODE 26 §320.25 *Communication of Rights to Individuals Receiving Mental Health Services*, TEX. ADMIN. CODE 26 §320.59 *Documentation of Informed Consent*, and CCSI Operational Guidelines

**III. Audit Method:**

Active records were randomly selected from the Affiliated Harris Center Encounter Data Outpatient Service Detail Auditing report in the Electronic Health Record (EHR) for person's served during the 1st Qtr. of FY 2026 (September 1, 2025, to November 30, 2025), 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:**

Compliance completed a comprehensive audit of the Chronic Consumer Stabilization Initiative (CCSI), with an overall score of 95.71%. The domains that were audited are listed, with operations and medical each scoring 100%. The area of improvements domains consists of personnel with a score of 91.43% due to staff not being current with required annual trainings, and the clinical record which scored 91.42% attributing to service encounter documentation not evidencing the consumer demonstrating progress or lack of progress towards recovery goals, services provided that was not identified as a treatment goal on the plan of care, and plans of care not completed with all required elements. Program management addressed the findings and provided a timeline to meet expectations as part of their corrective action plan.

**V. Recommendations:**

Compliance recommends that the Chronic Consumer Stabilization Initiative (CCSI) program review the findings and continue to assess its processes to ensure all required standards are completed in accordance with TEX. ADMIN. CODE: Staff Member Training, Provider Responsibilities for Treatment Planning and Service Authorization, Documentation of Service Provision, and CCSI Operation. The CCSI program is required to submit a Plan of Improvement (POI) focusing on the elements in Personnel Requirement and the Clinical Record Requirement. The Vice President (VP) of CPEP Division and the Program Manager/Director must sign and return the report with management response along with the POI to Compliance.





The Harris Center for Mental Health and IDD:  
 The Compliance Department  
 2<sup>nd</sup> Quarter (Qtr.) of Fiscal Year (FY) 2026  
 Executive Summary Cover Sheet  
 Comprehensive Psychiatric Emergency Program (CPEP) Division  
 State Hospital Step Down  
 Comprehensive Audit  
 Review Date: February 4, 2026, to February 13, 2026

**I. Audit Type:**

Comprehensive Review.

**II. Purpose:**

The purpose of this review was to assess the State Hospital Step Down program (SHSDP) Operations, Environment, Personnel Guidelines, and Clinical Record for compliance with the Texas Health and Human Services State Hospital Step Down Contract *Attachment H: Supervised Living Group Home Standards (SLGHS) Attachment H §E.b. Developing and Updating Policies, Attachment H §E.b.i. Personnel Practices and Staff Trainings, Attachment H §E.b.vi. Record Maintenance and Confidentiality, Attachment H §E.b.vii. Residential Person-Centered Treatment Plans, Services, and Activities, Attachment H §O.f.v The Resident Rights, Attachment H §O.f.vi. Grievance Procedures and Appeals, Attachment H §R.f Termination of Residency, TEX. ADMIN. CODE 26 §301.361 Documentation of Service Provision, TEX. ADMIN. CODE 26 §306.275 Documenting MH Case Management Services, Step Down Statement of Work (SOW) and Step-Down Operational Guidelines*

**III. Audit Method:**

Active records were randomly selected from the Affiliated Harris Center Encounter Data Inpatient Service Detail Auditing report in the Electronic Health Record (EHR) for person's served during the 1st Qtr. of FY 2026 (September 1, 2025, to November 30, 2025), and the Organizational Development Staff Training Roster Report. Compliance conducted a desk review, sampling ten (10) consumer records and eight (8) personnel records using the STATE Step Down Review Tool. Detailed data for this review is presented below.

**IV. Audit Findings and History:**

Compliance completed a comprehensive audit of the State Hospital Step Down Program, with an overall score of 98.86%. The domains that were audited are listed, with operations and environmental each scoring 100%. The personal requirement scored 98.23% and clinical record scored 97.22% were above the audit threshold score of 95%; however, within these domains there were elements that failed below the threshold score which requires a plan of improvement. Staff were not current with annual trainings scoring 70.83% and one record that did not have a person-centered plan of care resulting in a score of 88.89%. Program management addressed the findings and will provide a timeline to meet expectations as part of their corrective action plan.

**V. Recommendations:**

Compliance recommends that the State Hospital Step Down (SHSD) program review the findings and continue to assess its processes to ensure all required standards are completed in accordance with Texas Health and Human Services Contract Agreement Attachment H Supervised Living Group Home Standards (SLGHS) and TEX Admin Code: Staff Member Training, Provider Responsibilities for Treatment Planning, Documentation of Service Provision, and Documenting MH Case Management Services. The Step-Down program is required to submit a Plan of Improvement (POI) focusing on the elements in Personnel Requirement and the Clinical Record Requirement. The Vice President (VP) of CPEP Division and the Program Manager/Director must sign and return the report with management response along with the POI to Compliance.





**The Harris Center for Mental Health and IDD:  
The Compliance Department  
2<sup>nd</sup> Quarter (Qtr.) of Fiscal Year (FY) 2026  
Executive Summary Cover Sheet  
Comprehensive Psychiatric Emergency Program (CPEP) Division  
Projects for Assistance in Transition from Homelessness  
Comprehensive Audit  
Review Date: February 17, 2026, to February 26, 2026**

**I. Audit Type:**

Comprehensive Review.

**II. Purpose:**

The purpose of this review was to assess the Projects for Assistance in Transition from Homelessness (PATH) program, Operation Requirements, Environmental Requirements, Personnel Requirements, and Clinical Record Requirements for compliance with the Health and Human Services (HHS) Grant Contract, Texas Administrative Code (TEX. ADMIN. CODE) 26 §301.331 *Competency and Credentialing*, TEX. ADMIN. CODE 26 §320.29 *Staff Training in Rights of Individuals Receiving Mental Health Services*, TEX. ADMIN. CODE 26 §301.323 *Environment of Care and Safety*, TEX. ADMIN. CODE 26 §320.113 *Staff Member Training*, TEX. ADMIN. CODE 26 §301.361 *Documentation of Service Provision*, TEX. ADMIN. CODE 26 §306.263 *MH Case Management Services Standards*, TEX. ADMIN. CODE 26 §306.275 *Documenting MH Case Management Services*, *The Harris Center Policy and Procedures: Policy Acknowledgement, and PATH Operational Guidelines*.

**III. Audit Method:**

Active records were randomly selected from the Affiliated Harris Center Encounter Data Outpatient Service Detail Auditing report in the Electronic Health Record (EHR) for person's served during the 1st Qtr. of FY 2026 (September 1, 2025, to November 30, 2025), and the Organizational Development Staff Training Roster Report. Compliance conducted a desk review, sampling ten (10) consumer records and twelve (12) personnel records using a modified version of the PATH Review Tool. Detailed data for this review is presented below.

**IV. Audit Findings and History:**

Compliance completed a comprehensive audit of the Projects for Assistance in Transition from Homelessness (PATH), with an overall score of 98.40%. The audited domains included Operational and Environmental requirements, each scoring 100%. Areas identified for improvement included, the Personnel domain, which scored 93.96% due to staff not being current with required annual training(s). The Clinical Record domain scored 99.65%. However, there were elements within the clinical record that fell below the threshold score of 95%. Those attributing elements were service encounter documentation not reflecting the person's served objectives as stated in the plan of care while being consistent with the purpose and intent of the service, and service encounter documentation not evidencing how the person served demonstrated progress or lack of progress towards recovery goals. Program management addressed the findings and will provide a timeline to meet expectations as part of their corrective action plan.

**V. Recommendations:**

Compliance recommends that the Projects for Assistance in Transition from Homelessness (PATH) program review the findings and continue to assess its processes to ensure all required standards are completed in accordance with the HHS Contract, TEX. ADMIN. CODE, and Agency Policy and Procedures: Staff Member Annual Trainings, Documentation of Service Provision, and Staff Policy Acknowledgements. The PATH program is required to submit a Plan of Improvement (POI) focusing on the elements in Personnel Requirement and the Clinical Record Requirement. The Vice President (VP) of CPEP Division and the Program Manager/Director must sign and return the report with management response along with the POI to Compliance.



The Harris Center for Mental Health and IDD:  
The Compliance Department  
Executive Summary Cover Sheet  
Forensic Court Clinical Interview Comprehensive Review  
Review Date: December 23, 2025, to January 6, 2026

**I. Audit Type:**

Comprehensive Review

**II. Purpose:**

This review was conducted to determine if the Forensic Court Clinical Interview Unit program was compliant with the Texas Administrative Code (*Tex. Admin. Code*) Competency and Credentialing 26 *Tex. Admin. Code* §§ 301.331 (h)(1), (h)(2), (h)(4), 301.331(a)(3)(A)(v), (viii), (x); Documentation of Service Provision 26 *Tex. Admin. Code* § 301.361(a)(3), (a)(4-8), (a)(12-14), 361(b); Medical Records System 26 *Tex. Admin. Code* §301.329 (a)(3)(A-C); Texas Code of Criminal Procedure-CRIM Art. 16.22; Communication of Rights to Individuals Receiving Mental Health Services 26 *Tex. Admin. Code* §§ 320.25(b); Interlocal Agreement; Forensic Court Clinical Interview Unit Program Description; Harris Center policies and procedures HR.B.35 Credentialing, Re-Credentialing Guideline & Procedure and MED.MH.A.1 Suicide/Violence Behavioral Crisis Intervention.

**III. Audit Method:**

A client roster for individuals served during the second quarter (2<sup>nd</sup> Qtr.) of FY 2026 (September 1, 2025–November 30, 2025) was provided by Program Leadership for review. From this roster, twelve (12) clients from the Forensic Court Clinical Interview Unit and ten (10) employees assigned to the unit during the review period were selected for evaluation. The review was conducted using an audit tool developed by the Compliance Department.

**IV. Audit Findings and History:**

Compliance had not previously conducted a comprehensive review of the Forensic Court Clinical Interview Unit (FCCIU) Program. The program demonstrated strong overall performance, achieving an overall compliance score of 88.42%. However, the review identified several compliance issues related to personnel records. Specifically, multiple staff members did not complete the required agency training courses, resulting in a compliance score of 82.72% in this area. Additionally, the program must develop a plan to ensure staff acknowledgment of policies and procedures. This gap was attributed to staff not activating their Policy Stat accounts, which are essential for confirming policy review and compliance.

**V. Recommendations**

The Program should continue to review staff records to ensure compliance with applicable regulatory standards. Regular coordination with Human Resources should be maintained to verify training records and ensure all employees remain current on required training courses. Additionally, internal policies and procedures should be developed and aligned with the requirements outlined in the Texas Administrative Code. A Plan of Improvement (POI) is required to address the deficiencies identified in this report. Compliance will assess the program's progress toward completion of the POI within 90 days. The Vice President of the Forensic Division and the Senior Program Director are required to sign and return both this report and the completed POI to the Compliance department within seven (7) business days.



The Harris Center for Mental Health and IDD:  
 The Compliance Department  
 Executive Summary Cover Sheet  
 Youth Diversion Center (YDC) Comprehensive Review  
 Review Date: January 15, 2026, to February 9, 2026

**I. Audit Type:**

Comprehensive Review

**II. Purpose:**

This review was conducted to determine if the Youth Diversion Center (YDC) program was compliant with the Texas Administrative Code (*Tex. Admin. Code*) Competency and Credentialing 26 *Tex. Admin. Code* §§ 301.331 (h)(1), (h)(2), (h)(4), 301.331(a)(3)(A)(vi), (viii), (x), 301.331(a)(B)(i)(ii); *Information Item V*; Staff Training in Rights of Individuals Receiving Mental Health Services 26 *Tex. Admin. Code* §§ 320.29(1)(3); *Medication Services* 26 *Tex. Admin. Code* § 301.355; *Environment of Care and Safety* 26 *Tex. Admin. Code* § 301.323; *Civil Rights and Discrimination* 42 U.S.C. §1981; *First Aid Kit ANSI 2021*; *Youth Diversion Center Interlocal Agreement*; *Youth Diversion Center Program Description*; Harris Center policies and procedures *HR.B.35 Credentialing, Re-Credentialing Guideline & Procedure* and *MED.MH.A.1 Suicide/Violence Behavioral Crisis Intervention*; *Code of Ethics LD.A.13*.

**III. Audit Method:**

A client roster for individuals served during the 1st quarter of FY 2026 (September 1, 2025 – November 2025) was provided by program leadership for review. Fifteen (15) active records were randomly selected for this review. The program leadership provided a list of seventeen (17) employees assigned to the program during this review period. All seventeen employees (17) were reviewed. The review was conducted using an audit tool developed by the Compliance department.

**IV. Audit Findings and History:**

Compliance previously conducted a POI follow-up review of the YDC program. The overall score for the previous review was 68%. The program made significant improvements in the areas of the beginning and end times of progress notes, signed medical consents, and the rights handbook, including the name, telephone number, and mailing address of the Rights Protection Officer. The posted operation permit in the building was issued by the county. The program demonstrated strong overall performance, achieving an overall compliance score of 98.50%. In the medical, environmental, and operations record review category, the program excelled with a perfect 100% score, reflecting robust operational practices; however, the review identified several compliance issues related to personnel records. Specifically, multiple staff members did not complete the required agency training courses, resulting in a compliance score of 93.00% in this area. In the Clinical record, the treatment plan was not signed by the Legally Authorized Representative, resulting in a score of 99.50%. Additionally, the program must develop a plan to ensure staff acknowledgment of policies and procedures. This gap was attributed to staff not activating their Policy Stat accounts, which are essential for confirming policy review and compliance.

**V. Recommendations**

The Program should continue to review staff records to ensure compliance with applicable regulatory standards. Regular coordination with Human Resources should be maintained to verify training records and ensure all employees remain current on required training courses. Additionally, internal policies and procedures should be developed and aligned with the requirements outlined in the Texas Administrative Code. A Plan of Improvement (POI) is required to address the deficiencies identified in this report. Compliance will assess the program's progress toward completion of the POI within 90 days. The Vice President of the Forensic Division and the Senior Program Director are required to sign and return both this report and the completed POI to the Compliance department within seven (7) business days of February 26, 2026.



**The Harris Center for Mental Health and IDD**  
**The Compliance Department**  
**Executive Summary Cover Sheet**  
**Intellectual and Developmental Disabilities (IDD) Division**  
**Community First Choice (CFC) Comprehensive Review**  
**Review Dates: January 6, 2026-January 27, 2026**

**I. Audit Type:**

Focus Review

**II. Purpose:**

The purpose of this compliance review was to evaluate whether the Community First Choice (CFC) programs operate in accordance with the Texas Administrative Code. The review focused on key provisions, including 26 Tex. Admin. Code §566.7(b)(1), which outlines service delivery requirements such as maintaining individual records, participating in service planning, and documenting progress toward outcomes; §566.9, which sets standards for staff qualifications, training, and responsibilities to ensure safe and effective service delivery; §566.11, which addresses quality assurance by requiring providers to assist individuals in understanding program requirements, maintain communication rights, and protect individuals from harm; and §566.15, which mandates education and reporting procedures related to abuse, neglect, and exploitation, including immediate reporting to DFPS and annual staff training on prevention and reporting protocols.

**III. Audit Method:**

A client roster of individuals served during the first quarter of Fiscal Year (FY) 2026, covering September 1, 2025, through November 30, 2025, was obtained from the Intellectual and Developmental Disabilities CFC program. This audit was conducted during the second quarter of FY2026. A sample of twenty (20) client records were selected for review as part of a comprehensive compliance audit. The review utilized a state-approved audit tool, which was adapted by the Compliance Department to align with internal protocols and regulatory requirements. Each record was assessed for compliance with applicable standards, service documentation, and program guidelines. Additionally, a staff training transcript was provided through the Organizational Development Staff Training Roster Report.

**IV. Audit Findings/History:**

Compliance conducted a comprehensive review of the Community First Choice (CFC) Program for the second quarter of FY 2026, covering the period from December 1, 2025, through February 28, 2025. The program achieved an overall compliance score of 98.77%, demonstrating strong adherence to applicable regulatory requirements. Performance related to client record documentation reflected a score of 96.65%, indicating generally sound documentation practices with opportunities for improvement. Accordingly, the program received a training compliance score of **98.46%**. Overall, these findings highlight the importance of continued oversight and reinforced accountability to compliance expectations, particularly in strengthening client documentation practices and ensuring the timely completion of all mandatory staff training requirements.

**V. Recommendations:**

The Program should continue to evaluate its internal processes and conduct regular reviews of documentation to ensure that all required standards are met in accordance with applicable regulatory requirements. The Vice President (VP) of the IDD Division, in collaboration with Program leadership, is responsible for overseeing this initiative and ensuring that all necessary corrective actions are implemented. In addition, the Program should ensure that all CFC assessments are completed prior to expiration and uploaded into Epic within required timeframes. This action is essential to improving client record compliance, as reflected in the score of 93.03% in this area. The Vice President (VP) of the IDD

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**Community First Choice (CFC) Comprehensive Review**  
**Review Dates: January 6, 2026-January 27, 2026**

Division and the Program Manager/Director must sign and return this report by close of business on January 30, 2025.



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**Executive Summary Cover Sheet**  
**Intellectual and Developmental Disabilities (IDD) Division**  
**Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/IID) Comprehensive Review**  
**Review Dates: January 7, 2026 - February 10, 2025**

**I. Audit Type:**

Comprehensive Review

**II. Purpose:**

This review was conducted to evaluate the extent to which client records comply with the requirements established by the Texas Health and Human Services Commission. The Compliance Department performed this audit to determine if the Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/IID) Program's adherence to the governing provisions of the Texas Administrative Code (TEX. ADMIN. CODE), specifically §§ 419.239, 330.7, 261.236–261.240, and 261.242–261.244. The audit reviewed documentation, program operations, and regulatory duties to confirm that the ICF/IID program meets all required standards and rules.

**III. Audit Method:**

A client roster for individuals served during the first quarter of Fiscal Year (FY) 2026 September 1, 2025, through November 30, 2025, was obtained from the ICF/IID program. The audit was conducted during the second quarter of FY26 (January 7- February 10, 2026). A sample of twenty (20) client records was selected for review as part of a comprehensive compliance assessment. The review utilized a state-approved audit tool that was adapted by the Compliance Department to align with internal protocols and regulatory requirements. Each record was evaluated for adherence to applicable standards, service documentation standards, and program guidelines. Additionally, a staff training transcript was provided through the Organizational Development Staff Training Roster Report.

**IV. Audit Findings/History:**

The program achieved an overall compliance score of 94.03%, which falls below the required 95% threshold; therefore, a Plan of Improvement (POI) is required. Performance related to client record documentation yielded a score of 80.0%, indicating significant opportunities for improvement in meeting documentation standards. The review also identified gaps in staff training compliance, as several staff members did not complete the required agency training modules. As a result, the program achieved a training compliance score of 96.14%, which meets expectations. Despite these deficiencies, the program demonstrated exceptional performance in operational and environmental standards, achieving a 100% compliance score across all four group homes. Overall, the findings underscore the need for continued oversight and strengthened accountability to compliance expectations—particularly in improving client record documentation practices and ensuring the timely completion of all mandatory staff training.

**V. Recommendations:**

The Program should continue evaluating its processes and reviewing documentation to ensure full compliance with all applicable regulatory standards. A POI is required to address the deficiencies identified in this report. Compliance will conduct a POI follow-up review in 90 - 180 days. The Vice President (VP) of the IDD Division and the Program Manager/Director must sign and return this report, along with the completed POI and management response, to Compliance by the close of business on February 12, 2026.

**I. Audit Type:**

Comprehensive/Plan of Improvement Follow-up

**II. Purpose:**

The purpose of this review was to determine if the program was compliant with the Texas Administrative Code (Tex. Admin. Code), the Texas Labor Code, the Texas Health and Safety Code, the Texas Government Code (Tex. Gov't Code), the United States Code (U.S.C.), the Code of Federal Regulations (C.F.R.), the Texas Health and Human Services Commission's (HHSC) Attachment A Scope of Grant Project (SOG) document, HHSC's Performance Contract Notebook (PCN) FY 26-27, and Harris Center policies and procedures; and if the program had successfully implemented processes to rectify the deficiencies noted in the comprehensive review conducted during the 2nd Qtr. FY 2025. An annual Operational Review was also conducted as part of the comprehensive review.

**III. Audit Method:**

Program leadership provided client rosters of persons served during the 1st Qtr. FY 2026 (September 1, 2025-November 30, 2025). A random sample of 43 clients (approximately 10% of the caseload of 20% of the care coordinators) was generated using Excel functions. Employee rosters were also provided by program leadership. A random sample of approximately 20% of CAS employees (total of 28 employees) was selected using Excel functions. An appropriate review tool was developed by Compliance.

**IV. Audit Findings/History:**

The programs had an overall score of 87.28%--a decrease compared to the FY 2025 audit score of 96.40%. This discrepancy can be partly attributed to the exclusion of New Employee Orientation (NEO) training courses from the current audit and a smaller sample size (20 clients per location during individual program audits during FY 2025 compared to 43 clients across all locations during the current audit). If NEO courses were included in the overall score, the program's score would be 88.65%. The program surpassed the minimum threshold score of 95.00% in the operations, medical, and environment components. The program did not surpass the minimum threshold score in the personnel (55.81%) or client records (80.60%) components. All locations demonstrated improvements in many areas included in the previous plans of improvement (POI). While corrective actions resulted in some areas exceeding the threshold score of 95.00% (e.g., completing plans of care within 10 business days of eligibility notification), some did not.

**V. Recommendations:**

The program should continue to review client documentation for compliance with regulatory standards, provide periodic targeted training based on self-monitoring results, and ensure employees remain current on all training courses and policy acknowledgements. Program leadership should continue implementing the previous POI protocols, more frequently monitor the documentation of services, and consult with PI to develop additional strategies to resolve deficiencies noted during this review. **Corrective Actions:** Program leadership stated they would collaborate with Performance Improvement (PI) to identify additional strategies to resolve deficiencies and consult with Organizational Development concerning revised training courses

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The Compliance Department  
Executive Summary Cover Sheet  
Substance Use Recovery Services (SURS) Program  
Review Dates: February 13, 2026-February 24, 2026

I. **Audit Type:**

Comprehensive

II. **Purpose:**

The purpose of this review was to determine if the program was compliant with the Texas Administrative Code (Tex. Admin. Code), the Texas Labor Code, the Texas Health and Safety Code, the Texas Government Code (Tex. Gov't Code), the United States Code (U.S.C.), the Code of Federal Regulations (C.F.R.), the Texas Health and Human Services Commission's (HHSC) Attachment A Scope of Grant Project (SOG) document, HHSC's Performance Contract Notebook (PCN) FY 26-27, and Harris Center policies and procedures. Annual Operational Reviews were also conducted as part of the comprehensive review.

III. **Audit Method:**

Program leadership provided a client roster of persons served during the 2nd Qtr. FY 2026 (December 1, 2025-January 31, 2026). A random sample of 36 clients (approximately 50% of each clinician's caseload during the review period) was generated using Excel functions, ensuring representation across all LCDCs. An employee roster was also provided by program leadership. The clinical team leader (CTL) and 10 licensed chemical dependency counselors (LCDC) were included in the review. An appropriate review tool was developed by Compliance.

IV. **Audit Findings/History:**

The program had an overall score of 91.33%--with findings noted in the personnel (80.28%) and client records (76.38%) portions of the review. The program surpassed the minimum threshold score of 95.00% in the operations, medical, and environment components. The program did not surpass the minimum threshold score in the personnel or client records components. Compliance noted opportunities for improvement in employee training requirements (i.e., timely completion of assigned training courses) and client records documentation (e.g., entering client progress notes within 48 hours [Harris Center requirement and 72 hours [HHSC requirement], including all required elements of treatment plans, and ensuring treatment plans are completed within required timeframes). Compliance also noted several client records had not been uploaded into Epic or the Clinical Management for Behavioral Health Services (CMBHS) electronic health records.

V. **Recommendations:**

The program should continue to review client documentation for compliance with regulatory standards, provide periodic targeted training based on self-monitoring results, and ensure employees remain current on all training courses and policy acknowledgements. Program leadership was provided a Plan of Improvement to document and monitor corrective actions, and should more frequently monitor the documentation of services. **Corrective Actions:** Program leadership stated process changes have been initiated to resolve deficiencies identified with treatment plans (e.g., additional training for LCDCs and requiring treatment plans be completed prior to the provision of services), timeliness of documentation entry (e.g., additional oversight by the program's CTL), and employee training (e.g., a comprehensive Excel-based training course monitoring tool).



**The Harris Center for Mental Health and IDD:  
The Compliance Department  
Executive Summary Cover Sheet  
Triad Youth Plan of Improvement Follow-up Review  
Review Date: February 2, 2025, to February 9, 2026**

**I. Audit Type:**

Follow-Up

**II. Purpose:**

This review was conducted to determine whether the TRIAD Youth program implemented its corrective action steps and met the requirements in the Texas Administrative Code (*Tex. Admin. Code*) Competency and Credentialing 26 *Tex. Admin. Code* § 301.331 (h)(1); *Staff Member Training* 26 *Tex. Admin. Code* § 320.113 (C )(2; *Interlocal Agreement*)

**III. Audit Method:**

A staff roster during the 1st quarter of FY 2026 (September 1, 2025 – November 2025) was provided by program leadership for review. All five (5) program staff were reviewed. The review was conducted using an audit tool developed by the Compliance department.

**IV. Audit Findings and History:**

Compliance conducted a follow-up review of the Triad program to assess the corrective actions taken to address personnel record elements that previously fell below the agency's 95% compliance threshold. At the time of the follow-up audit, only five employee records remained active and available for evaluation.

During the initial review, the program scored 75.00% for maintaining a current, signed job description for each staff member; 33.00% for the required training, *Identifying the Cause of Aggressive Behaviors*; and 0.00% for the Texas Department of Family and Protective Services (TDFPS) Disclosure of Allegation of Abuse and Neglect History Checks.

The finding related to maintaining a current, signed job description for each staff member has been fully resolved. The score improved from 75.00% to 100.00%, and no further corrective action is required. The score for the required training, *Identifying the Cause of Aggressive Behaviors*, improved from 33.00% to 80.00%. However, this remains below the agency's 95% compliance threshold; therefore, a plan of improvement is required for this element.

One personnel record requirement remains unresolved. Documentation for the TDFPS Disclosure of Allegation of Abuse and Neglect History Check, required under the interlocal agreement, could not be validated within the agency's personnel records. The program reported that these checks are processed externally through Harris County Resources for Children and Adults (HCRCA), where assigned staff complete the necessary background documentation and receive clearance notifications upon approval. Although the background screenings are conducted by the external partner, the agency did not maintain internal documentation to demonstrate compliance with the required tracking and verification procedures outlined in the interlocal agreement. As a result, compliance with this requirement could not be confirmed at this time.

The program is currently working with the internal Human Resources department to establish and implement a process to ensure these specific background checks are appropriately documented and incorporated into agency personnel records.

**V. Recommendations**

The Program should continue to review staff records to ensure compliance with applicable regulatory standards. A Plan of Improvement (POI) is required to address the deficiencies identified in this report and collaborate with Performance Improvement to develop processes to address the deficiencies noted in this report. Compliance will assess the program's progress toward completion of the POI within 90 days. In addition, the program must collaborate with Performance Improvement (PI) to strengthen internal processes and enhance operational compliance. The Vice President of the Forensic Division and the Senior Program Director are required to sign and return both this report and the completed POI to the Compliance department within seven (7) business days.



The Harris Center for Mental Health and IDD:

The Compliance Department

Executive Summary Cover Sheet

Peer Support and Reentry Services Plan of Improvement (POI) Follow-up Review

Review Date: February 16, 2026, to February 18, 2026

**I. Audit Type:**

POI Follow-Up

**II. Purpose:**

This review was conducted to determine whether the Peer Supporter and Reentry Services program met the requirements in the Texas Administrative Code (*Tex. Admin. Code*) Communication of Rights to Individuals Receiving Mental Health Services 26 *Tex. Admin. Code* § 320.25 (b).

**III. Audit Method:**

A staff roster during the 1st quarter of FY 2026 (September 1, 2025 – November 2025) was provided by program leadership for review. All two (2) program staff were reviewed. The review was conducted using an audit tool developed by the Compliance department

**IV. Audit Findings and History:**

Compliance conducted a follow-up review of the Peer Support and Reentry program to assess the corrective action taken to address the Clinical record element that previously fell below the agency's 95% compliance threshold. At the time of the follow-up audit, only thirty consumer records remained active and available for evaluation. During the initial review, the program scored 20.00% for maintaining oral communication of rights documented on a form bearing the date and signatures of the individual and/or the patient, conservator, or guardian, and staff who explained the rights. This form should be filed in the individual's chart (26 TEX. ADMIN. CCODE §301.331(h)(1)). The finding related to Oral Communication of Rights Follow-Up was inconclusive. The score changed from 20.00% to inconclusive. The program explained that the Harris Center is not responsible for documenting oral communication of rights at the Jail, and that this task is assigned to Harris Health. The program will relay this finding to Harris Health.

**V. Recommendations**

The Program should continue to review staff records to ensure compliance with applicable regulatory standards. A Plan of Improvement (POI) is required to address the deficiencies identified in this report and collaborate with Performance Improvement to develop processes to address the deficiencies noted in this report. Compliance will assess the program's progress toward completion of the POI within 90-180 days. The Vice President of the Forensic Division and the Senior Program Director are required to sign and return both this report and the completed POI to the Compliance department within seven (7) business days.



The Harris Center for Mental Health and IDD:  
The Compliance Department  
Executive Summary Cover Sheet  
Transition Services Plan of Improvement (POI) Follow-up Review  
Review Date: February 24, 2025, to February 24, 2026

**I. Audit Type:**

POI Follow-Up

**II. Purpose:**

This review was conducted to determine whether the Transition Services program implemented its corrective action steps and met the requirements in the Texas Administrative Code (*Tex. Admin. Code*) Competency and Credentialing 26 *Tex. Admin. Code* § 301.331 (C)(Viii); *Interlocal Agreement*)

**III. Audit Method:**

A staff roster during the 1st quarter of FY 2026 (September 1, 2025 – November 2025) was provided by program leadership for review. All two (2) program staff were reviewed. The review was conducted using an audit tool developed by the Compliance department

**IV. Audit Findings and History:**

Compliance conducted a follow-up audit of the Transition Services Program to evaluate corrective actions for personnel record elements that previously scored below the agency's 95% threshold. At the time of the follow-up audit, only one employee record remained active and available for review.

The program previously scored 0% compliance for Co-occurring Psychiatric and Substance Use Disorder (COPSD) training. During the CAP follow-up audit, documentation confirmed the required training had been completed by the active employee. As a result, this finding has been fully resolved, and the compliance score improved from 0% to 100% for this element.

One personnel record element remains inconclusive. Documentation for the Texas Department of Family and Protective Services (TDFPS) Disclosure of Allegation of Abuse and Neglect History Check (Interlocal agreement) could not be validated within the agency personnel records. The program reported that abuse and neglect history checks are conducted externally through an interlocal partner, Harris County Resources for Children and Adults (HCRCA), where assigned staff completed required background documentation and provided clearance notification upon approval. Although background screenings are conducted through the external entity, documentation evidencing the agency's tracking and verification (as required by the interlocal agreement) was not maintained in agency records. Compliance with this requirement could not be confirmed at this time. The program is in contact with our internal Human Resources department to implement a process for incorporating these specific background checks into the agency. Detailed findings are presented below:

**V. Recommendations**

The Program should continue to review staff records to ensure compliance with applicable regulatory standards. A Plan of Improvement (POI) is required to address the deficiencies identified in this report and to collaborate with Performance Improvement (PI) to strengthen internal processes and enhance operational compliance. Compliance will assess the program's progress toward completion of the POI within 90 to 180 days. The Vice President of the Forensic Division and the Senior Program Director are required to sign and return both this report and the completed POI to the Compliance department within seven (7) business days

The Harris Center for Mental Health and IDD  
The Compliance Department  
Executive Summary Cover Sheet  
**Texas Home Living (TXHML) Follow-up Review**  
Review Dates: February 11, 2026 – February 25, 2026

I. Audit Type:  
**Follow-up Audit**

II. Purpose:

The purpose of this review was to assess whether the TxHmL program successfully implemented the plan of improvement submitted to the compliance department concerning the following Texas Administrative Code (Tex. Admin. Code) rules: Process for Enrollment of Applicants 26 Tex. Admin. Code § 262.103 (t); Process for Individual to Transfer to a Different Program Provider of FMSA 26 Tex. Admin. Code § 262.501 (a); LIDDA Requirements for Providing Service Coordination in the TxHmL Program 26 Tex. Admin. Code §§ 262.701 (f), (h)(3-4), (j)(8), (k), (l), and (m); Definitions 26 Tex. Admin. Code § 331.5 (33)(B-C); Eligibility 26 Tex. Admin. Code § 331.7 (a)(1); LIDDA's Responsibilities 26 Tex. Admin. Code §§ 331.11 (a), (b)(1)(A), (c)(1-2), and (d)(1-2); and Documentation of Service Coordination § 331.21 (a)(3).

III. Audit Method:

A client roster of individuals served during the second quarters (December 1, 2025-February 28, 2026) of Fiscal Year (FY) 2026 was obtained from the Intellectual and Developmental Disabilities Service Coordination (IDD SC) programs under the Texas Home Living (TxHmL) waiver. A total of twenty (20) client records were selected for review as part of a targeted compliance audit. The review was conducted using a state-approved audit tool, which was modified by the Compliance Department to align with internal protocols and regulatory requirements. Each record was evaluated for adherence to applicable standards, service documentation, and programmatic guidelines. Detailed findings and data analysis from this review are presented in the sections below.

IV. Audit Findings/History:

Compliance conducted a followup review of the Texas Home Living (TxHmL) Program for the second quarter of FY 2026, covering the period from December 1, 2025, through February 28, 2026. The program achieved an overall compliance score of 92.5% related to client record documentation. Compared to the previous audit cycle for the applicable TAC requirements, the continued gaps identified during this review demonstrate a need for strengthened oversight and reinforced accountability to established compliance expectations. The root causes of the deficiencies primarily stem from inconsistent internal processes for transferring required records into EPIC, as well as communication gaps between the LIDDA and providers, which are critical regulatory obligations. These issues are reflected in repeated low compliance values across multiple requirements under TAC §§ 262.103, 262.701, and 331.11 during FY26 Q2. Additionally, the recurrence of deficiencies previously addressed in Plan of Improvement (POI) indicates that prior corrective actions were not fully implemented or sustained in daily operations. As a result, notification timelines to providers continue to be missed, contributing to ongoing noncompliance

V. Recommendations:

The Program should continue to assess its processes and review documentation ensuring all required standards are completed in accordance with regulatory standards. The program will need to complete a Plan of Improvement. The compliance department will complete a follow-up audit within 180 days. The Vice President (VP) of IDD Division and the Program Manager/Director must sign and return this report and the completed management response to Compliance by the close of business on March 3, 2026.



**The Harris Center for Mental Health and IDD**  
**The Compliance Department**  
**Executive Summary Cover Sheet**  
**Agency Wide Consent Form Audit**  
**Review Dates: January 5, 2026 – February 20, 2026**

**I. Audit Type:**  
**Focus Audit**

**II. Purpose:**

The purpose of this focused audit was to obtain a view of current consent form compliance across all divisions by reviewing completion status for three (3) specific consent forms; Consent to Services and Rights Acknowledgement, Authorization to Disclose Consumer Health Information and Consent to Treatment with Medication utilized across all division within the Agency. This review was designed to assess consistency of use across divisions.

**III. Audit Method:**

A client roster for persons served during the 1st Qtr. FY 2026 (September 1, 2025 -November 30, 2025) was obtained through the report function of the electronic health record database (i.e., Epic). One hundred forty-nine (149) clients from across all four (4) divisions. Thirty-five (35) from the Child and Adolescent Services (CAS) Programs, seventy-four (74) clients from the Adult Mental Health (AMH) Programs, twenty-five (25) from Intellectual Developmental Disabilities (IDD) programs, ten (10) from the Comprehensive Psychiatric Emergency Programs (CPEP) and five from Forensics program were selected using an Excel formula to generate a random number list. The review used an audit tool developed by Compliance.

**IV. Key Findings/History:**

Compliance has not previously conducted a Focus review of agency wide consent forms for compliance. Individual programs are audited for consent forms as part of the clinical records within comprehensive audits. Key findings are

1. Completing consents forms is a part of the Intake and annual renewal process across the agency and a regulatory requirement.
2. A significant number of consent forms were found to be missing or incomplete as they lacked the necessary signatures from either the client, the staff member, or both.
3. An unsigned consent form cannot be regarded as sufficient documentation that the required information was presented to, or adequately explained to, the individuals served.
4. Instances of verbal consents were found in some records. Verbal consents are not acceptable; all consents must have wet signatures. Verbal authorization is not adequate for consents or disclosures.

**V. Recommendations:**

To maintain compliance across the agency, Programs should stress the importance of completing consent forms completely and accurately. Programs should provide staff with refresher training on how to complete consent forms accurately and completely. It may also be necessary to retrain staff on what consent forms should be completed and at what point during the intake, renewal, or update process.

## Datavant Medical Record Requests



Outreach ID: [Redacted]

Site ID: [Redacted]

### Chart Review Request

|             |                        |               |                   |
|-------------|------------------------|---------------|-------------------|
| To:         | <u>medical records</u> | Date:         | <u>12/3/2025</u>  |
| Fax Number: | <u>[Redacted]</u>      | Phone Number: | <u>[Redacted]</u> |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request.  
 Please call [Redacted] 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:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

- 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

DEC 04 2025

**RECEIVED**

To learn more about one of these NO COST retrieval [Redacted]

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.

[Redacted]



[Redacted]

Dear Physician or Office Administrator:

## Request for medical records

As a Medicare Advantage (MA) organization, we are required to submit risk adjustment data to the Centers for Medicare & Medicaid Services (CMS). We're beginning our annual Medicare risk adjustment data review of medical records to ensure we submit complete risk adjustment data to CMS. We are asking for your help with this data collection. This review is a medical record review and not a claims payment audit.

### **Datavant will contact you regarding data collection**

We're working with Datavant on this initiative. Since Aetna is an MA organization, you do not need patient authorization information releases to provide medical records to us for this review.

We also ask that you provide a full and complete copy of the medical records for Aetna MA plan patients on the enclosed list for dates of service from January 1, 2024, to present.

You can provide the medical records to Datavant by either:

- [Redacted]
  - [Redacted]
  - [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

### **Our agreement with Datavant complies with HIPAA privacy regulations**

Datavant 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 Aetna under HIPAA, Datavant is authorized to conduct this review. Datavant 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.



|                  |            |                           |
|------------------|------------|---------------------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED]                |
|                  | [REDACTED] | [REDACTED]                |
|                  | [REDACTED] | [REDACTED]                |
|                  |            | <b>Charts</b><br><b>2</b> |

| PULL                  | GNA                   | MEMBER/REQUESTER | DOB        | CHART ID   | PROVIDER               | NOTES                                       |
|-----------------------|-----------------------|------------------|------------|------------|------------------------|---|
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2024 - Present |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2024 - Present |





|                  |            |                           |
|------------------|------------|---------------------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED]                |
|                  | [REDACTED] |                           |
|                  | [REDACTED] |                           |
|                  |            | <b>Charts</b><br><b>1</b> |

| PULL CNA                                    | MEMBER/REQUESTER | DOB        | CHART ID   | PROVIDER               | NOTES |
|---|------------------|------------|------------|------------------------|-------|
| <input type="radio"/> <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers |       |

Pull chart detail from 01/01/2024 - Present





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

### Chart Review Request

|                               |                                 |
|-------------------------------|---------------------------------|
| To: <u>unk</u>                | Date: <u>[REDACTED]</u>         |
| Fax Number: <u>[REDACTED]</u> | Phone Number: <u>[REDACTED]</u> |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request. Please call [REDACTED] 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

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

DEC 04 2025

RECEIVED

To learn more about one of these **NO COST** retrieval options, visit [REDACTED]

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.



|                  |            |                           |
|------------------|------------|---------------------------|
| <b>PULL LIST</b> | [REDACTED] | <b>Charts</b><br><b>2</b> |
|                  | [REDACTED] |                           |
|                  | [REDACTED] |                           |

| PULL                  | CNA                   | MEMBER/HEALTH PLAN | DOB        | CHART ID   | PROVIDER               | NOTES  |
|-----------------------|-----------------------|--------------------|------------|------------|------------------------|--|
| <input type="radio"/> | <input type="radio"/> | [REDACTED]         | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2024 - 12/31/2025 |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]         | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2024 - 12/31/2025 |

The Medical Records provided by this office, as requested on December 2025, are true and accurate copies of the records kept in the usual course of business reflecting the medical care provided to patients on the dates indicated in the Medical Records.

Practice Group Administrator/Custodian of Medical Records \_\_\_\_\_ Date \_\_\_\_\_  
 \*Person within the company who is responsible for managing and maintaining records.

[REDACTED SIGNATURE]





Outreach ID: [REDACTED]

Site ID: [REDACTED]

# Chart Review Request

|             |                 |               |            |
|-------------|-----------------|---------------|------------|
| To:         | Medical Records | Date:         | 12/3/2025  |
| Fax Number: | [REDACTED]      | Phone Number: | [REDACTED] |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request.  
Please call [REDACTED] 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:

|   |   |
|---|---|
| <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> | <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> |
|---|---|

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 [REDACTED]

VERIFICATION OF RECEIPT OF FAX:  
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Date: February 2025  
 To: Healthcare Providers and Office Managers  
 From: Devoted Health  
 Re: **Datavant Authorized Retrieval of Records for Risk Adjustment Chart Review**

As part of the Medicare Risk Adjustment Review, Devoted Health will be reviewing medical records for our Medicare Advantage members to examine encounter data submitted and validate ICD-10-CM diagnoses. We hope to identify areas of improvement in the identification and documentation of diagnosis codes. This effort will support our mission to submit accurate and complete data to CMS for our members.

We have partnered with Datavant to assist in the collection of medical records and to perform Medicare Risk Adjustment coding reviews. The agreement between Datavant and Devoted Health requires that only Datavant collect requested medical records. Please do not send this request to other medical record collection services.

We appreciate your cooperation with this medical record review, and we will work with you to minimize disruptions. Please anticipate receiving a call from Datavant to schedule the medical record retrieval.

The items listed below are components requested, if applicable, for all **dates of service from January 1, 2024, to present:**

- Demographic/Face Sheet
- History & Physical
- Consult Notes
- Progress Notes
- Demographic Sheet
- Problem List
- Signature Log

Please be aware that *Devoted Health* has executed a Business Associate Agreement with Datavant. All information shared during this review will be kept in the strictest of confidence in accordance with any applicable State and Federal laws regarding the confidentiality of patient records including current HIPAA requirements.

Should you have any questions regarding this project, please feel free to call the Datavant Health Provider Support center at [REDACTED], Monday through Friday, 7 a.m. to 7 p.m. MST. Thank you in advance for your cooperation with this chart review process.

Sincerely,

[REDACTED]

[REDACTED]

*Devoted Health* has entered into a Business Associate Agreement with Datavant in accordance with the privacy regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This agreement allows Datavant to perform activities involving the use or disclosure of individually identifiable health information on behalf of *Devoted Health*. In addition, it only permits Datavant to use the information as permitted in accordance with Business Associate Agreement. The regulations promulgated under HIPAA are the federal rules that govern the privacy of enrollees protected health information (PHI) and establish requirements for the use and disclosure of PHI by physicians/health care professionals and *Devoted Health* in connection with their "health care operations" activities. HIPAA allows a covered entity to disclose PHI to another covered entity for the healthcare operations of the entity receiving the information, without an enrollee's authorization or consent, under certain circumstances. Under this provision, you are permitted to disclose PHI to Datavant, as Datavant is a business associate of *Devoted Health* and acting on behalf of *Devoted Health*.



|                  |            |                           |
|------------------|------------|---------------------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED]                |
|                  | [REDACTED] |                           |
|                  | [REDACTED] |                           |
|                  |            | <b>Charts</b><br><b>1</b> |

| PULL CNA                                    | MEMBER/REQUESTER | DOB        | CHART ID   | PROVIDER   | NOTES                  |
|---|------------------|------------|------------|------------|------------------------|
| <input type="radio"/> <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | All Treating Providers |

Pull chart detail from 01/01/2024 - 06/09/2025





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

## Chart Review Request

|                               |                                 |
|-------------------------------|---------------------------------|
| To: <u>unk</u>                | Date: <u>12/3/2025</u>          |
| Fax Number: <u>[REDACTED]</u> | Phone Number: <u>[REDACTED]</u> |

**ACTION REQUESTED: Please respond within 15 days of receipt of this request.**

Datavant has been contracted to obtain the medical record information for a select list of members included in the attached pull list. Please review the attached request letter for more information and a list of components required for these records.

**Medical records can be submitted through the following options:**

|            |            |
|------------|------------|
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |

When submitting via Fax or Mail, please notate on the pull list for each record as Pull or CNA (chart not available) by marking the associated circle. If CNA, please provide a reason in the notes section. Please place the pull list with the markings first or on top when sending.

If you want to set up Remote EMR or Onsite Retrieval or have any issues with the Provider Portal, contact Datavant at and please reference your Outreach ID at the top of the page.

We appreciate your efforts to complete this chart review for the requester. Our goal is to make the retrieval process as easy as possible for you. Thank you in advance for your assistance with this important endeavor.

Datavant

[REDACTED]

**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.



October 2025

### Risk Adjustment Request for Medical Records

Dear Administrator:

Risk adjustment is the payment methodology used by the U.S. Department of Health and Human Services (HHS) for our Health Insurance Marketplace members based on the health status of the member. For this reason, Ambetter from Superior HealthPlan is requesting your cooperation by providing access to specific member medical records.

Ambetter has contracted with Datavant to conduct this process.

#### What does this mean to you?

Datavant will schedule an appointment to either scan the medical record in your office or request it be sent to Datavant via fax, mail, or secure electronic transfer. Ambetter's corporate certified coding team will perform all reviews on the medical charts retrieved by Datavant to ensure that our records properly reflect the clinical conditions.

Datavant has signed a Business Associate Agreement with Ambetter stating their compliance and adherence to all Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules and regulations. In addition, all field reviewers scanning charts have signed a HIPAA-compliant confidentiality agreement. Under HIPAA, Covered Entities such as practitioners (providers) and their practices are not required to obtain patient authorization to disclose protected health information (PHI) to another Covered Entity for the purposes of treatment, payment, and healthcare operations, as long as both parties have a relationship with the patient and the PHI pertains to that relationship.

Your cooperation in helping Datavant complete these retrievals is appreciated.

**Please include the following documents for each record identified on the attached member list for all dates of service from January 1, 2025, through December 31, 2025:**

- Patient Demographic Sheet.
- History and physical records, progress notes, and consultations.
- Discharge record, 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.
- Consultation reports.
- Specialist notes.
- Procedure notes/reports.

Ambetter from Superior HealthPlan includes EPO products that are underwritten by Celtic Insurance Company, and HMO products that are underwritten by Superior HealthPlan, Inc. These companies are each Qualified Health Plan issuers in the Texas Health Insurance Marketplace. ©2024 Celtic Insurance Company, ©2024 Superior HealthPlan, Inc.



|                  |            |                           |
|------------------|------------|---------------------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED]                |
|                  | [REDACTED] | [REDACTED]                |
|                  | [REDACTED] | [REDACTED]                |
|                  |            | <b>Charts</b><br><b>3</b> |

| PULL CNA                                    | MEMBER/REQUESTER | DOB        | CHART ID   | PROVIDER               | NOTES  |
|---|------------------|------------|------------|------------------------|--|
| <input type="radio"/> <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | <hr/> Pull chart detail from 01/01/2025 - 12/31/2025 |
| <input type="radio"/> <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | <hr/> Pull chart detail from 01/01/2025 - 12/31/2025 |
| <input type="radio"/> <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | <hr/> Pull chart detail from 01/01/2025 - 12/31/2025 |



[REDACTED]

[REDACTED]

[REDACTED] in



Outreach ID: [REDACTED]

Site ID: [REDACTED]

# Chart Review Request

|             |            |               |            |
|-------------|------------|---------------|------------|
| To:         | unk        | Date:         | 12/3/2025  |
| Fax Number: | [REDACTED] | Phone Number: | [REDACTED] |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request.  
Please call [REDACTED] 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, [REDACTED]

Medical records can be submitted through the following options:

|   |   |
|---|---|
| <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> | <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> |
|---|---|

DEC 04 2025

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 [REDACTED]

**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.



## Medical Record Review – Medicare Risk Adjustment

February 2025

Dear Practice or Facility Administrator:

### Re: Time sensitive request for medical records for Medicare Risk Adjustment Data

UnitedHealthcare is committed to improving the quality of care provided to our members and is required by the Centers for Medicare & Medicaid Services (CMS) to submit complete diagnostic data regarding our members enrolled in certain Medicare-covered health plans. Accordingly, UnitedHealthcare requests your cooperation to facilitate a medical record review of 2024 dates of service for a certain number of your patients enrolled in such plans.

We have engaged Optum and Datavant to conduct the medical chart review. A Datavant representative will work with you to provide retrieval options and a list of the requested members' medical records for services rendered from **January 1, 2024 to December 31, 2024**.

**Notes should include member name, date of visit, and provider signature with credentials.**

**Please include all of the following medical record documentation available for this chart review:**

- 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

**Only if there are no encounter notes for the member**, please indicate CNA (Chart Not Available) by the Chart ID along with comments explaining why the chart is not available.

**If also available include:**

- Health Maintenance Form
- Demographics Sheet (include documentation for name changes, DOB discrepancies)
- Signature Log (complete and return if progress notes contain handwritten signatures or credentials of provider are not contained in patient information being sent)

**Note:** Pursuant to CMS requirements, providers' signatures and qualifications are required to validate each medical record.

To limit the administrative burden on your office from other requests for our members' medical records, we may use the records received through this request for other reasons, such as compiling information for Healthcare Effectiveness Data & Information Set® (HEDIS) measures and assisting in CMS risk adjustment data validation audits.

Thank you in advance for your assistance. If you have any questions related to the scheduling of this review please contact [REDACTED] between 7:00 am – 8:00 pm CST, Monday through Friday, or at [REDACTED]

Sincerely,

[REDACTED]



|                  |            |   |                           |
|------------------|------------|---|---------------------------|
| <b>PULL LIST</b> | [REDACTED] | 3 | <b>Charts</b><br><b>4</b> |
|                  | [REDACTED] |   |                           |
|                  | [REDACTED] |   |                           |

| PULL                  | CNA                   | MEMBER/HEALTH PLAN | DOB        | CHART ID   | PROVIDER               | NOTES  |
|-----------------------|-----------------------|--------------------|------------|------------|------------------------|--|
| <input type="radio"/> | <input type="radio"/> | [REDACTED]         | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2024 - 12/31/2024 |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]         | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2024 - 12/31/2024 |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]         | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2024 - 12/31/2024 |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]         | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2024 - 12/31/2024 |

The Medical Records provided by this office, as requested on December 2025, are true and accurate copies of the records kept in the usual course of business reflecting the medical care provided to patients on the dates indicated in the Medical Records.

Practice Group Administrator/Custodian of Medical Records

Date

\*Person within the company who is responsible for managing and maintaining records.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]





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

## Chart Review Request

|                               |                                 |
|-------------------------------|---------------------------------|
| To: <u>Medical Records</u>    | Date: <u>12/16/2025</u>         |
| Fax Number: <u>[REDACTED]</u> | Phone Number: <u>[REDACTED]</u> |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request.  
Please call [REDACTED] om 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 [REDACTED]

Medical records can be submitted through the following options:

1. Provider Portal

2. Onsite Chart Retrieval

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)

DEC 16 2025

**VERIFICATION OF RECEIPT OF FAX:**

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**RECEIVED**

151 Farmington Avenue  
Hartford, CT 06156



Robin Collins  
Assistant Vice President, Revenue Integrity Operations and Compliance  
October 20, 2025

Dear Physician or Office Administrator:

As a commercial health plan, we're required to submit risk adjustment data on our Aetna members to the U.S. Department of Health and Human Services (HHS). This is part of our annual risk adjustment data collection of medical records.

To comply with the federal government's request for data, we're requesting medical records for your Aetna patients. These records will only be used for annual risk adjustment submissions to the U.S. Department of Health and Human Services. (HHS). These records will be kept for ten (10) years, after which time they will be destroyed.

We've contracted with Datavant to collect medical records on our behalf. In the next few weeks, they'll contact your office to collect medical records for patients enrolled in one of our commercial health plans, either on or off the exchange. Once they've contacted you, we ask that you respond promptly.

To prepare for this collection, see the details on the next page. This page includes the information Datavant will collect along with how to contact Datavant if needed. It also tells you how you can send records. We ask that you provide a full and complete copy of the medical records for patients on the enclosed list for dates of service from January 1, 2025 to present.

Under federal law, patient consent is not needed in order to provide medical and behavioral health records to Datavant. Due to the purpose for which the records will be provided, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits you to provide medical records to Datavant, who is a "business associate" of Aetna under HIPAA.

Specifically, the HIPAA Privacy Rule expressly permits the disclosure of protected health information without patient consent where the purpose of such disclosure is for purposes of risk adjustment. 45 CFR § 164.501. Please note that, while HHS does require us to provide records related to certain behavioral health conditions, Datavant will not be requesting, and you should not provide psychotherapy notes.

The HHS risk adjustment program includes records related to certain substance abuse conditions. You may also provide Datavant records concerning substance abuse and alcohol misuse arising from a federally assisted program under 42 C.F.R. Part 2. Like HIPAA, the "Part 2" regulations permit disclosure without consent for purposes of "audit and evaluation activities" such as risk adjustment. 42 CFR § 2.53.

Sincerely,

[Redacted signature block]



|                  |            |                            |
|------------------|------------|----------------------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED]                 |
|                  | [REDACTED] | [REDACTED]                 |
|                  | [REDACTED] | [REDACTED]                 |
|                  |            | <b>Charts</b><br><b>33</b> |

| PULL | CNA | MEMBER/REQUESTER | DOB | CHART ID | PROVIDER | NOTES |
|------|-----|------------------|-----|----------|----------|-------|
|------|-----|------------------|-----|----------|----------|-------|

|   |   |            |            |            |            |            |
|---|---|------------|------------|------------|------------|------------|
| Ⓟ | Ⓟ | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ | Ⓟ | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ | Ⓟ | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ | Ⓟ | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ | Ⓟ | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ | Ⓟ | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ | Ⓟ | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ | Ⓟ | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ | Ⓟ | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ | Ⓟ | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ | Ⓟ | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ | Ⓟ | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

[REDACTED]

[REDACTED]



|                  |              |            |                            |
|------------------|--------------|------------|----------------------------|
| <b>PULL LIST</b> | [REDACTED] 3 | [REDACTED] | <b>Charts</b><br><b>33</b> |
|                  | [REDACTED]   | [REDACTED] |                            |
|                  | [REDACTED]   | [REDACTED] |                            |

| PULL                             | CNA                              | MEMBER/REQUESTER | DOB          | CHART ID   | PROVIDER               | NOTES   |
|----------------------------------|----------------------------------|------------------|--------------|------------|------------------------|---|
| <input type="radio"/>            | <input type="radio"/>            | [REDACTED]       | [REDACTED]   | [REDACTED] | All Treating Providers | [REDACTED]<br>Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/>            | <input type="radio"/>            | [REDACTED]       | [REDACTED]   | [REDACTED] | All Treating Providers | [REDACTED]<br>Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/>            | <input type="radio"/>            | [REDACTED]       | [REDACTED]   | [REDACTED] | All Treating Providers | [REDACTED]<br>Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/>            | <input type="radio"/>            | [REDACTED]       | [REDACTED] 2 | [REDACTED] | All Treating Providers | [REDACTED]<br>Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/>            | <input type="radio"/>            | [REDACTED]       | [REDACTED]   | [REDACTED] | All Treating Providers | [REDACTED]<br>Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/>            | <input type="radio"/>            | [REDACTED]       | [REDACTED]   | [REDACTED] | All Treating Providers | [REDACTED]<br>Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/>            | <input type="radio"/>            | [REDACTED]       | [REDACTED]   | [REDACTED] | All Treating Providers | [REDACTED]<br>Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/>            | <input type="radio"/>            | [REDACTED]       | [REDACTED]   | [REDACTED] | [REDACTED]             | [REDACTED]  |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED]   | [REDACTED] | [REDACTED]             | [REDACTED]  |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED]   | [REDACTED] | [REDACTED]             | [REDACTED]  |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED]   | [REDACTED] | [REDACTED]             | [REDACTED]  |



Formerly named Ciox Health

|                  |            |            |        |
|------------------|------------|------------|--------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED] | Charts |
|                  | [REDACTED] | [REDACTED] | 33     |
|                  | [REDACTED] | [REDACTED] |        |

| PULL | CNA | MEMBER/REQUESTER | DOB        | CHART ID   | PROVIDER   | NOTES      |
|------|-----|------------------|------------|------------|------------|------------|
| ○    | ○   | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ    | Ⓟ   | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ    | Ⓟ   | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ    | Ⓟ   | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ    | Ⓟ   | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ    | Ⓟ   | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ    | Ⓟ   | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ    | Ⓟ   | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ    | Ⓟ   | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ    | Ⓟ   | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ    | Ⓟ   | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ    | Ⓟ   | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Ⓟ    | Ⓟ   | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

|                  |            |            |                            |
|------------------|------------|------------|----------------------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED] | <b>Charts</b><br><b>33</b> |
|                  | [REDACTED] |            |                            |
|                  | [REDACTED] |            |                            |





|            |                     |
|------------|---------------------|
| [REDACTED] | Site ID: [REDACTED] |
|------------|---------------------|

# Chart Review Request

|                    |                                     |
|--------------------|-------------------------------------|
| To: <u>UNKNOWN</u> | Date: <u>1/8/2026</u>               |
| Fax Number: _____  | Phone Number: <u>(713) 970-4555</u> |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request.

[REDACTED]

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:**

[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 [REDACTED]

**5. Mail:**

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

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 [REDACTED]

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.



August 2025

Time-Sensitive Request  
Respond within 48 hours

Subject: Affordable Care Act Calendar Year (CY) 2025 Chart Review

Dear Administrator,

You are receiving this letter because Blue Shield of California ("Blue Shield") wants to continue working with you to deliver quality care to our members. To validate proper treatment for our members' conditions and receive proper risk adjustment payment from Health and Human Services (HHS) for members associated with the Affordable Care Act (both on and off the exchange), all providers must appropriately evaluate and correctly document chronic conditions. Providers must also submit proper hierarchical chronic conditions (HCC) or diagnosis codes.

What does this mean to you? Blue Shield is requesting your assistance in collecting and providing the medical records for all dates of services between January 1, 2025, through December 31, 2025, for the selected Blue Shield members. Blue Shield has contracted with Datavant to assist with collecting the documentation requested by the Centers for Medicare and Medicaid Services (CMS). Datavant has entered into a Business Associate Agreement with Blue Shield and is bound by applicable federal and state privacy and confidentiality requirements.

There are several methods for you to provide records. If your office supports electronic health records, you can coordinate with Datavant to schedule remote downloads. If your office does not support electronic health records, you can use one of the methods listed on the attached Patient List page.

Please respond to Datavant within 48 hours of receipt of the requested Patient List and coordinate the date and time for retrieval.

If a vendor is managing the release of patient information on your behalf, please advise your vendor to forward the information to Blue Shield as a non-billable event. Make sure your vendor understands that you permit Blue Shield and Datavant to inspect, review, and acquire copies of records at no charge.

If you do not send the requested patient information promptly or if you send an invoice for payment, you will be contacted by a Blue Shield Provider Advocate to facilitate the release of medical records.

Please direct all communications to Blue Shield regarding this letter to Vanessa Pascual by telephone at [REDACTED], or by email at [REDACTED]. We greatly appreciate the care you provide to our members and thank you, in advance, for your cooperation and for the efforts of your staff in facilitating this review process.

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[blueshieldca.com](http://blueshieldca.com)



|                  |                                   |                           |
|------------------|-----------------------------------|---------------------------|
| <b>PULL LIST</b> | [REDACTED]                        | <b>Charts</b><br><b>2</b> |
|                  | 5901 LONG DR<br>HOUSTON, TX 77087 |                           |

| PULL                  | CNA                   | MEMBER/HEALTH PLAN | DOB        | CHART ID   | PROVIDER               | NOTES  |
|-----------------------|-----------------------|--------------------|------------|------------|------------------------|--|
| <input type="radio"/> | <input type="radio"/> | [REDACTED]         | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - 12/31/2025 |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]         | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - 12/31/2025 |

The Medical Records provided by this office, as requested on January 2026, are true and accurate copies of the records kept in the usual course of business reflecting the medical care provided to patients on the dates indicated in the Medical Records. If attestations are required for these Medical Records by the HHS standards for RADV audits under the Affordable Care Act, this office will employ best efforts to timely provide attestations by the treating practitioner.

\_\_\_\_\_  
Practice Group Administrator/Custodian of Medical Records Date  
\*Person within the company who is responsible for managing and maintaining records.

[REDACTED SIGNATURE]





|            |                     |
|------------|---------------------|
| [REDACTED] | Site ID: [REDACTED] |
|------------|---------------------|

## Chart Review Request

|             |         |               |                |
|-------------|---------|---------------|----------------|
| To:         | UNKNOWN | Date:         | 1/8/2026       |
| Fax Number: |         | Phone Number: | (713) 970-4555 |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request.

[REDACTED]

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:**

[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 [REDACTED]

**5. Mail:**

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

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 [REDACTED]

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.



August 2025

Time-Sensitive Request  
Respond within 48 hours

Subject: Affordable Care Act Calendar Year (CY) 2025 Chart Review

Dear Administrator,

You are receiving this letter because Blue Shield of California ("Blue Shield") wants to continue working with you to deliver quality care to our members. To validate proper treatment for our members' conditions and receive proper risk adjustment payment from Health and Human Services (HHS) for members associated with the Affordable Care Act (both on and off the exchange), all providers must appropriately evaluate and correctly document chronic conditions. Providers must also submit proper hierarchical chronic conditions (HCC) or diagnosis codes.

What does this mean to you? Blue Shield is requesting your assistance in collecting and providing the medical records for all dates of services between January 1, 2025, through December 31, 2025, for the selected Blue Shield members. Blue Shield has contracted with Datavant to assist with collecting the documentation requested by the Centers for Medicare and Medicaid Services (CMS). Datavant has entered into a Business Associate Agreement with Blue Shield and is bound by applicable federal and state privacy and confidentiality requirements.

There are several methods for you to provide records. If your office supports electronic health records, you can coordinate with Datavant to schedule remote downloads. If your office does not support electronic health records, you can use one of the methods listed on the attached Patient List page.

Please respond to Datavant within 48 hours of receipt of the requested Patient List and coordinate the date and time for retrieval.

If a vendor is managing the release of patient information on your behalf, please advise your vendor to forward the information to Blue Shield as a non-billable event. Make sure your vendor understands that you permit Blue Shield and Datavant to inspect, review, and acquire copies of records at no charge.

If you do not send the requested patient information promptly or if you send an invoice for payment, you will be contacted by a Blue Shield Provider Advocate to facilitate the release of medical records.

Please direct all communications to Blue Shield regarding this letter to Vanessa Pascual by telephone at [REDACTED], or by email at [REDACTED]. We greatly appreciate the care you provide to our members and thank you, in advance, for your cooperation and for the efforts of your staff in facilitating this review process.

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[blueshieldca.com](http://blueshieldca.com)



August 2025

|  |
|--|
| <p>Time-Sensitive Request<br/>Respond within <u>48</u> hours</p> |
|--|

Subject: Affordable Care Act Calendar Year (CY) 2025 Chart Review

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Please direct all communications to Blue Shield regarding this letter to Vanessa Pascual by telephone at (562) 364-1937, or by email at [ACAsupport@blueshieldca.com](mailto:ACAsupport@blueshieldca.com). We greatly appreciate the care you provide to our members and thank you, in advance, for your cooperation and for the efforts of your staff in facilitating this review process.

Sincerely,

Noemi Bravo  
Manager, Data Validation  
Blue Shield of California

[blueshieldca.com](http://blueshieldca.com)



|                  |                                   |                           |
|------------------|-----------------------------------|---------------------------|
| <b>PULL LIST</b> | [REDACTED]                        | <b>Charts</b><br><b>2</b> |
|                  | 5901 LONG DR<br>HOUSTON, TX 77087 |                           |

| PULL                  | CNA                   | MEMBER/HEALTH PLAN | DOB        | CHART ID   | PROVIDER               | NOTES  |
|-----------------------|-----------------------|--------------------|------------|------------|------------------------|--|
| <input type="radio"/> | <input type="radio"/> | [REDACTED]         | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - 12/31/2025 |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]         | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - 12/31/2025 |

The Medical Records provided by this office, as requested on January 2026, are true and accurate copies of the records kept in the usual course of business reflecting the medical care provided to patients on the dates indicated in the Medical Records. If attestations are required for these Medical Records by the HHS standards for RADV audits under the Affordable Care Act, this office will employ best efforts to timely provide attestations by the treating practitioner.

\_\_\_\_\_  
Practice Group Administrator/Custodian of Medical Records Date  
\*Person within the company who is responsible for managing and maintaining records.

[REDACTED SIGNATURE]





Have questions?  
 Contact Datavant Provider Support  
 1-877-445-9293

Datavant  
 2222 W. Dunlap Ave  
 Phoenix, AZ 85021

To Whom It May Concern:

Documentation requirements state that the medical record for each patient visit should include the date and legible identity of the provider including the signature and credential. As part of the chart review process the health plan had requested that you provide a copy of a signature log as noted below.

We have included a template for you to complete prior to beginning the chart review process. The example below provides an area to list all providers who document in your patient's medical records. This includes physicians, physicians' assistants and nurse practitioners.

- **NPI:** Print the provider's National Provider Identifier.
- **Provider Full Name:** Print the provider's name (MD, DO, NP and PA only).
- **Credential:** Print the provider's credential.
- **Legal Signature:** The provider should sign their legal signature. (full name including credential).
- **Actual Chart Signature Variations:** Sign all possible ways that the provider would normally sign the medical record, including full signature, initials, first initial last name, etc.

**A Datavant representative will review your signature log prior to executing the chart review to ensure compliance.**

It is recommended that you retain this document with your policies and procedure and update it annually or during new staff orientation.

Sample:  
 Group Name ABC Medical Group State TX

| NPI        | Provider Full Name | Credential | Legal Signature | Actual Chart Signature Variations |
|------------|--------------------|------------|-----------------|-----------------------------------|
| 1234567890 | John Doe           | D.O.       | John Doe, DO    | JohnDoeDO                         |
|            |                    |            |                 | JDoeDO                            |
|            |                    |            |                 | JDDO                              |
|            |                    |            |                 |                                   |



|                      |                |                   |              |
|----------------------|----------------|-------------------|--------------|
| <b>SIGNATURE LOG</b> | Site ID: _____ | Group Name: _____ | State: _____ |
|----------------------|----------------|-------------------|--------------|

The Medical Records provided by this office, as requested on January 2026, are true and accurate copies of the records kept in the usual course of business reflecting the medical care provided to patients on the dates indicated in the Medical Records. If attestations are required for these Medical Records by the HHS standards for RADV audits under the Affordable Care Act, this office will employ best efforts to timely provide attestations by the treating practitioner.

Practice Group Administrator/Custodian of Medical Records\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Person within the company who is responsible for managing and maintaining records.

Below is a log of signatures used by clinicians in the Medical Records.

| NPI | Provider Full Name (Printed Name) | Credential | Legal Signature (Full/ Long Signature) | Actual Chart Signature Variations |
|-----|-----------------------------------|------------|--|-----------------------------------|
|     |                                   |            |  |                                   |
|     |                                   |            |  |                                   |
|     |                                   |            |  |                                   |
|     |                                   |            |  |                                   |

1. Enter "Group Name", "State", and "Site ID".
2. Print your National Provider Identifier (NPI).
3. Print your name and credential (MD, DO, NP, and PA only).
4. Sign all variations of your signature that might be used to sign a medical record.



\*SL65053385\*

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: C65053385  
 Password: 9ab7@faB  
 Alternatively, fax to 1-972-957-2143 Questions? Email us at [chartreview@datavant.com](mailto:chartreview@datavant.com)



Outreach ID: [REDACTED]

Site ID: [REDACTED]

# Chart Review Request

|             |                        |               |                   |
|-------------|------------------------|---------------|-------------------|
| To:         | <u>Medical Records</u> | Date:         | <u>1/8/2026</u>   |
| Fax Number: | <u>[REDACTED]</u>      | Phone Number: | <u>[REDACTED]</u> |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request.  
Please call [REDACTED] 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 [REDACTED]

Medical records can be submitted through the following options:

|   |   |
|---|---|
| <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> | <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> |
|---|---|

- 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 [REDACTED]

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.



Dear Medical Records Department,

Oscar has partnered with Datavant to facilitate the retrieval of medical records for our members, as part of a Risk Adjustment program. We appreciate your cooperation with this medical record retrieval, which is necessary for compliance with the Centers for Medicare and Medicaid Services (CMS).

Risk Adjustment is a payment methodology used by CMS. Oscar performs ongoing chart reviews to ensure complete documentation of our member's health conditions for submission to CMS and to improve the coordination of their care.

We'll strive to minimize any disruptions in patient care activities. We have executed a Business Associate Agreement with Datavant all information shared during this process will be kept in the strictest of confidence, in accordance with all applicable State and Federal laws regarding the confidentiality of patient records, including HIPAA requirements. We are not requesting confidential psychotherapy notes.

Below is a list of components requested, if applicable, for dates of service from 1/1/2025 - present.

We would appreciate your cooperation with this chart retrieval, which is necessary for compliance with CMS. Records must include patient name, birthdate, and be signed with provider credentials (i.e. MD, DO, etc.) Below is a list of components requested, if applicable:

- Demographic/Face Sheet
- History & Physical
- Consult Notes
- Progress Notes
- Office Notes
- Operative Reports/Procedure Notes
- Signature Log
- 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)
- Chemo/Radiation Reports and Encounters

If you have any questions regarding this project, please call the Datavant Provider Support Center at [REDACTED] Thank you in advance for your cooperation.

[REDACTED]

[REDACTED]

**Confidentiality:** We have entered into a Business Associate Agreement ("BAA") with Datavant in accordance with the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder (collectively "HIPAA"). The BAA allows Datavant to perform activities involving the use or disclosure of protected health information ("PHI") on our behalf. HIPAA allows a covered entity to disclose PHI to another covered entity for the health care operations of the entity receiving the information, without a member's authorization or consent, under certain circumstances. We believe that HIPAA permits you to disclose PHI to Datavant, our Business Associate, for risk adjustment purposes.



|                  |            |            |                                |
|------------------|------------|------------|--------------------------------|
| <b>PULL LIST</b> | [Redacted] | [Redacted] | <b>Charts</b><br><br><b>95</b> |
|                  | [Redacted] | [Redacted] |                                |
|                  | [Redacted] | [Redacted] |                                |

| PULL CNA | MEMBER/REQUESTER | DOB | CHART ID | PROVIDER | NOTES |
|----------|------------------|-----|----------|----------|-------|
|----------|------------------|-----|----------|----------|-------|

|                                  |                                  |            |            |            |            |
|----------------------------------|----------------------------------|------------|------------|------------|------------|
| <input type="radio"/>            | <input type="radio"/>            | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted]                       | [Redacted]                       | [Redacted] | [Redacted] | [Redacted] | [Redacted] |



|                  |            |                            |
|------------------|------------|----------------------------|
| <b>PULL LIST</b> | [REDACTED] | <b>Charts</b><br><b>95</b> |
|                  | [REDACTED] |                            |
|                  | [REDACTED] |                            |

| PULL                  | CNA                   | MEMBER/REQUESTER | DOB        | CHART ID   | PROVIDER               | NOTES                                       |
|-----------------------|-----------------------|------------------|------------|------------|------------------------|---|
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |



|                  |            |            |                            |
|------------------|------------|------------|----------------------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED] | <b>Charts</b><br><b>95</b> |
|                  | [REDACTED] | [REDACTED] |                            |
|                  | [REDACTED] | [REDACTED] |                            |

| PULL                  | CNA                   | MEMBER/REQUESTER | DOB        | CHART ID   | PROVIDER               | NOTES                                       |
|-----------------------|-----------------------|------------------|------------|------------|------------------------|---|
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |
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| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |







|                  |            |            |                            |
|------------------|------------|------------|----------------------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED] | <b>Charts</b><br><b>95</b> |
|                  | [REDACTED] | [REDACTED] |                            |
|                  | [REDACTED] | [REDACTED] |                            |

| PULL                             | CNA                              | MEMBER/REQUESTER | DOB        | CHART ID   | PROVIDER   | NOTES      |
|----------------------------------|----------------------------------|------------------|------------|------------|------------|------------|
| <input type="radio"/>            | <input type="radio"/>            | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

[REDACTED] [REDACTED]



|                  |            |            |                            |
|------------------|------------|------------|----------------------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED] | <b>Charts</b><br><b>95</b> |
|                  | [REDACTED] | [REDACTED] |                            |
|                  | [REDACTED] | [REDACTED] |                            |

| PULL                             | CNA                              | MEMBER/REQUESTER | DOB        | CHART ID   | PROVIDER   | NOTES      |
|----------------------------------|----------------------------------|------------------|------------|------------|------------|------------|
| <input type="radio"/>            | <input type="radio"/>            | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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[REDACTED]

[REDACTED]



|                  |            |            |                            |
|------------------|------------|------------|----------------------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED] | <b>Charts</b><br><b>95</b> |
|                  | [REDACTED] | [REDACTED] |                            |
|                  | [REDACTED] | [REDACTED] |                            |

| PULL                             | CNA                              | MEMBER/REQUESTER | DOB        | CHART ID   | PROVIDER   | NOTES      |
|----------------------------------|----------------------------------|------------------|------------|------------|------------|------------|
| <input type="radio"/>            | <input type="radio"/>            | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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[REDACTED]

[REDACTED]



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|------------------|------------|------------|----------------------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED] | <b>Charts</b><br><b>95</b> |
|                  | [REDACTED] | [REDACTED] |                            |
|                  | [REDACTED] | [REDACTED] |                            |

| PULL                             | CNA                              | MEMBER/REQUESTER | DOB        | CHART ID   | PROVIDER   | NOTES      |
|----------------------------------|----------------------------------|------------------|------------|------------|------------|------------|
| <input type="radio"/>            | <input type="radio"/>            | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

[REDACTED] [REDACTED]

|                  |            |                            |
|------------------|------------|----------------------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED]                 |
|                  | [REDACTED] | [REDACTED]                 |
|                  | [REDACTED] | [REDACTED]                 |
|                  |            | <b>Charts</b><br><b>95</b> |

| PULL                             | CNA                              | MEMBER/REQUESTER | DOB        | CHART ID   | PROVIDER   | NOTES      |
|----------------------------------|----------------------------------|------------------|------------|------------|------------|------------|
| <input type="radio"/>            | <input type="radio"/>            | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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## Health Plan Medical Records Request

Outreach ID: [REDACTED]

Your immediate response is required for the attached outstanding request for your patient's Medical Records

---

Please submit the requested records using one of the following methods:

**Preferred Method:**

- Secure Provider Portal: [REDACTED]

**Additional Options:**

- [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

For questions, assistance, or to schedule complimentary on-site retrieval by a Retrieval Specialist, contact us at [REDACTED]  
[REDACTED]

**We value your partnership and appreciate your prompt attention to this time-sensitive matter**

---

*Confidentiality Notice: Information contained in this fax is intended only for the use of the addressed recipient. It may contain confidential or privileged information. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the contents in this fax is strictly prohibited. Please notify the sender immediately and destroy all copies of this fax.*

DEC 22 2025

RECEIVED



Robin Collins  
Executive Director, Healthcare Quality

Dear Physician or Office Administrator:

## Request for medical records

As a Medicare Advantage (MA) organization, we are required to submit risk adjustment data to the Centers for Medicare & Medicaid Services (CMS). We're beginning our annual Medicare risk adjustment data review of medical records to ensure we submit complete risk adjustment data to CMS. We are asking for your help with this data collection. This review is a medical record review and not a claims payment audit.

### Datavant will contact you regarding data collection

We're working with Datavant on this initiative. Since Aetna is an MA organization, you do not need patient authorization information releases to provide medical records to us for this review.

We also ask that you provide a full and complete copy of the medical records for Aetna MA plan patients on the enclosed list for dates of service from January 1, 2024, to present.

You can provide the medical records to Datavant by either:

- [Redacted]
- [Redacted]
- [Redacted]

to:

[Redacted]

### Our agreement with Datavant complies with HIPAA privacy regulations

Datavant 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 Aetna under HIPAA, Datavant is authorized to conduct this review. Datavant 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.



|                  |            |            |                           |
|------------------|------------|------------|---------------------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED] | <b>Charts</b><br><b>1</b> |
|                  | [REDACTED] | [REDACTED] |                           |
|                  | [REDACTED] | 74         |                           |

| PULL                  | CNA                   | MEMBER/REQUESTER | DOB        | CHART ID   | PROVIDER               | NOTES      |
|-----------------------|-----------------------|------------------|------------|------------|------------------------|------------|
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | [REDACTED] |

Pull chart detail from 01/01/2024 - Present





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

# Chart Review Request

|                                   |                                     |
|-----------------------------------|-------------------------------------|
| To: <u>MEDICAL RECORDS</u>        | Date: <u>1/8/2026</u>               |
| Fax Number: <u>(713) 970-3817</u> | Phone Number: <u>(713) 970-7326</u> |

**ACTION REQUESTED: Please respond within 15 days of receipt of this request.**

Datavant has been contracted to obtain the medical record information for a select list of members included in the attached pull list. Please review the attached request letter for more information and a list of components required for these records.

**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:

[REDACTED]

**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:**

[REDACTED]

**2. REMOTE EMR Retrieval:**

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

**5. MAIL:**

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

[REDACTED]

When submitting via Fax or Mail, please notate on the pull list for each record as Pull or CNA (chart not available) by marking the associated circle. If CNA, please provide a reason in the notes section. Please place the pull list with the markings first or on top when sending.

If you want to set up Remote EMR or Onsite Retrieval or have any issues with the Provider Portal, contact Datavant at and please reference your Outreach ID at the top of the page.

We appreciate your efforts to complete this chart review for the requester. Our goal is to make the retrieval process as easy as possible for you. Thank you in advance for your assistance with this important endeavor.

Datavant

JAN 09 2026

[REDACTED]

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.



October 2025

### Risk Adjustment Request for Medical Records

Dear Administrator:

Risk adjustment is the payment methodology used by the U.S. Department of Health and Human Services (HHS) for our Health Insurance Marketplace members based on the health status of the member. For this reason, Ambetter from Superior HealthPlan is requesting your cooperation by providing access to specific member medical records.

Ambetter has contracted with Datavant to conduct this process.

#### What does this mean to you?

Davant will schedule an appointment to either scan the medical record in your office or request it be sent to Davant via fax, mail, or secure electronic transfer. Ambetter's corporate certified coding team will perform all reviews on the medical charts retrieved by Davant to ensure that our records properly reflect the clinical conditions.

Davant has signed a Business Associate Agreement with Ambetter stating their compliance and adherence to all Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules and regulations. In addition, all field reviewers scanning charts have signed a HIPAA-compliant confidentiality agreement. Under HIPAA, Covered Entities such as practitioners (providers) and their practices are not required to obtain patient authorization to disclose protected health information (PHI) to another Covered Entity for the purposes of treatment, payment, and healthcare operations, as long as both parties have a relationship with the patient and the PHI pertains to that relationship.

Your cooperation in helping Davant complete these retrievals is appreciated.

**Please include the following documents for each record identified on the attached member list for all dates of service from January 1, 2025, through December 31, 2025:**

- Patient Demographic Sheet.
- History and physical records, progress notes, and consultations.
- Discharge record, 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.
- Consultation reports.
- Specialist notes.
- Procedure notes/reports.

Ambetter from Superior HealthPlan includes EPO products that are underwritten by Celtic Insurance Company, and HMO products that are underwritten by Superior HealthPlan, Inc. These companies are each Qualified Health Plan issuers in the Texas Health Insurance Marketplace. ©2024 Celtic Insurance Company, ©2024 Superior HealthPlan, Inc.































|                  |            |            |
|------------------|------------|------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED] |
|                  | [REDACTED] |            |
|                  | [REDACTED] |            |

**Charts**  
**164**

| PULL                  | CNA                   | MEMBER/REQUESTER | DOB        | CHART ID   | PROVIDER   | NOTES      |
|-----------------------|-----------------------|------------------|------------|------------|------------|------------|
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |



[REDACTED]

[REDACTED]

[REDACTED]



|            |            |
|------------|------------|
| [REDACTED] | [REDACTED] |
|------------|------------|

# Chart Review Request

|                               |                                 |
|-------------------------------|---------------------------------|
| To: <u>Medical Records</u>    | Date: <u>1/8/2026</u>           |
| Fax Number: <u>[REDACTED]</u> | Phone Number: <u>[REDACTED]</u> |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request. Please call [REDACTED] or email [REDACTED] 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 [REDACTED]

Medical records can be submitted through the following options:

**1. Provider Portal:**

[REDACTED]

**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 [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 [REDACTED]

**4. Fax:**

[REDACTED]

**5. Mail:**

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

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

JAN 09 2026

To learn more about one of these **NO COST** retrieval options, visit [REDACTED]

**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.



## Medical Record Review – ACA Risk Adjustment – 2025 Dates of Service

August 2025

Dear Practice or Facility Administrator:

### Re: Time sensitive request for medical records for Affordable Care Act (ACA) Risk Adjustment Data

UnitedHealthcare is committed to improving the quality of care provided to our members and is required by the Department of Health & Human Services (HHS) to submit complete diagnostic data regarding our members enrolled in certain ACA-covered health plans. Accordingly, UnitedHealthcare requests your cooperation to facilitate a medical record review of 2025 dates of service for a certain number of your patients enrolled in such plans.

We have engaged Optum and Datavant to conduct the medical chart review. A Datavant representative will work with you to provide retrieval options and a list of the requested members' medical records for services rendered from **January 1, 2025 to December 31, 2025**.

**Notes should include member name, date of visit, and provider signature with credentials.**

**Please include all of the following medical record documentation available for this chart review:**

- Progress Notes
- History and Physical
- Consult/Specialist Notes or Letters
- Operative Notes
- Procedure Notes/Reports
- Physical, Speech, and/or Occupational Therapist Reports
- Emergency Department Records
- Discharge Summary

**Only if there are no encounter notes for the member**, please indicate CNA (Chart Not Available) by the Chart ID along with comments explaining why the chart is not available.

**If also available include:**

- Health Maintenance Form
- Demographics Sheet (include documentation for name changes, DOB discrepancies)
- Signature Log (complete and return if progress notes contain handwritten signatures or credentials of provider are not contained in patient information being sent)

**Note:** Pursuant to HHS requirements, providers' signatures and qualifications are required to validate each medical record.

To limit the administrative burden on your office from other requests for our members' medical records, we may use the records received through this request for other reasons, such as compiling information for Healthcare Effectiveness Data & Information Set® (HEDIS) measures and assisting in CMS risk adjustment data validation audits.

Thank you in advance for your assistance. If you have any questions related to the scheduling of this review, please contact [REDACTED] between 7:00 am – 8:00 pm CST, Monday through Friday, or at [REDACTED].

Sincerely,

[REDACTED]



|                  |            |            |                           |
|------------------|------------|------------|---------------------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED] | <b>Charts</b><br><b>1</b> |
|                  | [REDACTED] | [REDACTED] |                           |
|                  | [REDACTED] | [REDACTED] |                           |

| PULL                  | CNA                   | MEMBER/HEALTH PLAN | DOB        | CHART ID   | PROVIDER               | NOTES      |
|-----------------------|-----------------------|--------------------|------------|------------|------------------------|------------|
| <input type="radio"/> | <input type="radio"/> | [REDACTED]         | [REDACTED] | [REDACTED] | All Treating Providers | [REDACTED] |

The Medical Records provided by this office, as requested on January 2026, are true and accurate copies of the records kept in the usual course of business reflecting the medical care provided to patients on the dates indicated in the Medical Records.

Practice Group Administrator/Custodian of Medical Records

Date

\*Person within the company who is responsible for managing and maintaining records.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]





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

# Chart Review Request

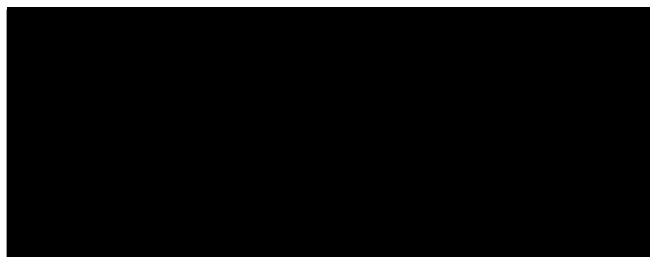
|                                   |                                 |
|-----------------------------------|---------------------------------|
| <b>To:</b> <u>MEDICAL RECORDS</u> | <b>Date:</b> <u>12/30/2025</u>  |
| <b>Fax Number:</b> [REDACTED]     | <b>Phone Number:</b> [REDACTED] |

**ACTION REQUESTED: Please respond within 15 days of receipt of this request.**

Datavant has been contracted to obtain the medical record information for a select list of members included in the attached pull list. Please review the attached request letter for more information and a list of components required for these records.

**Medical records can be submitted through the following options:**

**1. PROVIDER PORTAL:**



**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:**



**2. REMOTE EMR Retrieval:**

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

**5. MAIL:**

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



When submitting via Fax or Mail, please notate on the pull list for each record as Pull or CNA (chart not available) by marking the associated circle. If CNA, please provide a reason in the notes section. Please place the pull list with the markings first or on top when sending.

If you want to set up Remote EMR or Onsite Retrieval or have any issues with the Provider Portal, contact Datavant at [REDACTED] and please reference your Outreach ID at the top of the page.

We appreciate your efforts to complete this chart review for the requester. Our goal is to make the retrieval process as easy as possible for you. Thank you in advance for your assistance with this important endeavor.

Datavant





October 2025

## Risk Adjustment Request for Medical Records

Dear Administrator:

Risk adjustment is the payment methodology used by the U.S. Department of Health and Human Services (HHS) for our Health Insurance Marketplace members based on the health status of the member. For this reason, Ambetter from Superior HealthPlan is requesting your cooperation by providing access to specific member medical records.

Ambetter has contracted with Datavant to conduct this process.

### What does this mean to you?

Datavant will schedule an appointment to either scan the medical record in your office or request it be sent to Datavant via fax, mail, or secure electronic transfer. Ambetter's corporate certified coding team will perform all reviews on the medical charts retrieved by Datavant to ensure that our records properly reflect the clinical conditions.

Datavant has signed a Business Associate Agreement with Ambetter stating their compliance and adherence to all Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules and regulations. In addition, all field reviewers scanning charts have signed a HIPAA-compliant confidentiality agreement. Under HIPAA, Covered Entities such as practitioners (providers) and their practices are not required to obtain patient authorization to disclose protected health information (PHI) to another Covered Entity for the purposes of treatment, payment, and healthcare operations, as long as both parties have a relationship with the patient and the PHI pertains to that relationship.

Your cooperation in helping Datavant complete these retrievals is appreciated.

**Please include the following documents for each record identified on the attached member list for all dates of service from January 1, 2025, through December 31, 2025:**

- Patient Demographic Sheet.
- History and physical records, progress notes, and consultations.
- Discharge record, 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.
- Consultation reports.
- Specialist notes.
- Procedure notes/reports.

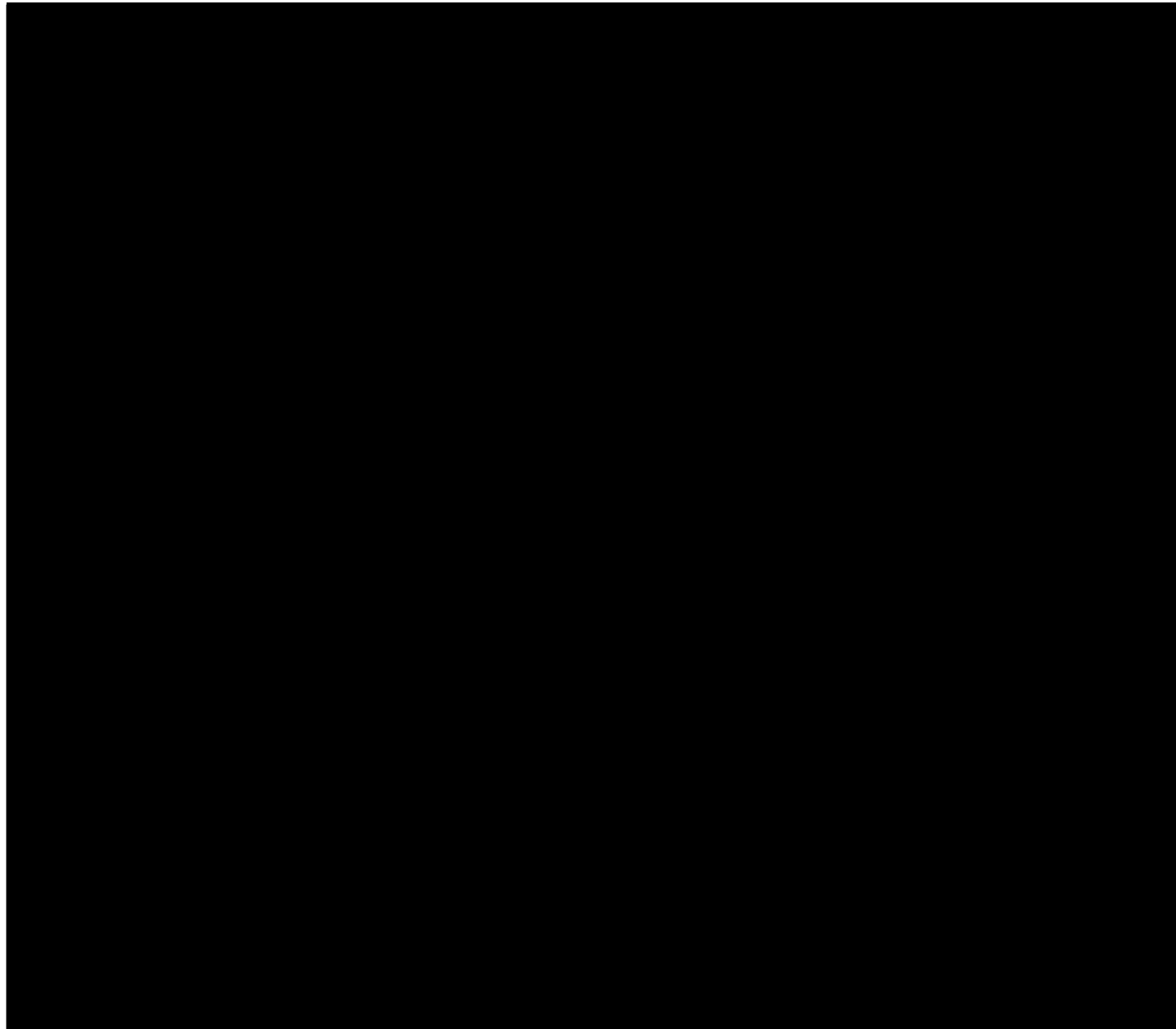
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|                  |                         |                     |               |
|------------------|-------------------------|---------------------|---------------|
| <b>PULL LIST</b> | Outreach ID: [REDACTED] | Site ID: [REDACTED] | <b>Charts</b> |
|                  | [REDACTED]              |                     | <b>7</b>      |
|                  | [REDACTED]              |                     |               |

| PULL | CNA | MEMBER/REQUESTER | DOB | CHART ID | PROVIDER | NOTES |
|------|-----|------------------|-----|----------|----------|-------|
|------|-----|------------------|-----|----------|----------|-------|

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

|                               |                                 |
|-------------------------------|---------------------------------|
| To: <u>Medical Records</u>    | Date: <u>1/8/2026</u>           |
| Fax Number: <u>[REDACTED]</u> | Phone Number: <u>[REDACTED]</u> |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request.  
Please call [REDACTED] 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 [REDACTED]**

Medical records can be submitted through the following options:

|   |   |
|---|---|
| <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> | <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> |
|---|---|

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, [REDACTED]

JAN 08 2026

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.



Dear Medical Records Department,

Oscar has partnered with Datavant to facilitate the retrieval of medical records for our members, as part of a Risk Adjustment program. We appreciate your cooperation with this medical record retrieval, which is necessary for compliance with the Centers for Medicare and Medicaid Services (CMS).

Risk Adjustment is a payment methodology used by CMS. Oscar performs ongoing chart reviews to ensure complete documentation of our member's health conditions for submission to CMS and to improve the coordination of their care.

We'll strive to minimize any disruptions in patient care activities. We have executed a Business Associate Agreement with Datavant all information shared during this process will be kept in the strictest of confidence, in accordance with all applicable State and Federal laws regarding the confidentiality of patient records, including HIPAA requirements. We are not requesting confidential psychotherapy notes.

Below is a list of components requested, if applicable, for dates of service from 1/1/2025 - present.

We would appreciate your cooperation with this chart retrieval, which is necessary for compliance with CMS. Records must include patient name, birthdate, and be signed with provider credentials (i.e. MD, DO, etc.) Below is a list of components requested, if applicable:

- Demographic/Face Sheet
- History & Physical
- Consult Notes
- Progress Notes
- Office Notes
- Operative Reports/Procedure Notes
- Signature Log
- 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)
- Chemo/Radiation Reports and Encounters

If you have any questions regarding this project, please call the Datavant Provider Support Center at [redacted] Thank you in advance for your cooperation.

[redacted]

[redacted]

**Confidentiality:** We have entered into a Business Associate Agreement ("BAA") with Datavant in accordance with the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder (collectively "HIPAA"). The BAA allows Datavant to perform activities involving the use or disclosure of protected health information ("PHI") on our behalf. HIPAA allows a covered entity to disclose PHI to another covered entity for the health care operations of the entity receiving the information, without a member's authorization or consent, under certain circumstances. We believe that HIPAA permits you to disclose PHI to Datavant, our Business Associate, for risk adjustment purposes.





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| <b>PULL LIST</b> | [REDACTED] | <b>Charts</b><br><b>95</b> |
|                  | [REDACTED] |                            |
|                  | [REDACTED] |                            |

| PULL                  | CNA                   | MEMBER/REQUESTER | DOB        | CHART ID   | PROVIDER               | NOTES                                       |
|-----------------------|-----------------------|------------------|------------|------------|------------------------|---|
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | Pull chart detail from 01/01/2025 - Present |
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| <b>PULL LIST</b> | [REDACTED] | [REDACTED] | <b>Charts</b><br><b>95</b> |
|                  | [REDACTED] | [REDACTED] |                            |
|                  | [REDACTED] | [REDACTED] |                            |

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| <b>PULL LIST</b> | [REDACTED] | [REDACTED]                 |
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|                  |            | <b>Charts</b><br><b>95</b> |

| PULL | CNA | MEMBER/REQUESTER | DOB        | CHART ID   | PROVIDER   | NOTES      |
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| Ⓟ    | Ⓟ   | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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| <b>PULL LIST</b> | [REDACTED] | [REDACTED] | <b>Charts</b><br><b>95</b> |
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|                  | [REDACTED] | [REDACTED] |                            |

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| <b>PULL LIST</b> | [REDACTED] | [REDACTED]                 |
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| <input type="radio"/>            | <input type="radio"/>            | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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| [REDACTED] | [REDACTED] |
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# Chart Review Request

|                    |                                 |
|--------------------|---------------------------------|
| To: <u>Unknown</u> | Date: <u>1/8/2026</u>           |
| Fax Number: _____  | Phone Number: <u>[REDACTED]</u> |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request.  
 Please call [REDACTED] 93 or email [REDACTED] 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 [REDACTED]

Medical records can be submitted through the following options:

**1. Provider Portal:**

[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:**

[REDACTED]

**5. Mail:**

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

[REDACTED]

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

JAN 09 2026

To learn more about one of these NO COST retrieval options, visit [REDACTED]

**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.



Arizona • Iowa • New Jersey • Tennessee • Texas • Washington | Medicare Advantage

**Subject: Time-sensitive request for medical records for Medicare risk adjustment data**

Dear Provider:

Wellpoint is committed to improving the quality of care provided to our members and is required by CMS to submit complete and accurate diagnostic data regarding our members enrolled in certain Medicare covered health plans. Accordingly, we request your cooperation to facilitate a medical record review for services with a discharge date in 2024 for a certain number of your patients enrolled in such plans.

We have engaged Optum and Datavant to conduct retrieval of records for the medical chart review. A Datavant representative will work with you to provide retrieval options and a list of the requested members' medical records for services rendered by date of service as specified on the pull list.

**Please include all medical record documentation available for this chart review, including:**

- Progress notes
- History and physical
- Consult/specialist notes or letters [REDACTED]

Coverage provided by: In Arizona: Wellpoint Texas, Inc., Wellpoint Ohio, Inc., or Wellpoint Insurance Company. In Iowa: Wellpoint Iowa, Inc. In New Jersey: Wellpoint New Jersey, Inc. or Wellpoint Insurance Company. In Tennessee: Wellpoint Tennessee, Inc. or Wellpoint Insurance Coverage. In Texas: Wellpoint Insurance Company or Wellpoint Texas, Inc. In Washington: Wellpoint Washington, Inc., who profoundly acknowledges and respects the inherent sovereignty of the federally recognized tribes in Washington state. In our efforts to promote high-quality healthcare, we honor the tribal right of self-governance, holding in deep esteem the government-to-government relationship existing between the state and the tribes, a bond reiterated by the *Centennial Accord* and established by *RCW 43.376*. We heartily commit to enhancing our coordination, collaboration, and communication with tribal health programs and providers. Our activities are driven by an intent of respect, understanding, and recognition of the deeply rooted traditions and values of the tribal communities.

[REDACTED] | April 2025

**Time-sensitive request for medical records for Medicare risk adjustment data**

Page 2 of 3

- Operative and pathology notes
- Procedure notes/reports

No, if the electronic signature includes the provider's credentials and date, a handwritten signature and signature log are not necessary.

What is the purpose of verifying the provider's name?

The purpose is to verify that the provider is still affiliated with the office receiving the chart request. If a provider hasn't worked at your office location in the past two years, the patients associated with that provider will not be included in the chart request. Provider verification should remove the burden of requests for medical records you do not have at your office.

Is this an audit?

No, this is an industry-wide process for requesting medical record documentation to support health plan obligations in submitting complete and accurate data to CMS.

Why do you need my fax number?

The retrieval vendor will be sending you a list of the patient records being requested via fax or email as agreed during the scheduling call.

We don't allow technicians at our office; can we send you the charts?

You can send the charts in a variety of ways, including via secure website, direct electronic medical record (EMR) access, fax, mail, or place them on a secured flash drive or CD. There is also a way for you to send the files through a secured email site.

What equipment or workstation will need to be made available for the technician?

- For EMR flash drive retrieval: One terminal per technician with a USB port to access your EMR system.
- For EMR print to scan: One of your terminals and printer per technician.
- For paper scan: Just enough room to set up their laptop and scanner with access to a power supply.



|                  |            |            |                           |
|------------------|------------|------------|---------------------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED] | <b>Charts</b><br><b>1</b> |
|                  | [REDACTED] | [REDACTED] |                           |
|                  | [REDACTED] | [REDACTED] |                           |

| PULL CNA              | MEMBER/HEALTH PLAN | DOB        | CHART ID   | PROVIDER   | NOTES                  |
|-----------------------|--------------------|------------|------------|------------|------------------------|
| <input type="radio"/> | [REDACTED]         | [REDACTED] | [REDACTED] | [REDACTED] | All Treating Providers |
| <input type="radio"/> | [REDACTED]         | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED]             |

The Medical Records provided by this office, as requested on January 2026, are true and accurate copies of the records kept in the usual course of business reflecting the medical care provided to patients on the dates indicated in the Medical Records.

Practice Group Administrator/Custodian of Medical Records

Date

\*Person within the company who is responsible for managing and maintaining records.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]





[Redacted header information]

# Chart Review Request

|             |     |               |            |
|-------------|-----|---------------|------------|
| To:         | UNK | Date:         | 1/8/2026   |
| Fax Number: |     | Phone Number: | [Redacted] |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request. Please call [Redacted] 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 [Redacted]

Medical records can be submitted through the following options:

**1. Provider Portal:**

[Redacted details for Provider Portal option]

**3. Onsite Chart Retrieval:**

[Redacted details for Onsite Chart Retrieval option]

[Redacted] 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

IAN 09 2026

To learn more about one of these NO COST retrieval options, visit [Redacted]

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.



Arizona • Iowa • New Jersey • Tennessee • Texas • Washington | Medicare Advantage

**Subject: Time-sensitive request for medical records for Medicare risk adjustment data**

Dear Provider:

We are committed to improving the quality of care provided to our members and required by CMS to submit complete and accurate diagnostic data for members enrolled in certain health plans. Accordingly, we request your cooperation to facilitate a medical record review of January 1, 2024, through December 31, 2025, for a certain number of your patients enrolled in such plans.

We have engaged Optum and Datavant to conduct retrieval of records for the medical chart review. A Datavant representative will work with you to provide retrieval options and a list of the requested members' medical records.

**Please include all medical record documentation available for this chart review, including:**

- Progress notes
- History and physical
- Consult and specialist notes or letters • Operative and pathology notes

Coverage provided by: In Arizona: Wellpoint Texas, Inc., Wellpoint Ohio, Inc., or Wellpoint Insurance Company. In Iowa: Wellpoint Iowa, Inc. In New Jersey: Wellpoint New Jersey, Inc. or Wellpoint Insurance Company. In Tennessee: Wellpoint Tennessee, Inc. or Wellpoint Insurance Coverage. In Texas: Wellpoint Insurance Company or Wellpoint Texas, Inc. In Washington: Wellpoint Washington, Inc., who profoundly acknowledges and respects the inherent sovereignty of the federally recognized tribes in Washington state. In our efforts to promote high-quality healthcare, we honor the tribal right of self-governance, holding in deep esteem the government-to-government relationship existing between the state and the tribes, a bond reiterated by the *Centennial Accord* and established by *RCW 43.376*. We heartily commit to enhancing our coordination, collaboration, and communication with tribal health programs and providers. Our activities are driven by an intent of respect, understanding, and recognition of the deeply rooted traditions and values of the tribal communities.

April 2025

- Procedure notes and reports
- Physical, speech, and/or occupational therapist reports
- Emergency department records
- Discharge summary

Time-sensitive request for medical records for Medicare risk adjustment data

Page 2 of 5

Notes should include member name, date of visit, and provider signature with credentials.

If there are no encounter notes for the member, please indicate CNA (chart not available) by the chart ID along with comments explaining why the chart is not available.

If available, also include:

- *Health Maintenance Form*
- *Demographics Sheet* (Include documentation for name changes, DOB discrepancies.)
- *Signature Log* (Complete and return if progress notes have handwritten signatures or credentials of provider are not contained in patient information being sent.)

**Note:** Pursuant to CMS requirements, providers' signatures and qualifications are required to validate each medical record.

To limit the administrative burden on your office from other requests for our members' medical records, we may use the records received through this request for other reasons, such as compiling information for HEDIS® measures and assisting in CMS risk adjustment data validation audits.

*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).*

Thank you in advance for your assistance. If you have any questions related to the scheduling of this review, please email [REDACTED] [REDACTED] from 7 a.m. to 8 p.m. CT, Monday through Friday.

Sincerely,

Wellpoint

**Privacy information**

Federal law and related regulations under the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* and the *American Recovery and Reinvestment Act of 2009 (ARRA)* govern the privacy of a patient's protected health information (PHI). These laws establish requirements for the use and disclosure of PHI by physicians/healthcare professionals, health plans, and health plans' business associates and business associate subcontractors.



|                  |            |                           |
|------------------|------------|---------------------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED]                |
|                  | [REDACTED] | [REDACTED]                |
|                  | [REDACTED] | [REDACTED]                |
|                  |            | <b>Charts</b><br><b>1</b> |

| PULL                  | CNA                   | MEMBER/HEALTH PLAN | DOB        | CHART ID   | PROVIDER               | NOTES |
|-----------------------|-----------------------|--------------------|------------|------------|------------------------|-------|
| <input type="radio"/> | <input type="radio"/> | [REDACTED]         | [REDACTED] | [REDACTED] | All Treating Providers |       |

Pull chart detail from 01/01/2024 - 12/31/2025

The Medical Records provided by this office, as requested on January 2026, are true and accurate copies of the records kept in the usual course of business reflecting the medical care provided to patients on the dates indicated in the Medical Records.

Practice Group Administrator/Custodian of Medical Records

Date

\*Person within the company who is responsible for managing and maintaining records.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]





|            |            |
|------------|------------|
| [REDACTED] | [REDACTED] |
|------------|------------|

# Chart Review Request

|                               |                                 |
|-------------------------------|---------------------------------|
| To: <u>medical records</u>    | Date: <u>1/8/2026</u>           |
| Fax Number: <u>[REDACTED]</u> | Phone Number: <u>[REDACTED]</u> |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request.  
Please call [REDACTED] 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 [REDACTED]

### Medical records can be submitted through the following options:

**1. Provider Portal:**

[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:**

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

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 [REDACTED]

IAN 09 2026

**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.



**Medical Record Review – Medicare Risk Adjustment**

February 2025

Dear Practice or Facility Administrator:

**Re: Time sensitive request for medical records for Medicare Risk Adjustment Data**

UnitedHealthcare is committed to improving the quality of care provided to our members and is required by the Centers for Medicare & Medicaid Services (CMS) to submit complete diagnostic data regarding our members enrolled in certain Medicare-covered health plans. Accordingly, UnitedHealthcare requests your cooperation to facilitate a medical record review of 2024 dates of service for a certain number of your patients enrolled in such plans.

We have engaged Optum and Datavant to conduct the medical chart review. A Datavant representative will work with you to provide retrieval options and a list of the requested members' medical records for services rendered from **January 1, 2024 to December 31, 2024**.

**Notes should include member name, date of visit, and provider signature with credentials.**

**Please include all of the following medical record documentation available for this chart review:**

- 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

**Only if there are no encounter notes for the member**, please indicate CNA (Chart Not Available) by the Chart ID along with comments explaining why the chart is not available.

**If also available include:**

- Health Maintenance Form
- Demographics Sheet (include documentation for name changes, DOB discrepancies)
- Signature Log (complete and return if progress notes contain handwritten signatures or credentials of provider are not contained in patient information being sent)

**Note:** Pursuant to CMS requirements, providers' signatures and qualifications are required to validate each medical record.

To limit the administrative burden on your office from other requests for our members' medical records, we may use the records received through this request for other reasons, such as compiling information for Healthcare Effectiveness Data & Information Set® (HEDIS) measures and assisting in CMS risk adjustment data validation audits.

Thank you in advance for your assistance. If you have any questions related to the scheduling of this review please contact Datavant at [redacted] between 7:00 am – 8:00 pm CST, Monday through Friday, or at [redacted].

Sincerely,

[redacted signature]



## Medical Record Review – Medicare Risk Adjustment

February 2025

Dear Practice or Facility Administrator:

### Re: Time sensitive request for medical records for Medicare Risk Adjustment Data

UnitedHealthcare is committed to improving the quality of care provided to our members and is required by the Centers for Medicare & Medicaid Services (CMS) to submit complete diagnostic data regarding our members enrolled in certain Medicare-covered health plans. Accordingly, UnitedHealthcare requests your cooperation to facilitate a medical record review of 2024 dates of service for a certain number of your patients enrolled in such plans.

We have engaged Optum and Datavant to conduct the medical chart review. A Datavant representative will work with you to provide retrieval options and a list of the requested members' medical records for services rendered from **January 1, 2024 to December 31, 2024**.

**Notes should include member name, date of visit, and provider signature with credentials.**

**Please include all of the following medical record documentation available for this chart review:**

- 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

**Only if there are no encounter notes for the member**, please indicate CNA (Chart Not Available) by the Chart ID along with comments explaining why the chart is not available.

**If also available include:**

- Health Maintenance Form
- Demographics Sheet (include documentation for name changes, DOB discrepancies)
- Signature Log (complete and return if progress notes contain handwritten signatures or credentials of provider are not contained in patient information being sent)

**Note:** Pursuant to CMS requirements, providers' signatures and qualifications are required to validate each medical record.

To limit the administrative burden on your office from other requests for our members' medical records, we may use the records received through this request for other reasons, such as compiling information for Healthcare Effectiveness Data & Information Set® (HEDIS) measures and assisting in CMS risk adjustment data validation audits.

Thank you in advance for your assistance. If you have any questions related to the scheduling of this review please contact Datavant at [REDACTED] between 7:00 am – 8:00 pm CST, Monday through Friday, or at [REDACTED]

Sincerely,

[REDACTED]  
[REDACTED]



## Medical Record Review – Medicare Risk Adjustment

February 2025

Dear Practice or Facility Administrator:

### Re: Time sensitive request for medical records for Medicare Risk Adjustment Data

UnitedHealthcare is committed to improving the quality of care provided to our members and is required by the Centers for Medicare & Medicaid Services (CMS) to submit complete diagnostic data regarding our members enrolled in certain Medicare-covered health plans. Accordingly, UnitedHealthcare requests your cooperation to facilitate a medical record review of 2024 dates of service for a certain number of your patients enrolled in such plans.

We have engaged Optum and Datavant to conduct the medical chart review. A Datavant representative will work with you to provide retrieval options and a list of the requested members' medical records for services rendered from **January 1, 2024 to December 31, 2024**.

**Notes should include member name, date of visit, and provider signature with credentials.**

**Please include all of the following medical record documentation available for this chart review:**

- 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

**Only if there are no encounter notes for the member**, please indicate CNA (Chart Not Available) by the Chart ID along with comments explaining why the chart is not available.

**If also available include:**

- Health Maintenance Form
- Demographics Sheet (include documentation for name changes, DOB discrepancies)
- Signature Log (complete and return if progress notes contain handwritten signatures or credentials of provider are not contained in patient information being sent)

**Note:** Pursuant to CMS requirements, providers' signatures and qualifications are required to validate each medical record.

To limit the administrative burden on your office from other requests for our members' medical records, we may use the records received through this request for other reasons, such as compiling information for Healthcare Effectiveness Data & Information Set® (HEDIS) measures and assisting in CMS risk adjustment data validation audits.

Thank you in advance for your assistance. If you have any questions related to the scheduling of this review please contact [REDACTED] between 7:00 am – 8:00 pm CST, Monday through Friday, or at [REDACTED]

Sincerely,

[REDACTED]@uhc.com

1-866-315-2318



|                  |               |            |                           |
|------------------|---------------|------------|---------------------------|
| <b>PULL LIST</b> | [REDACTED] 46 | [REDACTED] | <b>Charts</b><br><b>4</b> |
|                  | [REDACTED]    | [REDACTED] |                           |
|                  | [REDACTED]    | [REDACTED] |                           |

| PULL                             | CNA                              | MEMBER/HEALTH PLAN | DOB        | CHART ID   | PROVIDER   | NOTES      |
|----------------------------------|----------------------------------|--------------------|------------|------------|------------|------------|
| <input type="radio"/>            | <input type="radio"/>            | [REDACTED]         | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]         | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]         | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]         | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

[REDACTED]

[REDACTED]

|            |
|------------|
| [REDACTED] |
| [REDACTED] |
| [REDACTED] |
| [REDACTED] |



[REDACTED]

[REDACTED]

# datavant

JAN 30 2026

RECEIVED

---

## Health Plan Medical Records Request

[REDACTED]

Your immediate response is required for the attached outstanding request for your patient's Medical Records

---

Please submit the requested records using one of the following methods:

Preferred Method:

[REDACTED]

Additional Options:

[REDACTED]

For questions, assistance, or to schedule complimentary on-site retrieval by a Retrieval Specialist, contact us at [REDACTED] or email [REDACTED]

[REDACTED]

**We value your partnership and appreciate your prompt attention to this time-sensitive matter**

---

*Confidentiality Notice: Information contained in this fax is intended only for the use of the addressed recipient. It may contain confidential or privileged information. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the contents in this fax is strictly prohibited. Please notify the sender immediately and destroy all copies of this fax.*



[REDACTED]

Robin Collins  
Assistant Vice President, Revenue Integrity Operations and Compliance

Dear Physician or Office Administrator:

As a commercial health plan, we're required to submit risk adjustment data on our Aetna members to the U.S. Department of Health and Human Services (HHS). This is part of our annual risk adjustment data collection of medical records.

To comply with the federal government's request for data, we're requesting medical records for your Aetna patients. These records will only be used for annual risk adjustment submissions to the U.S. Department of Health and Human Services (HHS). These records will be kept for ten (10) years, after which time they will be destroyed.

We've contracted with Datavant to collect medical records on our behalf. In the next few weeks, they'll contact your office to collect medical records for patients enrolled in one of our commercial health plans, either on or off the exchange. Once they've contacted you, we ask that you respond promptly.

To prepare for this collection, see the details on the next page. This page includes the information Datavant will collect along with how to contact Datavant if needed. It also tells you how you can send records. We ask that you provide a full and complete copy of the medical records for patients on the enclosed list for dates of service from January 1, 2025 to present.

Under federal law, patient consent is not needed in order to provide medical and behavioral health records to Datavant. Due to the purpose for which the records will be provided, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits you to provide medical records to Datavant, who is a "business associate" of Aetna under HIPAA.

Specifically, the HIPAA Privacy Rule expressly permits the disclosure of protected health information without patient consent where the purpose of such disclosure is for purposes of risk adjustment. 45 CFR § 164.501. Please note that, while HHS does require us to provide records related to certain behavioral health conditions, Datavant will not be requesting, and you should not provide psychotherapy notes.

The HHS risk adjustment program includes records related to certain substance abuse conditions. You may also provide Datavant records concerning substance abuse and alcohol misuse arising from a federally assisted program under 42 C.F.R. Part 2. Like HIPAA, the "Part 2" regulations permit disclosure without consent for purposes of "audit and evaluation activities" such as risk adjustment. 42 CFR § 2.53.

Sincerely,

[REDACTED]



|                  |            |               |                            |
|------------------|------------|---------------|----------------------------|
| <b>PULL LIST</b> | [REDACTED] | \$ [REDACTED] | <b>Charts</b><br><b>15</b> |
|                  | [REDACTED] |               |                            |
|                  | [REDACTED] |               |                            |

| PULL | CNA | MEMBER/REQUESTER | DOB | CHART ID | PROVIDER | NOTES |
|------|-----|------------------|-----|----------|----------|-------|
|------|-----|------------------|-----|----------|----------|-------|

|                       |                       |            |            |            |            |            |
|-----------------------|-----------------------|------------|------------|------------|------------|------------|
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |



|                  |            |                            |
|------------------|------------|----------------------------|
| <b>PULL LIST</b> | [REDACTED] | <b>Charts</b><br><b>15</b> |
|                  | [REDACTED] |                            |
|                  | [REDACTED] |                            |

| PULL  | CNA                   | MEMBER/REQUESTER | DOB        | CHART ID   | PROVIDER               | NOTES      |
|---|-----------------------|------------------|------------|------------|------------------------|------------|
| <input type="radio"/>                       | <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | [REDACTED] |
| Pull chart detail from 01/01/2025 - Present |                       |                  |            |            |                        |            |

|                       |                       |            |  |  |  |  |
|-----------------------|-----------------------|------------|--|--|--|--|
| <input type="radio"/> | <input type="radio"/> | [REDACTED] |  |  |  |  |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] |  |  |  |  |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] |  |  |  |  |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] |  |  |  |  |





|            |            |
|------------|------------|
| [REDACTED] | [REDACTED] |
|------------|------------|

## Chart Review Request

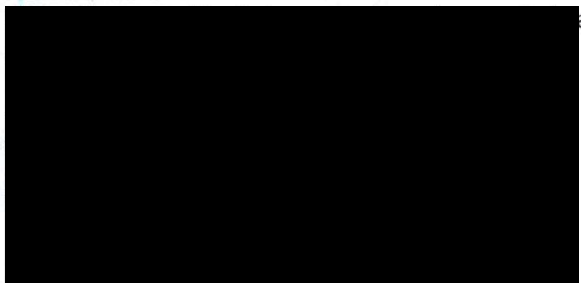
|                               |                                 |
|-------------------------------|---------------------------------|
| To: <u>Medical Records</u>    | Date: <u>1/20/2026</u>          |
| Fax Number: <u>[REDACTED]</u> | Phone Number: <u>[REDACTED]</u> |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request.  
 Please call [REDACTED] or email [REDACTED] with any questions.

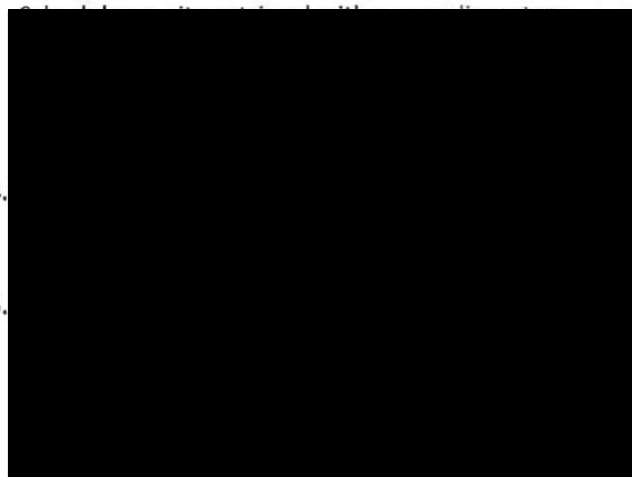
To learn how to reduce the phone calls and faxes from Datavant and eliminate the burden of medical record retrieval in the future, visit [www.datavant.com/campaign/betterway](http://www.datavant.com/campaign/betterway)

Medical records can be submitted through the following options:

**1. Provider Portal:**



**3. Onsite Chart Retrieval:**



**2. Remote EMR Retrieval:**

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

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 [REDACTED]

JAN 21 2026

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.



Dear Medical Records Department,

Oscar has partnered with Datavant to facilitate the retrieval of medical records for our members, as part of a Risk Adjustment program. We appreciate your cooperation with this medical record retrieval, which is necessary for compliance with the Centers for Medicare and Medicaid Services (CMS).

Risk Adjustment is a payment methodology used by CMS. Oscar performs ongoing chart reviews to ensure complete documentation of our member's health conditions for submission to CMS and to improve the coordination of their care.

We'll strive to minimize any disruptions in patient care activities. We have executed a Business Associate Agreement with Datavant all information shared during this process will be kept in the strictest of confidence, in accordance with all applicable State and Federal laws regarding the confidentiality of patient records, including HIPAA requirements. We are not requesting confidential psychotherapy notes.

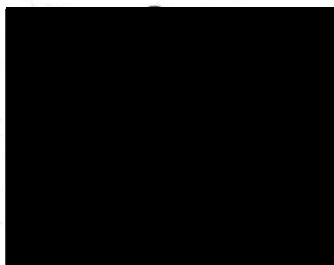
Below is a list of components requested, if applicable, for dates of service from 1/1/2025 - present.

We would appreciate your cooperation with this chart retrieval, which is necessary for compliance with CMS. Records must include patient name, birthdate, and be signed with provider credentials (i.e. MD, DO, etc.) Below is a list of components requested, if applicable:

- Demographic/Face Sheet
- History & Physical
- Consult Notes
- Progress Notes
- Office Notes
- Operative Reports/Procedure Notes
- Signature Log
- 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)
- Chemo/Radiation Reports and Encounters

If you have any questions regarding this project, please call the Datavant Provider Support Center at [REDACTED]. Thank you in advance for your cooperation.

Sincerely,



**Confidentiality:** We have entered into a Business Associate Agreement ("BAA") with Datavant in accordance with the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder (collectively "HIPAA"). The BAA allows Datavant to perform activities involving the use or disclosure of protected health information ("PHI") on our behalf. HIPAA allows a covered entity to disclose PHI to another covered entity for the health care operations of the entity receiving the information, without a member's authorization or consent, under certain circumstances. We believe that HIPAA permits you to disclose PHI to Datavant, our Business Associate, for risk adjustment purposes.

|                  |                   |                            |
|------------------|-------------------|----------------------------|
| <b>PULL LIST</b> | <b>[REDACTED]</b> | <b>Charts</b><br><b>16</b> |
|                  | <b>[REDACTED]</b> |                            |
|                  | <b>[REDACTED]</b> |                            |

| <b>PULL CNA</b> | <b>MEMBER/REQUESTER</b> | <b>DOB</b> | <b>CHART ID</b> | <b>PROVIDER</b> | <b>NOTES</b> |
|-----------------|-------------------------|------------|-----------------|-----------------|--------------|
|-----------------|-------------------------|------------|-----------------|-----------------|--------------|

|                       |            |            |            |            |            |
|-----------------------|------------|------------|------------|------------|------------|
| <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |



|                  |            |                            |
|------------------|------------|----------------------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED]                 |
|                  | [REDACTED] |                            |
|                  | [REDACTED] |                            |
|                  |            | <b>Charts</b><br><b>16</b> |

PULL CNA      MEMBER/REQUESTER      DOB      CHART ID      PROVIDER      NOTES

|            |  |  |  |  |  |
|------------|--|--|--|--|--|
| [REDACTED] |  |  |  |  |  |
|------------|--|--|--|--|--|





[Redacted header information]

# Chart Review Request

|             |            |               |            |
|-------------|------------|---------------|------------|
| To:         | Unknown    | Date:         | 1/27/2026  |
| Fax Number: | [Redacted] | Phone Number: | [Redacted] |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request. Please call [Redacted] or email [Redacted] 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. [Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

3. Onsite Chart Retrieval:

[Redacted]

[Redacted]

[Redacted]

[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 [Redacted]

5. Mail:

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

[Redacted]

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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JAN 28 2026

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January 2026

Dear Provider or Office Administrator

At Superior HealthPlan, we value everything you do to deliver quality care and ensure our members — your patients — have a positive healthcare experience. That's why each year, we are required to report on clinical quality measures to the Centers for Medicare & Medicaid Services (CMS). The quality measures are based on the Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) specifications developed by the National Committee for Quality Assurance (NCQA) and other state-defined measures. In compliance with HEDIS, we request medical records regarding certain measures to collect information that typically cannot be found in a claim or an encounter.

Superior HealthPlan has engaged with several medical record collection vendors such as **CIOX/Datavant** to assist us in collecting the records required to complete this HEDIS review. As a Superior HealthPlan provider, you are required to fulfill any such requests made on our behalf.

Datavant has signed a Business Associate Agreement (BAA) with Superior HealthPlan, agreeing to comply and adhere to all Health Insurance Portability and Accountability Act (HIPAA) rules and regulations. They have processes in place to safeguard the Protected Health Information (PHI) of our members and your patients. All staff involved in collecting and reviewing charts have signed a HIPAA-compliant confidentiality agreement and are trained on HIPAA compliance rules and regulations.

#### **HIPAA Rules Regarding Signed Release**

Under HIPAA, Covered Entities, such as practitioners and their practices, are not required to obtain patient authorization to disclose PHI to another Covered Entity, such as Superior HealthPlan. Both parties *must* have a relationship with the patient and the PHI *must* pertain to that relationship for the purposes of treatment, payment, and/or healthcare operations.

Quality assessment and improvement activities are considered healthcare operations under the Privacy Rule (45 CFR 164.501). Healthcare operations include conducting or arranging for medical record review for compliance programs. The Superior HealthPlan Provider Handbook states that providers are required to make medical records available for quality care review purposes.





|                  |            |                           |
|------------------|------------|---------------------------|
| <b>PULL LIST</b> | [REDACTED] | <b>Charts</b><br><b>2</b> |
|                  | [REDACTED] |                           |
|                  | [REDACTED] |                           |

**\*\*ATTN: PLEASE COLLECT THE CHARTS FOR THESE MEMBERS, EVEN IF THE PROVIDER LISTED IS NO LONGER AT THIS**

| PULL                  | CNA                   | MEMBER/HEALTH PLAN | LOCATION**<br>DOB | CHART ID   | PROVIDER               | NOTES      |
|-----------------------|-----------------------|--------------------|-------------------|------------|------------------------|------------|
| <input type="radio"/> | <input type="radio"/> | [REDACTED]         | [REDACTED]        | [REDACTED] | All Treating Providers | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED]         | [REDACTED]        | [REDACTED] | [REDACTED]             | [REDACTED] |

CBP - Controlling High Blood Pressure

**\*\*ATTN: PLEASE INCLUDE THIS PULL LIST WHEN SENDING BACK CHARTS/IMAGES\*\***

The Medical Records provided by this office, as requested on January 2026, are true and accurate copies of the records kept in the usual course of business reflecting the medical care provided to patients on the dates indicated in the Medical Records.

Practice Group Administrator/Custodian of Medical Records

Date

\*Person within the company who is responsible for managing and maintaining records.

Securely respond to Datavant-managed requests in a single, up-to-date queue. Login or Signup here:  
 [REDACTED]  
 or use the following for a one-time response [REDACTED]  
 [REDACTED]  
 [REDACTED] Questions? Email us at [REDACTED]





[Redacted header information]

# Chart Review Request

|             |                        |               |                   |
|-------------|------------------------|---------------|-------------------|
| To:         | <u>Medical Records</u> | Date:         | <u>1/29/2026</u>  |
| Fax Number: | <u>[Redacted]</u>      | Phone Number: | <u>[Redacted]</u> |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request. Please call [Redacted] or email [Redacted] 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 [Redacted]

Medical records can be submitted through the following options:

**1. Provider Portal:**

[Redacted details for Provider Portal]

**3. Onsite Chart Retrieval:**

[Redacted details for Onsite Chart Retrieval]

**2. Remote EMR Retrieval:**

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

**5. Mail:**

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

[Redacted mailing address]

JAN 30 2026

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 [Redacted]

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Dear Medical Records Department,

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Risk Adjustment is a payment methodology used by CMS. Oscar performs ongoing chart reviews to ensure complete documentation of our member's health conditions for submission to CMS and to improve the coordination of their care.

We'll strive to minimize any disruptions in patient care activities. We have executed a Business Associate Agreement with Datavant all information shared during this process will be kept in the strictest of confidence, in accordance with all applicable State and Federal laws regarding the confidentiality of patient records, including HIPAA requirements. We are not requesting confidential psychotherapy notes.

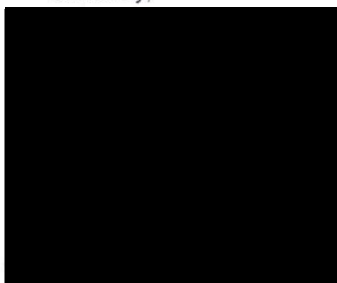
Below is a list of components requested, if applicable, for dates of service from 1/1/2025 - present.

We would appreciate your cooperation with this chart retrieval, which is necessary for compliance with CMS. Records must include patient name, birthdate, and be signed with provider credentials (i.e. MD, DO, etc.) Below is a list of components requested, if applicable:

- Demographic/Face Sheet
- History & Physical
- Consult Notes
- Progress Notes
- Office Notes
- Operative Reports/Procedure Notes
- Signature Log
- 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)
- Chemo/Radiation Reports and Encounters

If you have any questions regarding this project, please call the Datavant Provider Support Center at [REDACTED] Thank you in advance for your cooperation.

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|           |            |            |                    |
|-----------|------------|------------|--------------------|
| PULL LIST | [REDACTED] | [REDACTED] | Charts<br><b>1</b> |
|           | [REDACTED] | [REDACTED] |                    |
|           | [REDACTED] | [REDACTED] |                    |

| PULL CNA                                    | MEMBER/REQUESTER | DOB        | CHART ID   | PROVIDER               | NOTES      |
|---|------------------|------------|------------|------------------------|------------|
| <input type="radio"/> <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers | [REDACTED] |

Pull chart detail from 01/01/2025 - Present



[REDACTED]

[REDACTED]

[REDACTED]



|            |            |
|------------|------------|
| [REDACTED] | [REDACTED] |
|------------|------------|

# Chart Review Request

|                               |                                 |
|-------------------------------|---------------------------------|
| To: <u>MEDICAL RECORDS</u>    | Date: <u>1/14/2026</u>          |
| Fax Number: <u>[REDACTED]</u> | Phone Number: <u>[REDACTED]</u> |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request. Please call [REDACTED] or email [REDACTED] 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 [REDACTED]

Medical records can be submitted through the following options:

**1. Provider Portal:**

[REDACTED]

ests in a  
re:  
the

**3. Onsite Chart Retrieval:**

[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

4.  
5.

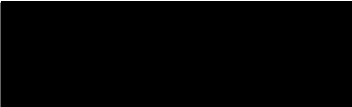
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- > **Release of Information Services:** Free up staff time with centralized and outsourced chart retrievals

To learn more about one of these **NO COST** retrieval options, visit [REDACTED]

JAN 15 2026

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Robin Collins  
Assistant Vice President, Revenue Integrity Operations and Compliance

Dear Physician or Office Administrator:

As a commercial health plan, we're required to submit risk adjustment data on our Aetna members to the U.S. Department of Health and Human Services (HHS). This is part of our annual risk adjustment data collection of medical records.

To comply with the federal government's request for data, we're requesting medical records for your Aetna patients. These records will only be used for annual risk adjustment submissions to the U.S. Department of Health and Human Services. (HHS). These records will be kept for ten (10) years, after which time they will be destroyed.

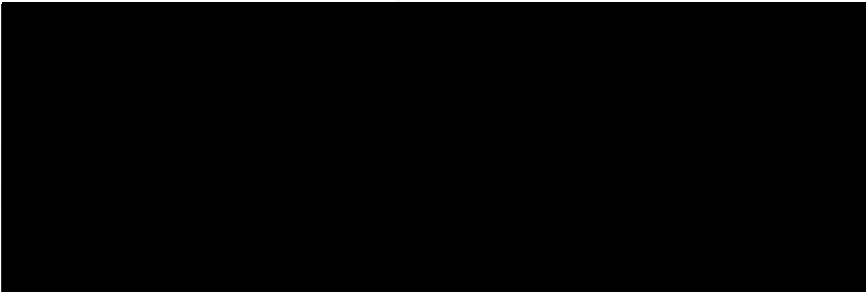
We've contracted with Datavant to collect medical records on our behalf. In the next few weeks, they'll contact your office to collect medical records for patients enrolled in one of our commercial health plans, either on or off the exchange. Once they've contacted you, we ask that you respond promptly.

To prepare for this collection, see the details on the next page. This page includes the information Datavant will collect along with how to contact Datavant if needed. It also tells you how you can send records. We ask that you provide a full and complete copy of the medical records for patients on the enclosed list for dates of service from January 1, 2025 to present.

Under federal law, patient consent is not needed in order to provide medical and behavioral health records to Datavant. Due to the purpose for which the records will be provided, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits you to provide medical records to Datavant, who is a "business associate" of Aetna under HIPAA.

Specifically, the HIPAA Privacy Rule expressly permits the disclosure of protected health information without patient consent where the purpose of such disclosure is for purposes of risk adjustment. 45 CFR § 164.501. Please note that, while HHS does require us to provide records related to certain behavioral health conditions, Datavant will not be requesting, and you should not provide psychotherapy notes.

The HHS risk adjustment program includes records related to certain substance abuse conditions. You may also provide Datavant records concerning substance abuse and alcohol misuse arising from a federally assisted program under 42 C.F.R. Part 2. Like HIPAA, the "Part 2" regulations permit disclosure without consent for purposes of "audit and evaluation activities" such as risk adjustment. 42 CFR § 2.53.



of companies, including Aetna Life Insurance Company and



|                  |            |                            |
|------------------|------------|----------------------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED]                 |
|                  | [REDACTED] | [REDACTED]                 |
|                  | [REDACTED] | [REDACTED]                 |
|                  |            | <b>Charts</b><br><b>15</b> |

**PULL CNA MEMBER/REQUESTER DOB CHART ID PROVIDER NOTES**

- 
- 
- 
- 

|            |  |  |  |  |  |
|------------|--|--|--|--|--|
| [REDACTED] |  |  |  |  |  |
|------------|--|--|--|--|--|





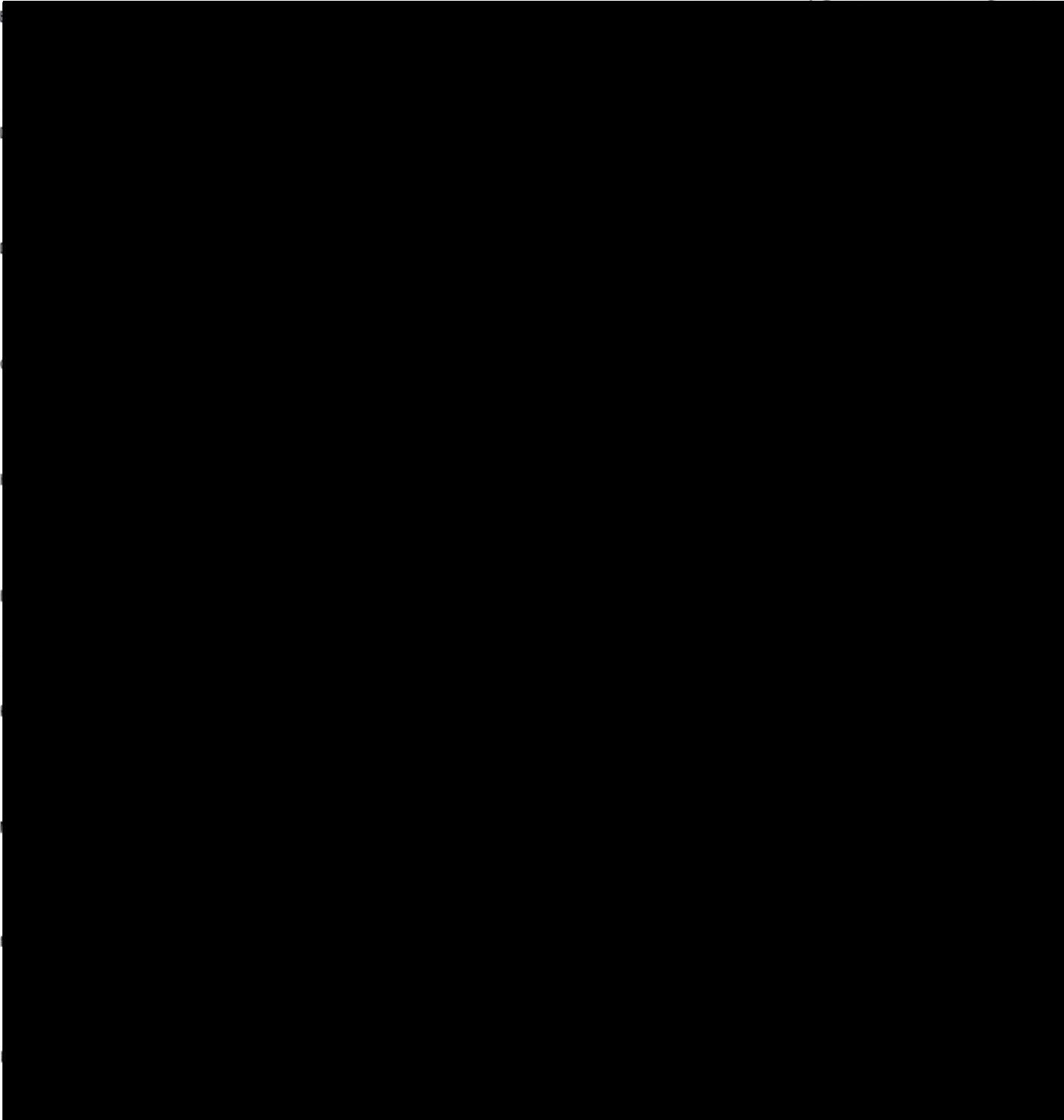
|                  |                            |            |
|------------------|----------------------------|------------|
| <b>PULL LIST</b> | [REDACTED]                 | [REDACTED] |
|                  | [REDACTED]                 | [REDACTED] |
|                  | [REDACTED]                 | [REDACTED] |
|                  | <b>Charts</b><br><b>15</b> |            |

**PULL CNA MEMBER/REQUESTER DOB CHART ID PROVIDER NOTES**

|                       |                       |            |            |            |            |            |
|-----------------------|-----------------------|------------|------------|------------|------------|------------|
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
|-----------------------|-----------------------|------------|------------|------------|------------|------------|

Pull chart detail from 01/01/2025 - Present

- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 





[Redacted header information]

# Chart Review Request

|             |                        |               |                   |
|-------------|------------------------|---------------|-------------------|
| To:         | <u>Medical Records</u> | Date:         | <u>1/30/2026</u>  |
| Fax Number: | <u>[Redacted]</u>      | Phone Number: | <u>[Redacted]</u> |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request. Please call [Redacted] 93 or email [Redacted] 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 [Redacted]

Medical records can be submitted through the following options:

**1. Provider Portal:**

[Redacted text for Provider Portal option]

**3. Onsite Chart Retrieval:**

[Redacted text for Onsite Chart Retrieval option]

**2. Remote EMR Retrieval:**

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

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- > **Release of Information Services:** Free up staff time with centralized and outsourced chart retrievals

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RECEIVED

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January 2026

Dear Provider or Office Administrator

At Superior HealthPlan, we value everything you do to deliver quality care and ensure our members — your patients — have a positive healthcare experience. That's why each year, we are required to report on clinical quality measures to the Centers for Medicare & Medicaid Services (CMS). The quality measures are based on the Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) specifications developed by the National Committee for Quality Assurance (NCQA) and other state-defined measures. In compliance with HEDIS, we request medical records regarding certain measures to collect information that typically cannot be found in a claim or an encounter.

Superior HealthPlan has engaged with several medical record collection vendors such as **CIOX/Datavant** to assist us in collecting the records required to complete this HEDIS review. As a Superior HealthPlan provider, you are required to fulfill any such requests made on our behalf.

Datavant has signed a Business Associate Agreement (BAA) with Superior HealthPlan, agreeing to comply and adhere to all Health Insurance Portability and Accountability Act (HIPAA) rules and regulations. They have processes in place to safeguard the Protected Health Information (PHI) of our members and your patients. All staff involved in collecting and reviewing charts have signed a HIPAA-compliant confidentiality agreement and are trained on HIPAA compliance rules and regulations.

#### **HIPAA Rules Regarding Signed Release**

Under HIPAA, Covered Entities, such as practitioners and their practices, are not required to obtain patient authorization to disclose PHI to another Covered Entity, such as Superior HealthPlan. Both parties *must* have a relationship with the patient and the PHI *must* pertain to that relationship for the purposes of treatment, payment, and/or healthcare operations.

Quality assessment and improvement activities are considered healthcare operations under the Privacy Rule (45 CFR 164.501). Healthcare operations include conducting or arranging for medical record review for compliance programs. The Superior HealthPlan Provider Handbook states that providers are required to make medical records available for quality care review purposes.





|                  |            |                           |
|------------------|------------|---------------------------|
| <b>PULL LIST</b> | [REDACTED] | <b>Charts</b><br><b>1</b> |
|                  | [REDACTED] |                           |
|                  | [REDACTED] |                           |

**\*\*ATTN: PLEASE COLLECT THE CHARTS FOR THESE MEMBERS, EVEN IF THE PROVIDER LISTED IS NO LONGER AT THIS LOCATION\*\***

| PULL                  | CNA                   | MEMBER/HEALTH PLAN | DOB        | CHART ID   | PROVIDER   | NOTES      |
|-----------------------|-----------------------|--------------------|------------|------------|------------|------------|
| <input type="radio"/> | <input type="radio"/> | [REDACTED]         | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
|                       |                       | [REDACTED]         |            |            |            |            |

**\*\*ATTN: PLEASE INCLUDE THIS PULL LIST WHEN SENDING BACK CHARTS/IMAGES\*\***

The Medical Records provided by this office, as requested on January 2026, are true and accurate copies of the records kept in the usual course of business reflecting the medical care provided to patients on the dates indicated in the Medical Records.

Practice Group Administrator/Custodian of Medical Records

Date

\*Person within the company who is responsible for managing and maintaining records.

Securely respond to Datavant-managed requests in a single, up-to-date queue. Login or Signup here:

or use the following for a one-time





[Redacted header information]

# Chart Review Request

|             |                        |               |                   |
|-------------|------------------------|---------------|-------------------|
| To:         | <u>Medical Records</u> | Date:         | <u>2/2/2026</u>   |
| Fax Number: | <u>[Redacted]</u>      | Phone Number: | <u>[Redacted]</u> |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request. Please call [Redacted] or email [Redacted] 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 [Redacted]

Medical records can be submitted through the following options:

**1. Provider Portal:**

[Redacted text for Provider Portal option]

**3. Onsite Chart Retrieval:**

[Redacted text for Onsite Chart Retrieval option]

**2. Remote EMR Retrieval:**

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

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 [Redacted]

FEB 03 2026

**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.

RECEIVED



**RE: RELEASE OF INFORMATION & LETTER OF DIRECTION**

To Whom It May Concern:

Aetna and Datavant Inc. (f/k/a Ciox Health) ("Vendor") have entered into an agreement (the "Agreement"), pursuant to which Vendor will provide Aetna with certain medical and claim records retrieval services (the "Services"). Under the terms of the Agreement, Vendor will assist Aetna by retrieving medical and claims records on Aetna's behalf and forwarding these to Aetna. Aetna has agreed to be responsible for the cost of the transmission of such records. Such records include Protected Health Information as defined by the Health Insurance Portability and Accountability Act, as amended ("HIPAA").

Vendor is Aetna's Business Associate for purposes of HIPAA. As of the date of this notification, Aetna and Vendor have effectuated any and all necessary agreements for the protection of the privacy and security of such records in accordance with HIPAA, and all other applicable laws, regulations and Aetna policy requirements associated with the handling of such data.

If you have any questions or concerns, please contact Aetna directly at [REDACTED]

Thank you,

[REDACTED]

Dated: March 10, 2025

|                  |            |            |            |
|------------------|------------|------------|------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED] | [REDACTED] |
|                  | [REDACTED] | [REDACTED] | [REDACTED] |
|                  | [REDACTED] | [REDACTED] | [REDACTED] |

| PULL CNA  | MEMBER/REQUESTER | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
|---|------------------|------------|------------|------------|------------|
| <input type="radio"/> <input type="radio"/>       | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="checkbox"/> <input type="checkbox"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |



[REDACTED]

[REDACTED]

[REDACTED]



|            |            |
|------------|------------|
| [REDACTED] | [REDACTED] |
|------------|------------|

# Chart Review Request

|             |                 |               |            |
|-------------|-----------------|---------------|------------|
| To:         | Medical Records | Date:         | 2/2/2026   |
| Fax Number: | [REDACTED]      | Phone Number: | [REDACTED] |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request.  
 Please call [REDACTED] 93 or email [REDACTED] 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 [REDACTED]

Medical records can be submitted through the following options:

**1. Provider Portal:**

[REDACTED]

**3. Onsite Chart Retrieval:**

[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 [REDACTED]

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 [REDACTED]

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**RE: RELEASE OF INFORMATION & LETTER OF DIRECTION**

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Vendor is Aetna's Business Associate for purposes of HIPAA. As of the date of this notification, Aetna and Vendor have effectuated any and all necessary agreements for the protection of the privacy and security of such records in accordance with HIPAA, and all other applicable laws, regulations and Aetna policy requirements associated with the handling of such data.

If you have any questions or concerns, please contact Aetna directly [REDACTED].

Thank you,

[REDACTED]

Dated: March 10, 2025



|                  |            |                           |
|------------------|------------|---------------------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED]                |
|                  | [REDACTED] | [REDACTED]                |
|                  | [REDACTED] | [REDACTED]                |
|                  |            | <b>Charts</b><br><b>3</b> |

| PULL                             | CNA                              | MEMBER/REQUESTER | DOB        | CHART ID   | PROVIDER   | NOTES      |
|----------------------------------|----------------------------------|------------------|------------|------------|------------|------------|
| <input type="radio"/>            | <input type="radio"/>            | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input checked="" type="radio"/> | <input checked="" type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |





[Redacted]

# Chart Review Request

|             |                        |               |                   |
|-------------|------------------------|---------------|-------------------|
| To:         | <u>Medical Records</u> | Date:         | <u>2/2/2026</u>   |
| Fax Number: | <u>[Redacted] 7</u>    | Phone Number: | <u>[Redacted]</u> |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request. Please call [Redacted] or email [Redacted] 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 [Redacted]

Medical records can be submitted through the following options:

[Redacted]

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 [Redacted]

FEB 03 2026

**RECEIVED**

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**RE: RELEASE OF INFORMATION & LETTER OF DIRECTION**

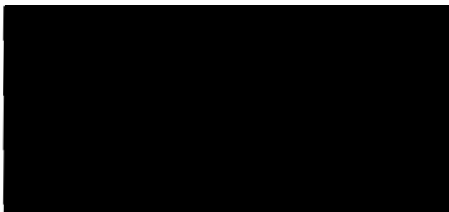
To Whom It May Concern:

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If you have any questions or concerns, please contact Aetna directly at [REDACTED]

Thank you,



Dated: March 10, 2025



|           |            |            |            |
|-----------|------------|------------|------------|
| PULL LIST | [REDACTED] | [REDACTED] | [REDACTED] |
|           | [REDACTED] | [REDACTED] | [REDACTED] |
|           | [REDACTED] | [REDACTED] | [REDACTED] |

PULL CNA      MEMBER/REQUESTER

|                       |                       |            |            |            |            |            |            |
|-----------------------|-----------------------|------------|------------|------------|------------|------------|------------|
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <input type="radio"/> | <input type="radio"/> | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

Pull chart detail from 01/01/2025 - Present





[Redacted header information]

# Chart Review Request

|             |                        |               |                   |
|-------------|------------------------|---------------|-------------------|
| To:         | <u>Medical records</u> | Date:         | <u>2/4/2026</u>   |
| Fax Number: | <u>[Redacted]</u>      | Phone Number: | <u>[Redacted]</u> |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request. Please call [Redacted] or email [Redacted] 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 [Redacted]

Medical records can be submitted through the following options:

**1. Provider Portal:**

[Redacted text describing Provider Portal options]

**3. Onsite Chart Retrieval:**

[Redacted text describing Onsite Chart Retrieval options]

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 [Redacted]

FEB 05 2026

**VERIFICATION OF RECEIPT OF FAX:**

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RECEIVED



superior  
healthplan™

January 2026

Dear Provider or Office Administrator

At Superior HealthPlan, we value everything you do to deliver quality care and ensure our members — your patients — have a positive healthcare experience. That's why each year, we are required to report on clinical quality measures to the Centers for Medicare & Medicaid Services (CMS). The quality measures are based on the Healthcare Effectiveness Data and Information Set (HEDIS®) specifications developed by the National Committee for Quality Assurance (NCQA) and other state-defined measures. In compliance with HEDIS, we request medical records regarding certain measures to collect information that typically cannot be found in a claim or an encounter.

Superior HealthPlan has engaged with several medical record collection vendors such as **CIOX/Datavant** to assist us in collecting the records required to complete this HEDIS review. As a Superior HealthPlan provider, you are required to fulfill any such requests made on our behalf.

Datavant has signed a Business Associate Agreement (BAA) with Superior HealthPlan, agreeing to comply and adhere to all Health Insurance Portability and Accountability Act (HIPAA) rules and regulations. They have processes in place to safeguard the Protected Health Information (PHI) of our members and your patients. All staff involved in collecting and reviewing charts have signed a HIPAA-compliant confidentiality agreement and are trained on HIPAA compliance rules and regulations.

#### **HIPAA Rules Regarding Signed Release**

Under HIPAA, Covered Entities, such as practitioners and their practices, are not required to obtain patient authorization to disclose PHI to another Covered Entity, such as Superior HealthPlan. Both parties *must* have a relationship with the patient and the PHI *must* pertain to that relationship for the purposes of treatment, payment, and/or healthcare operations.

Quality assessment and improvement activities are considered healthcare operations under the Privacy Rule (45 CFR 164.501). Healthcare operations include conducting or arranging for medical record review for compliance programs. The Superior HealthPlan Provider Handbook states that providers are required to make medical records available for quality care review purposes.





|                  |            |                           |
|------------------|------------|---------------------------|
| <b>PULL LIST</b> | [REDACTED] | <b>Charts</b><br><b>1</b> |
|                  | [REDACTED] |                           |
|                  | [REDACTED] |                           |

**\*\*ATTN: PLEASE COLLECT THE CHARTS FOR THESE MEMBERS, EVEN IF THE PROVIDER LISTED IS NO LONGER AT THIS LOCATION\*\***

| PULL                  | CNA                   | MEMBER/HEALTH PLAN | DOB        | CHART ID   | PROVIDER   | NOTES      |
|-----------------------|-----------------------|--------------------|------------|------------|------------|------------|
| <input type="radio"/> | <input type="radio"/> | [REDACTED]         | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

GSD - Glycemic Status Assessment for Patients With Diabetes

**\*\*ATTN: PLEASE INCLUDE THIS PULL LIST WHEN SENDING BACK CHARTS/IMAGES\*\***

The Medical Records provided by this office, as requested on February 2026, are true and accurate copies of the records kept in the usual course of business reflecting the medical care provided to patients on the dates indicated in the Medical Records.

Practice Group Administrator/Custodian of Medical Records

Date

\*Person within the company who is responsible for managing and maintaining records.

Securely respond to Datavant-managed requests in a single, up-to-date queue. Login or Signup here: [REDACTED]

or use the following for a one-time response [REDACTED] with credentials: [REDACTED]

Alternatively, fax to [REDACTED]. Questions? Email us at [REDACTED]





|            |              |
|------------|--------------|
| [REDACTED] | [REDACTED] 8 |
|------------|--------------|

## Chart Review Request

|             |                        |               |                   |
|-------------|------------------------|---------------|-------------------|
| To:         | <u>Medical records</u> | Date:         | <u>2/4/2026</u>   |
| Fax Number: | <u>[REDACTED]</u>      | Phone Number: | <u>[REDACTED]</u> |

**ACTION REQUESTED: Please respond within 15 days of receipt of this request.**

Datavant has been contracted to obtain the medical record information for a select list of members included in the attached pull list. Please review the attached request letter for more information and a list of components required for these records.

**Medical records can be submitted through the following options:**

**1. PROVIDER PORTAL:**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**3. ONSITE Chart Retrieval:**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**5. MAIL:**

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

[REDACTED]

[REDACTED]

[REDACTED]

When submitting via Fax or Mail, please notate on the pull list for each record as Pull or CNA (chart not available) by marking the associated circle. If CNA, please provide a reason in the notes section. Please place the pull list with the markings first or on top when sending.

If you want to set up Remote EMR or Onsite Retrieval or have any issues with the Provider Portal, contact Datavant at [REDACTED] and please reference your Outreach ID at the top of the page.

We appreciate your efforts to complete this chart review for the requester. Our goal is to make the retrieval process as easy as possible for you. Thank you in advance for your assistance with this important endeavor.

Datavant

[REDACTED]

FEB 05 2026

RECEIVED

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October 2025

## Risk Adjustment Request for Medical Records

Dear Administrator:

Risk adjustment is the payment methodology used by the U.S. Department of Health and Human Services (HHS) for our Health Insurance Marketplace members based on the health status of the member. For this reason, Ambetter from Superior HealthPlan is requesting your cooperation by providing access to specific member medical records.

Ambetter has contracted with Datavant to conduct this process.

### What does this mean to you?

Datavant will schedule an appointment to either scan the medical record in your office or request it be sent to Datavant via fax, mail, or secure electronic transfer. Ambetter's corporate certified coding team will perform all reviews on the medical charts retrieved by Datavant to ensure that our records properly reflect the clinical conditions.

Datavant has signed a Business Associate Agreement with Ambetter stating their compliance and adherence to all Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules and regulations. In addition, all field reviewers scanning charts have signed a HIPAA-compliant confidentiality agreement. Under HIPAA, Covered Entities such as practitioners (providers) and their practices are not required to obtain patient authorization to disclose protected health information (PHI) to another Covered Entity for the purposes of treatment, payment, and healthcare operations, as long as both parties have a relationship with the patient and the PHI pertains to that relationship.

Your cooperation in helping Datavant complete these retrievals is appreciated.

**Please include the following documents for each record identified on the attached member list for all dates of service from January 1, 2025, through December 31, 2025:**

- Patient Demographic Sheet.
- History and physical records, progress notes, and consultations.
- Discharge record, 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.
- Consultation reports.
- Specialist notes.
- Procedure notes/reports.

|                  |            |            |
|------------------|------------|------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED] |
|                  | [REDACTED] | [REDACTED] |
|                  | [REDACTED] | 4          |

|               |
|---------------|
| <b>Charts</b> |
| <b>1</b>      |

| PULL CNA                                    | MEMBER/REQUESTER | DOB        | CHART ID   | PROVIDER                             | NOTES      |
|---|------------------|------------|------------|--------------------------------------|------------|
| <input type="radio"/> <input type="radio"/> | [REDACTED]       | [REDACTED] | [REDACTED] | All Treating Providers<br>[REDACTED] | [REDACTED] |



[REDACTED]



|            |            |
|------------|------------|
| [REDACTED] | [REDACTED] |
|------------|------------|

# Chart Review Request

|                                 |                                 |
|---------------------------------|---------------------------------|
| To: <u>Medical Records</u>      | Date: <u>2/19/2026</u>          |
| Fax Number: <u>[REDACTED] 9</u> | Phone Number: <u>[REDACTED]</u> |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request. Please call [REDACTED] or email [REDACTED] 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 [REDACTED]

Medical records can be submitted through the following options:

**1. Provider Portal:**

[REDACTED]

Single sign up to data queue, login or sign up here.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**3. Onsite Chart Retrieval:**

[REDACTED] a [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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, [REDACTED]

**VERIFICATION OF RECEIPT OF FAX:**

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[Redacted]



Robin Collins  
Assistant Vice President, Revenue Integrity Operations and Compliance

Dear Physician or Office Administrator:

As a commercial health plan, we're required to submit risk adjustment data on our Aetna members to the U.S. Department of Health and Human Services (HHS). This is part of our annual risk adjustment data collection of medical records.

To comply with the federal government's request for data, we're requesting medical records for your Aetna patients. ~~These records will only be used for annual risk adjustment submissions to the U.S. Department of Health and Human Services.~~ (HHS). These records will be kept for ten (10) years, after which time they will be destroyed.

We've contracted with Datavant to collect medical records on our behalf. In the next few weeks, they'll contact your office to collect medical records for patients enrolled in one of our commercial health plans, either on or off the exchange. Once they've contacted you, we ask that you respond promptly.

To prepare for this collection, see the details on the next page. This page includes the information Datavant will collect along with how to contact Datavant if needed. It also tells you how you can send records. We ask that you provide a full and complete copy of the medical records for patients on the enclosed list for dates of service from January 1, 2025 to present.

Under federal law, patient consent is not needed in order to provide medical and behavioral health records to Datavant. ~~Due to the purpose for which the records will be provided, the Health Insurance Portability and Accountability Act of 1996~~ (HIPAA) permits you to provide medical records to Datavant, who is a "business associate" of Aetna under HIPAA.

Specifically, the HIPAA Privacy Rule expressly permits the disclosure of protected health information without patient consent where the purpose of such disclosure is for purposes of risk adjustment. 45 CFR § 164.501. Please note that, while HHS does require us to provide records related to certain behavioral health conditions, Datavant will not be requesting, and you should not provide psychotherapy notes.

The HHS risk adjustment program includes records related to certain substance abuse conditions. You may also provide Datavant records concerning substance abuse and alcohol misuse arising from a federally assisted program under 42 C.F.R. Part 2. Like HIPAA, the "Part 2" regulations permit disclosure without consent for purposes of "audit and evaluation activities" such as risk adjustment. 42 CFR § 2.53.

Sincerely,

[Redacted signature block]

|                  |            |            |                           |
|------------------|------------|------------|---------------------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED] | <b>Charts</b><br><b>1</b> |
|                  | [REDACTED] | [REDACTED] |                           |
|                  | [REDACTED] | 0          |                           |

| PULL CNA | MEMBER/REQUESTER | DOB | CHART ID | PROVIDER | NOTES |
|----------|------------------|-----|----------|----------|-------|
|----------|------------------|-----|----------|----------|-------|

[REDACTED]

[REDACTED]

[REDACTED]

All Treating Providers

[REDACTED]

Pull chart detail from 01/01/2025 - Present



[REDACTED]

[REDACTED]

[REDACTED]



[Redacted header information]

# Chart Review Request

|             |                        |               |                   |
|-------------|------------------------|---------------|-------------------|
| To:         | <u>Medical Records</u> | Date:         | <u>2/19/2026</u>  |
| Fax Number: | <u>[Redacted] 49</u>   | Phone Number: | <u>[Redacted]</u> |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request.  
 Please call [Redacted] or email [Redacted] 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 [Redacted]

Medical records can be submitted through the following options:

**1. Provider Portal:**

[Redacted text describing Provider Portal options]

**3. Onsite Chart Retrieval:**

[Redacted text describing Onsite Chart Retrieval options]

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 24 2026

To learn more about one of these NO COST retrieval options, [Redacted]

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.

Dear Medical Records Department,

Oscar has partnered with Datavant to facilitate the retrieval of medical records for our members, as part of a Risk Adjustment program. We appreciate your cooperation with this medical record retrieval, which is necessary for compliance with the Centers for Medicare and Medicaid Services (CMS).

Risk Adjustment is a payment methodology used by CMS. Oscar performs ongoing chart reviews to ensure complete documentation of our member's health conditions for submission to CMS and to improve the coordination of their care.

We'll strive to minimize any disruptions in patient care activities. We have executed a Business Associate Agreement with Datavant all information shared during this process will be kept in the strictest of confidence, in accordance with all applicable State and Federal laws regarding the confidentiality of patient records, including HIPAA requirements. We are not requesting confidential psychotherapy notes.

Below is a list of components requested, if applicable, for dates of service from 1/1/2025 - present.

We would appreciate your cooperation with this chart retrieval, which is necessary for compliance with CMS. Records must include patient name, birthdate, and be signed with provider credentials (i.e. MD, DO, etc.) Below is a list of components requested, if applicable:

- Demographic/Face Sheet
- History & Physical
- Consult Notes
- Progress Notes
- Office Notes
- Operative Reports/Procedure Notes
- Signature Log
- 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)
- Chemo/Radiation Reports and Encounters

If you have any questions regarding this project, please call the Datavant Provider Support Center at [REDACTED]. Thank you in advance for your cooperation.

Sincerely,

[REDACTED]

[Electronically Signed]

[REDACTED]

**Confidentiality:** We have entered into a Business Associate Agreement ("BAA") with Datavant in accordance with the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder (collectively "HIPAA"). The BAA allows Datavant to perform activities involving the use or disclosure of protected health information ("PHI") on our behalf. HIPAA allows a covered entity to disclose PHI to another covered entity for the health care operations of the entity receiving the information, without a member's authorization or consent, under certain circumstances. We believe that HIPAA permits you to disclose PHI to Datavant, our Business Associate, for risk adjustment purposes.

**PULL LIST**

PULL CNA

MEMBER/REQUESTER





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

## Chart Review Request

|                    |                        |                      |                   |
|--------------------|------------------------|----------------------|-------------------|
| <b>To:</b>         | <u>Medical Records</u> | <b>Date:</b>         | <u>2/19/2026</u>  |
| <b>Fax Number:</b> | <u>[REDACTED]</u>      | <b>Phone Number:</b> | <u>[REDACTED]</u> |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request.  
 Please call ([REDACTED] 93 or email [REDACTED] 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:**

[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 [REDACTED]

**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 [REDACTED]

**4. Fax:**

[REDACTED]

**5. Mail:**

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

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 [REDACTED]

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.

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Risk Adjustment is a payment methodology used by CMS. Oscar performs ongoing chart reviews to ensure complete documentation of our member's health conditions for submission to CMS and to improve the coordination of their care.

We'll strive to minimize any disruptions in patient care activities. We have executed a Business Associate Agreement with Datavant all information shared during this process will be kept in the strictest of confidence, in accordance with all applicable State and Federal laws regarding the confidentiality of patient records, including HIPAA requirements. We are not requesting confidential psychotherapy notes.

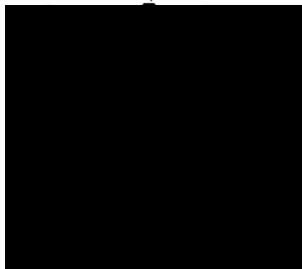
Below is a list of components requested, if applicable, for dates of service from 1/1/2025 - present.

We would appreciate your cooperation with this chart retrieval, which is necessary for compliance with CMS. Records must include patient name, birthdate, and be signed with provider credentials (i.e. MD, DO, etc.) Below is a list of components requested, if applicable:

- Demographic/Face Sheet
- History & Physical
- Consult Notes
- Progress Notes
- Office Notes
- Operative Reports/Procedure Notes
- Signature Log
- 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)
- Chemo/Radiation Reports and Encounters

If you have any questions regarding this project, please call the Datavant Provider Support Center at [REDACTED]. Thank you in advance for your cooperation.

Sincerely,



**Confidentiality:** We have entered into a Business Associate Agreement ("BAA") with Datavant in accordance with the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder (collectively "HIPAA"). The BAA allows Datavant to perform activities involving the use or disclosure of protected health information ("PHI") on our behalf. HIPAA allows a covered entity to disclose PHI to another covered entity for the health care operations of the entity receiving the information, without a member's authorization or consent, under certain circumstances. We believe that HIPAA permits you to disclose PHI to Datavant, our Business Associate, for risk adjustment purposes.

|                  |            |            |            |
|------------------|------------|------------|------------|
| <b>PULL LIST</b> | [REDACTED] | [REDACTED] | [REDACTED] |
|                  | [REDACTED] | [REDACTED] | [REDACTED] |
|                  | [REDACTED] | [REDACTED] | [REDACTED] |

PULL CNA

MEMBER/REQUESTER

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



[REDACTED]

[REDACTED]

[REDACTED]



|            |            |
|------------|------------|
| [REDACTED] | [REDACTED] |
|------------|------------|

# Chart Review Request

|             |         |               |            |
|-------------|---------|---------------|------------|
| To:         | Unknown | Date:         | 2/19/2026  |
| Fax Number: |         | Phone Number: | [REDACTED] |

**ACTION REQUESTED:** Please respond within 8 days of receipt of this request. Please call [REDACTED] or email [REDACTED] 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 [REDACTED]

Medical records can be submitted through the following options:

**1. Provider Portal:**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**3. Onsite Chart Retrieval:**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

FEB 24 2026

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, [REDACTED]

**VERIFICATION OF RECEIPT OF FAX:**  
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January 26, 2026

**Attn: Medical Records**

**Re: Action required — 2025 HEDIS® medical record collection request from Datavant**

Dear health care professional:

We measure the quality of care our members receive by using standard metrics from national organizations and regulatory bodies, including the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state partners.

**What you need to know**

Davant is a health information organization that requests medical records specific to UnitedHealthcare members on our behalf.

Davant will work with you to choose the most convenient method for collecting medical records — in person or by fax, mail, or email. They may request multiple appointments or send multiple requests to complete the medical records collection.

HEDIS® medical record collection is time sensitive. It's important that you respond quickly and return the requested information on time. You should submit medical records even if a member is deceased, no longer enrolled in a UnitedHealthcare plan, or seen by a physician who is no longer with your practice.

**Why this is important**

The medical records we receive from your practice contribute valuable data for quality metrics. These metrics help drive interventions and initiatives that may improve health outcomes and reduce health care costs.

Providing these records helps ensure compliance with federal, state and UnitedHealthcare accreditation requirements.

**Questions?**

Please contact Davant at [REDACTED].

Sincerely,

The UnitedHealthcare Quality Optimization and Insights Team

Enclosures

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.

PCA-2-25-01424-M&R-FAX\_07172025

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|                  |            |                           |
|------------------|------------|---------------------------|
| <b>PULL LIST</b> | [REDACTED] | <b>Charts</b><br><b>1</b> |
|                  | [REDACTED] |                           |
|                  | [REDACTED] |                           |

**\*\*ATTN: PLEASE COLLECT THE CHARTS FOR THESE MEMBERS, EVEN IF THE PROVIDER LISTED NO LONGER AT THIS LOCATION\*\***

| PULL                  | CNA                   | MEMBER/HEALTH PLAN | DOB        | CHART ID     | PROVIDER   | NOTES      |
|-----------------------|-----------------------|--------------------|------------|--------------|------------|------------|
| <input type="radio"/> | <input type="radio"/> | [REDACTED]         | [REDACTED] | [REDACTED] 3 | [REDACTED] | [REDACTED] |
|                       |                       | [REDACTED]         |            |              |            |            |

**\*\*ATTN: PLEASE INCLUDE THIS PULL LIST WHEN SENDING BACK CHARTS/IMAGES\*\***

The Medical Records provided by this office, as requested on February 2026, are true and accurate copies of the records kept in the usual course of business reflecting the medical care provided to patients on the dates indicated in the Medical Records.

Practice Group Administrator/Custodian of Medical Records

Date

\*Person within the company who is responsible for managing and maintaining records.

Securely respond to Datavant-managed requests in a single, up-to-date queue. Login or Signup here:

[REDACTED]

[REDACTED]

[REDACTED]



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## Other Medical Record Requests



## Medical Record Review – Medicare Risk Adjustment

September 2025

Dear Practice or Facility Administrator:

### Re: Time sensitive request for medical records for Medicare Risk Adjustment Data

UnitedHealthcare is committed to improving the quality of care provided to our members and is required by the Centers for Medicare & Medicaid Services (CMS) to submit complete diagnostic data regarding our members enrolled in certain Medicare-covered health plans. Accordingly, UnitedHealthcare requests your cooperation to facilitate a medical record review of 2023 dates of service for a certain number of your patients enrolled in such plans.

We have engaged Optum to conduct the medical chart review. A representative will work with you to provide retrieval options and a list of the requested members' medical records for services rendered from **January 1, 2024 to Present**.

**Notes should include member name, date of visit, and provider signature with credentials.**

**Please include all of the following medical record documentation available for this chart review:**

- 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

**Only if there are no encounter notes for the member**, please indicate CNA (Chart Not Available) by the Chart ID along with comments explaining why the chart is not available.

**If also available include:**

- Health Maintenance Form
- Demographics Sheet (include documentation for name changes, DOB discrepancies)
- Signature Log (complete and return if progress notes contain handwritten signatures or credentials of provider are not contained in patient information being sent)

**Note:** Pursuant to CMS requirements, providers' signatures and qualifications are required to validate each medical record. To limit the administrative burden on your office from other requests for our members' medical records, we may use the records received through this request for other reasons, such as compiling information for Healthcare Effectiveness Data & Information Set® (HEDIS) measures and assisting in CMS risk adjustment data validation audits.

We are sensitive to the needs of you and your patients and would like to request the delivery of a limited data set to meet the attached request. As you prepare the requested records, please ensure the following are present:

- Intake and termination notes
- Progress notes
- Modalities and frequency of treatment provided
- Results of clinical tests or screeners
- Overview of diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date



Optum ID: [REDACTED]

Optum on behalf of UnitedHealthcare

**UnitedHealthcare**  
**Medical Record Request: Patient List**

Secure Online Submission: [REDACTED]

Username: [REDACTED]

Password: [REDACTED]

Please submit member list in all communications with information in the Comments to indicate CNA if chart is not available. Return a separate document for each member named with Optum chart ID via one of the methods below.

Remote Access: Medical records will be retrieved through a designated connection or electronic medical record (EMR) system. If you would like to establish access or have questions, please contact us at [REDACTED] or email [REDACTED]

Please contact a Representative regarding questions or to schedule your preferred retrieval method at [REDACTED] or [REDACTED]

The Harris Center for Mental Health

**Relevant documents:**

- History & Physical Reports
- Discharge Summary
- Progress Notes
- Consult/Specialist Notes or Letters
- Operative Notes
- Procedure Notes/Reports
- Emergency Department Records
- Physician Orders
- Physical, Speech, and/or Occupational Therapist Reports

**Total Charts Requested: 2**

| File # | Member Last Name | Member First Name | DOB        | Chart ID   | Required DOS | Health Plan | Comments   |
|--------|------------------|-------------------|------------|------------|--------------|-------------|------------|
| 1      | [REDACTED]       | [REDACTED]        | [REDACTED] | [REDACTED] | [REDACTED]   | [REDACTED]  | [REDACTED] |

Optum: [REDACTED]

To:

Page: 5 of 6

2025-11-26 12:02:50 PST

[REDACTED]

Page 217 of 387  
From: Fax API User

|   |            |            |            |            |            |            |            |            |
|---|------------|------------|------------|------------|------------|------------|------------|------------|
| 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
|---|------------|------------|------------|------------|------------|------------|------------|------------|

Optum: [REDACTED]



2025 Risk Adjustment & Validation  
Medical Record Review Project

Total Pages: 4

Tuesday, December 02, 2025

Dear Physician or Office Administrator:

We value our relationship with you, and we appreciate the quality care you provide to Molina members. Molina Healthcare plans are contractually required to collect and provide medical record documentation from our providers to fulfill our state and federal regulatory and accreditation requirements regarding CMS Validation (RADV) audit reporting and risk adjustment (RAD) review. The Health Insurance Portability and Accountability (HIPAA) regulation CFR 164.506(c)(4) permits 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 authorization or consent for the purpose of facilitating health care operations.

We have engaged Centauri Health Solutions (Centauri) to collect medical records on our behalf. A Centauri Outreach Consultant will contact your office to schedule an appointment to retrieve our patient medical records in the audit sample. We are asking for your cooperation in providing access to your medical records to make the retrieval process more efficient. We ask that you respond as quickly as possible to this request. Centauri offers several options to retrieve the requested medical records. You can choose the one that will best suit your needs with little disruption to your daily routine.

Please send us your medical records for the patients on the enclosed list. Remember, we are looking for the following documentation in your medical records with dates of service from 1/1/2025 – 12/31/2025. The time frame for retrieving these records is time sensitive. It is very important that Centauri Health Solutions receive records within ten (10) business days of this request.

Please take a moment to review the following:

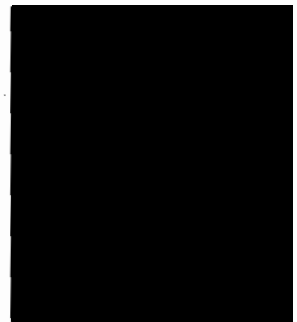
- Medical record information is required for patients on the attached list. The entire medical record may be required. Please see the copy instructions attached.
- Please return this Fax Cover Sheet with all documents so your office can be easily identified.
- Please indicate on the patient list, the reason for any records that you are unable to locate.
- Please return all records for the dates of service listed above.
- Please call the Centauri Outreach team on this request if you have any questions or concerns regarding this request.

For Questions, please contact a Centauri Outreach Coordinator at [REDACTED] Monday–Friday, 8 a.m. and 5 p.m. Eastern Time.

DEC 03 2025

RECEIVED

# Office Providers/Members List



12/02/2025 4:44 PM FAX  
#17139707246  
Page 4 of 4

Provider ID: [REDACTED]

Provider Name: THE HARRIS CENTER FOR MENTAL HEALTH AND IDD,

Below, please find list of 1 members suspected for the provider:

|                          | Member ID  | Chase ID   | Member Name | DOB        |
|--------------------------|------------|------------|-------------|------------|
| <input type="checkbox"/> | [REDACTED] | [REDACTED] | [REDACTED]  | [REDACTED] |

THE HARRIS CENTER



0000/0000



12/11/2025

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD  
9401 SOUTHWEST FWY

HOUSTON, TX 77074

**RE: Please submit requested medical record(s) for your Humana-covered patient(s)**

Dear physician or office administrator:

Humana reviews medical records for our members in an effort to report complete and accurate diagnosis coding to the Centers for Medicare & Medicaid Services (CMS) for our Medicare Advantage members and to the U.S. Department of Health and Human Services for our commercial members.

Please return the medical record(s) for the time period(s) requested, with the enclosed patient information form, for the patient(s) listed. Return in one of the following ways:

- ▶ [Redacted]
- ▶ [Redacted]
- ▶ [Redacted]

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule states in the Safeguards Principle that individually identifiable health information should be protected with reasonable administrative, technical and physical safeguards to ensure its confidentiality, integrity and availability and to prevent unauthorized or inappropriate access, use or disclosure. **Please submit all electronic and hard-copy medical records via a HIPAA-compliant method.**

Please ensure each record includes the section with the physician's or healthcare provider's signature. Do not submit original medical records. Please include the following:

| If a physician record (including telehealth visits):                                   |   |                                     |
|--|---|-------------------------------------|
| Discharge summary  | Consult notes   | Demographics sheet                  |
|  | Diagnostic testing reporting (commercial patients only)   | Dialysis (commercial patients only) |
| History and physical   | Infusion testing and reporting (commercial patients only) | Operative reports                   |
| Physician or healthcare provider signature and credentials (electronic or handwritten) | Problem list  | Progress notes                      |
| Signature log*   | SOAP notes (subjective, objective, assessment, plan)      | Telehealth visits progress notes    |

| If a hospital record (including telehealth visits):  |   |  |
|--|---|--|
| Admit notes (commercial patients only)               | Demographics sheet  | Coding summary (if not on face sheet)  |
| Consult notes  |   | Diagnostic testing reports   |
| Discharge summary                                    | Emergency department records                              | Face sheet   |
| History and physical                                 | Infusion testing and reporting (commercial patients only) | Lab results/pathology reports  |
| Operative reports                                    | Physician orders  | Physician or healthcare provider signature and credentials (electronic or handwritten) |
| Problem list   | Progress notes  |  |
| SOAP notes (subjective, objective, assessment, plan) | Telehealth visits progress notes                          |  |

**\*Note:** Signature logs are not accepted in place of the physician's or healthcare provider's electronic or handwritten signature. Signature logs are used to identify a provider's name if the signature is illegible.

[Redacted]



12/11/2025

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD  
9401 SOUTHWEST FWY

HOUSTON, TX 77074

[Redacted]

Patient Count: 1

**Medicare patient information\***

| Patient name | Unique member ID | Date of birth | Effective Date(s) of service | Records needed in addition to date(s) of service requested (Stars measure/ submeasure) | Request ID |
|--------------|------------------|---------------|------------------------------|--|------------|
| [Redacted]   | [Redacted]       | [Redacted]    | [Redacted]                   | [Redacted]   | [Redacted] |

Please return this form with the requested medical records in one of the three options:

- 1 [Redacted]
- 2 [Redacted]
- 3 [Redacted]

Please note that all requested medical records must be signed by the physician or other healthcare provider.

\*Please be advised that Section 164.506(c) (4) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule permits you to disclose your Humana-covered patients' medical information to us without authorization from your patients. Additionally, the Office for Civil Rights, which enforces the Privacy Rule, has determined that a healthcare provider may disclose health information to a health plan, provided the health plan has had a relationship with the individual who is the subject of the information.

*This communication 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.*

[Redacted]

12/15/25 13:11:23

Page 001/002



12/15/2025

To: MEDICAL RECORDS URGENT  
Harris Center for Mental Health & IDD  
9401 SOUTHWEST FWY

HOUSTON, TX 77074



**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 01/01/2025 - 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 [redacted]  
Enter your secure Client Identifier: anth15cra and select the files to be uploaded.

[redacted]  
[redacted]  
[redacted]  
[redacted]ice.

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.

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 [redacted] Monday through Friday, from 9 a.m. to 6 p.m. MT.

[redacted]  
[redacted]  
[redacted]  
[redacted]

DEC 16 2025

RECEIVED [redacted]

12/15/25 13:11:59

Page 002/002



MEDICAL RECORDS  
MEMBER LIST

12/15/2025

Site Information

|                      |  |
|----------------------|--|
| <b>Site ID:</b>      | [REDACTED]                             |
| <b>Site Name:</b>    | Harris Center for Mental Health & IDD  |
| <b>Site Address:</b> | 9401 SOUTHWEST FWY , HOUSTON, TX 77074 |
| <b>Site Phone:</b>   | [REDACTED]                             |

**Time-sensitive request for medical records from 01/01/2025 – 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 [REDACTED], enter your Client identifier: [REDACTED] 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.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

|            |            |            |            |            |
|------------|------------|------------|------------|------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

[REDACTED] content contained within this transmission may contain confidential information belonging to the sender and intended receiver that is protected by state and/or federal laws. You may be exposed to legal liability if any information is disclosed to another person not a part of intended recipient. This information is solely for the use of the addressee listed above. If you are not the intended recipient listed or agent of the entity listed above, be advised that any disclosure, copying, distribution, or any other means of communicating the sensitive information contained within this transmission is strictly prohibited. If you have received this transmission in error, notify the sender immediately or call [REDACTED] to arrange for appropriate return of the confidential information contained within.



12/30/2025

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 from January 1, 2025, through December 31, 2025**, 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> |  |

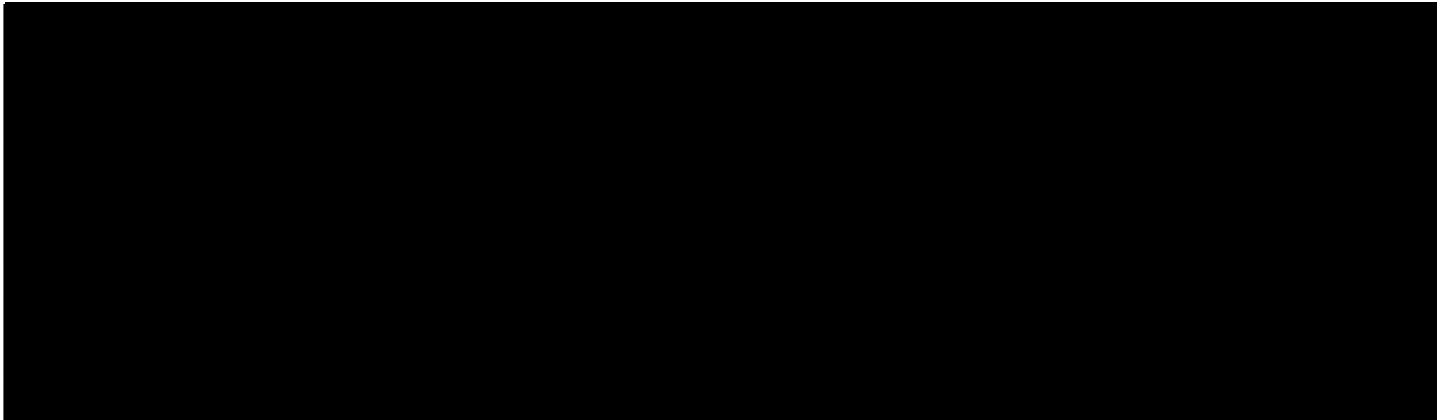
**Why should the provider comply with medical record requests?** This review will ensure accurate payment to plans. Provider reimbursement is inextricably and positively linked to a plan's ability to secure accurate CMS reimbursement. It will also ensure accurate clinical coding and appropriate reimbursement 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.



**\*\*Please return the requested information to Credo within 7 – 10 business days. \*\***

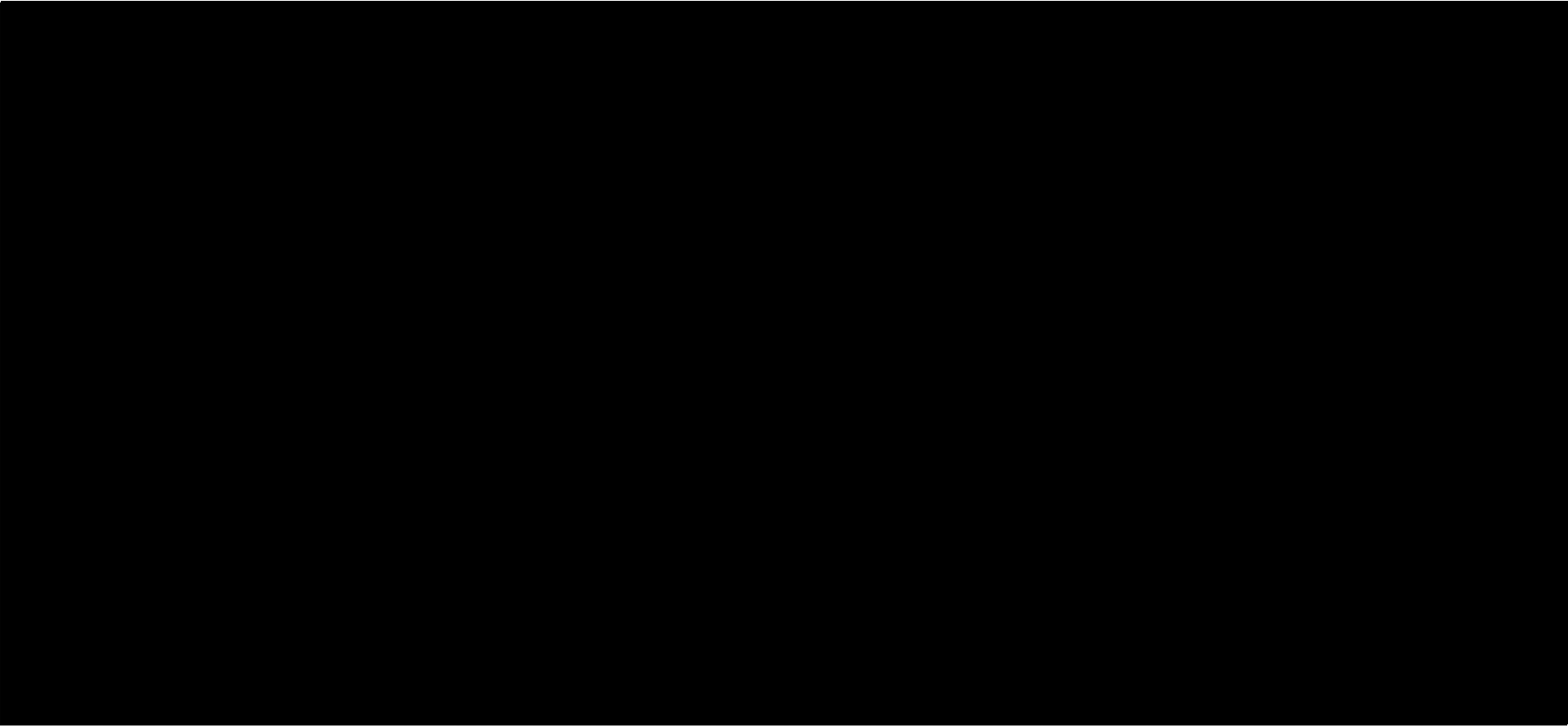
*You may use one of the following methods to return the requested medical records:*

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD  
HOUSTON , TX



For questions about what is being requested or to arrange an alternate method of record access, please contact [redacted]

**MRA© 2023 Project Pull List**





Texas | Commercial

[Date]

[Provider name]

[Provider Address]

[Provider Address 2]

[City, State ZIP code]

**Subject: Verifying diagnosis codes and specificity**

Dear Care Provider:

We are required to document and report our risk adjustment validation efforts and to report this information to the U.S. Department of Health and Human Services (HHS) relative to the provision of the *Affordable Care Act (ACA)* Risk Adjustment Program. To comply with this requirement, it is critical to validate and confirm our members' health status through a review of medical documentation to verify diagnosis codes and accurate levels of specificity.

We have engaged Virtix Health — an independent company that provides secure, clinical document services — to contact providers on our behalf to collect and review medical information. Virtix Health is a business partner of ours and can provide a copy of the business associate agreement upon request.

Please note that, under *HIPAA*, patient authorized information releases are not required for you to comply with these requests for medical records. Care providers are permitted to disclose PHI to health plans without authorization from the patient when both the provider and health plan had a relationship with the patient and the information relates to the relationship (45 CFR 164.506(c)(4)\*). For more information regarding privacy rule language, please visit [hhs.gov/ocr/privacy](https://www.hhs.gov/ocr/privacy). All records must be furnished in accordance with applicable state law. Please note that this review will not negatively affect the member's benefit plan, premium, or your *Provider Agreement*.

Be advised that we are 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.

[Redacted signature block]

January 2025

# Member List

Work Group [REDACTED]  
The Harris Center for Mental Health and IDD

## Total Records Requested: 2

For all available records, please provide all chart detail for the specified date range  
Indicate any unavailable records by checking RNA (Record Not Available)

| Record ID | Member | DOB | Provider | DOS Range |
|-----------|--------|-----|----------|-----------|
|-----------|--------|-----|----------|-----------|

|            |            |            |            |            |
|------------|------------|------------|------------|------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
|------------|------------|------------|------------|------------|

DOS:

|            |            |            |            |            |
|------------|------------|------------|------------|------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
|------------|------------|------------|------------|------------|

DOS:

Page 1

Page 2

Page 3

Page 4

# Medical Records Request

Purpose: 2026 AGA  
On Behalf of: BCBS Association

To: Medical Records

Date: 1/2/2026

Provider Group: The Harris Center for Ment

Due Date: 12/09/2025

Location ID:

## Delivery Options

Secure Fax  
Mail

Thank you for addressing this important request for medical records in a timely manner. Our goal at Virtix Health is to minimize any disruption to your practice and we are available to assist at any time.

- Please review all the contents in this packet, particularly:
  - The letter from BCBS Association explaining the purpose of this request as well as the desired medical record components and date range.
  - The Member List, which provides the patient name, date of birth (DOB), provider and date of service (DOS) information for each record being requested.
- Please return the records using one of the three Delivery Options provided above.

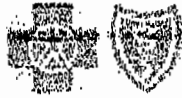
- [Redacted]
- [Redacted]
- [Redacted]

- Should you have any questions or require assistance, please contact the Virtix Support line at [Redacted] and reference your Work Group ID [Redacted]

[Redacted]

JAN 07 2026

RECEIVED



BlueCross BlueShield  
of Texas

Dear Provider:

Virtix Health has been contracted on behalf of Health Care Service Corporation to collect medical records<sup>1</sup>. The Centers for Medicare & Medicaid Services (CMS) and Department of Health and Human Services (HHS) require Medicare Advantage and Commercial plans to submit detailed documentation to support patient conditions. As outlined in your contract, you are required to respond to requests in support of Risk Adjustment, HEDIS and other government required activities within a requested time frame. This includes Virtix requests on behalf of Health Care Service Corporation

If you have questions about this request and process, please contact Virtix at [REDACTED]

We appreciate your patience and assistance during this process.

Thank you,

[REDACTED]

<sup>1</sup>Virtix is contractually bound to preserve the confidentiality of health plan members' protected health information (PHI) in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations. Providers are permitted to disclose PHI to health plans and the contracted parties without authorization from the patient when both the provider and the health plan had a relationship with the patient (45 CFR 164.506 (c) (4)).

**Member List**

Work Group [REDACTED]  
 The Harris Center for Mental Health

**Total Records Requested: 1**

For all available records, please provide all chart detail for the specified date range  
 Indicate any unavailable records by checking RNA (Record Not Available)

| Record ID  | Member     | DOB        | Provider   | DOS Range  |
|------------|------------|------------|------------|------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |



**URGENT REQUEST FOR MEDICAL RECORDS**

Request Send Date: January 07, 2026

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

|   |  |
|---|--|
| <b>TO:</b> [REDACTED]<br>[REDACTED]<br>[REDACTED]<br>[REDACTED] | <b>FROM: ADVANTMED</b><br>[REDACTED]<br>[REDACTED]<br>[REDACTED]<br>[REDACTED]<br>[REDACTED] |
|---|--|

**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 21, 2026

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: [REDACTED]



**Most Convenient and Secure Method:**

To upload records securely visit [REDACTED]  
OR email records to our secure server at [REDACTED]



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



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

[REDACTED]  
[REDACTED]



To mail records, please send to:

[REDACTED]



To schedule an onsite appointment, please contact us at [REDACTED]

JAN 08 2026

RECEIVED

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PLEASE ACKNOWLEDGE RECEIPT OF THIS REQUEST BY UPDATING THE INFORMATION BELOW AND FAXING IT TO [REDACTED] PLEASE CONTACT [REDACTED] OR EMAIL US AT [REDACTED] COM WITH ANY QUESTIONS.

• **Preferred Communication Method:**  PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

• **Contact Name:** \_\_\_\_\_  
 [Medical Record (MR)]

• **Method of Record Submission:**  FAX  EMAIL  MAIL  
 UPLOAD  ONSITE  REMOTE DOWNLOAD

• **Expected Date to Send Records:** \_\_\_\_\_

• **Single Charts Maintained for Patients Who See More Than One Doctor:**  YES  NO

IF YOUR OFFICE PROCESSES MEDICAL RECORD REQUESTS THROUGH A COPY SERVICE, PLEASE CONTACT ADVANTMED PRIOR TO SUBMITTING THIS MEMBER LIST TO YOUR COPY SERVICE.

**Record Required:** All medical records for 1/1/2025 thru 12/31/2025 including Member Biographical Information Sheet

| NO: | ADVANTMED RECORD ID: | PATIENT NAME: (LAST, FIRST) | DOB:       | MEMBER ID: | PROVIDER NAME: | CHARTS AVAILABLE:   |
|-----|----------------------|-----------------------------|------------|------------|----------------|---|
| 1   | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Medical records request list from Advantmed on behalf of Ambetter from Superior HealthPlan.



0600

## Marketplace Risk Adjustment 2025 Request for Medical Records

The Harris Center for Mental Health and IDD (ID #1177673)

Request Sent: 1/7/2026

1502 Bentaubloop  
 , TX 77030

### Request for Medical Records

**Please provide all requested medical records within 14 calendar days.**

Ambetter from Superior HealthPlan will be conducting reviews of their members' medical records as part of their annual risk adjustment. The review is to ensure that all diagnosis codes submitted via claims and encounter data are validated by supporting clinical documentation and to discover any areas for improvement.

Ambetter from Superior HealthPlan has partnered with Datafied to help collect the medical records for the list of members in the following page(s) for the timeframe of 1/1/2025 – 12/31/2025.

Your cooperation in helping Datafied complete these retrieval requests is appreciated. Records can be submitted to Datafied via any of the methods below.

No fees will be paid for charges related to photocopying or preparation of records unless approved.

**There are five HIPAA compliant options for submitting records:**

1. **Extract records from your EHR/EMR system**  
 Request to have Datafied's Specialized Team extract records remotely from your system. Please call us at (714) 666-0951.
2. **Request to have a Datafied representative scan the records on site**  
 Visit <https://secure.datafied.com/records> or call (714) 666-0951 to schedule a representative to come on-site (minimum number of records may apply).
3. **Upload records to our secure HIPAA compliant portal at <https://secure.datafied.com/records>**  
 The fastest and most secure way to submit your records
4. **Fax records directly to Datafied using our secure fax line at (714) 224-0255**  
 Please use this page as your cover sheet.
5. **Mall records to Datafied at P.O. Box 18089, Anaheim, CA 92817-8116**  
 Please inform us when your records have been mailed at <https://secure.datafied.com/records>

If you have any questions, please visit <https://secure.datafied.com/records> or call one of our customer service representatives at (714) 666-0951.

Datafied appreciates your assistance and effort in completing this request. We are here to support you through this process.



### Marketplace Risk Adjustment 2025 Request for Medical Records

Doctor ID : [REDACTED]

Request ID [REDACTED]

Facility Name : The Harris Center for Mental Health and IDD [REDACTED]

**Please provide any and all medical records for the members listed. Ambetter from Superior HealthPlan is requesting records for the dates of service from January 1, 2025 through December 31, 2025. Please ensure to include the following documents for all providers.**

- Patient Demographic Sheet
- History and physical records, progress notes and consultations
- Discharge record, 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
- Consultation reports
- Specialist notes
- Procedure notes/reports
- Valid signatures with credentials
- Behavioral Health Records (Summary of Care can be submitted in lieu of records)

| Order ID   | Patient Name | DOB        | Not Our Patient          | Not Seen in Time Frame   |
|------------|--------------|------------|--------------------------|--------------------------|
| [REDACTED] | [REDACTED]   | [REDACTED] | <input type="checkbox"/> | <input type="checkbox"/> |
| [REDACTED] | [REDACTED]   | [REDACTED] | <input type="checkbox"/> | <input type="checkbox"/> |

| Order ID   | Patient Name | DOB        | Not Our Patient          | Not Seen in Time Frame   |
|------------|--------------|------------|--------------------------|--------------------------|
| [REDACTED] | [REDACTED]   | [REDACTED] | <input type="checkbox"/> | <input type="checkbox"/> |



**Verification of Chronic Condition (VCC) Form**

The individual listed below has elected to enroll in an Aetna® Medicare Chronic Condition Special Needs Plan(C-SNP). **Please review, sign and return this form promptly.**

For the patient to continue enrollment, the Centers for Medicare & Medicaid Services (CMS) requires the plan to verify with a health care provider that the patient on this form has been diagnosed with one or more of the chronic conditions listed below. **Without provider verification, the member will be disenrolled from the plan within 60 days of enrollment. Please sign as soon as possible.**

**Please complete the fields below. All required fields have a red asterisk (\*).**

|  |  |  |   |
|--|--|--|---|
| <b>Section 1. Patient demographic information</b>  |  |  |   |
| Member's first name:* THU  |  | Member's last name:* [REDACTED]                              |   |
| Date of birth (MM/DD/YYYY):* 02/02/1968  |  | Medicare ID number:* [REDACTED]                              |   |
| Member Phone number (including area code):* [REDACTED]   |  | Aetna member ID: (only add if available) [REDACTED]          |   |
| <b>Section 2. Condition verification</b>   |  |  |   |
| Please select at least one condition (or check the box if the patient doesn't have a chronic condition), sign and enter title/office phone number. By signing this form, you confirm whether or not the patient has a diagnosis of one or more of the severe or disbling chronic conditions below. |  |  |   |
| Diabetes Mellitus:* <input type="checkbox"/>   | Chronic Heart Failure (CHF):* <input type="checkbox"/> | Cardiovascular Disease:* <input type="checkbox"/>            | <b>If yes, check all applicable boxes:</b><br><input type="checkbox"/> Cardiac arrhythmias<br><input type="checkbox"/> Coronary artery disease<br><input type="checkbox"/> Peripheral vascular disease<br><input type="checkbox"/> Valvular heart disease |
| <input type="checkbox"/> <b>PATIENT DOES NOT HAVE ANY OF THE ABOVE CHRONIC CONDITIONS.</b>   |  |  |   |
| Office phone number (including area code):*  |  | Fax number (including area code):*                           |   |
| Insert <b>NPI</b> or <b>TIN</b> or <b>BOTH</b> to complete form:*  |  | NPI:   | TIN:  |
| Physician/Nurse Practitioner/Physician Assistant name:*  |  | Physician/Nurse Practitioner/Physician Assistant Signature:* |   |
| Date signed:*  |  |  |   |

|   |   |
|---|---|
| <b>You may print this form and complete one of the following actions:</b>   |   |
| <p><b>Use Cover Sheet without any Protected Health Information (PHI) and Fax to:</b></p> <p>[REDACTED]</p> <p><b>Attention: Enrollment Department</b></p> | <p><b>Only if you can send secure email should you scan completed form,</b></p> <p>[REDACTED]</p> |



Texas | Commercial

[Date]

[Provider name]

[Provider Address]

[Provider Address 2]

[City, State ZIP code]

Subject: Verifying diagnosis codes and specificity

Dear Care Provider:

We are required to document and report our risk adjustment validation efforts and to report this information to the U.S. Department of Health and Human Services (HHS) relative to the provision of the *Affordable Care Act (ACA) Risk Adjustment Program*. To comply with this requirement, it is critical to validate and confirm our members' health status through a review of medical documentation to verify diagnosis codes and accurate levels of specificity.

We have engaged Virtix Health -- an independent company that provides secure, clinical document services -- to contact providers on our behalf to collect and review medical information. Virtix Health is a business partner of ours and can provide a copy of the business associate agreement upon request.

Please note that, under *HIPAA*, patient authorized information releases are not required for you to comply with these requests for medical records. Care providers are permitted to disclose PHI to health plans without authorization from the patient when both the provider and health plan had a relationship with the patient and the information relates to the relationship (45 CFR 164.506(c)(4)\*). For more information regarding privacy rule language, please visit [hhs.gov/ocr/privacy](http://hhs.gov/ocr/privacy). All records must be furnished in accordance with applicable state law. Please note that this review will not negatively affect the member's benefit plan, premium, or your *Provider Agreement*.

Be advised that we are 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.

[REDACTED]

**Member List**

Work Group [REDACTED]  
The Harris Center for Mental Health and IDD

**Total Records**

**Requested: 1**

For all available records, please provide all chart detail for the specified date range  
Indicate any unavailable records by checking RNA (Record Not Available)

| Record ID  | Member     | DOB        | Provider   | DOS Range  |
|------------|------------|------------|------------|------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |



**URGENT REQUEST FOR MEDICAL RECORDS**

Request Send Date: January 13, 2026

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

|  |   |
|--|---|
| <p><b>TO: THE HARRIS CENTER SOUTHWEST COMMUNITY SERVICE CENTER</b></p> <p>[REDACTED]</p> | <p><b>FROM: ADVANTMED</b></p> <p>[REDACTED]</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 27, 2026

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: [REDACTED]



**Most Convenient and Secure Method:**

[REDACTED]



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



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

[REDACTED]



To mail records, please send to:

[REDACTED]



To schedule an onsite appointment, please contact us at [REDACTED]

JAN 14 2026

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PLEASE ACKNOWLEDGE RECEIPT OF THIS REQUEST BY UPDATING THE INFORMATION BELOW AND FAXING IT TO [REDACTED] PLEASE CONTACT ([REDACTED] OR EMAIL US AT PROVIDERCONNECT@[REDACTED] WITH ANY QUESTIONS.

• Preferred Communication Method:  PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

• Contact Name: \_\_\_\_\_  
 [Medical Record (MR)]

• Method of Record Submission:  FAX  EMAIL  MAIL  
 UPLOAD  ONSITE  REMOTE DOWNLOAD

• Expected Date to Send Records: \_\_\_\_\_

• Single Charts Maintained for Patients Who See More Than One Doctor:  YES  NO

IF YOUR OFFICE PROCESSES MEDICAL RECORD REQUESTS THROUGH A COPY SERVICE, PLEASE CONTACT ADVANTMED PRIOR TO SUBMITTING THIS MEMBER LIST TO YOUR COPY SERVICE.

Record Required: All medical records for 1/1/2025 thru 12/31/2025 including Member Biographical Information Sheet

| NO: | ADVANTMED RECORD ID: | PATIENT NAME: (LAST, FIRST) | DOB:       | MEMBER ID: | PROVIDER NAME: | CHARTS AVAILABLE:  |
|-----|----------------------|-----------------------------|------------|------------|----------------|--|
| 1   | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2   | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3   | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4   | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5   | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6   | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7   | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8   | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9   | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10  | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11  | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12  | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13  | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14  | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | <input type="checkbox"/> Yes <input type="checkbox"/> No |



Record Required: All medical records for 1/1/2025 thru 12/31/2025 including Member Biographical Information Sheet

| NO: | ADVANTMED RECORD ID: | PATIENT NAME: (LAST, FIRST) | DOB: | MEMBER ID: | PROVIDER NAME: | CHARTS AVAILABLE:  |
|-----|----------------------|-----------------------------|------|------------|----------------|--|
| 15  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 29  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 31  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 32  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 33  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 34  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 35  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 38  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 39  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 40  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 41  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 42  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 43  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 44  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 45  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 46  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |



| Record Required: All medical records for 1/1/2025 thru 12/31/2025 including Member Biographical Information Sheet |                      |                             |      |            |                |  |
|---|----------------------|-----------------------------|------|------------|----------------|--|
| NO:   | ADVANTMED RECORD ID: | PATIENT NAME: (LAST, FIRST) | DOB: | MEMBER ID: | PROVIDER NAME: | CHARTS AVAILABLE:  |
| 47  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 48  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 49  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 50  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 51  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 52  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 53  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 54  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 55  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 56  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 57  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 58  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 59  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 60  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 61  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 62  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 63  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 64  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 65  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 66  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 67  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 68  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 69  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Medical records request list from Advantmed on behalf of Ambetter from Superior HealthPlan.



**URGENT REQUEST FOR MEDICAL RECORDS**

Request Send Date: January 13, 2026

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

|   |   |
|---|---|
| <p><b>TO: THE HARRIS CENTER FOR MENTAL HEALTH AND IDD</b></p> <p>[REDACTED]</p> <p>[REDACTED]</p> | <p><b>FROM: ADVANTMED</b></p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</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 27, 2026

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: [REDACTED]



**Most Convenient and Secure Method:**

To upload records securely visit [REDACTED]  
OR email records to our secure server at [REDACTED]



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



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

[REDACTED]  
[REDACTED]



To mail records, please send to:

[REDACTED]



To schedule an onsite appointment, please contact us at [REDACTED]

JAN 14 2026

RECEIVED

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PLEASE ACKNOWLEDGE RECEIPT OF THIS REQUEST BY UPDATING THE INFORMATION BELOW AND FAXING IT TO [REDACTED]. PLEASE CONTACT ([REDACTED]) OR EMAIL US AT PROVIDERCONNECT@[REDACTED] WITH ANY QUESTIONS.

• Preferred Communication Method:  PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

• Contact Name: vanessa  
 [Medical Record (MR)]

• Method of Record Submission:  FAX  EMAIL  MAIL  
 UPLOAD  ONSITE  REMOTE DOWNLOAD

• Expected Date to Send Records: \_\_\_\_\_

• Single Charts Maintained for Patients Who See More Than One Doctor:  YES  NO

IF YOUR OFFICE PROCESSES MEDICAL RECORD REQUESTS THROUGH A COPY SERVICE, PLEASE CONTACT ADVANTMED PRIOR TO SUBMITTING THIS MEMBER LIST TO YOUR COPY SERVICE.

Record Required: All medical records for 1/1/2025 thru 12/31/2025 including Member Biographical Information Sheet

| NO: | ADVANTMED RECORD ID: | PATIENT NAME: (LAST, FIRST) | DOB: | MEMBER ID: | PROVIDER NAME: | CHARTS AVAILABLE:  |
|-----|----------------------|-----------------------------|------|------------|----------------|--|
| 1   |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2   |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3   |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4   |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5   |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6   |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7   |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8   |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9   |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17  |                      |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

From: Advantmed FAX

To:

Page: 6 of 6

01/13/2026 12:49 PM



| Record Required: All medical records for 1/1/2025 thru 12/31/2025 including Member Biographical Information Sheet |                      |                             |      |            |                |  |
|---|----------------------|-----------------------------|------|------------|----------------|--|
| NO:   | ADVANTMED RECORD ID: | PATIENT NAME: (LAST, FIRST) | DOB: | MEMBER ID: | PROVIDER NAME: | CHARTS AVAILABLE:  |
| 18  | [REDACTED]           |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19  | [REDACTED]           |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20  | [REDACTED]           |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21  | [REDACTED]           |                             |      |            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Medical records request list from Advantmed on behalf of Ambetter from Superior HealthPlan.



**URGENT REQUEST FOR MEDICAL RECORDS**

Request Send Date: January 19, 2026

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

|  |  |
|--|--|
| <b>TO: THE HARRIS CENTER FOR MENTAL HEALTH AND IDD</b><br>[REDACTED]<br>[REDACTED]<br>[REDACTED] | <b>FROM: ADVANTMED</b><br>[REDACTED]<br>[REDACTED]<br>[REDACTED]<br>[REDACTED]<br>[REDACTED] |
|--|--|

**Dear Physician or Office Administrator:**

Ambetter from Louisiana Healthcare Connections has partnered with Advantmed to collect medical records for Risk Adjustment Data Collection & Reporting.

**REQUESTOR:** Ambetter from Louisiana Healthcare Connections

**DUE DATE:** February 02, 2026

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: [REDACTED]



**Most Convenient and Secure Method:**  
[REDACTED]



To begin set up for remote LMR download by Advantmed's trained Medical Record Technicians, email necessary forms to [REDACTED]. Please provide a point of contact and number for further communication.



To fax records toll free, use our secure fax lines:  
[REDACTED]



To mail records, please send to:  
[REDACTED]



To schedule an onsite appointment, please contact us at [REDACTED]

JAN 20 2026

RECEIVED

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PLEASE ACKNOWLEDGE RECEIPT OF THIS REQUEST BY UPDATING THE INFORMATION BELOW AND FAXING IT TO [REDACTED]  
 PLEASE CONTACT [REDACTED] OR EMAIL US AT PROVIDERCONNECT@ADVANTMED.COM WITH ANY QUESTIONS.

• Preferred Communication Method:  PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

• Contact Name: \_\_\_\_\_  
 [Medical Record (MR)]

• Method of Record Submission:  FAX  EMAIL  MAIL  
 UPLOAD  ONSITE  REMOTE DOWNLOAD

• Expected Date to Send Records: \_\_\_\_\_

• Single Charts Maintained for Patients Who See More Than One Doctor:  YES  NO

IF YOUR OFFICE PROCESSES MEDICAL RECORD REQUESTS THROUGH A COPY SERVICE, PLEASE CONTACT ADVANTMED PRIOR TO SUBMITTING THIS MEMBER LIST TO YOUR COPY SERVICE.

Record Required: All medical records for 1/1/2025 thru 12/31/2025 including Member Biographical Information Sheet

| NO: | ADVANTMED RECORD ID: | PATIENT NAME: (LAST, FIRST) | DOB:       | MEMBER ID: | PROVIDER NAME: | [REDACTED] |
|-----|----------------------|-----------------------------|------------|------------|----------------|------------|
| 1   | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | [REDACTED] |
| 2   | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | [REDACTED] |
| 3   | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | [REDACTED] |



**URGENT REQUEST FOR MEDICAL RECORDS**

Request Send Date: January 28, 2026

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

|   |   |
|---|---|
| <b>TO:</b> [REDACTED]<br>[REDACTED]<br>[REDACTED]<br>[REDACTED] | <b>FROM:</b> [REDACTED] NTMED<br>[REDACTED]<br>[REDACTED]<br>[REDACTED]<br>[REDACTED]<br>[REDACTED] |
|---|---|

**Dear Physician or Office Administrator:**

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

**REQUESTOR:** United Healthcare

**DUE DATE:** February 04, 2026

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: [REDACTED]



**Most Convenient and Secure Method:**

To upload records securely visit [REDACTED]



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

[REDACTED]  
[REDACTED]



To email records to our secure server:

[REDACTED]



To mail records, please send to:

[REDACTED]

FEB 02 2026

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PLEASE ACKNOWLEDGE RECEIPT OF THIS REQUEST BY UPDATING THE INFORMATION BELOW AND FAXING IT TO [REDACTED]. PLEASE CONTACT [REDACTED] OR EMAIL US AT [REDACTED] WITH ANY QUESTIONS.

• Preferred Communication Method:  PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

• Contact Name: \_\_\_\_\_  
 [Medical Record (MR)]

• Method of Record Submission:  FAX  EMAIL  MAIL  
 UPLOAD  ONSITE  REMOTE DOWNLOAD

• Expected Date to Send Records: \_\_\_\_\_

• Single Charts Maintained for Patients Who See More Than One Doctor:  YES  NO

IF YOUR OFFICE PROCESSES MEDICAL RECORD REQUESTS THROUGH A COPY SERVICE, PLEASE CONTACT ADVANTMED PRIOR TO SUBMITTING THIS MEMBER LIST TO YOUR COPY SERVICE.

| NO: | ADVANTMED RECORD ID: | PATIENT NAME: (LAST, FIRST) | DOB:       | PROVIDER NAME: | CHARTS AVAILABLE:  | OTHER LOCATION CONTACT# (IF ANY) |
|-----|----------------------|-----------------------------|------------|----------------|--|----------------------------------|
| 1   | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED]     | <input type="checkbox"/> Yes <input type="checkbox"/> No | [REDACTED]                       |

Measure: BPD-Blood Pressure Control for Patients With Diabetes

Documents Required for: 2025

- Consults  Referrals  Progress Notes  Telephone Logs  
 Demographic Sheet  Health Maintenance  Vital Sign Flowsheet  
 Telehealth Visit Notes

If you are not sure you have this information within the records, please send all the listed documents for review. All medical records for 2025 including patient demographic page.

Medical records request list from Advantmed on behalf of UnitedHealthcare.



**URGENT REQUEST FOR MEDICAL RECORDS**

Request Send Date: February 10, 2026

Provider ID: [REDACTED]

ATTENTION TO: Medical Records

|   |   |
|---|---|
| <p><b>TO: THE HARRIS CENTER FOR MENTAL HEALTH AND IDD</b></p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> | <p><b>FROM: ADVANTMED</b></p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</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 24, 2026

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: [REDACTED]



**Most Convenient and Secure Method:**  
[REDACTED]



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



To fax records toll free, use our secure fax lines:  
[REDACTED]



To mail records, please send to:  
[REDACTED]



To schedule an onsite appointment, please contact us at [REDACTED]

FEB 11 2026

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PLEASE ACKNOWLEDGE RECEIPT OF THIS REQUEST BY UPDATING THE INFORMATION BELOW AND FAXING IT TO [REDACTED]  
PLEASE CONTACT [REDACTED] OR EMAIL US AT [REDACTED] WITH ANY QUESTIONS.

• Preferred Communication Method:  PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

• Contact Name: \_\_\_\_\_  
 [Medical Record (MR)]

• Method of Record Submission:  FAX  EMAIL  MAIL  
 UPLOAD  ONSITE  REMOTE DOWNLOAD

• Expected Date to Send Records: \_\_\_\_\_

• Single Charts Maintained for Patients Who See More Than One Doctor:  YES  NO

IF YOUR OFFICE PROCESSES MEDICAL RECORD REQUESTS THROUGH A COPY SERVICE, PLEASE CONTACT ADVANTMED PRIOR TO SUBMITTING THIS MEMBER LIST TO YOUR COPY SERVICE.

Record Required: All medical records for 1/1/2025 thru 12/31/2025 including Member Biographical Information Sheet

| NO:        | ADVANTMED RECORD ID: | PATIENT NAME: (LAST, FIRST) | DOB:       | MEMBER ID: | PROVIDER NAME: | CHARTS AVAILABLE: |
|------------|----------------------|-----------------------------|------------|------------|----------------|-------------------|
| [REDACTED] | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | [REDACTED]        |
| [REDACTED] | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | [REDACTED]        |
| [REDACTED] | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | [REDACTED]        |
| [REDACTED] | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | CALDWELL       | [REDACTED]        |

Medical records request list from Advantmed on behalf of Ambetter from Superior HealthPlan.



2/3/2026

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD  
[REDACTED]  
[REDACTED]

**RE: Request for HEDIS medical records**

Dear physician or office administrator:

We are contacting you to request records for your Humana-covered patients. Enclosed is a list of your patients for whom records are needed, including the relevant time periods.

This request is part of the annual Healthcare Effectiveness Data and Information Set (HEDIS®) reporting project used by the Centers for Medicare & Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA), your state Medicaid agency and many employers for monitoring the performance of managed care organizations.

For your convenience, we have enclosed the HEDIS measurement year (MY) 2025 measure guidelines and checklist, which details the specific chart components and relevant time periods for each measure.

To facilitate the HEDIS review, please:

- Ensure each medical record is within the specified time frame.
- Ensure the medical record copy submitted includes the provider's signature.
- Include the attached patient list for each patient listed.

Please return the medical record(s) and the enclosed patient list for the patient(s) listed within one week of receiving this communication. Please return the medical record(s) in one of the following ways:

- [REDACTED]
- [REDACTED]
- [REDACTED]

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule states in the Safeguards Principle that individually identifiable health information should be protected with reasonable administrative, technical and physical safeguards to ensure its confidentiality, integrity and availability and to prevent unauthorized or inappropriate access, use or disclosure. **Please submit all electronic and hard-copy medical records via a HIPAA-compliant method.**

[REDACTED]



2/3/2026

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

[Redacted]  
[Redacted]  
[Redacted]

**Patient list**

| Patient name<br>(Last, first) | Request ID | Gender<br>(M/F) | Humana<br>member ID<br>(card ID<br>number) | Date of<br>birth (DOB)<br>(mm/dd/yy) | Measure(s)/<br>submeasure(s)           |
|-------------------------------|------------|-----------------|--|--------------------------------------|--|
| [Redacted]<br>[Redacted]      | [Redacted] | [Redacted]      | [Redacted]                                 | [Redacted]                           | [Redacted]<br>[Redacted]<br>[Redacted] |

Please upload the requested medical records to the medical records management portion of the Humana website at [www.submitrecords.com/humana](http://www.submitrecords.com/humana), or return this form with the requested medical records in one of the following ways:

[Redacted]  
[Redacted]

**Please note that all requested medical records must be signed by the physician or healthcare provider.**

Please be advised that Section 164.506(c)(4) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule permits you to disclose your Humana-covered patients' medical information to us without authorization from your patients. Additionally, the Office for Civil Rights, which enforces the Privacy Rule, has determined that a practitioner 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.

*This communication 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.*

[Redacted]

EXL

February 6, 2026

THE HARRIS CENTER FOR MENTAL HEALTH AND  
IDD  
ATTN: REVENUE MANAGEMENT DEPT.



**RE: First Request for Documentation**

Dear Provider,

This letter is to provide you notice that your facility has been selected for an audit of claims billed to the Texas Children's Health Plan ("TCHP"). The objective of the audit is to determine whether these claims were billed and paid in accordance with Texas Medicaid laws and regulations and the contractual terms of your agreement with TCHP.

TCHP has contracted with ExlService.com, LLC ("EXL") to support its audit efforts. These efforts are in compliance with TCHP's contract with the state of Texas. One of the provisions of their contract with the state is to audit claims for payment submitted by individuals or entities who furnish items or services for which payment was made on behalf of Medicaid beneficiaries.

EXL has been contracted by TCHP to perform Behavioral Health claim audits for the patient listed on the attached Records Transmittal. We request the following documentation be submitted within 30 calendar days:

- The entire medical record
- Staff Certifications and Credentials
- Supervision Documentation

Provider shall provide at no cost, reasonable and adequate access to any records, books, documents, and papers that are related to provider's performance of its responsibilities under the provider's agreement with Texas Children's Health Plan.

As a Medicaid Provider and a recipient of funds under this program, you are subject to review of your documentation and claims activity. In accordance with the Texas Administrative Code, TCHP has the right to timely and unrestricted access to all books, documents, papers, and other records that are pertinent to Medicaid payments.

Place the attached Medical Records Transmittal on the medical records to ensure proper handling. Should you have any questions or require additional information, please contact an EXL Behavioral Health Audit Coordinator at

Sincerely,



EXL

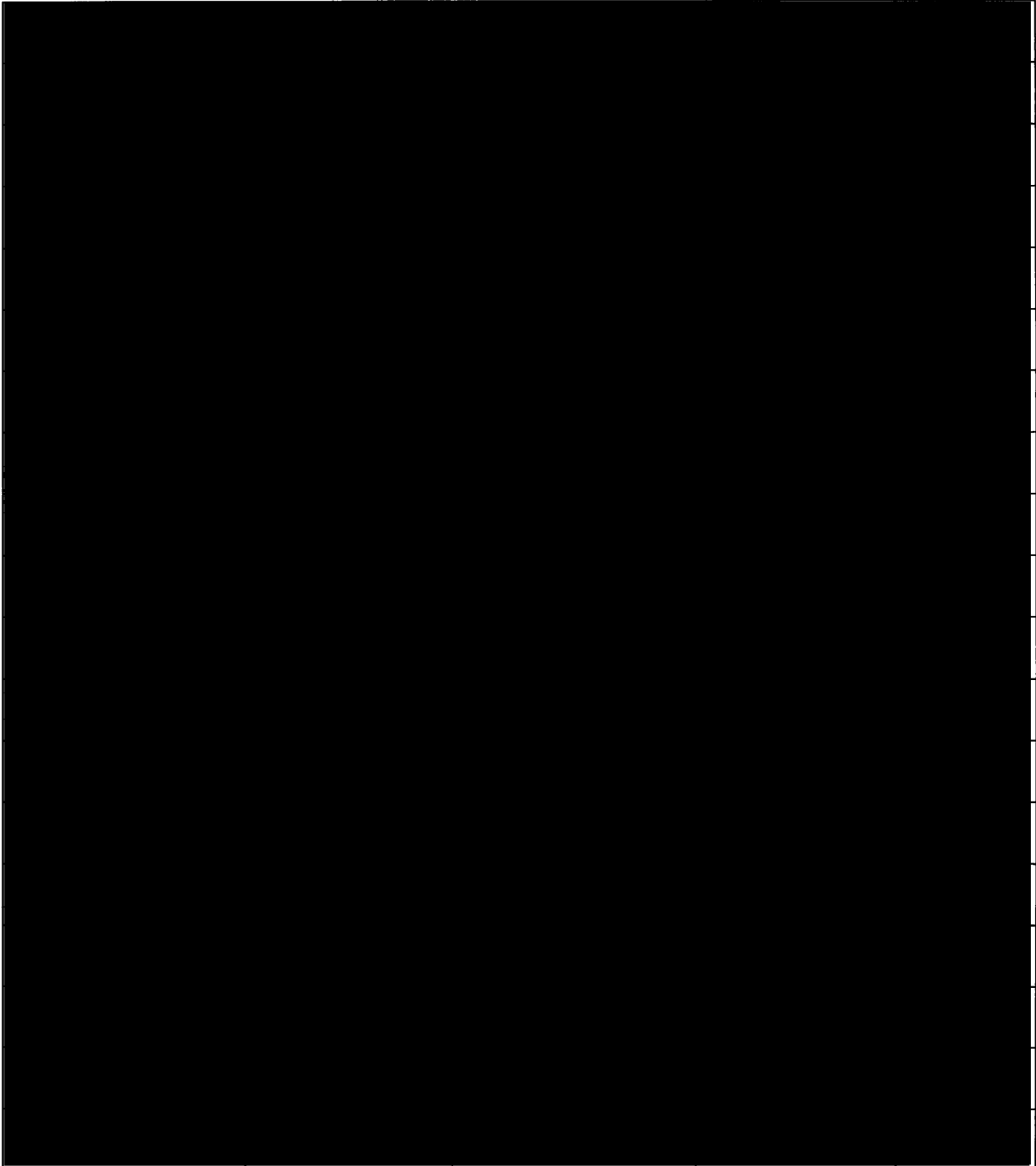


MEDICAL RECORDS TRANSMITTAL

| Facility           | Audit ID | Patient Name | Dates of Service | Date of Birth |
|--------------------|----------|--------------|------------------|---------------|
| [Redacted Content] |          |              |                  |               |



EXL



EXL

February 6, 2026

THE HARRIS CENTER FOR MENTAL HEALTH AND  
IDD  
ATTN: REVENUE MANAGEMENT DEPT.



**RE: First Request for Documentation**

Dear Provider,

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TCHP has contracted with ExlService.com, LLC ("EXL") to support its audit efforts. These efforts are in compliance with TCHP's contract with the state of Texas. One of the provisions of their contract with the state is to audit claims for payment submitted by individuals or entities who furnish items or services for which payment was made on behalf of Medicaid beneficiaries.

EXL has been contracted by TCHP to perform Behavioral Health claim audits for the patient listed on the attached Records Transmittal. We request the following documentation be submitted within 30 calendar days:

- The entire medical record
- Staff Certifications and Credentials
- Supervision Documentation

Provider shall provide at no cost, reasonable and adequate access to any records, books, documents, and papers that are related to provider's performance of its responsibilities under the provider's agreement with Texas Children's Health Plan.

As a Medicaid Provider and a recipient of funds under this program, you are subject to review of your documentation and claims activity. In accordance with the Texas Administrative Code, TCHP has the right to timely and unrestricted access to all books, documents, papers, and other records that are pertinent to Medicaid payments.

Place the attached Medical Records Transmittal on the medical records to ensure proper handling. Should you have any questions or require additional information, please contact an EXL Behavioral Health Audit Coordinator at

Sincerely,



EXL

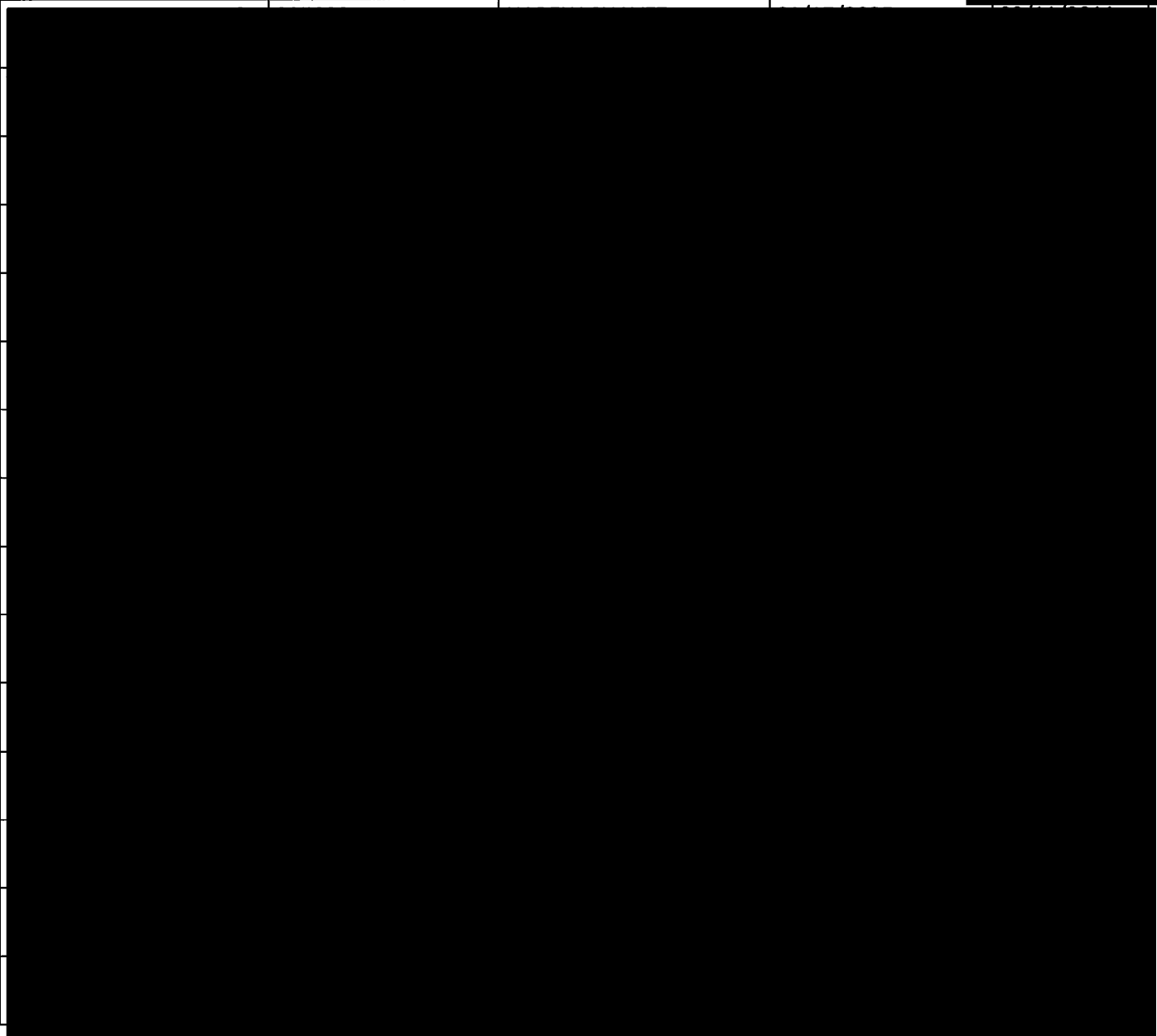
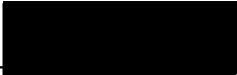


MEDICAL RECORDS TRANSMITTAL

| Facility           | Audit ID | Patient Name | Dates of Service | Date of Birth |
|--------------------|----------|--------------|------------------|---------------|
| [Redacted Content] |          |              |                  |               |




EXL



**RECORDS TO SEND**

- Entire medical records for services delivered
- Staff Credentials and Certifications
- Supervision Documentation

**PLEASE RETURN THIS FORM WITH THE MEDICAL RECORDS WITHIN 30 DAYS.**

Medical Records should be uploaded via the EXL Provider Portal for review. For any support or submission of medical records, please visit our provider portal. The portal also has many other self-service features, along with FAQs and a User Guide: 





**URGENT REQUEST FOR MEDICAL RECORDS**

Request Send Date: February 10, 2026

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>[Redacted]</p> <p>[Redacted]</p> | <p><b>FROM: ADVANTMED</b></p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</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 24, 2026

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: [Redacted]



**Most Convenient and Secure Method:**  
[Redacted]



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



To fax records toll free, use our secure fax lines:  
[Redacted]



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

FEB 11 2026

RECEIVED

Disclaimer: If you have received this transmission in error, please contact providerconnect@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.



PLEASE ACKNOWLEDGE RECEIPT OF THIS REQUEST BY UPDATING THE INFORMATION BELOW AND FAXING IT TO (800)340-7804. PLEASE CONTACT (800)698-1690 OR EMAIL US AT PROVIDERCONNECT@ADVANTMED.COM WITH ANY QUESTIONS.

• Preferred Communication Method:  PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

• Contact Name: \_\_\_\_\_  
 [Medical Record (MR)]

• Method of Record Submission:  FAX  EMAIL  MAIL  
 UPLOAD  ONSITE  REMOTE DOWNLOAD

• Expected Date to Send Records: \_\_\_\_\_

• Single Charts Maintained for Patients Who See More Than One Doctor:  YES  NO

IF YOUR OFFICE PROCESSES MEDICAL RECORD REQUESTS THROUGH A COPY SERVICE, PLEASE CONTACT ADVANTMED PRIOR TO SUBMITTING THIS MEMBER LIST TO YOUR COPY SERVICE.

**Record Required:** All medical records for 1/1/2025 thru 12/31/2025 including Member Biographical Information Sheet

| NO: | ADVANTMED RECORD ID: | PATIENT NAME: (LAST, FIRST) | DOB:       | MEMBER ID: | PROVIDER NAME: | CHARTS AVAILABLE: |
|-----|----------------------|-----------------------------|------------|------------|----------------|-------------------|
| 1   | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | [REDACTED]        |
| 2   | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | [REDACTED]        |
| 3   | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | [REDACTED]        |
| 4   | [REDACTED]           | [REDACTED]                  | [REDACTED] | [REDACTED] | [REDACTED]     | [REDACTED]        |

Medical records request list from Advantmed on behalf of Ambetter from Superior HealthPlan.

# 2026 HEDIS Medical Record Review Project



Total Pages: 6

1st Request

Attention: Quality Improvement  
Molina Healthcare of TX



|            |                    |           |            |
|------------|--------------------|-----------|------------|
| To:        | NEURO PSYCH CENTER | From:     | [REDACTED] |
| Attention: | MEDICAL RECORDS    | Date:     | 02/06/2026 |
| Phone:     | [REDACTED]         | Phone:    | [REDACTED] |
| Fax:       | [REDACTED]         | Deadline: | 02/13/2026 |

Re: Medical Record Request; Location ID # [REDACTED]

We value our relationship with you and appreciate the quality care you provide to Molina members. Molina Healthcare plans are contractually required to collect and provide medical record documentation from our providers to fulfill our state and federal regulatory and accreditation requirements regarding annual HEDIS (Healthcare Effectiveness Data and Information Set) and Risk Adjustment (RAD) quality reporting. The Health Insurance Portability and Accountability (HIPAA) regulation CFR 164.506(c)(4) permits 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 authorization or consent for the purpose of facilitating health care operations.

**Please take a moment to review the following:**

- Medical record information is required for patients on the attached list. The entire medical record **may be** required. Please see the copy instructions attached.
- Please return the attached "Return Cover Fax Sheet" with all documents so your office can be easily identified.
- Please indicate on the patient list, the reason for any records that you are unable to locate.
- Please return all records by the deadline listed above.
- Please call the specialist on this request if you have any questions or concerns regarding this request.

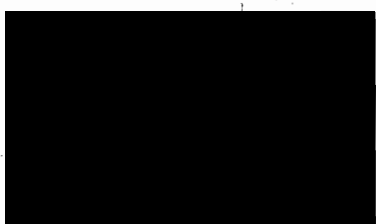
**Record Return Methods:**

- [REDACTED]
- **Secure Email or SFTP:** Send Records quickly and securely using the following email or call for more information on SFTP portal accounts: [REDACTED]
- **Electronic Medical Record (EMR) or Health Information Exchange (HIE) system access:** If your office uses an EMR system for medical record keeping, you may arrange secure remote access or file sharing for Molina office staff to download the records without inconveniencing your staff. Please contact the specialist on this request for details.
- **Mail:** Records can be mailed to: Attn: [REDACTED]
- **On-site request:** If your office would prefer retrieval and/or abstraction completed on-site by our staff, please contact the specialist on this request for more information and appointment availability.

**Reminder note:**

- **Third Party Vendor:** If your Office is contracted with a third-party vendor to facilitate, process and fulfill medical record requests please use the following reference request number: [REDACTED]

Sincerely,



**CONFIDENTIALITY NOTICE:** This fax transmission, including any attachments, contains confidential information that may be privileged. The information is intended only for the use of the individual(s) or entity to which it is addressed. If you are not the intended recipient, any disclosure, distribution or the taking of any action in reliance upon this fax transmission is prohibited and may be unlawful. If you have received this fax in error, please notify the sender immediately.

FEB 09 2026

RECEIVED

2026 HEDIS  
Medical Record Review Project



1st Request

Attention: Quality Improvement  
Molina Healthcare of TX



Return Deadline [REDACTED] Friday, February 13, 2026

Location Key : [REDACTED]

Location Name : [REDACTED] RO PSYCH CENTER

Location Phone : [REDACTED]

Reporting/Member Record Pull List:

| Member Name  | DOB  | Sex  | Measure  | ChaseID  | LOB  | Location Name  | Not My Patient           | Last Seen |
|--|--|--|--|--|--|--|--------------------------|-----------|
| <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <input type="checkbox"/> |           |
| <span style="background-color: black; color: black;">[REDACTED]</span> |  |  |  | <span style="background-color: black; color: black;">[REDACTED]</span> |  | <span style="background-color: black; color: black;">[REDACTED]</span> |                          |           |

## External Pharmacy Audit Requests



NABP #: [REDACTED]

### Records Transmittal Page

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

FROM: [REDACTED]/Southwest Clinic Pharmacy TO: EXL Service

(Sender's Name)

# of Pages: 8 (Including Cover)

Pharmacy Name: SOUTHWEST CLINIC PHARMACY 3

NABP #: [REDACTED]

Date: November 19, 2025

| EXL ID     | Claim Number | Rx #       | Fill Date  | Drug Name                 | Medicare Claim | Pharmacy Comment |
|------------|--------------|------------|------------|---------------------------|----------------|------------------|
| [REDACTED] | [REDACTED]   | [REDACTED] | [REDACTED] | INVEGA TRINZ INJ<br>819MG | No             |                  |

#### 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 12-2-25





EXL

NABP #: [Redacted]

Records Transmittal Page

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

FROM: [Redacted] / Southwest Clinic Pharmacy TO: EXL Service

(Sender's Name)

# of Pages: 7 (Including Cover)

Pharmacy Name: SOUTHWEST CLINIC PHARMACY 3

NABP #: [Redacted]

Date: December 5, 2025

| EXL ID     | Claim Number | Rx #       | Fill Date  | Drug Name                 | Medicare Claim | Pharmacy Comment |
|------------|--------------|------------|------------|---------------------------|----------------|------------------|
| [Redacted] | [Redacted]   | [Redacted] | [Redacted] | INVEGA TRINZ INJ<br>819MG | Yes            |                  |

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]

12-12-25

Date





EXL

NABP #: [REDACTED]

Records Transmittal Page

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

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

(Sender's Name)

# of Pages: 7 (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY

NABP #: [REDACTED]

Date: December 12, 2025

| EXL ID     | Claim Number | Rx #       | Fill Date  | Drug Name                  | Medicare Claim | Pharmacy Comment |
|------------|--------------|------------|------------|----------------------------|----------------|------------------|
| [REDACTED] | [REDACTED]   | [REDACTED] | [REDACTED] | INVEGA SUST INJ<br>234/1.5 | No             |                  |

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]

12-19-25  
Date





EXL

NABP #: [REDACTED]

Records Transmittal Page

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

FROM: [REDACTED] Northwest Clinic Pharmacy TO: EXL Service  
(Sender's Name)

# of Pages: 7 (Including Cover)

Pharmacy Name: NORTHWEST CLINIC PHARMACY  
NABP #: [REDACTED]  
Date: December 12, 2025

| EXL ID     | Claim Number | Rx #       | Fill Date  | Drug Name       | Medicare Claim | Pharmacy Comment |
|------------|--------------|------------|------------|-----------------|----------------|------------------|
| [REDACTED] | [REDACTED]   | [REDACTED] | [REDACTED] | UZEDY INJ 200MG | No             |                  |

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 \_\_\_\_\_

Pharmacy Manager / Representative Signature \_\_\_\_\_

12-19-25  
Date





Audit ID: [REDACTED]



**Records Transmittal Page**

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

**Pharmacy Name:** NORTHWEST CLINIC PHARMACY

**NCPDP:** [REDACTED]

From: [REDACTED] Northwest Clinic Pharmacy To: ORX Pharmacy Network Audit

(Sender's Name)

# of Pages: 8 (Including Cover)

- 1. [REDACTED]
- 2. [REDACTED]

**Please remember to:**

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





EXL

NABP #: [REDACTED]

Records Transmittal Page

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

FROM: [REDACTED] / SW Clinic Pharmacy (Sender's Name) TO: EXL Service [REDACTED]

# of Pages: 8 (Including Cover)

Pharmacy Name: SOUTHWEST CLINIC PHARMACY 3
NABP #: [REDACTED]
Date: December 18, 2025

Table with 7 columns: EXL ID, Claim Number, Rx #, Fill Date, Drug Name, Medicare Claim, Pharmacy Comment. Row 1: [REDACTED], [REDACTED], [REDACTED], [REDACTED], UZEDY INJ 200MG, Yes, [REDACTED]

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.

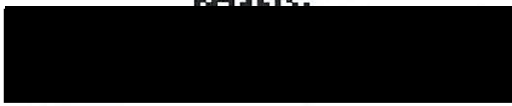
[X] I ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

[ ] 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 [REDACTED] (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 12-30-25





EXL

NABP #: [REDACTED]

Records Transmittal Page

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

FROM [REDACTED] Northeast TO: EXL Service

(Sender's Name)

Clinic Pharmacy

# of Pages: 7 (Including Cover)

Pharmacy Name: NORTHEAST CLINIC PHARMACY

NABP #: [REDACTED]

Date: December 18, 2025

| EXL ID     | Claim Number | Rx #       | Fill Date  | Drug Name                 | Medicare Claim | Pharmacy Comment |
|------------|--------------|------------|------------|---------------------------|----------------|------------------|
| [REDACTED] | [REDACTED]   | [REDACTED] | [REDACTED] | ABILIFY ASIM INJ<br>960MG | No             |                  |

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

12/30/25





EXL

NABP #: [REDACTED]

Records Transmittal Page

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

FROM: [REDACTED] NE Clinic TO: EXL Service

(Sender's Name)

Pharmacy

# of Pages: 8 (Including Cover)

Pharmacy Name: NORTHEAST CLINIC PHARMACY

NABP #: [REDACTED]

Date: December 19, 2025

| EXL ID     | Claim Number | Rx #       | Fill Date  | Drug Name                 | Medicare Claim | Pharmacy Comment |
|------------|--------------|------------|------------|---------------------------|----------------|------------------|
| [REDACTED] | [REDACTED]   | [REDACTED] | [REDACTED] | ABILIFY ASIM INJ<br>960MG | No             |                  |

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 \_\_\_\_\_

Pharmacy Manager / Representative Signature \_\_\_\_\_

Date

12/30/25





NABP #: [REDACTED]

### Records Transmittal Page

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

FROM: [REDACTED] / Northeast Clinic Pharmacy TO: EXL Service

(Sender's Name)

# of Pages: 8 (Including Cover)

Pharmacy Name: NORTHEAST CLINIC PHARMACY

NABP #: [REDACTED]

Date: December 29, 2025

| EXL ID     | Claim Number | Rx #       | Fill Date  | Drug Name                  | Medicare Claim | Pharmacy Comment |
|------------|--------------|------------|------------|----------------------------|----------------|------------------|
| [REDACTED] | [REDACTED]   | [REDACTED] | [REDACTED] | INVEGA SUST INJ<br>234/1.5 | No             |                  |

#### 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 a 7 day supply  
(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 1/5/26





NABP #: [REDACTED]

### Records Transmittal Page

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

FROM: [REDACTED] / Southwest Clinic Pharmacy TO: EXL Service

(Sender's Name)

# of Pages: 7 (Including Cover)

Pharmacy Name: SOUTHWEST CLINIC PHARMACY 3

NABP #: [REDACTED]

Date: December 31, 2025

| EXL ID     | Claim Number | Rx #       | Fill Date  | Drug Name                   | Medicare Claim | Pharmacy Comment |
|------------|--------------|------------|------------|-----------------------------|----------------|------------------|
| [REDACTED] | [REDACTED]   | [REDACTED] | [REDACTED] | INVEGA SUST INJ<br>156MG/ML | No             |                  |

#### 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 \_\_\_\_\_

Pharmacy Manager / Representative Signature \_\_\_\_\_

Date

1/5/26





NABP #: [REDACTED]

### Records Transmittal Page

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

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

(Sender's Name)

# of Pages: 7 (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY

NABP #: [REDACTED]

Date: December 31, 2025

| EXL ID     | Claim Number | Rx #       | Fill Date  | Drug Name       | Medicare Claim | Pharmacy Comment |
|------------|--------------|------------|------------|-----------------|----------------|------------------|
| [REDACTED] | [REDACTED]   | [REDACTED] | [REDACTED] | UZEDY INJ 200MG | No             |                  |

#### 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 1/5/26





NABP #: 4533837

### Records Transmittal Page

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

FROM [Redacted] / Southeast Clinic Pharmacy TO: EXL Service

(Sender's Name)

# of Pages: 7 (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY

NABP #: [Redacted]

Date: January 8, 2026

| EXL ID     | Claim Number | Rx #       | Fill Date  | Drug Name                 | Medicare Claim | Pharmacy Comment |
|------------|--------------|------------|------------|---------------------------|----------------|------------------|
| [Redacted] | [Redacted]   | [Redacted] | [Redacted] | INVEGA TRINZ INJ<br>819MG | Yes            |                  |

#### 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 \_\_\_\_\_

Pharmacy Manager / Representative Signature \_\_\_\_\_

Date

1/21/20





NABP #: [REDACTED]

### Records Transmittal Page

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

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

(Sender's Name)

# of Pages: 7 (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY

NABP #: [REDACTED]

Date: January 13, 2026

| EXL ID     | Claim Number | Rx #       | Fill Date  | Drug Name       | Medicare Claim | Pharmacy Comment |
|------------|--------------|------------|------------|-----------------|----------------|------------------|
| [REDACTED] | [REDACTED]   | [REDACTED] | [REDACTED] | UZEDY INJ 200MG | No             |                  |

#### 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

Date

1-23-26





NABP #: 5911614

Records Transmittal Page

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

FROM: [Redacted] Northeast Clinic Pharmacy TO: EXL Service

(Sender's Name)

# of Pages: 7 (Including Cover)

Pharmacy Name: NORTHEAST CLINIC PHARMACY

NABP #: [Redacted]

Date: January 14, 2026

| EXL ID     | Claim Number | Rx #       | Fill Date  | Drug Name                 | Medicare Claim | Pharmacy Comment |
|------------|--------------|------------|------------|---------------------------|----------------|------------------|
| [Redacted] | [Redacted]   | [Redacted] | [Redacted] | INVEGA TRINZ INJ<br>410MG | No             |                  |

Please Remember to:

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2. Check the appropriate box below, as applicable.
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4. Include this Records Transmittal Page with document submission.

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

\*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT [Redacted]

Pharmacy Manager / Representative Signature [Redacted]

Date

1/27/26





EXL

NABP #: [REDACTED]

Records Transmittal Page

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

FROM: [REDACTED] / Northwest Clinic Pharmacy TO: EXL Service

(Sender's Name)

# of Pages: 7 (Including Cover)

Pharmacy Name: NORTHWEST CLINIC PHARMACY

NABP #: [REDACTED]

Date: January 16, 2026

| EXL ID     | Claim Number | Rx #       | Fill Date  | Drug Name                  | Medicare Claim | Pharmacy Comment |
|------------|--------------|------------|------------|----------------------------|----------------|------------------|
| [REDACTED] | [REDACTED]   | [REDACTED] | [REDACTED] | INVEGA SUST INJ<br>234/1.5 | Yes            |                  |

Please Remember to:

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2. Check the appropriate box below, as applicable.
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- I ATTEST TO THE CLAIM(S) BEING CORRECTED TO \_\_\_\_\_ (ORx will verify and correct as appropriate).

\*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT [REDACTED]

Pharmacy Manager / Representative Signature [REDACTED] 1/27/26





EXL

NABP #: [REDACTED]

Records Transmittal Page

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

FROM: [REDACTED] / Southwest Clinic 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: SOUTHWEST CLINIC PHARMACY 3

NABP #: [REDACTED]

Date: January 21, 2026

| EXL ID     | Claim Number | Rx #       | Fill Date  | Drug Name                   | Medicare Claim | Pharmacy Comment |
|------------|--------------|------------|------------|-----------------------------|----------------|------------------|
| [REDACTED] | [REDACTED]   | [REDACTED] | 01/20/2026 | INVEGA SUST INJ<br>156MG/ML | No             | [REDACTED]       |

Please Remember to:

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\*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT [REDACTED]

Pharmacy Manager / Representative Signature [REDACTED] Date 1/28/26





NABP #: [REDACTED]

### Records Transmittal Page

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

FROM: [REDACTED] / Northwest Clinic Pharmacy TO: EXL Service

(Sender's Name)

# of Pages: 7 (Including Cover)

Pharmacy Name: NORTHWEST CLINIC PHARMACY

NABP #: [REDACTED]

Date: January 28, 2026

| EXL ID     | Claim Number | Rx #       | Fill Date  | Drug Name                   | Medicare Claim | Pharmacy Comment |
|------------|--------------|------------|------------|-----------------------------|----------------|------------------|
| [REDACTED] | [REDACTED]   | [REDACTED] | [REDACTED] | INVEGA SUST INJ<br>156MG/ML | No             |                  |

#### Please Remember to:

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2. Check the appropriate box below, as applicable.
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\*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT \_\_\_\_\_

Pharmacy Manager / Representative Signature \_\_\_\_\_

Date

1/28/26





EXL

NABP #: [REDACTED]

Records Transmittal Page

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

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

(Sender's Name)

# of Pages: 8 (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY

NABP #: [REDACTED]

Date: February 6, 2026

| EXL ID     | Claim Number | Rx #       | Fill Date  | Drug Name                  | Medicare Claim | Pharmacy Comment |
|------------|--------------|------------|------------|----------------------------|----------------|------------------|
| [REDACTED] | [REDACTED]   | [REDACTED] | [REDACTED] | INVEGA SUST INJ<br>234/1.5 | No             |                  |

Please Remember to:

1. Add Comments above, if needed.
2. Check the appropriate box below, as applicable.
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\*Specify details in the Comments for each Rx number.

Pharmacy Manager Representative PRINT [REDACTED]

Pharmacy Manager Representative Signature [REDACTED]

2/20/26  
Date





EXL

NABP #: [REDACTED]

Records Transmittal Page

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

FROM: [REDACTED] Northwest Clinic Pharmacy TO: EXL Service

(Sender's Name)

# of Pages: 7 (Including Cover)

Pharmacy Name: NORTHWEST CLINIC PHARMACY

NABP #: [REDACTED]

Date: February 18, 2026

| EXL ID     | Claim Number | Rx #       | Fill Date  | Drug Name                 | Medicare Claim | Pharmacy Comment |
|------------|--------------|------------|------------|---------------------------|----------------|------------------|
| [REDACTED] | [REDACTED]   | [REDACTED] | [REDACTED] | INVEGA TRINZ INJ<br>410MG | Yes            |                  |

Please Remember to:

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2. Check the appropriate box below, as applicable.
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\*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT [REDACTED]

Pharmacy Manager / Representative Signature [REDACTED]

Date

2/12/20





EXL

NABP #: [REDACTED]

Records Transmittal Page

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

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

(Sender's Name)

# of Pages: 7 (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY

NABP #: [REDACTED]

Date: February 20, 2026

| EXL ID     | Claim Number | Rx #       | Fill Date  | Drug Name                  | Medicare Claim | Pharmacy Comment |
|------------|--------------|------------|------------|----------------------------|----------------|------------------|
| [REDACTED] | [REDACTED]   | [REDACTED] | [REDACTED] | INVEGA SUST INJ<br>234/1.5 | No             |                  |

Please Remember to:

1. Add Comments above, if needed.
2. Check the appropriate box below, as applicable.
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\*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT [REDACTED]

Pharmacy Manager / Representative Signature [REDACTED]

Date

2/25/26



## External Program Audits



**Preliminary Findings Based on Survey, Inspection, or Investigation**

|   |                          |   |                                |
|---|--------------------------|---|--------------------------------|
| <b>Facility/Agency/Program Provider Name:</b><br>Applewhite   |                          | <b>Entrance Date:</b><br>10/11/2025   | <b>Exit Date:</b><br>12/3/2025 |
| <b>Physical Street Address:</b><br>526 Applewhite Drive   |                          | <b>Purpose of Visit:</b><br><input checked="" type="checkbox"/> Survey <input type="checkbox"/> Investigation <input type="checkbox"/> Other: |                                |
| <b>City:</b><br>Katy, Texas   |                          | <b>Zip Code:</b><br>77450   | <b>County:</b><br>Harris       |
| <b>Facility/Agency/Program Provider Type</b><br><input type="checkbox"/> ALF <input type="checkbox"/> DAHS <input type="checkbox"/> HCSSA <input checked="" type="checkbox"/> ICF <input type="checkbox"/> NF <input type="checkbox"/> PPECC<br><input type="checkbox"/> DAHS with ISS (traditional DAHS services and ISS)<br><input type="checkbox"/> DAHS – ISS only (only provides ISS services) |                          | <b>Facility ID/Vendor Number</b><br>[REDACTED]  |                                |
| <b>Administrator/Manager/Program Director Name:</b><br>[REDACTED]   |                          |   |                                |
| This list contains preliminary areas of potential noncompliance with federal and/or state requirements, based on findings from the entrance and exit dates listed above. Note: If the visit was to an assisted living facility, refer to the attached checklists.   |                          |   |                                |
| <b>State</b>  | <b>Federal</b>           | <b>Brief Description of Noncompliance</b>   |                                |
| <input type="checkbox"/>  | <input type="checkbox"/> | Incident Intake # [REDACTED] Allegation: Neglect  |                                |
| <input type="checkbox"/>  | <input type="checkbox"/> | [REDACTED]: None - Unsubstantiated not cited  |                                |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                |
| <b>Signature – Administrator/Program Director or Designee</b><br>[REDACTED]   |                          |   | <b>Date</b><br>12/04/2025      |





Cecile Erwin Young  
Executive Commissioner

December 2, 2025

[REDACTED]

RE: Health and Human Services Commission, Early Childhood Intervention Contract

[REDACTED]

Dear [REDACTED],

The staff of the Health and Human Services Commission, Early Childhood Intervention (ECI) Division, will conduct an onsite comprehensive, programmatic monitoring review of The Harris Center for Mental Health and IDD from January 12 through January 14, 2026. The purpose of this review is to determine programmatic compliance with the ECI contract requirements.

We have scheduled an entrance teleconference on January 8, 2026 at 10:15 am. The TEAMS invitation will be provided via email at a later date. During the entrance conference, we will discuss the purpose and scope of our review and respond to questions. We will schedule the exit conference, during which we will summarize preliminary results of our review, while onsite.

The comprehensive, programmatic review will begin at the state office in Austin on January 5, 2026 and will continue on your site in Houston on January 12, 2026. While the entire child record will be included in the scope of the review, we will only review service documentation for services delivered during the Q1 quarter (September, October, November) of fiscal year 2025. We will also be reviewing

[REDACTED]

[Redacted] ng  
Executive Director  
December 2, 2025  
Page 2

personnel records to ensure they meet ECI contract requirements, including evidence of fingerprint-based background checks, conducting staff and family interviews, reviewing policies for how subcontractors are monitored/supervised including data use agreements, and reviewing the current inventory of public outreach materials.

A sample of 35 child records pulled from all children served during the target service period will be reviewed. The list of child records for the review will be sent in a separate email to the Program Director, along with a checklist and due date for the required documentation from each child record.

To accommodate our review, the case files should be uploaded to the extranet and available for review while we are onsite or we will need access to the electronic healthcare record. The ECI State Programmatic Monitoring form will be used for the review.

We are looking forward to our visit. If you have any questions, please contact me at

[Redacted]

Sincerely,

[Redacted Signature] -06'00'

[Redacted]

Performance Specialist

cc: [Redacted]

## Individual Child Findings and Child Record Annotations

**Legal Entity Name:**

The Harris Center of Mental Health and IDD

**Program Name:**

Harris Center

**Dates of Monitoring Visit:**

1/12/26-1/14/26

**Monitoring Team:**

| Individual child findings reflect specific findings of noncompliance for an individual client. The subrecipient must correct each individual case of noncompliance by completing the required action (even though late) not completed unless the child is no longer within the jurisdiction of the program. Individual child findings must be corrected within six months of the monitoring report. |   |  |                       |                     |
|---|---|--|-----------------------|---------------------|
| Case ID   | Requirement(s) Not Met  | Child Record Review Comments   | Subrecipient Response | Disposition/ Status |
| 1887037   | Individualized Family Service Plan (IFSP) includes a description of the child's present level of functioning across all developmental domains, how the child functions, and pertinent medical information. [34 CFR §303.344; 26 TAC §350.1004(a); 26 TAC §350.1015 (a)(1)(A-E)]   | The Routines Based Assessment (RBA) is missing how the child functions across all developmental domains. | Acknowledged          | Finding             |
| 1887163   | IFSP includes a description of the child's present level of functioning across all developmental domains, how the child functions, and pertinent medical information. [34 CFR §303.344; 26 TAC §350.1004(a); 26 TAC §350.1015 (a)(1)(A-E)]  | The RBA is missing how the child functions across all developmental domains.                             | Acknowledged          | Finding             |
| 1887163   | The IFSP includes measurable outcomes expected to be achieved for the child and family. [34 CFR §303.344(c); 26 TAC §350.1003(3); 26 TAC 350.1015 (a)(3)]   | The outcomes are not measurable.   | Acknowledged          | Finding             |
| 1885358   | The Individualized Family Service Plan (IFSP) includes a description of the child's present level of functioning across all developmental domains, how the child functions, and pertinent medical information. [34 Code of Federal Regulations (CFR) §303.344; 26 Texas Administrative Code (TAC) §350.1004(a); 26 TAC §350.1015 (a)(1)(A-E)] | The RBA is missing how the child functions across all developmental domains.                             | Acknowledged          | Finding             |

| Case ID | Requirement(s) Not Met   | Child Record Review Comments   | Subrecipient Response | Disposition/ Status |
|---------|--|--|-----------------------|---------------------|
| 1885358 | The IFSP includes measurable outcomes expected to be achieved for the child and family. [34 CFR §303.344(c); 26 TAC §350.1003(3); 26 TAC 350.1015 (a)(3)]  | The outcomes are not measurable.   | Acknowledged          | Finding             |
| 1884503 | IFSP includes a description of the child's present level of functioning across all developmental domains, how the child functions, and pertinent medical information. [34 CFR §303.344; 26 TAC §350.1004(a); 26 TAC §350.1015 (a)(1)(A-E)] | The RBA is missing how the child functions across all developmental domains.                                     | Acknowledged          | Finding             |
| 1881895 | Subrecipient provided the family Prior Written Notice (PWN) of the evaluation and obtained consent. [34 CFR 303.420; 34 CFR § 303.421; 26 TAC §350.204; 26 TAC §350.207 (a)(2)]  | Missing PWN for Speech Evaluation. PWN for Nov 3, 2025 is an outdated form. Please be sure to use updated forms. | Acknowledged          | Finding             |
| 1881895 | PWN of the IFSP meeting was provided to the family. [34 CFR §303.421; CFR 34 §303.342(d)]  | The PWN to hold an IFSP Review to add Speech Therapy (ST) is missing.  | Acknowledged          | Finding             |
| 1881895 | Informed written consent was obtained from the family before providing any ECI services. [34 CFR §303.420; 26 TAC §350.207]  | Daycare Consent is missing.  | Acknowledged          | Finding             |
| 1881895 | IFSP includes a description of the child's present level of functioning across all developmental domains, how the child functions, and pertinent medical information. [34 CFR §303.344; 26 TAC §350.1004(a); 26 TAC §350.1015 (a)(1)(A-E)] | The RBA is missing how the child functions across all developmental domains.                                     | Acknowledged          | Finding             |
| 1881895 | The IFSP documents medical and other services that the child or family needs or is receiving through other services. [34 CFR §303.344; 26 TAC §350.405 (a)(2); 26 TAC §350.1015(a)(2)]   | Child and Family Resources and Case Management (CM) needs blank.   | Acknowledged          | Finding             |
| 1881895 | Verification of Texas Kids Intervention Data System (TKIDS) Data Entry   | Third Party Billing says "none" in TKIDS and chart says "Private Insurance."                                     | Acknowledged          | Finding             |
| 1879368 | The Eligibility Statement documents the child eligibility decisions of the IDT and reflects supporting documentation. [34 CFR §303.321; 26 TAC §350.811; 26 TAC §350.817]  | The Eligibility Statement says "Invalid Eligibility."  | Acknowledged          | Finding             |

| Case ID | Requirement(s) Not Met   | Child Record Review Comments   | Subrecipient Response | Disposition/ Status |
|---------|--|--|-----------------------|---------------------|
| 1879368 | The IFSP contains the service, discipline of the provider, frequency, intensity, location, method, start and end date, and payment sources. [34 CFR §303.344(d); 26 TAC §350.1009 (a)(b); 26 TAC §350.1015 (a)(4-6), (c),(d),(e),(f),(h)]    | The grid is missing "Location".  | Acknowledged          | Finding             |
| 1879368 | IFSP includes a description of the child's present level of functioning across all developmental domains, how the child functions, and pertinent medical information. [34 CFR §303.344; 26 TAC §350.1004(a); 26 TAC §350.1015 (a)(1)(A-E)]   | The RBA is missing how the child functions across all developmental domains.   | Acknowledge           | Finding             |
| 1879368 | The IFSP contains the service, discipline of the provider, frequency, intensity, location, method, start and end date, and payment sources. [34 CFR §303.344(d); 26 TAC §350.1009 (a)(b); 26 TAC §350.1015 (a)(4-6), (c),(d),(e),(f),(h)]    | The grid is missing "Location".  | Acknowledged          | Finding             |
| 1879368 | Case management services provided include assisting the family in identifying available services and making referrals to address identified needs and achieve goals specified in the IFSP. [34 CFR §303.34 (b)(2)(5); 26 TAC §350.405(a)(3)] | A CM note is missing addressing childcare follow up.   | Acknowledged          | Finding             |
| 1879368 | The subrecipient must assist the family to identify and access other available funding sources to pay for a child's early childhood intervention services; and enroll a potentially eligible child in Medicaid or CHIP. [ 26 TAC §350.1425]  | The is no documentation of the subrecipient assisting the family to identify and access other available funding sources to pay for a child's early childhood intervention services or enroll a potentially eligible child in Medicaid or CHIP. | Acknowledged          | Finding             |
| 1879368 | Verification of TKIDS Data Entry   | Third Party Billing - TKIDS needs to be updated to reflect the child's current insurance.  | Acknowledged          | Finding             |
| 1879003 | Verification of TKIDS Data Entry   | TKIDS shows no insurance; however, file reflects that the child has THMP.  | Acknowledged          | Finding             |
| 1879003 | Informed written consent was obtained from the family before providing any ECI services. [34 CFR §303.420; 26 TAC §350.207]  | The IFSP was held 10/29/25. Two SST services were delivered in November. Family did not sign the gird until 12/10/25.  | Acknowledged          | Finding             |

| Case ID | Requirement(s) Not Met   | Child Record Review Comments   | Subrecipient Response                        | Disposition/ Status  |
|---------|--|--|--|--|
| 1879003 | IFSP includes a description of the child's present level of functioning across all developmental domains, how the child functions, and pertinent medical information. [34 CFR §303.344; 26 TAC §350.1004(a); 26 TAC §350.1015 (a)(1)(A-E)] | The RBA is missing how the child functions across all developmental domains and coding.  | Acknowledged                                 | Finding  |
| 1879003 | The IFSP documents medical and other services that the child or family needs or is receiving through other services. [34 CFR §303.344; 26 TAC §350.405 (a)(2); 26 TAC §350.1015(a)(2)]   | The Child and Family Resource page is missing marked boxes.  | Acknowledged                                 | Finding  |
| 1879003 | The IFSP contains the service, discipline of the provider, frequency, intensity, location, method, start and end date, and payment sources. [34 CFR §303.344(d); 26 TAC §350.1009 (a)(b); 26 TAC §350.1015 (a)(4-6), (c),(d),(e),(f),(h)]  | On the grid the "Location" is missing.   | Acknowledged                                 | Finding  |
| 1878698 | Verification of TKIDS Data Entry   | Third Party Billing -TKIDS needs to be updated to reflect the child's current insurance.   | Acknowledged                                 | Finding  |
| 1872875 | Verification of TKIDS Data Entry   | Third Party Billing says "none" in TKIDS and chart says "Traditional Medicaid."  | TKIDS has been updated. See attached consent | While TKIDS was corrected during the monitoring, it remains a finding as it was not correct at the time of the monitoring. |
| 1872875 | IFSP includes a description of the child's present level of functioning across all developmental domains, how the child functions, and pertinent medical information. [34 CFR §303.344; 26 TAC §350.1004(a); 26 TAC §350.1015 (a)(1)(A-E)] | The RBA is missing how the child functions across all developmental domains and coding and is missing documentation: "How does your child fall asleep?"              | Acknowledged                                 | Finding  |
| 1870771 | PWN of the IFSP meeting was provided to the family. [34 CFR §303.421; CFR 34 §303.342(d)]  | The PWN is for IFSP is not filled out and missing parents initials.  | Acknowledged                                 | Finding  |
| 1870771 | IFSP includes a description of the child's present level of functioning across all developmental domains, how the child functions, and pertinent medical information. [34 CFR §303.344; 26 TAC §350.1004(a); 26 TAC §350.1015 (a)(1)(A-E)] | Hearing and Vision are not in functional terms. The RBA is missing how the child functions across all developmental domains and coding and is missing documentation. | Acknowledged                                 | Finding  |

| Case ID | Requirement(s) Not Met   | Child Record Review Comments   | Subrecipient Response | Disposition/ Status |
|---------|--|--|-----------------------|---------------------|
| 1870771 | The IFSP documents medical and other services that the child or family needs or is receiving through other services. [34 CFR §303.344; 26 TAC §350.405 (a)(2); 26 TAC §350.1015(a)(2)]   | The Child and Family Resource page is missing marked boxes.  | Acknowledged          | Finding             |
| 1870771 | The IFSP contains the service, discipline of the provider, frequency, intensity, location, method, start and end date, and payment sources. [34 CFR §303.344(d); 26 TAC §350.1009 (a)(b); 26 TAC §350.1015 (a)(4-6), (c),(d),(e),(f),(h)]  | The "Location" is missing on the grid.   | Acknowledged          | Finding             |
| 1870771 | The IFSP includes measurable outcomes expected to be achieved for the child and family. [34 CFR §303.344(c); 26 TAC §350.1003(3); 26 TAC 350.1015 (a)(3)]  | Outcome 3 is not measurable.   | Acknowledged          | Finding             |
| 1870771 | Verification of TKIDS Data Entry   | TKIDS says SST service delivery dates were 11/12, 10/28 & 10/2. The chart says something different.  | Acknowledged          | Finding             |
| 1866583 | PWN of the IFSP meeting was provided to the family. [34 CFR §303.421; CFR 34 §303.342(d)]  | The PWN of dismissal is missing.   | Acknowledged          | Finding             |
| 1866583 | The Eligibility Statement documents the child eligibility decisions of the IDT and reflects supporting documentation. [34 CFR §303.321; 26 TAC §350.811; 26 TAC §350.817]  | The Physical Therapist (PT) qualified the child Qualitative Developmental Delay (QDD) using Communication Oral Motor.  | Acknowledged          | Finding             |
| 1866583 | Verification of TKIDS Data Entry   | The Eligibility Statement is missing the QDD percentage of delay.  | Acknowledged          | Finding             |
| 1866583 | IFSP includes a description of the child's present level of functioning across all developmental domains, how the child functions, and pertinent medical information. [34 CFR §303.344; 26 TAC §350.1004(a); 26 TAC §350.1015 (a)(1)(A-E)] | Hearing and Vision are not in functional terms. The RBA is missing how the child functions across all developmental domains and coding and is missing documentation. | Acknowledged          | Finding             |
| 1866583 | The IFSP contains the service, discipline of the provider, frequency, intensity, location, method, start and end date, and payment sources. [34 CFR §303.344(d); 26 TAC §350.1009 (a)(b); 26 TAC §350.1015 (a)(4-6), (c),(d),(e),(f),(h)]  | The end date for the Periodic Review (PR) dated 10/23/25 is incorrect.   | Acknowledged          | Finding             |

| Case ID | Requirement(s) Not Met   | Child Record Review Comments   | Subrecipient Response | Disposition/ Status |
|---------|--|--|-----------------------|---------------------|
| 1861668 | Subrecipient provided the family PWN of the evaluation and obtained consent. [34 CFR 303.420; 34 CFR § 303.421; 26 TAC §350.204; 26 TAC §350.207 (a)(2)]   | The PWN dated 9/11/25 has that an Assessment was completed on 6/24/24.   | Acknowledged          | Finding             |
| 1860553 | IFSP includes a description of the child's present level of functioning across all developmental domains, how the child functions, and pertinent medical information. [34 CFR §303.344; 26 TAC §350.1004(a); 26 TAC §350.1015 (a)(1)(A-E)]   | The RBA is missing how the child functions across all developmental domains and coding and is missing documentation.   | Acknowledged          | Finding             |
| 1860553 | The IFSP reflects needs identified in the evaluation and assessment. [34 CFR §303.20; 34 CFR §303.321; 26 TAC §350.1004(d)]  | Missing Child and Family Resource page.  | Acknowledged          | Finding             |
| 1787867 | Annual meeting to evaluate the IFSP must be conducted on at least an annual basis to evaluate and revise, as appropriate, the IFSP for a child and the child's family, and documentation meets the requirements for complete review. [CFR 303.342(c), 26 TAC 350.1019, 26 TAC §350.1307] | In the Annual meeting Nutrition was not discussed.   | Acknowledged          | Finding             |
| 1787867 | Verification of TKIDS Data Entry   | In TKIDS it shows no insurance but the chart says Medicaid.  | Acknowledged          | Finding             |
| 1764760 | Subrecipient provided the family PWN of the evaluation and obtained consent. [34 CFR 303.420; 34 CFR § 303.421; 26 TAC §350.204; 26 TAC §350.207 (a)(2)]   | PWN for Occupational Therapy (OT) reassessment 5/16/2025 not in record.  | Acknowledged          | Finding             |
| 1764760 | Documentation of each service contact includes a description of the contact, the child's progress, and family or routine caregiver participation in the activities. [26 TAC §350.1111 (4)(5)(6)(7)(8)]   | OT service delivery progress note (PN) dated 11/26/2025 does not describe how parent was coached and then returned demonstration with the child. Technical Assistance: OT is not answering prompts correctly.                                      | Acknowledged          | Finding             |
| 1764760 | IFSP includes a description of the child's present level of functioning across all developmental domains, how the child functions, and pertinent medical information. [34 CFR §303.344; 26 TAC §350.1004(a); 26 TAC §350.1015 (a)(1)(A-E)]   | Annual dated 9/3/2025, there are no priorities. On the Present Levels of Development (PLD) page: section #2 does not address the child's gross motor needs. Section #3 does not address the child's feeding needs which outcomes were written for. | Acknowledged          | Finding             |

| Case ID | Requirement(s) Not Met   | Child Record Review Comments   | Subrecipient Response    | Disposition/ Status   |
|---------|--|--|--------------------------|---|
| 1764760 | Outcomes are developed or modified and dated when the child's progress and needs change. [34 CFR §303.344(c); 26 TAC §350.1017(e)(1); 26 TAC §350.1019(a)(2)(3)]   | SST service delivery progress note dated 10/14/2025 states mom wants to address separation anxiety during sessions. It was worked on but no outcome was written. At the annual, one outcome for feeding was continued and a new outcome was developed. These are listed on the progress notes but these are not addressed by the OT. | Acknowledged             | Finding   |
| 1764760 | Periodic IFSP review documents the degree to which progress toward achieving the outcomes identified in the IFSP is being made, and changes or no changes in services, as determined by the team. [34 CFR §303.342(b); 26 TAC §1004 (b)(g); 26 TAC §350.1009 (a)(b); 26 TAC §350.1019] | PR dated 5/22/2025 does not document input from other team members.  | Acknowledged             | Finding   |
| 1764760 | Services are delivered according to the IFSP. [34 CFR §303.13; 26 TAC §350.1104]   | Short OT service for September. Short SST service for November.  | Acknowledged             | Finding   |
| 1767016 | A review of the IFSP occurs every six months or more frequently, if conditions warranted or if the family requested it. [34 CFR §303.342; 26 TAC §350.1004(f); 26 TAC §350.1017]   | PR should have been conducted by May 20, 2025 but not completed until 6/25/25.   | Acknowledged             | Finding   |
| 1767016 | Case management services provided include assisting the family in identifying available services and making referrals to address identified needs and achieve goals specified in the IFSP. [34 CFR §303.34 (b)(2)(5); 26 TAC §350.405(a)(3)]   | 9/3/2025 parent requested ST evaluation but did not see follow-up.   | Acknowledged             | Finding   |
| 1767016 | Subrecipient provided the family PWN of the evaluation and obtained consent. [34 CFR 303.420; 34 CFR § 303.421; 26 TAC §350.204; 26 TAC §350.207 (a)(2)]   | Missing PWN for evaluation for 4/4/25 Reassessment for PT, 9/2/25 (annual eval), and 9/3/25 Reassessment for OT.   | No response from program | Finding   |
| 1767016 | IFSP includes a description of the child's present level of functioning across all developmental domains, how the child functions, and pertinent medical information. [34 CFR §303.344; 26 TAC §350.1004(a); 26 TAC §350.1015 (a)(1)(A-E)]   | The RBA does not describe how child functions across all developmental domains.  | See Attached             | Although documentation was provided, the Annual IFSP is missing how the child functions across developmental domains including Strength, Need, and Priority. Finding. |

| Case ID | Requirement(s) Not Met   | Child Record Review Comments  | Subrecipient Response                      | Disposition/ Status |
|---------|--|---|--|---------------------|
| 1767016 | Outcomes are developed or modified and dated when the child's progress and needs change. [34 CFR §303.344(c); 26 TAC §350.1017(e)(1); 26 TAC §350.1019(a)(2)(3)]   | OT service delivery progress note 10/29/2025 documents working on other skills other than goals listed but no outcome was developed. Technical Assistance: OT provider needs assistance with completion of progress note to follow prompts. | Acknowledged                               | Finding             |
| 1767016 | Periodic IFSP review documents the degree to which progress toward achieving the outcomes identified in the IFSP is being made, and changes or no changes in services, as determined by the team. [34 CFR §303.342(b); 26 TAC §1004 (b)(g); 26 TAC §350.1009 (a)(b); 26 TAC §350.1019] | PR completed 6/25/25- no input from team members not present and does not reflect progress on outcomes. PR for 9/3/25 not in TKIDS.   | Acknowledged                               | Finding             |
| 1767016 | PWN of the IFSP meeting was provided to the family. [34 CFR §303.421; CFR 34 §303.342(d)]  | Missing PWN for IFSP for 6/25/25 for PR and 9/2/2025 for Annual IFSP.   | No response from program                   | Finding             |
| 1767016 | Services are delivered according to the IFSP. [34 CFR §303.13; 26 TAC §350.1104]   | Missing two OT service delivery attempts for November and one September.  | Acknowledged                               | Finding             |
| 1767016 | The Eligibility Statement documents the child eligibility decisions of the IDT and reflects supporting documentation. [34 CFR §303.321; 26 TAC §350.811; 26 TAC §350.817]  | The PT evaluation completed 9/2/2025 and Harris documentation in the record dated 4/28/2025 states the child has a diagnosis of Autism. This is not reflected on the eligibility page.  | No response from program                   | Finding             |
| 1767016 | The IFSP includes measurable outcomes expected to be achieved for the child and family. [34 CFR §303.344(c); 26 TAC §350.1003(3); 26 TAC 350.1015 (a)(3)]  | Outcomes regarding sensory diet and transitioning from puree to solids is not measurable.   | Acknowledged                               | Finding             |
| 1767348 | A review of the IFSP occurs every six months or more frequently, if conditions warranted or if the family requested it. [34 CFR §303.342; 26 TAC §350.1004(f); 26 TAC §350.1017]   | A PR should have occurred by 8/18/2025 but not in record.   | Acknowledged: Annual was completed 9/18/25 | Finding             |
| 1767348 | Subrecipient provided the family PWN of the evaluation and obtained consent. [34 CFR 303.420; 34 CFR § 303.421; 26 TAC §350.204; 26 TAC §350.207 (a)(2)]   | Missing PWN for evaluation/assessment for 2/3/25 and 8/21/25.   | Acknowledged                               | Finding             |

| Case ID | Requirement(s) Not Met  | Child Record Review Comments  | Subrecipient Response | Disposition/ Status |
|---------|---|---|-----------------------|---------------------|
| 1767348 | IFSP includes a description of the child's present level of functioning across all developmental domains, how the child functions, and pertinent medical information. [34 CFR §303.344; 26 TAC §350.1004(a); 26 TAC §350.1015 (a)(1)(A-E)]  | Annual 9/18/2025 Page 1- boxes are not checked. Does child still have failure to thrive- this is an automatic medical qualifier. Hearing/Vision are not written in functional terms. Nutrition- Is she followed by a nutritionist or is the pediatrician concerned? Each section should have a statement that addresses the domains for that section. Statements are not coded or given a priority. Child not gaining weight should be addressed in section 3. Boxes on last page need to be completed. | Acknowledged          | Finding             |
| 1767348 | The Eligibility Statement documents the child eligibility decisions of the IDT and reflects supporting documentation. [34 CFR §303.321; 26 TAC §350.811; 26 TAC §350.817]   | Documentation in record states child has Failure to Thrive which is a qualifying diagnosis but eligibility is listed as developmental delay.  | Acknowledged          | Finding             |
| 1768233 | Case management services provided include assisting the family in identifying available services and making referrals to address identified needs and achieve goals specified in the IFSP. [34 CFR §303.34 (b)(2)(5); 26 TAC §350.405(a)(3)]  | OT recommended swallow study in OT eval 9/9/25. No follow up in CM notes.   | Acknowledged          | Finding             |
| 1768233 | Subrecipient provided the family PWN of the evaluation and obtained consent. [34 CFR 303.420; 34 CFR § 303.421; 26 TAC §350.204; 26 TAC §350.207 (a)(2)]  | On PWN, only assessment is checked on page 1 not evaluation. On page 2, parent did not check for consent.   | Acknowledged          | Finding             |
| 1768233 | Hearing and vision statuses are documented as part of the evaluation to determine the need for any further assessment. [34 CFR §303.21(a)(1)(ii); 26 TAC §350.813; 26 TAC §350.815]   | Vision and hearing not written in functional terms on Annual IFSP: what does child physically do that mom knows he can hear and see.  | Acknowledged          | Finding             |
| 1768233 | IFSP includes a description of the child's present level of functioning across all developmental domains, how the child functions, and pertinent medical information. [34 CFR §303.344; 26 TAC §350.1004(a); 26 TAC §350.1015 (a)(1)(A-E)]  | Page 1 of annual, need to check boxes at the top. Page 2 missing present function across all domains. Statements written do not reflect needs in the outcomes. Page 4 need to check boxes appropriately.  | Acknowledged          | Finding             |
| 1768233 | Periodic IFSP review documents the degree to which progress toward achieving the outcomes identified in the IFSP is being made, and changes or no changes in services, as determined by the team. [34 CFR §303.342(b); 26 TAC §1004 (b)(g); 26 TAC §350.1009 (a)(b); 26 TAC §350.1019)] | PR 5/30/25 and 8/11/2025 need input from all team members and also need to document the progress towards outcomes.  | Acknowledged          | Finding             |

| Case ID | Requirement(s) Not Met   | Child Record Review Comments   | Subrecipient Response | Disposition/ Status |
|---------|--|--|-----------------------|---------------------|
| 1768233 | PWN of the IFSP meeting was provided to the family. [34 CFR §303.421; CFR 34 §303.342(d)]  | PWN for IFSP dated for 3/20 but Service Coordinator (SC) signed on 3/21/2025   | Acknowledged          | Finding             |
| 1768233 | Services are delivered according to the IFSP. [34 CFR §303.13; 26 TAC §350.1104]   | For SST, one missing documentation of service delivery in September. For PT, two missing documentation of service delivery for November, one in October and one in September. For OT, one missing documentation of service delivery in November. | Acknowledged          | Finding             |
| 1768233 | The Eligibility Statement documents the child eligibility decisions of the IDT and reflects supporting documentation. [34 CFR §303.321; 26 TAC §350.811; 26 TAC §350.817]  | Low birth weight eligibility can only be used up to 12 months of age. Child should be developmental delay at the annual.   | Acknowledged          | Finding             |
| 1768233 | The IFSP contains the service, discipline of the provider, frequency, intensity, location, method, start and end date, and payment sources. [34 CFR §303.344(d); 26 TAC §350.1009 (a)(b); 26 TAC §350.1015 (a)(4-6), (c),(d),(e),(f),(h)]  | The signed grid for 5/31/25, 8/11/2025 & 9/9/25 is missing who was present or reviewed the IFSP.   | Acknowledged          | Finding             |
| 1768233 | The IFSP includes measurable outcomes expected to be achieved for the child and family. [34 CFR §303.344(c); 26 TAC §350.1003(3); 26 TAC 350.1015 (a)(3)]  | Outcome 2 and 3 developed on 9/9/25 do not have measurability. Technical assistance: Outcomes 2, 3, and 4 do not have outcome type identified.   | Acknowledged          | Finding             |
| 1771789 | Hearing and vision statuses are documented as part of the evaluation to determine the need for any further assessment. [34 CFR §303.21(a)(1)(ii); 26 TAC §350.813; 26 TAC §350.815]  | Vision and hearing are not documented in functional terms on the annual IFSP.  | Acknowledged          | Finding             |
| 1771789 | IFSP includes a description of the child's present level of functioning across all developmental domains, how the child functions, and pertinent medical information. [34 CFR §303.344; 26 TAC §350.1004(a); 26 TAC §350.1015 (a)(1)(A-E)]   | Annual IFSP does not address all the domains. It also does not contain strength, need, or priority.  | Acknowledged          | Finding             |
| 1771789 | Periodic IFSP review documents the degree to which progress toward achieving the outcomes identified in the IFSP is being made, and changes or no changes in services, as determined by the team. [34 CFR §303.342(b); 26 TAC §1004 (b)(g); 26 TAC §350.1009 (a)(b); 26 TAC §350.1019] | PR is missing input from the Licensed Practitioner of the Healing Arts (LPHA) and progress on outcomes.  | Acknowledged          | Finding             |

| Case ID | Requirement(s) Not Met   | Child Record Review Comments  | Subrecipient Response  | Disposition/ Status   |
|---------|--|---|--|---|
| 1771789 | PWN of the IFSP meeting was provided to the family. [34 CFR §303.421; CFR 34 §303.342(d)]  | Missing PWN of IFSP for PR 4/10/25 and transition 6/11/25   | See attached   | was provided, on page two of the PWN parent initials are missing. On page two                       |
| 1771789 | Services are delivered according to the IFSP. [34 CFR §303.13; 26 TAC §350.1104]   | Missing 1 SST in November. Missing 2 ST in September and 1 in October.  | Acknowledged   | Finding   |
| 1771789 | The IFSP includes measurable outcomes expected to be achieved for the child and family. [34 CFR §303.344(c); 26 TAC §350.1003(3); 26 TAC 350.1015 (a)(3)]  | Outcome #9 and #10 need measurability.  | Acknowledged   | Finding   |
| 1771789 | The interdisciplinary team provides a review of nutrition status, assistive technology and an autism screening (if applicable), as part of the assessment. [CFR 303.321(c); 26 TAC §350.829; 26 TAC §108.831; 26 TAC §350.833]               | Nutrition is not documented in functional terms on the annual IFSP.   | Acknowledged   | Finding   |
| 1771789 | The subrecipient must assist the family to identify and access other available funding sources to pay for a child's early childhood intervention services; and enroll a potentially eligible child in Medicaid or CHIP. [ 26 TAC §350.1425]  | No documentation in record of assisting family to enroll in insurance or Medicaid. TKIDS states no Medicaid but paperwork in record states Medicaid number. | Acknowledged   | Finding   |
| 1771789 | Verification of TKIDS Data Entry   | TKIDS shows no insurance; however, file reflects that the child has private insurance.  | Acknowledged   | Finding   |
| 1773948 | A review of the IFSP occurs every six months or more frequently, if conditions warranted or if the family requested it. [34 CFR §303.342; 26 TAC §350.1004(f); 26 TAC §350.1017]   | A PR should have occurred by 8/18/2025.   | Program Question: 2/28/25 IFSP Grid service end date 10/11/25. Annual completed on 10/1/25. Please explain why services cannot continue. | A periodic review is required at least every six months. Finding                                    |
| 1773948 | Case management services provided include assisting the family in identifying available services and making referrals to address identified needs and achieve goals specified in the IFSP. [34 CFR §303.34 (b)(2)(5); 26 TAC §350.405(a)(3)] | Documentation regarding follow up on feeding clinic, ST evaluation, helping family with outpatient OT and PT is not in record.                              | Acknowledged   | Finding   |
| 1773948 | Verification of TKIDS Data Entry   | Child's language is English in TKIDS. Spanish forms were used and is not consentient through the chart. What is the family's preferred language?            | TKIDS has been updated to Spanish  | While TKIDS was corrected it remains a finding as it was not correct at the time of the monitoring. |

| Case ID | Requirement(s) Not Met   | Child Record Review Comments  | Subrecipient Response | Disposition/ Status   |
|---------|--|---|-----------------------|---|
| 1773948 | File reflects required program forms in Spanish or other appropriate language based on needs. [34 CFR 303.25; 26 TAC §350.203 (a) (3); 26 TAC §350.203 (b); 26 TAC §350.209 (8)]   | TKIDS lists the primary language as English, but the Family Cost Share at the annual and signature page for PR, dated 2/18/2025, is in English. | Acknowledged          | Due to child's primary language being corrected to TKIDS in Spanish, Finding remains. |
| 1773948 | Outcomes are developed or modified and dated when the child's progress and needs change. [34 CFR §303.344(c); 26 TAC §350.1017(e)(1); 26 TAC §350.1019(a)(2)(3)]   | Child needs outcome for chewing based child's needs documented on annual 10/1/25.   | Acknowledged          | Finding   |
| 1773948 | The IFSP includes measurable outcomes expected to be achieved for the child and family. [34 CFR §303.344(c); 26 TAC §350.1003(3); 26 TAC 350.1015 (a)(3)]  | Outcome #5 needs measurability.   | Acknowledged          | Finding   |
| 1775568 | Case management services include following up with the family to assist the child with timely access to services and to determine if services have met the child's identified needs. [34 CFR §303.34(b)(7); 26 TAC §350.405(a)(4)(5)(6)(7)(9)] | No documentation why child did not have OT services for September, October, November  | Acknowledged          | Finding   |
| 1775568 | Case management services provided include assisting the family in identifying available services and making referrals to address identified needs and achieve goals specified in the IFSP. [34 CFR §303.34 (b)(2)(5); 26 TAC §350.405(a)(3)]   | PT evaluation and ST evaluation requested in September. No follow up in CM notes.   | Acknowledged          | Finding   |
| 1775568 | Subrecipient provided the family PWN of the evaluation and obtained consent. [34 CFR 303.420; 34 CFR § 303.421; 26 TAC §350.204; 26 TAC §350.207 (a)(2)]   | PWN for LPHA reassessment 2/28/2025, not in record. CM note states ST eval completed 9/19. PWN for eval is not the record.                      | Acknowledged          | Finding   |
| 1775568 | Subrecipient provided the family rights publication (parent handbook) in the appropriate language. [34 CFR 303.25; 26 TAC §350.707 (a) (2); 26 TAC §350.203 (a) (3); 26 TAC §350.203 (b)]  | CM notes state that family is Spanish Speaking. Handbook should be provided in Spanish.   | Acknowledged          | Finding   |
| 1775568 | File reflects required program forms in Spanish or other appropriate language based on needs. [34 CFR 303.25; 26 TAC §350.203 (a) (3); 26 TAC §350.203 (b); 26 TAC §350.209 (8)]   | Forms are not in Spanish language as indicated as needed in the chart.  | Acknowledged          | Finding   |

| Case ID | Requirement(s) Not Met   | Child Record Review Comments   | Subrecipient Response | Disposition/ Status |
|---------|--|--|-----------------------|---------------------|
| 1775568 | Periodic IFSP review documents the degree to which progress toward achieving the outcomes identified in the IFSP is being made, and changes or no changes in services, as determined by the team. [34 CFR §303.342(b); 26 TAC §1004 (b)(g); 26 TAC §350.1009 (a)(b); 26 TAC §350.1019] | PR dated 4/2/2025- no input from LPHA or progress towards outcomes.  | Acknowledged          | Finding             |
| 1775568 | PWN of the IFSP meeting was provided to the family. [34 CFR §303.421; CFR 34 §303.342(d)]  | PWN dated 4/2/2025- does not state date, time, location, or persons invited. PWN dated 9/22/2025- time needs to be after evaluation.   | Acknowledged          | Finding             |
| 1775568 | Services are delivered according to the IFSP. [34 CFR §303.13; 26 TAC §350.1104]   | No service delivery progress notes in record for September, October, November.   | Acknowledged          | Finding             |
| 1775568 | The Eligibility Statement documents the child eligibility decisions of the IDT and reflects supporting documentation. [34 CFR §303.321; 26 TAC §350.811; 26 TAC §350.817]  | Missing scores for social emotional and communication.   | Acknowledged          | Finding             |
| 1775568 | The IFSP includes measurable outcomes expected to be achieved for the child and family. [34 CFR §303.344(c); 26 TAC §350.1003(3); 26 TAC 350.1015 (a)(3)]  | Outcomes need more measurability.  | Acknowledged          | Finding             |
| 1778990 | A review of the IFSP occurs every six months or more frequently, if conditions warranted or if the family requested it. [34 CFR §303.342; 26 TAC §350.1004(f); 26 TAC §350.1017]   | Periodic review should have been conducted by 9/30/2025 but not completed until 10/27/2025.  | Acknowledged          | Finding             |
| 1778990 | Subrecipient provided the family PWN of the evaluation and obtained consent. [34 CFR 303.420; 34 CFR § 303.421; 26 TAC §350.204; 26 TAC §350.207 (a)(2)]   | PWN 10/27/2025- Consents not checked on the first page or the second page.   | Acknowledged          | Finding             |
| 1778990 | Hearing and vision statuses are documented as part of the evaluation to determine the need for any further assessment. [34 CFR §303.21(a)(1)(ii); 26 TAC §350.813; 26 TAC §350.815]  | Annual 10/27/2025 does not reflect vision and hearing in functional terms.   | Acknowledged          | Finding             |
| 1778990 | IFSP includes a description of the child's present level of functioning across all developmental domains, how the child functions, and pertinent medical information. [34 CFR §303.344; 26 TAC §350.1004(a); 26 TAC §350.1015 (a)(1)(A-E)]   | Missing description across developmental domains for each section. Nutrition section states child can not have liquids due to a swallow study and then section 3 states he drinks milk and juice from a straw. | Acknowledged          | Finding             |

| Case ID | Requirement(s) Not Met   | Child Record Review Comments   | Subrecipient Response                                  | Disposition/ Status   |
|---------|--|--|--|---|
| 1778990 | PWN of the IFSP meeting was provided to the family. [34 CFR §303.421; CFR 34 §303.342(d)]  | On the PWN 3/31/2025- it is marked on first page as IFSP and second page as an evaluation. Which one is it for?  | Acknowledged   | Finding   |
| 1782207 | Subrecipient provided the family PWN of the evaluation and obtained consent. [34 CFR 303.420; 34 CFR § 303.421; 26 TAC §350.204; 26 TAC §350.207 (a)(2)]   | Need PWN for evaluation for 4/28/2025 and 10/3/2025.   | See attached   | While additional documentation was submitted, finding remains.  |
| 1782207 | Hearing and vision statuses are documented as part of the evaluation to determine the need for any further assessment. [34 CFR §303.21(a)(1)(ii); 26 TAC §350.813; 26 TAC §350.815]  | Hearing is not written in functional terms on the Annual IFSP. How do you know she can hear her family come home and see her toys? What does she physically do that lets you know. | Acknowledged   | Finding   |
| 1782207 | Services are delivered according to the IFSP. [34 CFR §303.13; 26 TAC §350.1104]   | Short one PT service for both September and November.  | November missed attached                               | While documentation for November was provided no documentation for September was provided. Finding remains. |
| 1784212 | Subrecipient provided the family PWN of the evaluation and obtained consent. [34 CFR 303.420; 34 CFR § 303.421; 26 TAC §350.204; 26 TAC §350.207 (a)(2)]   | PWN 9/22/2025- Page 1 does not reflect choices selected on page 2. Need PWN for OT eval 4/4/2025 and PR 4/5/2025.  | See attached 4/15/25 periodic review and 4/4 eval PWN. | PWN was provided for OT Eval dated 4/4. However, PWN for 4/5 & 9/22 are missing. Finding Remains            |
| 1784212 | PWN of the IFSP meeting was provided to the family. [34 CFR §303.421; CFR 34 §303.342(d)]  | PWN 9/22/2025- Page 1 does not reflect choices made on page 2.   | Acknowledged   | Finding   |
| 1784212 | Verification of TKIDS Data Entry   | TKIDS shows Fine Motor delay of 72% but the Eligibility Statement reflects Medical Diagnosis.  | See attached   | TKIDS should reflect Medical Diagnosis. Finding   |
| 1788608 | Case management services include following up with the family to assist the child with timely access to services and to determine if services have met the child's identified needs. [34 CFR §303.34(b)(7); 26 TAC §350.405(a)(4)(5)(6)(7)(9)] | No documentation outside of initial and transition in the record.  | Acknowledged   | Finding   |
| 1788608 | Case management services provided include assisting the family in identifying available services and making referrals to address identified needs and achieve goals specified in the IFSP. [34 CFR §303.34 (b)(2)(5); 26 TAC §350.405(a)(3)]   | No documentation in record regarding referrals for private therapy.  | Acknowledged   | Finding   |

| Case ID | Requirement(s) Not Met   | Child Record Review Comments   | Subrecipient Response | Disposition/ Status |
|---------|--|--|-----------------------|---------------------|
| 1788608 | IFSP includes a description of the child's present level of functioning across all developmental domains, how the child functions, and pertinent medical information. [34 CFR §303.344; 26 TAC §350.1004(a); 26 TAC §350.1015 (a)(1)(A-E)]   | Initial IFSP does not have codes. IFSP does not show communication needs only following direction need.  | Acknowledged          | Finding             |
| 1788608 | PWN of the IFSP meeting was provided to the family. [34 CFR §303.421; CFR 34 §303.342(d)]  | No PWN for dismissal in record. No PWN for transition. PWN dated 5/16/25 has consent for evaluation and reassessment but it was not conducted.   | Acknowledged          | Finding             |
| 1788608 | Services are delivered according to the IFSP. [34 CFR §303.13; 26 TAC §350.1104]   | Short 1 SST note for September and 1 for October.  | Acknowledged          | Finding             |
| 1788608 | The IFSP includes measurable outcomes expected to be achieved for the child and family. [34 CFR §303.344(c); 26 TAC §350.1003(3); 26 TAC 350.1015 (a)(3)]  | Outcome #1-#3, Not measurable outcomes. Also, these outcomes do not have strategies for the outcome. Outcome #4- is not measurable and does not clearly define the targeted behavior.                      | Acknowledged          | Finding             |
| 1790197 | A review of the IFSP occurs every six months or more frequently, if conditions warranted or if the family requested it. [34 CFR §303.342; 26 TAC §350.1004(f); 26 TAC §350.1017]   | Word document of PR states 7/3/25 but Electronic Health Record (EHR) states 7/8/2025. Page 43 of document.   | Acknowledged          | Finding             |
| 1790197 | Case management services provided include assisting the family in identifying available services and making referrals to address identified needs and achieve goals specified in the IFSP. [34 CFR §303.34 (b)(2)(5); 26 TAC §350.405(a)(3)] | 3/26/25- CM progress note says ST reached out for a consultation, parent did not respond but no follow up on this. Also no follow up on hearing referral that was recommended at the initial IFSP meeting. | Acknowledged          | Finding             |
| 1790197 | Subrecipient provided the family PWN of the evaluation and obtained consent. [34 CFR 303.420; 34 CFR § 303.421; 26 TAC §350.204; 26 TAC §350.207 (a)(2)]   | ST Reassessment completed 7/3/2025 but no PWN for assessment.  | Acknowledged          | Finding             |
| 1790197 | IFSP includes a description of the child's present level of functioning across all developmental domains, how the child functions, and pertinent medical information. [34 CFR §303.344; 26 TAC §350.1004(a); 26 TAC §350.1015 (a)(1)(A-E)]   | Initial IFSP 1/3/2025- Physical information does not discuss health status or medical history.   | Acknowledged          | Finding             |

| Case ID | Requirement(s) Not Met   | Child Record Review Comments  | Subrecipient Response | Disposition/ Status |
|---------|--|---|-----------------------|---------------------|
| 1790197 | Outcomes are developed or modified and dated when the child's progress and needs change. [34 CFR §303.344(c); 26 TAC §350.1017(e)(1); 26 TAC §350.1019(a)(2)(3)]   | 1/15/25- SST service delivery progress note states mom would like to work on child's vocabulary. Expressive communication outcome should have been added.   | Acknowledged          | Finding             |
| 1790197 | PWN of the IFSP meeting was provided to the family. [34 CFR §303.421; CFR 34 §303.342(d)]  | No PWN for transition plan 6/10/2025 or discharge 11/4/2025   | Acknowledged          | Finding             |
| 1790197 | Verification of TKIDS Data Entry   | In TKIDS Transition Conference says 6/10/25. Missing documentation that the conference happened.  | Acknowledged          | Finding             |
| 1790197 | Verification of TKIDS Data Entry   | Third Party Billing in TKIDS needs to be updated to reflect the current insurance.  | Acknowledged          | Finding             |
| 1818960 | Hearing and vision statuses are documented as part of the evaluation to determine the need for any further assessment. [34 CFR §303.21(a)(1)(ii); 26 TAC §350.813; 26 TAC §350.815]  | Initial IFSP, hearing is not reflected in functional terms.   | Acknowledged          | Finding             |
| 1818960 | IFSP includes a description of the child's present level of functioning across all developmental domains, how the child functions, and pertinent medical information. [34 CFR §303.344; 26 TAC §350.1004(a); 26 TAC §350.1015 (a)(1)(A-E)]   | Initial IFSP is written well and describes the child and how they function in the routines. The coding reflects that the child does not have foundational skills when the dialogue states he does.  | Acknowledged          | Finding             |
| 1818960 | Outcomes are developed or modified and dated when the child's progress and needs change. [34 CFR §303.344(c); 26 TAC §350.1017(e)(1); 26 TAC §350.1019(a)(2)(3)]   | CM service delivery note dated 10/2/2025 and SST service delivery progress note dated 11/12/2025 and 11/07/2025, state that child needs to work on his attention but no outcome was written.  | Acknowledged          | Finding             |
| 1819318 | Case management services provided include assisting the family in identifying available services and making referrals to address identified needs and achieve goals specified in the IFSP. [34 CFR §303.34 (b)(2)(5); 26 TAC §350.405(a)(3)] | CM service delivery note dated 11/12/2025 refers to follow up for hearing evaluation but not for Autism (AU). Note also refers to mom asking for private therapy and SC recommended they get both a outpatient OT and ST eval. Why is Harris not providing these evaluations? | Acknowledged          | Finding             |
| 1819318 | Hearing and vision statuses are documented as part of the evaluation to determine the need for any further assessment. [34 CFR §303.21(a)(1)(ii); 26 TAC §350.813; 26 TAC §350.815]  | Hearing referral needed is reflected on resource page of the IFSP but not on the screener page.   | Acknowledged          | Finding             |

| Case ID | Requirement(s) Not Met   | Child Record Review Comments  | Subrecipient Response | Disposition/ Status |
|---------|--|---|-----------------------|---------------------|
| 1819318 | IFSP includes a description of the child's present level of functioning across all developmental domains, how the child functions, and pertinent medical information. [34 CFR §303.344; 26 TAC §350.1004(a); 26 TAC §350.1015 (a)(1)(A-E)]   | Page 5 of the initial IFSP refers to a different child's name.  | Acknowledged          | Finding             |
| 1819318 | The IFSP contains the service, discipline of the provider, frequency, intensity, location, method, start and end date, and payment sources. [34 CFR §303.344(d); 26 TAC §350.1009 (a)(b); 26 TAC §350.1015 (a)(4-6), (c),(d),(e),(f),(h)]    | Signature page for the initial is missing the LPHA signature.   | Acknowledged          | Finding             |
| 1819318 | The IFSP includes measurable outcomes expected to be achieved for the child and family. [34 CFR §303.344(c); 26 TAC §350.1003(3); 26 TAC 350.1015 (a)(3)]  | Outcome #1, Outcome #2 and Outcome #4 need more measurability.  | Acknowledged          | Finding             |
| 1819318 | The IFSP reflects needs identified in the evaluation and assessment. [34 CFR §303.20; 34 CFR §303.321; 26 TAC §350.1004(d)]  | Resources page of the IFSP state child failed hearing screener and referral needed- Screener page states they passed. Child did fail AU screeners and referral was needed for that. | Acknowledged          | Finding             |
| 1819318 | The interdisciplinary team provides a review of nutrition status, assistive technology and an autism screening (if applicable), as part of the assessment. [CFR 303.321(c); 26 TAC §350.829; 26 TAC §108.831; 26 TAC §350.833]               | Nutrition Screener is not checked to reflect if child passed or failed.   | Acknowledged          | Finding             |
| 1829757 | Case management services provided include assisting the family in identifying available services and making referrals to address identified needs and achieve goals specified in the IFSP. [34 CFR §303.34 (b)(2)(5); 26 TAC §350.405(a)(3)] | No follow up on Women, Infants, and Children (WIC) in chart.  | Acknowledged          | Finding             |
| 1829757 | Subrecipient provided the family rights publication (parent handbook) in the appropriate language. [34 CFR 303.25; 26 TAC §350.707 (a) (2); 26 TAC §350.203 (a) (3); 26 TAC §350.203 (b)]  | Need Spanish version  | Acknowledged          | Finding             |

| Case ID | Requirement(s) Not Met   | Child Record Review Comments  | Subrecipient Response    | Disposition/ Status   |
|---------|--|---|--------------------------|---|
| 1829757 | Documentation of each service contact includes a description of the contact, the child's progress, and family or routine caregiver participation in the activities. [26 TAC §350.1111 (4)(5)(6)(7)(8)]                         | SST service delivery note 11/6/2025 does not reflect how mom implemented the coaching during the session.                       | Acknowledged             | Finding   |
| 1829757 | File reflects required program forms in Spanish or other appropriate language based on needs. [34 CFR 303.25; 26 TAC §350.203 (a) (3); 26 TAC §350.203 (b); 26 TAC §350.209 (8)]   | Need PWN for evaluation, IFSP, cost share, and signature grid for 5/5/25 in Spanish. Need transition and IFSP forms in Spanish. | Acknowledged             | Finding   |
| 1829757 | Hearing and vision statuses are documented as part of the evaluation to determine the need for any further assessment. [34 CFR §303.21(a)(1)(ii); 26 TAC §350.813; 26 TAC §350.815]  | Due to diagnosis of Down Syndrome, hearing and vision referral should be marked on screener page.                               | Acknowledged             | Finding   |
| 1829757 | PWN of the IFSP meeting was provided to the family. [34 CFR §303.421; CFR 34 §303.342(d)]  | PWN for 10/31/2025- need date, time, and people attending   | Acknowledged             | Finding   |
| 1829757 | Services are delivered according to the IFSP. [34 CFR §303.13; 26 TAC §350.1104]   | Short 2 OT sessions in September and 1 in October. Short 1 SST session in November.   | See November 17 SST note | Although the subrecipient provided the missing SST November note, the finding remains for the missing OT notes. |
| 1829757 | The IFSP includes measurable outcomes expected to be achieved for the child and family. [34 CFR §303.344(c); 26 TAC §350.1003(3); 26 TAC 350.1015 (a)(3)]  | Outcome 7 is not measurable   | Acknowledged             | Finding   |
| 1829757 | The IFSP reflects needs identified in the evaluation and assessment. [34 CFR §303.20; 34 CFR §303.321; 26 TAC §350.1004(d)]  | Evaluation and Outcomes discuss needs of the child but these are not documented as a need in the RBA.                           | Acknowledged             | Finding   |
| 1829757 | The interdisciplinary team provides a review of nutrition status, assistive technology and an autism screening (if applicable), as part of the assessment. [CFR 303.321(c); 26 TAC §350.829; 26 TAC §108.831; 26 TAC §350.833] | Due to the diagnosis of Down Syndrome, a nutrition referral should be marked on the screener page.                              | Acknowledged             | Finding   |

| Case ID | Requirement(s) Not Met   | Child Record Review Comments  | Subrecipient Response                     | Disposition/ Status |
|---------|--|---|---|---------------------|
| 1839068 | Case management services provided include assisting the family in identifying available services and making referrals to address identified needs and achieve goals specified in the IFSP. [34 CFR §303.34 (b)(2)(5); 26 TAC §350.405(a)(3)] | No follow up on referral for failed screeners.  | Not documented                            | Finding             |
| 1839068 | Documentation of each service contact includes a description of the contact, the child's progress, and family or routine caregiver participation in the activities. [26 TAC §350.1111 (4)(5)(6)(7)(8)]                                       | SST service delivery progress note, 10/7/25 and 9/18/2025- narrates what happened during the session but not how the SST coached mom and mom returned demonstration by trying the coaching technique with the child.    | Acknowledged                              | Finding             |
| 1839068 | Hearing and vision statuses are documented as part of the evaluation to determine the need for any further assessment. [34 CFR §303.21(a)(1)(ii); 26 TAC §350.813; 26 TAC §350.815]  | Screeners state need for hearing referral but not vision referral. The IFSP medical section states need for hearing and vision referral. Child resource page only states hearing referral.                              | Acknowledged                              | Finding             |
| 1839068 | Services are delivered according to the IFSP. [34 CFR §303.13; 26 TAC §350.1104]   | SST should be 60 minutes. No documentation why service delivery progress note for SST dated 9/18/2025 was cut short.  | Not documented                            | Finding             |
| 1839068 | The Battelle Developmental Inventory Third Edition (BDI3)/ Developmental Assessment of Young Children (DAYC) was used to conduct the comprehensive evaluation (when required) to determine eligibility. [34 CFR §303.321; 26 TAC §350.817]   | Not in record.  | No record-former employee did not submit. | Finding             |
| 1839068 | The IFSP includes measurable outcomes expected to be achieved for the child and family. [34 CFR §303.344(c); 26 TAC §350.1003(3); 26 TAC 350.1015 (a)(3)]  | Outcome 1 needs duration to make it measurable  | Acknowledged                              | Finding             |
| 1856395 | Hearing and vision statuses are documented as part of the evaluation to determine the need for any further assessment. [34 CFR §303.21(a)(1)(ii); 26 TAC §350.813; 26 TAC §350.815]  | IFSP 8/5/25 states passed hearing screening but screener states referral is needed. Hearing is not described in functional terms. Vision-IFSP states no concerns but screener is marked as failed and needs a referral. | No response from program                  | Finding             |
| 1856395 | PWN of the IFSP meeting was provided to the family. [34 CFR §303.421; CFR 34 §303.342(d)]  | PWN for dismissal is not in the record.   | Acknowledged                              | Finding             |

| Case ID | Requirement(s) Not Met   | Child Record Review Comments  | Subrecipient Response    | Disposition/ Status |
|---------|--|---|--------------------------|---------------------|
| 1877692 | Case management services provided include assisting the family in identifying available services and making referrals to address identified needs and achieve goals specified in the IFSP. [34 CFR §303.34 (b)(2)(5); 26 TAC §350.405(a)(3)] | Child failed the hearing screener checklist at the initial. No documentation in record of referral to the pediatrician.                                       | Acknowledged             | Finding             |
| 1877692 | Documentation of each service contact includes a description of the contact, the child's progress, and family or routine caregiver participation in the activities. [26 TAC §350.1111 (4)(5)(6)(7)(8)]                                       | ST service delivery progress note dated 11/7/2025 is missing documentation of coaching. Note states strategies only and not what was done during the session. | Acknowledged             | Finding             |
| 1877692 | PWN of the IFSP meeting was provided to the family. [34 CFR §303.421; CFR 34 §303.342(d)]  | PWN for dismissal is not in the record.   | No response from program | Finding             |
| 1877692 | Services are delivered according to the IFSP. [34 CFR §303.13; 26 TAC §350.1104]   | SST visits should be 60 minutes. SST service delivery progress notes do not document why duration of visit was cut short on 11/20/25 and 11/5/25.             | Acknowledged             | Finding             |
| 1877692 | The IFSP includes measurable outcomes expected to be achieved for the child and family. [34 CFR §303.344(c); 26 TAC §350.1003(3); 26 TAC 350.1015 (a)(3)]  | Outcome #1 and Outcome #2 are not measurable.   | Acknowledged             | Finding             |



December 2, 2025

[Redacted]

**Re: 2026 Annual Delegation Audit – The Harris Center for Mental Health and IDD**

Dear [Redacted]

Community Health Choice will be conducting an annual audit of the services delegated to The Harris Center for Mental Health and IDD.

Our standards require that we conduct the audit in a manner that provides reasonable assurance that delegation requirements are satisfied. Our procedures include, but are not limited to, a review of documentary evidence supporting the contractual and regulatory requirements, and interviews of The Harris Center’s personnel. The audit will conclude with delivery of a Final Audit Report, including any recommendations and corrective action requests for deficiencies identified.

The areas under review will include, but are not limited to:

- Human Resources – Orientation and Termination Protocols;
- Entity Level Controls, including but not limited to Office of Inspector General (OIG), Listing of Excluded Individuals and Entities (LEIE), Code of Conduct, Fraud, Waste & Abuse Training;
- Employee Training for individuals supporting the Community account;
- Capturing, Monitoring and Reporting of Key Performance Indicators (KPIs);
- Call Quality;
- Finance; and
- IT Security.

**All requested information for this audit must cover the period from the prior assessment date through the issuance date of this letter.**

Please provide files and documents to [Redacted]

We thank you in advance for your assistance and cooperation.

Respectfully,

[Redacted]

CC: [Redacted]



**Documents to be Submitted:**

1. Audited Financial statements (with footnotes) for the past two years
2. Policy and Procedure Table of Contents
3. Policies & Procedures specific to the work/service(s) the organization performs on behalf of Community Health Choice (e.g., Member Grievance, Claims Processing, Call Center, Member Complaints, etc.)
4. Policies & Procedures that address the contractual performance and Federal/State regulatory reporting standards.
5. Policies & Procedures that address monitoring adherence to performance and reporting standards (i.e., Describes actions taken if performance or reporting standards are not met in any period).
6. Employee Handbook
7. Policy & Procedure provides all available methods for reporting suspected or detected non-compliance or potential fraud, waste, or abuse without retaliation.
8. Policy & Procedure for disciplinary actions once a violation of Privacy or Security Regulations; Fraud, Waste or Abuse; or Standards of Conduct has been identified.
9. Compliance Program
10. Records Retention Policy & Procedure
11. Current Organization Chart(s) (including the Compliance Officer position and its reporting relationship to C-Suite/Board of Directors)
12. Code of Conduct
13. Onboarding and Termination Policy & Procedure
14. Employee Background Check Policy & Procedure
15. OIG/GSA Exclusion Screening and Monitoring Plan
16. HIPAA Training Policy & Procedure
17. Fraud, Waste and Abuse (FWA) Training Policy & Procedure
18. General Compliance Training Policy & Procedure
19. State, Federal, Other Regulatory (e.g., Medicare Part C and D) Training Policy & Procedure (if applicable)
20. Roster of all active employees in the month of **November 2025** who performed work on behalf of Community Health Choice - *[Note: A selection will be made from the employee roster, and supporting documentation will be requested to verify completion of the following requirements: Fraud, Waste, and Abuse (FWA) training, Compliance training, OIG/GSA exclusion checks, and distribution of Policies and Procedures / Code of Conduct]*
21. Quality Improvement Plan
22. SOC I/SOC II Report, and Bridge Letter (if applicable)
23. HITRUST Certification (if applicable)
24. Current Accreditations and Certifications (e.g., URAC, NCQA, etc.)
25. Disaster Recovery and Business Continuity Plan(s)



- 26.** Information Technology Security Plan
- 27.** Roster of all First-Tier, Downstream, Related Entities (FDRs) with a description of the services they perform on behalf of Community Health Choice (if applicable)
- 28.** Executed Business Associate Agreement (BAA) for each FDR performing services on behalf of Community Health Choice (if applicable)
- 29.** Oversight of FDR Entities Policy & Procedure (if applicable)
- 30.** Supporting documentation that demonstrates oversight of FDRs (e.g., Compliance and FWA Training, IOG/GSA Exclusion Screening, and Distribution of Code of Conduct and P&Ps. (if applicable)
- 31.** Attestation that no work is performed Off-shore (on your organization's letterhead)
- 32.** Data Validation Policy & Procedure

From: [REDACTED]  
Sent: Monday, November 24, 2025 6:06 PM

To: [REDACTED]

Subject: Jail Diversion Grant Monitoring Review

**This Email is from an EXTERNAL source. Ensure that you trust this sender before clicking on any links or attachments.**

Greetings!

It's that time of year again, and a Jail Monitoring Review visit is due. Attached is last year's review with notes included. Assuming your approach to this grant has not changed significantly, we may only need to update a few items. Please review each question carefully to confirm. Yellow-highlighted items should be reviewed and updated as needed, and I've added more specific notes throughout for your attention. Please use a separate document to provide responses or changes.

I would like to meet during the week of December 15 to go over the document and identify any additional documentation or information that may be required. Based on last year's review, we likely won't need everyone on the call, as most questions can be addressed offline. If scheduling proves difficult, multiple meetings can be arranged—your team can decide what works best.

To prepare, please share your availability for the times listed below:

- **Monday, December 15:** Any time after 11 a.m.
- **Tuesday, December 16:** 9 a.m. – 11 a.m.
- **Wednesday, December 17:** 9 a.m. – 12 p.m.
- **Thursday, December 18:** 9 a.m. – 12 p.m. or 2 p.m. – 5 p.m.
- **Friday, December 19:** 9 a.m. – 4 p.m.

The Auditor's Office is requesting the review be completed by December 31. We can discuss the need for an extension during our December meeting, if necessary.

I will send out a meeting invitation once I hear from everyone. If you have any questions, please don't hesitate to reach out.

Wishing you a wonderful Thanksgiving holiday.

Best regards

Harris County

# Grant Monitoring Review

The Harris Center – Jail Diversion

Willis, Natosha (Office of County Administration)  
12-()-2025

Harris County – Grant Monitoring Review  
Sub -Grantee Report  
The Harris Center – Jail Diversion

**Grant Information**

Grant Award Number: [REDACTED]

DUNS #: [REDACTED]

Unique Entity ID (UEI): [REDACTED]

Funding Agency: Texas Health and Human Services Commission

**Sub-Grantee Information**

Sub-Grantee Name: The Harris Center for Mental Health and IDD

[REDACTED]

**Monitoring Review Information**

Review Date(s): 12/2025

Review Process: Virtual

**Summary of Findings and Recommended Corrective Actions**

Observation:

Recommended Corrective Action(s):

Harris County – Grant Monitoring Review  
 Sub -Grantee Report  
 The Harris Center – Jail Diversion

## Section I: Determining the Adequacy of Financial Systems

### Accounting and Standards for Financial Management Systems

**Commented [NW1]:** If you are still utilizing the same systems and the items in the columns have not changed, we will keep this information as is.

|   | Completed |
|---|-----------|
| <i>Financial reporting.</i> Verify that the sub-grantee’s financial system provides for accurate, current and complete disclosure of the financial results of the MHJDP program in accordance with the reporting requirements   | Y         |
| <i>Accounting records.</i> Verify that the sub-grantee maintains records that adequately identify the source and application of funds for MHJDP activities.   | Y         |
| <i>Internal control.</i> Verify that the sub-grantee has effective control over and accountability for all funds, property, and other assets. All recipients shall adequately safeguard all such assets and assure they are used solely for authorized purposes.                              | Y         |
| <i>Budget control.</i> Verify that the sub-grantee compares actual expenditures or outlays with budget amounts of the contract amount. Whenever appropriate, financial information should be related to performance and unit cost data.   | Y         |
| <i>Allowable cost.</i> Verify that sub-grantee follows applicable program guidance with regards to costs principles (e.g., costs that are allowed under public laws, regulations, and guidelines) in determining the reasonableness, allowability, and allocability of costs.                 | Y         |
| <i>Source documentation.</i> Verify that the sub-grantee’s accounting records including cost accounting records that are supported by source documentation such as cancelled checks, receipts paid bills, payrolls, time and attendance records, contract and sub-grant award documents, etc. | Y         |
| <b>Comments:</b> The sub-grantee continues to utilize the same systems as previous years – which include Chronos and Ross systems.  |           |

Harris County – Grant Monitoring Review  
 Sub -Grantee Report  
 The Harris Center – Jail Diversion

## Section II: Compliance Review

### Award File Documents **Overview**

|   | Completed |
|---|-----------|
| Does the sub-recipient maintain a current copy of their contract?           |           |
| Does the sub-recipient maintain a copy of amendments?                       |           |
| Does the sub-recipient maintain a copy of budget change requests/approvals? |           |
| Does the sub-recipient maintain a copy of scope of work/program narrative?  |           |
| <b>Comments:</b>  |           |

**Commented [NW2]:** Please have copies of these items ready for the virtual review, and we will update them at that time.

### Post Award: Financial **Administration**

|   | Completed |
|---|-----------|
| Allowability of Matching/Cost Sharing Funds. Verify that all matching contributions, including cash and third-party in-kind cost sharing, are allowable under the program guidance, program regulations, and applicable cost principles.  |           |
| Indirect Cost. Verify the sub-grantee adheres to the Uniform Grant Management Standards (UGMS) definition of indirect cost. Per contract, Facilities and Administrative costs: those costs related to institutional infrastructure, both physical and administrative, that are necessary for the task to be conducted (space, utilities, custodial services, library services, informational systems, shared facilities, institutional review board, safety, payroll, purchasing, grant management, etc.) |           |
| In-Kind Contributions and Donated Services. Verify that all in-kind contributions and donated services are allowable, documented, and properly valued as specified in the program guidance and regulations.   |           |
| In-Kind Contribution Report. Verify the sub-grantee submits to CJO the In-Kind contribution documentation by the 20th of each month for donated services to the MHJDP. Does the report include: donated time, training, PAP medications, services provided to clients and vouchers from the Harris County Housing Authority.  |           |

**Commented [NW3]:** We will also discuss these items during the virtual review.

**Commented [NW4]:** Discussion needed. Talking with Grants and Auditors team regarding updating language. I am not sure why CJO is listed

Harris County – Grant Monitoring Review  
 Sub -Grantee Report  
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|  |  |
|--|--|
| Charges During the Grant Period of Performance. Verify that sub-grantee is only charging costs to the grant resulting from obligations of the period of performance unless otherwise permitted by CJO.   |  |
| Terms of Billing. Verify that the sub-grantee submits invoices with services provided in the month no later than the 30th day after the end of each calendar month in which services are performed.  |  |
| Billing. Verify that the sub-grantee submits an itemized monthly invoice for actual costs provided during the month, which include a description of services, the person receiving the services and the day and the time that personnel performed the services.  |  |
| <b>Comments:</b> All in-kind contributions are verified monthly and submitted to grantor for review and approval prior to submission to THHSC. The County Auditor's Office has agreed to update the deadline for the 'In-Kind Contribution Report' to the 25 <sup>th</sup> of each month. Invoices are now required by the 25 <sup>th</sup> of each month. |  |

Post Award: Program Activities

Staffing

|  | Completed |
|--|-----------|
| Verify that the sub-grantee has job descriptions for all positions that are funded under this grant (per the contract).  |           |
| List of all staff positions:<br>Program Director, Budget Manager (formerly Budget Analyst), Administrative Support Services Supervisor, Psychiatrist, Registered Nurse, Psychiatric Technician, Certified Peer Specialist, Licensed Chemical Dependency Counselor, Program Manager, Care Coordinator, Unit Support, Program Assistant. |           |
| Comments: Key positions outlined in the contract are filled by the following staff –<br>Program Director, ██████████<br>Budget Manager, ██████████ )<br>Administrative Support Services Supervisor, ██████████ (MHG)<br>Program Director, ██████████   |           |

**Commented [NW5]:** Please provide copies

**Commented [NW6]:** Please provide an updated list or note that it is the same

**Commented [NW7]:** Please ensure this is correct and updated, if necessary.

Policies and Procedures

|   | Completed |
|---|-----------|
| Verify that the sub-grantee has maintains written policy and procedures that reflect the program. | Y         |
| Verify that sub-grantee has procedures in place for each team of the program.                     | Y         |

**Commented [NW8]:** If you are still utilizing the same systems and the items in the columns have not changed, we will keep this information as is.

Harris County – Grant Monitoring Review  
 Sub -Grantee Report  
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**Comments:** The sub-grantee ensures this component is complete in collaboration with the compliance office.

Travel & Training

|  | Completed |
|--|-----------|
| Does the sub-grantee maintain travel logs and receipts for personnel that travel under this grant?   | Y         |
| Does the sub-grantee maintain all staff training records/certifications?   | Y         |
| <b>Comments:</b> Employees use an online travel system to record related travel items. A multi-tier review process is conducted before approval. |           |

**Commented [NW9]:** Would like to see an example when we meet.

Client Records

|   | Completed |
|---|-----------|
| Verify that sub-grantee maintains a control system to ensure adequate safeguards to prevent against loss, damage, or theft of client records.   | Y         |
| Verify that the sub-grantee has developed adequate maintenance to keep the property in good condition   | Y         |
| Verify that sub-grantee has policies, procedures, or schedules in place to maintain all client records.   | Y         |
| <b>Comments:</b> The sub-grantee utilizes the EPIC software system to maintain client records and safeguards, which also includes an internal review process to ensure they maintain policies and procedures. |           |

**Commented [NW10]:** If you are still utilizing the same systems and the items in the columns have not changed, we will keep this information as is.

Section III: Observations

|   |
|---|
| <b>Feedback:</b>  |
| <b>Concerns:</b>  |
| <b>Recommendations:</b> Continue working on a plan to submit monthly financial report docs on time to Auditors. |

**Commented [NW11]:** Will consult with AO to assess.

Harris County – Grant Monitoring Review  
Sub -Grantee Report  
The Harris Center – Jail Diversion

### Section III: Additional Information

#### Organization

1. Does the Department have specific staff assigned to assure that grant contract conditions are met? If no, what are the areas that do not have specific staff assigned?

a) Yes, program is adequately staffed with leadership and management oversight of the program to ensure contract obligations are met including Program Directors, Manager, and Vice President of the Crisis Psychiatric Evaluation Programs (CPEP) division.

Commented [NW12]: Any updates or changes?

2. Does the Department's Organization provide for a check and balance system that assures the grant has proper management/oversight? If no, what activities of the grant process need oversight and supervision?

a) Yes, there are several layers of review to ensure the proper checks and balances.

Commented [NW13]: We will want to elaborate more on this response. Please prepare a brief overview of what this process looks like and submit.

3. Does the Department provide staff resources and technical training to properly operate the grant? If no, what training or technical assistance should the staff or subrecipients receive?

a) Yes. Staff are trained once hired during new employee orientation, and training is maintained annually and updated as needed via an online learning management system. In-person training is also provided.

Commented [NW14]: Name of online management system

4. Does the Department have written procedures for processing the grant? If no, what procedures or processes should be in writing and for whom?

a) Yes, policies and procedures are kept in The Harris Center online system, PolicyStat.

5. Does the Department have an organized filing system that contain: grant award, grant contract, subcontracts, and procurements, memorandum of understandings, payment requests and invoices, copies of all periodic and final performance reports? If no, which of these are lacking?

a) Yes. All documents are maintained electronically in The Harris Center ShareDrive system.

6. Does the Department have a separate/distinct: budget and inventory system associated with the grant activities? If no, and if required by the grant contract, identify an inventory system that will specifically identify those assets purchased with grant funds?

a) Yes, budgets are maintained in the Prospero budgeting system and are separated out by cost center units.

Harris County – Grant Monitoring Review  
Sub -Grantee Report  
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- 7. **Does the Department have a management system of check and balance system that provides oversight for the activities of its sub-recipients? If no, what activities need oversight?**
  - a) The County provides oversight for Harris Center as a subrecipient. Harris Center monitors contracts that include labor contracts, service contracts, supplies, etc.
- 8. **Does the Department have a tracking system to determine if capital improvements are on schedule? If no, identify activities that need a tracking system.**
  - a) Not applicable to this grant.
- 9. **Does the Department have a tracking system to determine if social service activities are operating at the planned level (No. of employees vs. No. of people served)? If no, identify the deliverable unit and planned level to be evaluated.**
  - a) Yes – performance data reporting & monitoring & regular meetings with the State.

**Physical Inventory**

- 1. **Does the Department have an inventory of assets that identifies all items purchased with grant funds? If no, determine the changes necessary.**
  - a) Yes
- 2. **Does the Department have an inspection process to evaluate and protect capital assets from loss, damage or theft? If no, determine the necessary changes.**
  - a) Yes

Commented [NW15]: Provide brief description

Commented [NW16]: Provide a brief description

**Record Keeping**

- 1. **Does the Department maintain specific records on salaries? If no, determine the necessary changes.**
  - a) Yes, The Harris Center’s Human Resources Department maintains records on salaries and is reported to budget and program staff. Payroll records are available upon request.
- 2. **Does the Department maintain specific records on client/recipient eligibility? If no, determine the necessary changes.**
  - a) Yes, The Harris Center’s electronic health records (EHR) system, EPIC, maintains all client records.
- 3. **Does the Department maintain specific record on required matching funds? If no, determine the necessary changes.**
  - a) Yes, The Harris Center’s records are maintained electronically and are reported with supporting documentation monthly and upon request.

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- 4. **Does the Department maintain an inventory specific to items purchased with the grant? If no, determine the necessary changes.**
  - a) Yes, assets are maintained.
- 5. **Does the Department maintain an accounting of Program Income? If no, determine the necessary changes.**
  - a) Not applicable to this contract; however, the Harris Center agency has policies and procedures to maintain applicable program income.

**Grant Performance**

- 1. **Does the Department submit grant progress reports to the grantor in a timely manner? If no, identify what reports are late or missing.**
  - a) Yes. The program submits all progress reports as outlined in the contract to THHSC on time and can submit timestamped emails upon request.
- 2. **Is the Department performance report consistent with data reviewed on site? If no, what areas of the report are missing or inconsistent.**
  - a) Yes. Reports are built based on agreed metrics with THHSC and the program using the contract’s scope of work. Data is inputted into The Harris Center’s electronic health record (EHR) system, EPIC, which matches the data reported via the performance report.
- 3. **Does the Department progress reports submitted conform with the performance goals outlined in the grant application? If no, identify the areas that are not consistent.**
  - a) Yes. Reports are built based on agreed metrics with THHSC and the program using the contract’s scope of work.
- 4. **Does the Department provide the necessary technical assistance to its subrecipients? If no, identify the technical assistance that the subrecipients need.**
  - a) THHSC provides Technical Assistance via monthly and/or quarterly TA calls which include both the Harris Center program staff as well as Harris County staff. Technical assistance is identified upon need.
- 5. **Has the Department received any complaints or concerns about service delivery? If so, was there an adequate response? If no, Department should develop a system for receiving complaints and a system for responding.**
  - a) No. The Harris Center follows agency guidance on all client grievances and concerns should they arise.

**Commented [NW17]:** Please double-check the responses in this section. Provide updates if necessary.

Harris County – Grant Monitoring Review  
 Sub -Grantee Report  
 The Harris Center – Jail Diversion

## General

1. **Does the contract require special conditions associated with timing in which funds are spent? If yes, describe the timing requirements.**
  - a) Yes. The program is required to expend funds based on the program terms outlined in the annual contract. Fiscal Year 2024 was based on a one-year contract from 9/1/23 to 8/31/24.
2. **Does the contract require special conditions associated with documentation of expenses over and beyond normal standard accounting principles? If yes, describe the required documentation.**
  - a) Yes. Please see section 3.4.B. "Overpayments" in contract Attachment C – HHS Uniform Terms and Conditions in file titled, "SAMPLE HCJD Contract". (PDF page 47).
3. **Does the contract require a Single Audit, General Accounting Standards, or OMB Circular A-122 or other federal requirements? If yes, briefly describe and note which section of the contract.**
  - a) Yes, please refer to section 4.2.A.ii, PDF page 47.
4. **Does the contract prohibit the obligation or expenditure of funds before the contract period starts? If yes, give contract start date.**
  - a) Yes, please current contract start or effective date is September 1, 2023.
5. **Does the contract provide special conditions regarding the reimbursement of expenses? If yes, list prohibited reimbursement items and note section of contract.**
  - a) Yes, please refer to PDF pages 21-23 on current contract titled, "SAMPLE HCJD Contract".

Commented [NW18]: We will need to update dates

Commented [NW19]: Please double-check and update

## Personnel

1. **Does the contract require special conditions regarding the documentation of salaries/benefits/overtime?**
  - a) Yes
2. **If yes, list prohibited activities and note section of contract.**
  - a) Please see Terms of Payment section of ILA regarding itemized supporting documentation for all expenses including salaries/benefits/overtime.
3. **Does the contract require special conditions regarding the reimbursement of travel expenses? If yes, list prohibited activities and note section of contract.**
  - a) Please see Terms of Payment section of ILA regarding itemized supporting documentation for all expenses including salaries/benefits/overtime.

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## Service Delivery

1. **Does the contract require submission of periodic progress reporting? If yes, list the due dates.**
  - a) Yes. Please refer to section VI. Reporting requirements starting on PDF page 2-4 which includes all reports, frequency and due dates.
2. **Does the contract require progress reports that associate deliverable outlined in the grant contract?**
  - a) Yes.
3. **If yes, describe the deliverable units and the projected accomplishments.**
  - a) Please refer to PDF pages 10-19 which outline the program's objectives and targets.
4. **Does the contract require documentation of the client/recipient eligibility? If yes, describe the client qualification requirements and note the section of the contract.**
  - a) Yes, there is eligibility criteria found in the Interlocal Agreement (ILA) under Attachment A-1.0 "Revised Comprehensive Implementation Work Plan"
    - i. HCJD Eligibility Criteria includes
      - Adult
      - Voluntary
      - Experiencing a Mental Illness
      - Brought in by Law Enforcement or transferred from Joint Processing Center
      - Identified individual with serious mental illness needing preventative supports and services
    - ii. Please see "SAMPLE – CMHG Eligibility"
5. **If client/recipient eligibility is required, does the documentation of records need to be retained beyond the period of the grant contract? If yes, describe the time period and note the section of the contract.**
  - a) Yes. Section listed under Audit Right: Record Retention in the ILA state The Harris Center must maintain records for six (6) years after the expiration of this agreement.

**Commented [NW20]:** Please update as needed and provide documentation

## Equipment

1. **Does the contract require special conditions (over and above Harris County or State of Texas rules) associated with the procurement of equipment? If yes, describe special conditions and note section of the contract.**
  - a) The project follows Harris County and State of Texas rules regarding equipment as outlined in the contract.

Harris County – Grant Monitoring Review  
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2. **Does the contract require a complete equipment inventory list which identifies items purchased with grant funds? If yes, describe requirements and note section of contract.**

a) Please see section Article VII. Property in Attachment D – HHS Uniform Terms and Conditions which outlines property and equipment requirements, disposition/depreciation starting on PDF page 51-53.

3. **Does the Contract have requirements regarding the disposition/depreciating of equipment? If yes, describe requirements and note section of contract.**

a) Please see section Article VII. Property in Attachment D – HHS Uniform Terms and Conditions which outlines property and equipment requirements, disposition/depreciation starting on PDF page 51-53

**Construction Contracts, Third Party Agreements or Sub-Recipients**

1. **Does the contract have requirements regarding construction contracts, service agreements, and memoranda of understandings or sub-recipients agreements? If yes, describe requirements and note section of contract.**

a. Not applicable under this grant.

**Matching Funds**

1. **Does the contract have requirement for local matching funds? If yes, describe requirements and note section of contract.**

a) Yes. 1:1 match obligation, as outlined in "SAMPLE HCJD Contract" PDF page 21.

2. **Does the contract have specific requirement regarding the documentation of matching funds and how the match is to be spent? If yes, describe requirements and note section of contract.**

a) Yes, as outlined in Attachment D – HHS Uniform Terms and Conditions.

**Program Income**

1. **Does the contract have requirements or prohibition regarding program income? If yes, describe requirements and note section of contract.**

a) Yes, as outlined in the section titled, "2.7 Program Income" in Attachment D – HHS Uniform Terms and Conditions. Please note: this contract does not collect any applicable program income.

**Commented [NW21]:** Please make sure pages and attachments are correct.

2. **Does the contract have specific requirements regarding expending program income? If yes, describe requirements and note section of contract.**

Harris County – Grant Monitoring Review  
Sub -Grantee Report  
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a) Yes, as outlined in the section titled, "2.7 Program Income" in the HHS Uniform Terms and Conditions. Please note: this contract does not collect any applicable program income.

Commented [NW22]: Same as above

**Financial**

1. Does the Department manage and control timely implementation of the grant activities? If no, identify the phases and associated timeliness.

a) Yes

2. Does the Department process expenditures of grant funds in a timely manner?

a) Yes

3. Does the Department receive a regular financial audit covering the grant? If no when is the next audit required.

a) Yes

4. Has the Department received a program monitoring audit by the Grantor? If no, when is the next expected?

a) Yes

Commented [NW23]: Will also consult with Auditors Office

5. Request & review a copy of the most recent ACFR with Single Audit. Are there any findings or weaknesses that were identified that remain to be resolved?

a) FY2024 ACFR is still pending at the time of submission. No findings or material weaknesses were reported in the FY2023 ACFR.

Commented [NW24]: Please provide a copy, and we will update it.



January 23, 2026

The Harris Center for Mental Health and IDD  
 9401 SW Freeway  
 Houston, TX 77074

RE: The Harris Center for Mental Health and IDD (The Harris Center) Quarter 3 2025 Monitoring Results for the **CCHP 2.1** program funded by the American Rescue Plan Act (ARPA) Coronavirus State and Local Fiscal Recovery Funds (SLFRF)

Dear The Harris Center,

In December 2025, Harris County, TX, (the County) ARPA SLFRF program issued a Q3 monitoring results letter with findings and required action for The Harris Center for the CCHP 2.1 program. The County reviewed the submitted documentation.

**Findings & Corrective Action Plans Review**

The County ARPA SLFRF program reviewed and evaluated The Harris Center's CCHP 2.1 Q3 2025 Finding #1 Response letter, CCHP 2.1 Q3 2025 Finding #2 Payroll Register [REDACTED] and CCHP 2.1 Q3 2025 Finding #2 Payroll Audit File [REDACTED] hat address:

**Finding #1-** A June expense was included in the May Invoice. Expenses should only be billed for after they have been paid. The Harris Center must provide reasoning for why this future expense was included prior to its expenditure or submit corrected invoices.

**Resolution** – The Harris Center acknowledged in writing that this issue resulted from an internal oversight. They confirmed that expenses for the CCHP 2.1 program must be invoiced based on the payment date rather than the ledger transaction date and stated that this requirement will be incorporated into their standard review process going forward. This finding does not affect the total amount of grant expenses and therefore does not require invoice amendments.



**Finding #2** - Invoicing of salary and fringe benefits is inconsistent. The Harris Center needs to create a report that demonstrates each program’s employee’s grant allocation and the calculations of fringe benefit reimbursement amounts.

**Resolution** – The Harris Center met with monitoring staff and explained that fringe benefits for certain employees are calculated differently because a portion of their wages is not allocable to the grant. For these employees, The Harris Center first determines the portion of wages classified as regular wages, applies that percentage to the total fringe benefits, and then allocates the resulting amount to the grant based on the employee’s grant-funded time. The Harris Center provided supporting documentation detailing this calculation, which enabled the monitor to reconcile the fringe benefit and wage amounts on the invoice.

The actions and/or modifications taken resolve all outstanding findings. The actions/modifications comply with requirements set forth by Harris County, 2 CFR 200<sup>1</sup>, the ARPA SLFRF Final Rule<sup>2</sup>, the U.S. Department of Treasury (Treasury) Compliance and Reporting Guidance for SLFRF<sup>3</sup>, the Coronavirus State and Local Fiscal Recovery Funds Frequently Asked Questions (FAQ)<sup>4</sup>, the Final Rule (2022)<sup>5</sup>, and the Interim Final Rule (2023)<sup>6</sup>.

### Conclusions

The County conducted the monitoring review in alignment with the Office of County Administration (OCA), and the approved Standard Operating Procedures for Harris County’s ARPA SLFRF program. The monitor used official monitoring checklists to assess general grant administration, compliance, and program performance.

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<sup>1</sup> 2 CFR 200, available at: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200>

<sup>2</sup> US Treasury, “2022 Final Rule,” available at: <https://www.govinfo.gov/content/pkg/FR-2022-01-27/pdf/2022-00292.pdf>

<sup>3</sup> U.S. Department of the Treasury “SLFRF Compliance and Reporting Guidance”, available at: <https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf>

<sup>4</sup> Coronavirus State and Local Fiscal Recovery Funds Frequently Asked Questions [page no. 62-63], available at: <https://home.treasury.gov/system/files/136/SLFRF-Final-Rule-FAQ.pdf>

<sup>5</sup> U.S. Department of the Treasury, “2022 Final Rule,” Available at: <https://www.govinfo.gov/content/pkg/FR-2022-01-27/pdf/2022-00292.pdf>

<sup>6</sup> U.S. Department of the Treasury, “2023 Interim Final Rule,” Available at: <https://home.treasury.gov/system/files/136/2023-Interim-Final-Rule.pdf>



This review does not constitute an audit; rather, it evaluates compliance across key areas of program operations.<sup>7,8</sup>

The documentation submitted by The Harris Center demonstrates collection and maintenance of grant-related records. CCHP 2.1 shows a clear understanding of the grant’s objectives and the program’s operational requirements and appears to comply with the terms of its grant agreement.

**Right to Appeal**

If The Harris Center chooses to appeal any aspect of this monitoring review, it must submit the request on official letterhead. Appeals must be submitted within 10 business days, from the date of this letter, to:

[Redacted contact information]

**Next Steps**

This letter concludes and formally closes the Q3 2025 monitoring period. The next round of monitoring begins in February 2026.

Sincerely,

[Redacted signature]

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<sup>7</sup> Monitoring versus Auditing: Monitoring is not a formal audit. Monitoring is a requirement to track activities to ensure they are compliant with all requirements and meeting performance expectations (2 CFR 200.329(a)). Monitoring is more frequent and less formal than an audit, offering an opportunity to identify technical assistance opportunities and assess or prevent possible misuse of funding. Auditing is less frequent and more formal than monitoring, focusing on financial accuracy and compliance with laws and regulations.

<sup>8</sup> Monitoring Findings versus Auditing Findings: Monitoring offers an opportunity to detect and mitigate issues early and work to resolve them prior to an audit occurring. If there is a finding during monitoring, steps will be taken to make any necessary changes to ensure compliance and resolve the finding. Audit findings are issued in formal audit reports and reported to the Federal Audit Clearinghouse.



[REDACTED]



December 9, 2025

The Harris Center for Mental Health and IDD  
9401 SW Freeway  
Houston, TX 77074

RE: The Harris Center for Mental Health and IDD (The Harris Center) Quarter 3 2025 Monitoring Results for the **CCHP 2.1** program funded by the American Rescue Plan Act (ARPA) Coronavirus State and Local Fiscal Recovery Funds (SLFRF)

Dear The Harris Center,

In August 2025, Harris County, TX, (the County) ARPA SLFRF program received monitoring documentation from The Harris Center for the CCHP 2.1 program. The County reviewed the submitted documentation and conducted monitoring activities to assess compliance with the program's design, operations, and intended outcomes. This report outlines the review process and presents the final evaluation of the monitoring session.

### **Background**

The purpose of the Harris Center CCHP 2.1 program is to provide mental health and substance abuse support for clients with the goal being housing preservation.

The mental health supports will encompass a wraparound model to engage individuals with symptoms of mental illness and provide engagement services, clinical assessment, mental illness treatment coordination, and housing retention supports. The substance abuse supports will encompass a wraparound model to engage individuals with symptoms of substance use disorder and provide engagement services, clinical assessment, substance use disorder treatment, coordination with other behavioral health and physical health treatment, and housing retention supports.

### **Monitoring Review**

The County ARPA SLFRF program developed a monitoring review tool to guide the monitoring review. The monitor uses this tool to review and evaluate The Harris Center's program administration processes,



ensuring compliance with requirements set forth by Harris County, 2 CFR 200<sup>1</sup>, the ARPA SLFRF Final Rule<sup>2</sup>, U.S. Department of Treasury (Treasury) Compliance and Reporting Guidance for SLFRF<sup>3</sup>, the Coronavirus State and Local Fiscal Recovery Funds Frequently Asked Questions (FAQ)<sup>4</sup>, the Final Rule (2022)<sup>5</sup>, and the Interim Final Rule (2023)<sup>6</sup>.

The monitor reviewed the following information:

- Monthly Invoices
- Program/Operations Budget
- Program Design Description
- Program/Operations Report
- Project Status Report
- Evaluation Plan
- Key Performance Indicators (KPIs)
- Monitoring Report
- Single Audit

## Results

1. **Documentation:** The Harris Center maintains timely and sufficient documentation of financial, administrative, and operational activities. The County finds that The Harris Center has the organizational capacity to administer the program described in its grant agreement.

*Recommendation: As a best practice, remove all Personally Identifying Information (PII) from*

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<sup>1</sup> 2 CFR 200, available at: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200>

<sup>2</sup> US Treasury, "2022 Final Rule," available at: <https://www.govinfo.gov/content/pkg/FR-2022-01-27/pdf/2022-00292.pdf>

<sup>3</sup> U.S. Department of the Treasury "SLFRF Compliance and Reporting Guidance", available at: <https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf>

<sup>4</sup> Coronavirus State and Local Fiscal Recovery Funds Frequently Asked Questions [page no. 62-63], available at: <https://home.treasury.gov/system/files/136/SLFRF-Final-Rule-FAQ.pdf>

<sup>5</sup> U.S. Department of the Treasury, "2022 Final Rule," Available at: <https://www.govinfo.gov/content/pkg/FR-2022-01-27/pdf/2022-00292.pdf>

<sup>6</sup> U.S. Department of the Treasury, "2023 Interim Final Rule," Available at: <https://home.treasury.gov/system/files/136/2023-Interim-Final-Rule.pdf>



*payroll materials. Replace employee names with employee IDs and redact irrelevant pay information from supplemental documents*

2. **Financial Management:** The Harris Center manages its grant funds in accordance with the grant agreement and demonstrates sound financial stewardship.

*Finding #1: A June expense was included in the May Invoice. Expenses should only be billed for after they have been paid. The Harris Center must provide reasoning for why this future expense was included prior to its expenditure or submit corrected invoices by December 22, 2025.*

*Finding #2: Invoicing of salary and fringe benefits is inconsistent. The Harris Center needs to create a report that demonstrates each program's employee's grant allocation and the calculations of fringe benefit reimbursement amounts. Please provide this report by December 22, 2025.*

3. **Programmatic Activities:** The Harris Center appropriately tracks and allocates funding to the approved activities within the period of performance.

### **Conclusions and Next Steps**

The County conducted the monitoring review in alignment with the Office of County Administration (OCA) and the approved Standard Operating Procedures for Harris County's ARPA SLFRF program. The monitor used official monitoring checklists to assess general grant administration, compliance, and program performance.

This review does not constitute an audit; rather, it evaluates compliance across key areas of program operations.

The Harris Center is required to take corrective action on the outlined findings within 10 days from the date of this letter December 22, 2025. Following corrective action, OCA and Harris County ARPA SLFRF will review your corrections and confirm compliance or provide further instructions.

### **Right to Appeal**



If The Harris Center chooses to appeal any aspect of this monitoring review, it must submit the request on official letterhead. Appeals must be submitted within 10 business days, from the date of this letter, to:

[REDACTED]  
[REDACTED]  
[REDACTED]

Sincerely,

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]



*Transforming Lives*

December 16, 2025

**Financial Services**

[Redacted]

[Redacted]

RE: Response Regarding Finding #1 of The Harris Center Quarter 3 2025 Monitoring Results For the CCHP 2.1 program funded by the ARPA Coronavirus State and Local Recovery Funds (SLFRF)

[Redacted]

Thank you for bringing this matter to our attention. We acknowledge that a June expense was included in the May invoice, which does not align with the expectation that expenses should only be billed after payment has been made.

Upon review, we determined that this occurred because our billing process was based on the ledger transaction date rather than the payment date. This was an oversight on our part, and we appreciate the opportunity to correct our approach.

Corrective Action:

- Going forward, we will implement an additional review step to ensure that all billed expenses have been paid prior to invoicing.
- This requirement will be incorporated into our standard review process to prevent similar issues in the future.

Regarding invoice revision, we will not be revising the previously submitted invoices because doing so would not result in any change to the total amount reimbursed. The inclusion of the June expense on the May invoice did not affect the overall reimbursement amount. At the time of the original submission, proof of payment was provided.

We appreciate your understanding and will continue to strengthen our internal controls to ensure compliance with billing requirements.

Please let us know if you need any additional information or clarification.

Sincerely,

[Redacted Signature]





THE HARRIS CENTER FOR MENTAL H



by

**Payroll Register (By PST Summary)**  
[ System ]

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THE HARRIS CENTER FOR MENTAL H

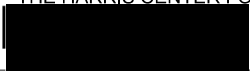
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THE HARRIS CENTER FOR MENTAL H

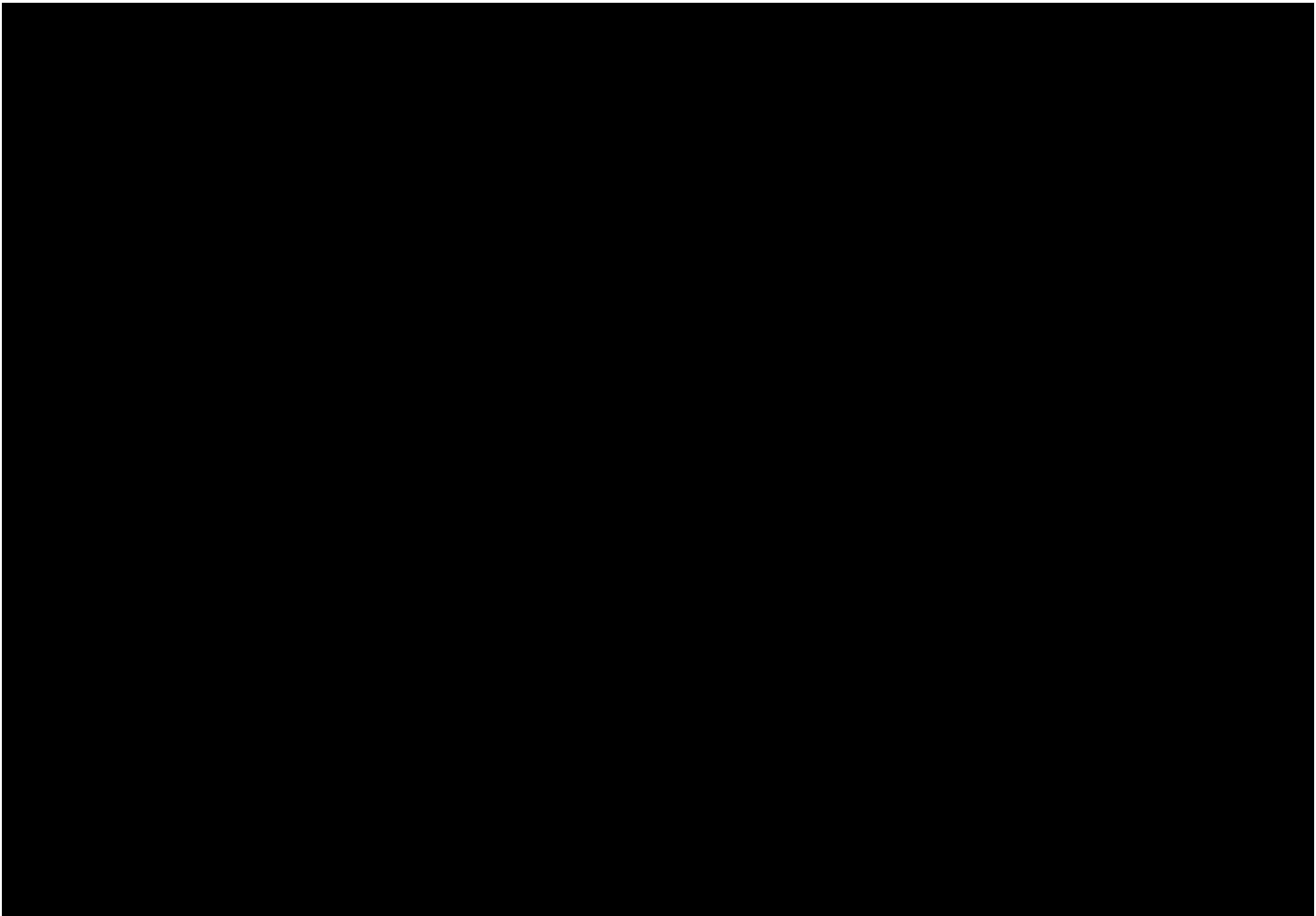
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THE HARRIS CENTER FOR MENTAL H

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THE HARRIS CENTER FOR MENTAL H

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**CITY OF HOUSTON**  
Housing & Community Development Department

[Redacted]  
Mayor  
[Redacted]  
[Redacted]

December 9, 2025

Wayne Young  
Chief Executive Officer  
The Harris Center for Mental Health and IDD  
9401 Southwest Freeway  
Houston, Texas 77074

**Re: Single Audit Management Decision – The Harris Center for Mental Health and IDD,  
Fiscal Year 2024; Cf. Agreement No. [Redacted]**

Dear Wayne Young:

The City of Houston, Housing and Community Development Department (HCDD), Subrecipient Monitoring Section (SMS), completed a review of the financial and single audit report for fiscal year 2024 submitted by The Harris Center for Mental Health and IDD to the Federal Audit Clearinghouse (FAC). The review was conducted according to 2 CFR §200 Subpart F Audit Requirements.

The report did not include findings related to grants awarded to The Harris Center for Mental Health and IDD that require further follow-up or corrective action. This outcome reflects the organization's strong financial management and compliance practices. This review of the Single Audit report is now closed.

If you have any questions regarding this letter, please contact [Redacted] or by email at [Redacted]

Sincerely,  
[Redacted Signature]

AO/cv



Executive Commissioner

December 22, 2025

Executive Director  
The Harris Center for Mental Health and IDD

Subject: Fiscal Year 2026 Quality Assurance Authority Review

Dear [REDACTED]:

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)

[REDACTED] has been assigned to facilitate the fiscal year 2026 Quality Assurance Authority Review for The Harris Center for Mental Health and IDD. [REDACTED] will contact [REDACTED], Authority Director, to coordinate the review, including scheduling interviews with designated LIDDA staff. The review has been scheduled for January 26, 2026 through January 29, 2026. 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 2025-2026 Performance Contract, initial findings are shared with designated representatives of the LIDDA during an exit conference. Reports of findings for Quality Assurance, GR/CFC,

The Harris Center for Mental Health and IDD

December 15, 2025

2

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

[REDACTED], by email at [REDACTED]

Sincerely,

[REDACTED]

[REDACTED]

Manager  
Contract Accountability and Oversight  
HHSC IDD Services

KM:dp

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



**TxHmL  
FY 2026 Report of Findings**

280 - The Harris Center for Mental Health and IDD  
01/26/26 - 01/29/26

|                |               |
|----------------|---------------|
| <b>OVERALL</b> | <b>87.61%</b> |
|----------------|---------------|

| LIDDA Requirement for Providing Service Coordination |  |   |  |                       |
|--|--|---|--|-----------------------|
| % Met  | Elements for Review                                | Rule Requirement  | Expectation  | Findings/Comments     |
| 100.00%  | Process for Enrollment                             | §330.9(e)(1); §262.103;   | <ul style="list-style-type: none"> <li>Enrollment process</li> <li>service coordinator assignment</li> </ul>   |                       |
| 100.00%  | Service Coordinator Notification                   | §262.701 (i)  | <ul style="list-style-type: none"> <li>Individuals, LARs and Providers are notified of their assigned Service Coordinator.</li> </ul>  |                       |
| 92.86%   | CDS Choice   | §262.701 q,r,s,t  | <ul style="list-style-type: none"> <li>Inform about CDS Option, if applicable</li> </ul>   | See debriefing pages. |
| 100.00%  | Objective Program Provider Selection Process       | §262.701 (c)  | <ul style="list-style-type: none"> <li>objectivity in assisting an individual or LAR in selecting a program provider or FMSA</li> </ul>  |                       |
| 100.00%  | Complaints   | §301.155( c)(d)<br>§330.9 ( c )(5)<br>§262.901(e )(4)                         | <ul style="list-style-type: none"> <li>Complaint Process Notification</li> </ul>   |                       |
| 100.00%  | Rights/ Guardianship                               | §334.117(c); §334.117(e); §334.119 (a); §334.119 (d) §334.107(10); §330.15(a) | <ul style="list-style-type: none"> <li>Initial/Annual DADS rights handbook: Your Rights in Local Authority Programs Rights &amp; Document presentation of rights.</li> <li>Determine, at least annually, if the letters of guardianship are current.</li> <li>Make a referral of guardianship, if appropriate</li> </ul>   |                       |
| 100.00%  | Assisting with rights                              | §262.701(j)(1)  | <ul style="list-style-type: none"> <li>Assist exercising the legal rights</li> </ul>   |                       |
| 100.00%  | Personalized PDP/IPC development                   | §331.5(29); §331.11 (a) §262.701(j)(4)  | <ul style="list-style-type: none"> <li>Person/Family Directed the Plan of Services &amp; Supports</li> </ul>   |                       |
| 100.00%  | Behavior planning and Restriction Approvals        | §330.15(b)(e )(f)<br>§330.15(b)<br>§262.701(15)                               | <ul style="list-style-type: none"> <li>BSP developed by qualified staff with SPT and approved by RPO</li> <li>BSP consistent with Plan of Services &amp; Supports</li> <li>BSP reviewed and approved by SPT at least annually</li> <li>BSP is monitored for effectiveness</li> <li>Restrictions and limitations placed on an individual undergo due process</li> </ul>   |                       |
| 100.00%  | Initial/ Annual required documentation             | §330.7(b)(1); §330.9(b)(1) (A); IDO Services Broadcast 2019-57; HB 6200       | <ul style="list-style-type: none"> <li>Required annual documentation</li> </ul>  |                       |
| 100.00%  | Maintain Individual Record                         | §262.701 (e)(1-5)   | Maintain copies of:<br>(A) the IPC;<br>(B) the PDP and CFC PAS/HAB Assessment form(if needed);<br>(C) the ID/RC Assessment<br>(D) service coordination notes<br>(E) other pertinent information related to the individual  |                       |
| 75.00%   | Provide Provider Records                           | §262.103(t)<br>§262.701 (f)   | <ul style="list-style-type: none"> <li>Provide to the program provider and FMSA copies of all enrollment documentation including relevant assessments, the ID/RC Assessment, the proposed initial IPC, the PDP, and the completed HHSC HCS/TxHmL CFC PAS/HAB Assessment form if needed. Annually provide a copy of the PDP to the provider and a copy of the IPC and ID/RC annually in the TxHmL program.</li> </ul> | See debriefing pages. |
| 40.00%   | Service Coordination Assessment                    | §331.7(a)(1)(A)&(c )  | <ul style="list-style-type: none"> <li>SC Assessment determines frequency of Service Coordination</li> <li>SC Assessment completed using current 8647</li> </ul>   | See debriefing pages. |
| 100.00%  | Discovery Process and Person Directed Planning     | §331.11(a)  | <ul style="list-style-type: none"> <li>Discovery Process</li> <li>Initiate, coordinate, and facilitate person-directed planning</li> </ul>   |                       |
| 100.00%  | PDP Content  | §331.5(29)(B)&(C)<br>§331.7(a)(1)<br>HB 4000                                  | <ul style="list-style-type: none"> <li>The PDP should be developed and include the documentation required for service coordination and what each program requires, such as back up plans, critical services and general revenue/waiver/non-waiver services.</li> </ul>   |                       |
| 90.00%   | Service Settings                                   | §262.202 (a)(2)   | <ul style="list-style-type: none"> <li>Service Setting requirements</li> </ul>   | See debriefing pages. |
| 66.67%   | PDP/Plan of Services Updates/Revisions             | §331.11(f)(1)&(2)<br>§262.701(k) and (l)                                      | <ul style="list-style-type: none"> <li>Revising Plan of Services &amp; Supports when needs change</li> </ul>   | See debriefing pages. |
| 96.15%   | IPC Development                                    | §262.701(h)(3)  | <ul style="list-style-type: none"> <li>Coordinates and develops an individual's IPC based on the individual's PDP;</li> </ul>  | See debriefing pages. |
| 64.37%   | Monitoring Service Delivery                        | §331.11(b)(1-2),<br>§331.11(h)(1-2)<br>§262.701 (h)(4)<br>§331.11(i-j)        | <ul style="list-style-type: none"> <li>Monitors and coordinates delivery of and satisfaction with all services at least every 90 days</li> <li>FTF contact at least every 90 days/in accordance with SC Plan</li> </ul>  | See debriefing pages. |
| Not Reviewed   | Service Coordination Follow-up/ Concern Resolution | §331.5(36)(A)-(D),<br>§331.11 (g)<br>§262.701(k)                              | <ul style="list-style-type: none"> <li>Service Coordination follow-up activities</li> </ul>  |                       |
| 57.69%   | Documenting Progress                               | §331.21 (a)(5)  | <ul style="list-style-type: none"> <li>Reporting progress/lack of progress towards all outcomes at least every 90 days</li> </ul>  | See debriefing pages. |
| Not Reviewed   | Transfers  | §262.701(j)(8)<br>§262.501(a)   | <ul style="list-style-type: none"> <li>Manage provider transfers:</li> </ul>   |                       |
| Not Reviewed   | Suspensions  | §262.505(a-1)   | <ul style="list-style-type: none"> <li>Manage Service Suspensions</li> </ul>   |                       |
| 100.00%  | Service Coordinator Obligations                    | §262.701(m)   | <ul style="list-style-type: none"> <li>Service coordinator must inform the individual or LAR orally and in writing, of the 10 SC obligations on for 8586.</li> </ul>   |                       |

| ELEMENTS   | MET        | NOT MET   | N/A        | CAP REQUIREMENTS  |
|--|------------|-----------|------------|---|
| Process for Enrollment                             | 7          | 0         | 28         | No corrections are required for this element              |
| Service Coordinator Notification                   | 4          | 0         | 1          | No corrections are required for this element              |
| CDS Choice   | 13         | 1         | 11         | A correction is required for each finding in this element |
| Objective Program Provider Selection Process       | 4          | 0         | 6          | No corrections are required for this element              |
| Complaints   | 24         | 0         | 12         | No corrections are required for this element              |
| Rights/Guardianship                                | 47         | 0         | 34         | No corrections are required for this element              |
| Assisting with rights                              | 1          | 0         | 9          | No corrections are required for this element              |
| Personalized PDP/IPC development                   | 29         | 0         | 6          | No corrections are required for this element              |
| Behavior planning and Restriction Approvals        | 2          | 0         | 13         | No corrections are required for this element              |
| Initial/ Annual required documentation             | 24         | 0         | 36         | No corrections are required for this element              |
| Maintain Individual Record                         | 33         | 0         | 2          | No corrections are required for this element              |
| Provide Provider Records                           | 9          | 3         | 33         | A correction is required for each finding in this element |
| Service Coordination Assessment                    | 2          | 3         | 0          | A correction is required for each finding in this element |
| Discovery Process and Person Directed Planning     | 33         | 0         | 29         | No corrections are required for this element              |
| PDP Content  | 35         | 0         | 10         | No corrections are required for this element              |
| Service Settings                                   | 9          | 1         | 0          | A correction is required for each finding in this element |
| PDP/Plan of Services Updates/Revisions             | 6          | 3         | 31         | A correction is required for each finding in this element |
| IPC Development                                    | 25         | 1         | 7          | No corrections are required for this element              |
| Monitoring Service Delivery                        | 56         | 31        | 165        | A correction is required for each finding in this element |
| Service Coordination Follow-up/ Concern Resolution | 0          | 0         | 5          | Not Applicable  |
| Documenting Progress                               | 15         | 11        | 90         | A correction is required for each finding in this element |
| Transfers  | 0          | 0         | 77         | Not Applicable  |
| Suspensions  | 0          | 0         | 15         | Not Applicable  |
| Service Coordinator Obligations                    | 4          | 0         | 21         | No corrections are required for this element              |
| <b>PARTICIPANT GRAND TOTALS</b>                    | <b>382</b> | <b>54</b> | <b>641</b> | <b>PARTICIPANT GRAND TOTAL SCORE</b>                      |
|  |            |           |            | <b>87.61%</b>   |

In accordance with FYs 2026 and 2027 Performance Contract, CAO requests a Corrective Action Plan from the LIDDA for any items of non-compliance cited within an element with a score below 95% 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:

1. Projected Completion Date: Include a schedule for performing the activities.  
 Note: LIDDAs have 90 days from receiving the final ROFs, debriefing pages, and CAP Templates to make all systemic monitoring corrections
2. Title of Responsible Party: Who specifically is responsible for the corrective action(s)? Include the title of the person responsible for performing the corrective activities.
3. Corrective Action: Describe the activities that will be performed to correct or prevent the non-compliance from re-occurring (all CAPS should be addressed as systemic concerns)
  - What actions are being taken to address and correct the non-compliance across the program?
  - What tools/documentation will be used to ensure programmatic compliance moving forward?
  - Will additional training address the non-compliance?
  - Are quality assurance measures being implemented to prevent this non-compliance from happening in the future?
  - When/How often will the corrective action(s) occur?
  - With what frequency will the CAP be checked to ensure its efficacy?

The CAP is due to HHSC IDD Services no later than **March 29th, 2026**.

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

In accordance with the FYs 2026 and 2027 Performance Contract, Attachment D. Article 3 and Article 4.1.1, the 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]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED] st  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
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 [REDACTED]



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|                            |               |
|----------------------------|---------------|
| <b>Authority Functions</b> | <b>95.81%</b> |
|----------------------------|---------------|

| <b>Performance Contract</b> |  |  |                       |
|-----------------------------|--|--|-----------------------|
| % Met                       | Elements for Review  | Expectations   | Findings/Comments     |
| <b>100.00%</b>              | <b>Planning and Network Advisory Committee (PNAC)</b><br>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   |                       |
| <b>100.00%</b>              | <b>Local Provider Network Development Plan</b><br>Attachment E A-1, Article 2, 2.1.1-2.1.4   | LIDDA posts current IDD Services Local Service Plan  |                       |
| <b>100.00%</b>              | <b>CRCG Participation</b><br>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>  |                       |
| <b>100.00%</b>              | <b>Separation of Provider and Authority Functions</b><br>Attachment E A-1, Article 2, 2.5.1;<br>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> |                       |
| <b>100.00%</b>              | <b>Provider Complaint Resolution</b><br>Attachment E A-1, Article 2, 2.6.8   | LIDDA has written procedures for responding to provider complaints/appeals   |                       |
| <b>100.00%</b>              | <b>Quality Management Plan</b><br>Attachment E A-1, Article 2, 2.6.9 (A-D)   | QM Plan includes the required methods.   |                       |
| <b>87.50%</b>               | <b>HCS &amp; TxHML Interest List Maintenance</b><br>Attachment E A-1, Article 2, 2.7.1 (B)<br>TAC 26 §263.103                      | • HCS & TxHML Interest List Maintenance Process  | See debriefing pages. |
| <b>100.00%</b>              | <b>Permanency Planning</b><br>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>  |                       |
| <b>Administrative</b>       |  |  |                       |
| % Met                       | Elements for Review  | Expectations   | Findings/Comments     |
| <b>100.00%</b>              | <b>Internal Interest List</b><br>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  |                       |
| <b>100.00%</b>              | <b>Emergency Plan</b><br>Attachment E A-1, Article 2, 2.10.6   | LIDDA has an emergency plan that meets the contract requirements.  |                       |



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|----------------------------|---------------|--|
| <b>Authority Functions</b> | <b>95.81%</b> |  |
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| Data                        |  |   |
|-----------------------------|--|---|
| <b>100.00%</b>              | <b>Accurate and Timely Critical Incident and data reporting</b><br>Attachment E A-1, Article 2, 2.9.4 (M);<br>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><br>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><br>LIDDA HB 19240<br>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><br>Attachment E A-14;<br>TAC 26 §A-904.5, §D-904.99;<br>§330.11(a);<br>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><br>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><br>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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|----------------------------|---------------|--|
| <b>Authority Functions</b> | <b>95.81%</b> |  |
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| Service Provision   |   |   |                   |
|---------------------|---|---|-------------------|
| <b>100.00%</b>      | <b>Ensuring Quality of Service Provision in all programs</b><br>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><br>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><br>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><br>§331.17(b-f); §331.19 (b) (1-8) & (c)<br>§301.669 (a-b), §301.519, §301.607<br>§301.609 , §334.121, C §52.107(b-c)□<br>§330.17 (h)(1-5);<br>TxHmL §262.701 (g)(3)(A) & (B)<br>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><br>§303.501 (1-3), §303.502(a)(1)(A-B)<br>§334.121, §301.669 (a-b),<br>§330.17(h)(1-5), §303.502 (2)(A-B)<br>26 §301.607 §301.609 , C §52.107(b,c,f),<br>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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| <b>Authority Functions</b> | <b>95.81%</b> |  |
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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><br>§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);<br>TxHmL §262.701 (g)(3)(A) & (B)<br>HCS-D §263.901 (b)(3)(A) & (B)<br>§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><br>§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);<br>TxHmL §262.701 (g)(3)(A) & (B)<br>HCS-D §263.901 (b)(3)(A) & (B)<br>§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><br>§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);<br>HCS-D §263.901 (b)(3)(A) & (B)<br>§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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| <b>Authority Functions</b> | <b>95.81%</b> |  |
|----------------------------|---------------|--|

| Human Resources     |  |   |                       |
|---------------------|--|---|-----------------------|
| % Met               | Elements for Review  | Expectations  | Findings/Comments     |
| <b>Not Reviewed</b> | <b>Professional Staff Qualifications &amp; Training</b><br>§301.669 (a-b), §301.519□<br>§301.607, §301.609, §334.121,<br>§52.107(b,c,f), §330.17 (h)(1-5)  | <ul style="list-style-type: none"> <li>Qualifications and training requirements for employed and contracted professional staff assigned to individuals in the GR sample.</li> </ul> |                       |
| <b>Not Reviewed</b> | <b>Direct Support Staff Qualifications &amp; Training</b><br>§330.17(h)(4)(A)&(B), §330.17(h)(5)(A)&(B),<br>§330.17(e)(1-2), §334.121, §301.669 (a)(1)-<br>(7), §301.669 (b), §301.607, §301.609, C<br>§52.107(b,c,f)  | <ul style="list-style-type: none"> <li>Qualifications and training requirements for direct support staff assigned to individuals in the GR sample.</li> </ul>                       |                       |
| <b>50.00%</b>       | <b>Enrollment Staff Qualifications &amp; Training</b><br>Attachment A-6, 1.1.2<br>§331.17(b-f); §331.19 (b) (1-8) & (c),<br>§301.669 (a-b), §301.519, §301.607,<br>§301.609, §334.121, §52.107(b-c),<br>§330.17 (h)(1-5);<br>TxHmL §262.701 (g)(3)(A) & (B)<br>HCS-D §263.901 (b)(3)(A) & (B)<br>LIDDA Handbook: 13100 | <ul style="list-style-type: none"> <li>Training requirements for designated enrollment staff.</li> </ul>  | See debriefing pages. |
| <b>Not Reviewed</b> | <b>Crisis Intervention Specialist Qualifications and Training</b><br>1.3.1A, 1.3.2 A-B, 42 Code of Federal<br>Regulations, §483.430(a),<br>LIDDA Handbook: 19000,<br>§334.121, §301.669 (a-b),<br>§330.17(h)(5)(A) & (B), §330.17 (h)(1);<br>§301.607, §301.609, C §52.107(f),<br>§52.107(c)(5), §52.107(b)            | <ul style="list-style-type: none"> <li>Qualifications &amp; training requirements for staff who are providing Crisis Intervention Specialized Services.</li> </ul>                  |                       |
| <b>100.00%</b>      | <b>Collaborative Care Case Manager DSW Training</b><br>Attachment A-21 1.3.3   | <ul style="list-style-type: none"> <li>Training requirements for staff who are providing Collaborative Care Case Management.</li> </ul>   |                       |



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|----------------------------|---------------|--|
| <b>Authority Functions</b> | <b>95.81%</b> |  |
|----------------------------|---------------|--|

| Human Resources and other requirements |   |   |                   |
|--|---|---|-------------------|
| % Met                                  | Elements for Review   | Expectations  | Findings/Comments |
| <b>Not Reviewed</b>                    | <b>Subcontracted Staff</b><br>Attachment D<br><b>5.14.2</b><br><b>5.14.3</b>  | <ul style="list-style-type: none"> <li>LIDDA shall provide copies of the subcontractor's cybersecurity training to HHSC.</li> <li>LIDDA shall provide copies of the subcontractor's executed DUA to HHSC</li> </ul> |                   |
| <b>100.00%</b>                         | <b>Record Retention</b><br>Attachment E A-1, Article 2, 2.10.8;<br>Attachment D, Article 5, 5.2 (9);<br>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><br>§52.107(f)  | <ul style="list-style-type: none"> <li>LEIE Compliance</li> </ul>   |                   |



**QUALITY ASSURANCE AUTHORITY REVIEW  
FY 2026 REPORT OF FINDINGS**

280 - The Harris Center for Mental Health and IDD

01/26/26 - 01/29/26

|                            |               |  |
|----------------------------|---------------|--|
| <b>Authority Functions</b> | <b>95.81%</b> |  |
|----------------------------|---------------|--|

| 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 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   | 17  | 0       | 0   | NO corrections are required for this element                       |
| 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) | 10  | 0       | 0   | NO corrections are required for this element                       |
| Community Living Options Information Process           | 0   | 0       | 8   | Not Applicable   |
| Outpatient Biopsychosocial Services (OBI) Program      | 15  | 0       | 0   | NO corrections are required for this element                       |
| Semi-Annual Educational and Informational Activities   | 5   | 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                       |



**QUALITY ASSURANCE AUTHORITY REVIEW  
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280 - The Harris Center for Mental Health and IDD

01/26/26 - 01/29/26

|                            |               |
|----------------------------|---------------|
| <b>Authority Functions</b> | <b>95.81%</b> |
|----------------------------|---------------|

| ELEMENTS   | Met        | Not Met  | N/A       | CAP REQUIREMENTS   |
|--|------------|----------|-----------|--|
| Service Coordinators Qualifications & Training             | 24         | 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                 | 7          | 7        | 1         | A SPECIFIC correction is required for each finding in 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                       |
| Subcontracted staff Requirements                           | x          | x        | x         | Not Applicable   |
| Federal & Texas LEIE Compliance                            | 2          | 0        | 0         | NO corrections are required for this element                       |
| Record Retention   | 46         | 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>183</b> | <b>8</b> | <b>48</b> | <b>PARTICIPANT GRAND TOTAL SCORE</b>                               |
|  |            |          |           | <b>95.81%</b>  |



QUALITY ASSURANCE AUTHORITY REVIEW
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280 - The Harris Center for Mental Health and IDD

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Table with 3 columns: Authority Functions, 95.81%, and a blank cell.

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The CAP must include the following:

- 1. Projected Completion Date: Include a schedule for performing the activities.
Note: LIDDAs have 90 days from receiving the final ROFs, debriefing pages, and CAP Templates to make all systemic monitoring corrections
2. Title of Responsible Party: Who specifically is responsible for the corrective action(s)? Include the title of the person responsible for performing the corrective activities.
3. Corrective Action: Describe the activities that will be performed to correct or prevent the non-compliance from re-occurring (all CAPS should be addressed as systemic concerns)
• What actions are being taken to address and correct the non-compliance across the program?
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• Will additional training address the non-compliance?
• Are quality assurance measures being implemented to prevent this non-compliance from happening in the future?
• When/How often will the corrective action(s) occur?
• With what frequency will the CAP be checked to ensure its efficacy?

The CAP is due to HHSC IDD Services no later than March 29th, 2026.

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

In accordance with the FYs 2026 and 2027 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 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]
[Redacted]
[Redacted]
[Redacted]
[Redacted]



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**QUALITY ASSURANCE AUTHORITY REVIEW  
FY 2026 REPORT OF FINDINGS**

280 - The Harris Center for Mental Health and IDD

01/26/26 - 01/29/26

|                            |               |  |
|----------------------------|---------------|--|
| <b>Authority Functions</b> | <b>95.81%</b> |  |
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**PRE-ADMISSION SCREENING & RESIDENT REVIEW (PASRR) AUTHORITY REVIEW  
FY 2026 REPORT OF FINDINGS**

280 - The Harris Center for Mental Health and IDD  
01/26/26 - 01/29/26

|                |               |  |
|----------------|---------------|--|
| <b>OVERALL</b> | <b>95.51%</b> |  |
|----------------|---------------|--|

**TAC §303.601. Habilitation Coordination for a Designated Resident**

| % Met        | Elements for Review  | Expectations  | Findings/Comments     |
|--------------|--|---|-----------------------|
| 100.00%      | <b>Habilitation Coordinator Assignment/<br/>Service Coordinator Assignment</b><br>§303.601(a); 3100; 3230; 4200    | ·Habilitation coordinator assignment<br>·Diversion Coordinator review the person's admission within 45 days   |                       |
| Not Reviewed | <b>Habilitation Coordinator Refusal</b><br>§303.504 (b); 4420; 5340.4  | Refusal of Habilitation Coordination form   |                       |
| 98.80%       | <b>Habilitation Coordination/Service<br/>Coordination/ECC Contact</b><br>§303.601 (b)(7); 3240; 5100, 6820         | Meet face-to-face with the designated resident  | See debriefing pages. |
| 95.31%       | <b>Service Planning Team Meeting</b><br>§303.602(a-d); 5320.1; 5320.2  | ·Resident participation in planning<br>·SPT member responsibilities<br>·Quarterly SPT meetings<br>·Meeting documentation  | See debriefing pages. |
| 95.49%       | <b>SPT Membership Requirements</b><br>§303.102 (71) (A); 5300;   | ·SPT includes all required members and participants   | See debriefing pages. |
| 92.86%       | <b>Habilitation Service Plan Development</b><br>§303.601(b)(5); §303.601(b)(2); 5300, 5400;<br>5320.3              | Develop and revise HSP  | See debriefing pages. |
| 100.00%      | <b>Coordination with the Individual Profile</b><br>5460.1  | Individual Profile describes pertinent information identified by those who know the person best that service providers need to know and do to support the person                |                       |
| 100.00%      | <b>Coordination of Specialized Services</b><br>§303.601 (3)(A)(B)<br>§303.601 (4); §303.601 (5)<br>5510; 5520      | ·Assist with accessing needed specialized services;<br>·Coordinate other habilitative programs and services;<br>·Facilitate coordination of HSP and comprehensive care plan     |                       |
| 100.00%      | <b>Community Living Options</b><br>§303.504 (b)(3); §303.601(c)(1)(B); 2430.5;<br>5810.1; §303.302(a)(2)(B)(i)(IV) | Address community living options initially and every six months on the Community Living Options (Form 1054); includes designated residents who refuse habilitation coordination |                       |
| 100.00%      | <b>Comprehensive Care Plan</b><br>§303.504 (a)(4); 5600  | Maintain current comprehensive care plan in the record:   |                       |
| 100.00%      | <b>Habilitative Assessment</b><br>5200; 5340; 5340.2   | Complete and distribute the Habilitative Assessment   |                       |



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280 - The Harris Center for Mental Health and IDD  
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|                |               |  |
|----------------|---------------|--|
| <b>OVERALL</b> | <b>95.51%</b> |  |
|----------------|---------------|--|

| % Met  | Elements for Review   | Expectations  | Findings/Comments   |
|--|---|---|---|
| <b>99.47%</b><br>100.00%<br>98.36%<br>100.00%                  | <b>Develop an HSP</b><br>§303.102 (23)(A)/5460.1<br>§303.102 (23)(B)/5410/ 5420/5430<br>§303.102(23)(C )/5430                     | HSP-Habilitation Service Plan:<br>· Is individualized and developed through a person-centered approach;<br>· Identifies strengths, preferences, outcomes, psychiatric, behavioral, nutritional management, and support needs<br>· Identifies amount, frequency, and duration of each service  | See debriefing pages.   |
| <b>93.42%</b><br>95.60%<br>95.83%<br>93.42%                    | <b>Monitoring &amp; Coordination of HSP</b><br>§303.601 (b)(6)(A)-(B)<br>§303.601 (b)(6)(C )<br>§303.601 (c)(1)(A)b(9-10)<br>5850 | Monitor and provide follow-up activities:<br>·Initiation, delivery and satisfaction with all specialized services<br>·Report progress toward desired outcomes<br>·Assess and reassess habilitation service needs quarterly<br>·Offer educational and informational opportunities semiannually<br>·Coordinate service and support access with the nursing facility<br>·Annual review of rights | See debriefing pages.<br><br>See debriefing pages.<br>See debriefing pages. |
| <b>100.00%</b>   | <b>Integrated Activities</b><br>§303.602(a)(6)(A)(B)<br>5300  | Opportunities are provided for:<br>·Engaging in integrated activities with residents who do not have ID or DD<br>·In community settings with people who do not have a disability  |   |
| <b>§303.701. Transition Planning for a Designated Resident</b> |   |   |   |
| <b>100.00%</b>   | <b>Transition Planning Responsibilities</b><br>§303.701; 5830   | ·Referral for Relocation Services<br>·Assign a ECC Service Coordinator  |   |
| <b>100.00%</b>   | <b>Individual Participation in Transitioning</b><br>§303.701 (c )(2); 5300; 5370  | ·When transitioning, the SPT ensures the person participates in SPT meetings to the fullest extent possible   |   |
| <b>100.00%</b>   | <b>Transition Plan Development</b><br>§303.701 (b) (d) (e) (f) (g)<br>6100; 6200; 6300  | Develop, plan, and revise the Transition Plan   |   |
| <b>65.22%</b>  | <b>Transition Plan Content</b><br>§303.701 (b); 6310  | Transition Plan includes all required elements  | See debriefing pages.   |
| <b>87.50%</b>  | <b>Transition Plan Implementation &amp; Monitoring</b><br>6200; 6300; 6520; 6530  | Service Coordinator/Enhanced Community Coordinator (SC/ECC):<br>·Facilitates trial visits to HCS program providers, as requested<br>·Revises, implements, and monitors the Transition Plan, as necessary<br>·Manages transition into HCS services<br>·Develops and revises HCS PDP, as needed   | See debriefing pages.   |



**PRE-ADMISSION SCREENING & RESIDENT REVIEW (PASRR) AUTHORITY REVIEW  
FY 2026 REPORT OF FINDINGS**

280 - The Harris Center for Mental Health and IDD  
01/26/26 - 01/29/26

|                |               |  |
|----------------|---------------|--|
| <b>OVERALL</b> | <b>95.51%</b> |  |
|----------------|---------------|--|

| % Met   | Elements for Review  | Expectations   | Findings/Comments     |
|---|--|--|-----------------------|
| <b>60.00%</b>   | <b>Pre-Move Site Review</b><br>§303.701 (h); 3230; 6530; 6600            | Conduct and document a pre-move site review of proposed residence in the community   | See debriefing pages. |
| <b>94.44%</b>   | <b>Essential Supports</b><br>§303.701 (h)<br>3230; 6530                  | Determine whether all essential supports in the transition plan are in place and resolve all barriers with the SPT before transition to the community  | See debriefing pages. |
| <b>88.89%</b>   | <b>Post-Move Monitoring</b><br>§303.702; 3240; 6810                      | Conduct required post-transition monitoring activities   | See debriefing pages. |
| <b>100.00%</b>  | <b>Post-Move Monitoring and Protecting Health</b><br>3240; 6820          | For one year after diversion/transition, the SC/ECC must:<br>·Inquire about health concerns<br>·Convene the HCS SPT to add services/revise the PDP when needed<br>·Ensure timely assessments, as necessary<br>·Record health care status to identify when changes in status occur<br>·Conduct HCS service planning and monitoring<br>·Review implementation plans and provider records<br>·Visit service delivery sites, as needed<br>·Monitor critical incidents<br>·Monitor a person while on suspension, upon request |                       |
| <b>Not Reviewed</b>                                   | <b>Remaining in Nursing Facility</b><br>§303.701 (i)(1)(2)(A)(B); 5830.3 | Identify barriers to moving and steps the SPT will take to address those barriers.   |                       |
| <b>3100 - 3200 Nursing Facility Diversions</b>        |  |  |                       |
| <b>Not Reviewed</b>                                   | <b>Nursing Facility Diversion Coordination</b><br>3100                   | Identify, arrange, and coordinate access to community services as a diversion to NF admission; request a targeted NF HCS diversion slot, if appropriate  |                       |
| <b>3100 - 3200 Community-based Service Enrollment</b> |  |  |                       |
| <b>100.00%</b>  | <b>Community-based Service Enrollment Responsibilities</b><br>5830; 5840 | Habilitation Coordinator facilitates assignment of Residential Relocation Specialist and ECC Service Coordinator to initiate enrollment into community-based services  |                       |
| <b>100.00%</b>  | <b>Community-based SPT Meetings</b><br>§303.701 (c)(1-3); 3240; 6820     | The HCS SPT meets at least quarterly and ensures the person participates in the SPT meetings to the fullest extent possible  |                       |
| <b>75.00%</b>   | <b>Guardianship</b><br>§303.504 (a)(8); §303.601 (b)(11-12); 5920.2      | ·Determine, at least annually, if the letters of guardianship are current; if appropriate<br>·Make a referral of guardianship, if appropriate  | See debriefing pages. |



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FY 2026 REPORT OF FINDINGS**

280 - The Harris Center for Mental Health and IDD  
01/26/26 - 01/29/26

|                |               |  |
|----------------|---------------|--|
| <b>OVERALL</b> | <b>95.51%</b> |  |
|----------------|---------------|--|

| ELEMENTS                                    | Met        | Not Met   | N/A         | CAP REQUIREMENTS  |
|---|------------|-----------|-------------|---|
| HC Refusal                                  | 0          | 0         | 30          | Not Applicable  |
| HC Assignment                               | 3          | 0         | 67          | No corrections are required for this element              |
| HC/SC/ECC Contact                           | 82         | 1         | 25          | No corrections are required for this element              |
| SPT Meeting                                 | 183        | 9         | 4           | No corrections are required for this element              |
| HSP Development & Revisions                 | 26         | 2         | 6           | A correction is required for each finding in this element |
| Coordination of Specialized Services        | 17         | 0         | 34          | No corrections are required for this element              |
| Community Living Options                    | 33         | 0         | 77          | No corrections are required for this element              |
| Comprehensive Care Plan                     | 6          | 0         | 4           | No corrections are required for this element              |
| Transition Planning                         | 3          | 0         | 17          | No corrections are required for this element              |
| Habilitative Assessment                     | 6          | 0         | 44          | No corrections are required for this element              |
| SPT Participation                           | 127        | 6         | 0           | No corrections are required for this element              |
| Develop an HSP                              | 187        | 1         | 66          | No corrections are required for this element              |
| Coordination & Monitoring of Services       | 142        | 10        | 131         | A correction is required for each finding in this element |
| Integrated Activities                       | 4          | 0         | 16          | No corrections are required for this element              |
| Coordination w/ Individual Profile          | 6          | 0         | 0           | No corrections are required for this element              |
| Transition Plan Development                 | 15         | 0         | 153         | No corrections are required for this element              |
| Transition Plan Content                     | 15         | 8         | 97          | A correction is required for each finding in this element |
| Transition Plan Implementation & Monitoring | 7          | 1         | 72          | A correction is required for each finding in this element |
| Pre-Move Site Review                        | 3          | 2         | 35          | A correction is required for each finding in this element |
| Essential Supports                          | 17         | 1         | 422         | A correction is required for each finding in this element |
| Post-Move Monitoring                        | 8          | 1         | 17          | A correction is required for each finding in this element |
| Monitoring and Protecting Health            | 11         | 0         | 129         | No corrections are required for this element              |
| Remaining in NF                             | 0          | 0         | 30          | Not Applicable  |
| Nursing Facility Diversion Plan             | 0          | 0         | 20          | Not Applicable  |
| Community-Based Services                    | 8          | 0         | 72          | No corrections are required for this element              |
| Community-Based SPT Meetings                | 3          | 0         | 57          | No corrections are required for this element              |
| Guardianship                                | 3          | 1         | 89          | A correction is required for each finding in this element |
| <b>PARTICIPANT GRAND TOTALS</b>             | <b>915</b> | <b>43</b> | <b>1724</b> | <b>PARTICIPANT GRAND TOTAL SCORE</b>                      |
|   |            |           |             | <b>95.51%</b>   |



PRE-ADMISSION SCREENING & RESIDENT REVIEW (PASRR) AUTHORITY REVIEW
FY 2026 REPORT OF FINDINGS

280 - The Harris Center for Mental Health and IDD
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[Redacted] Email: [Redacted]

[Redacted]



**HCS**  
**FY 2026 Report of Findings**

280 - The Harris Center for Mental Health and IDD  
01/26/26 - 01/29/26

|                |               |
|----------------|---------------|
| <b>OVERALL</b> | <b>97.27%</b> |
|----------------|---------------|

| LIDDA Requirement for Providing Service Coordination |  |   |   |                       |
|--|--|---|---|-----------------------|
| % Met  | Elements for Review                                | Rule Requirement  | Expectation   | Findings/Comments     |
| 100.00%  | Process for Enrollment                             | §330.9(e)(1);<br>§263.104 (j)(4);<br>§263.301 (a);<br>§263.104 (e )(j)(k) and (o);                                | <ul style="list-style-type: none"> <li>Enrollment process</li> <li>service coordinator assignment</li> </ul>  |                       |
| 100.00%  | Service Coordinator Notification                   | §263.901 e(26)  | <ul style="list-style-type: none"> <li>Individuals, LARs and Providers are notified of their assigned Service Coordinator.</li> </ul>   |                       |
| 100.00%  | CDS Choice   | §263.401b   | <ul style="list-style-type: none"> <li>Inform about CDS Option, if applicable</li> </ul>  |                       |
| 100.00%  | Objective Program Provider Selection Process       | §263.901 (e)(25)  | <ul style="list-style-type: none"> <li>objectivity in assisting an individual or LAR in selecting a program provider or FMSA</li> </ul>   |                       |
| 100.00%  | Complaints   | §301.155( c)(d)<br>§330.9 ( c )(5)<br>§263.901(c)   | <ul style="list-style-type: none"> <li>Complaint Process Notification</li> </ul>  |                       |
| 98.59%   | Rights/Guardianship                                | §334.117(c); §334.117(e);<br>§334.119 (a); §334.119 (d)<br>§334.107(10); §330.15(a)<br>§263.901(e)(18)(19)(C) HCS | <ul style="list-style-type: none"> <li>Initial/Annual DADS rights handbook: Your Rights in Local Authority Programs</li> <li>Rights &amp; Document presentation of rights.</li> <li>Determine, at least annually, if the letters of guardianship are current.</li> <li>Make a referral of guardianship, if appropriate</li> </ul>   | See debriefing pages. |
| 100.00%  | Assisting with Rights                              | §263.901 (e)(1)   | <ul style="list-style-type: none"> <li>Assist exercising the legal rights</li> </ul>  |                       |
| 100.00%  | Personalized PDP/IPC Development                   | §331.5 (29)(A); §331.11 (a)<br>§263.901(e)(7)<br>§263.302(a)(3-4)   | <ul style="list-style-type: none"> <li>Person/Family Directed the Plan of Services &amp; Supports</li> </ul>  |                       |
| 100.00%  | Behavior planning and Restriction Approvals        | §330.15(b)(e )(f)<br>§330.15(b)<br>§263.901(12)   | <ul style="list-style-type: none"> <li>BSP developed by qualified staff with SPT and approved by RPO</li> <li>BSP consistent with Plan of Services &amp; Supports</li> <li>BSP reviewed and approved by SPT at least annually</li> <li>BSP is monitored for effectiveness</li> <li>Restrictions and limitations placed on an individual undergo due process</li> </ul>      |                       |
| 100.00%  | Initial/Annual Required Documentation              | §330.7(b)(1); §330.9(b)(1)<br>(A); IDD Services Broadcast<br>2019-57; HB 6200                                     | <ul style="list-style-type: none"> <li>Required annual documentation</li> </ul>   |                       |
| 100.00%  | Maintain Individual Record                         | §263.901(e) (5)   | Maintain copies of:<br>(A) the IPC;<br>(B) the PDP and CFC PAS/HAB Assessment form(if needed);<br>(C) the ID/RC Assessment<br>(D) service coordination notes<br>(E) other pertinent information related to the individual   |                       |
| 100.00%  | Provide Provider Records                           | §263.104(o)   | Provide to the program provider and FMSA copies of all enrollment documentation including relevant assessments, the ID/RC Assessment, the proposed initial IPC, the PDP, and the completed HHSC HCS/TxHML CFC PAS/HAB Assessment form if needed. Annually provide a copy of the PDP to the provider and a copy of the IPC and ID/RC annually in the TxHML program.          |                       |
| 20.00%   | Service Coordination Assessment                    | §331.7(a)(1)(A)&(c )<br>§331.11(d)(3)   | <ul style="list-style-type: none"> <li>SC Assessment determines frequency of Service Coordination</li> <li>SC Assessment completed using current 8647</li> </ul>  | See debriefing pages. |
| 100.00%  | Discovery Process and Person Directed Planning     | §331.11(a)  | <ul style="list-style-type: none"> <li>Discovery Process</li> <li>Initiate, coordinate, and facilitate person-directed planning</li> </ul>  |                       |
| 98.59%   | PDP Content  | §331.5(29): (B-D)<br>§331.7(a)(1)<br>§263.401(b)(4)<br>HB 4000  | <ul style="list-style-type: none"> <li>The PDP should be developed and include the documentation required for service coordination and what each program requires, such as back up plans, critical services and general revenue/waiver/non-waiver services.</li> </ul>  | See debriefing pages. |
| 93.33%   | Service settings                                   | §263.501(a)(2)<br>§263.901(e)(21)<br>§263.502(d)(e)   | <ul style="list-style-type: none"> <li>Service Setting requirements</li> </ul>  | See debriefing pages. |
| 87.50%   | PDP/Plan of Services Updates/Revisions             | §331.11 (f)(1)(A)(B)<br>§263.901(e)(13)   | <ul style="list-style-type: none"> <li>Revising Plan of Services &amp; Supports when needs change</li> </ul>  | See debriefing pages. |
| Not Reviewed   | IPC development                                    | §262.701(h)(3)  | <ul style="list-style-type: none"> <li>Coordinates and develops an individual's IPC based on the individual's PDP;</li> </ul>   |                       |
| 100.00%  | IPC Renewal  | §263.901(e)(10)<br>§263.302 (a)(3)(B)<br>§263.302 (a)(7)<br>§263.302 (e)(2-4)                                     | <ul style="list-style-type: none"> <li>Participate in the renewal and revision of a person's IPC</li> <li>SC IPC responsibilities</li> <li>HHSC data system entry of IPC agreement/disagreement</li> </ul>  |                       |
| 98.45%   | Monitoring Service Delivery                        | §331.11(b)(1-2),<br>§331.11(h)(1-2)<br>§263.901 ( e )(40)A-B,<br>§263.901 (e)(15)<br>HCS HB 2140                  | <ul style="list-style-type: none"> <li>Monitors and coordinates delivery of and satisfaction with all services at least every 90 days</li> <li>FTF contact at least every 90 days/in accordance with SC Plan</li> <li>determine whether the individual's health or safety is at risk in the environments where the individual receives HCS and non-HCS services.</li> </ul> | See debriefing pages. |
| 100.00%  | Service Coordination Follow-up/ Concern Resolution | §331.5(32)(A)-(D),<br>§331.11(g)<br>§263.901(d)   | <ul style="list-style-type: none"> <li>Service Coordination follow-up activities</li> </ul>   |                       |
| 97.50%   | Documenting Progress                               | §331.21 (a)(5)  | <ul style="list-style-type: none"> <li>Reporting progress/lack of progress towards all outcomes at least every 90 days</li> </ul>   | See debriefing pages. |
| 100.00%  | Community Choice                                   | §263.901 (e)(30)  | <ul style="list-style-type: none"> <li>Ensure SPT offers choices and opportunities for accessing and participating in community activities and experience available to peers without disabilities;</li> </ul>   |                       |
| 92.31%   | ID/RC LOC determination                            | §263.105(c)   | <ul style="list-style-type: none"> <li>HHSC data system Entry of ID/RC agreement/disagreement</li> </ul>  | See debriefing pages. |
| 100.00%  | Residential Relocation                             | §263.901 (e)(32)  | <ul style="list-style-type: none"> <li>Ensure person is involved in planning the residential relocation, except in a case of an emergency;</li> </ul>   |                       |
| 76.92%   | Transfers  | §263.701(a-e)   | <ul style="list-style-type: none"> <li>Manage provider transfers:</li> </ul>  | See debriefing pages. |
| Not Reviewed   | Emergency Notification                             | §263.901(e)(20)   | <ul style="list-style-type: none"> <li>Notify SPT when need for emergency services is identified.</li> </ul>  |                       |
| 100.00%  | Community Based Monitoring                         | §263.3(89)(C);<br>§263.901(e)(38)<br>6820 HB  | <ul style="list-style-type: none"> <li>For a person transitioning from a nursing facility</li> <li>SPT meetings are held in the community</li> <li>Pre-move visitations are completed before the individual moves into a residential setting.</li> <li>Post-move visitations are completed after the individual moves into a residential setting.</li> </ul>                |                       |





Texas Health and Human Services Commission

**GR-CFC**  
**FY 2026 Report of Findings**  
 280 - The Harris Center for Mental Health and IDD  
 01/26/26 - 01/29/26

|                |               |
|----------------|---------------|
| <b>OVERALL</b> | <b>87.17%</b> |
|----------------|---------------|

| LIDDA Requirement for Providing Service Coordination |  |   |  |                       |
|--|--|---|--|-----------------------|
| % Met  | Elements for Review  | Rule Requirement  | Expectation  | Findings/Comments     |
| 100.00%  | Process for Enrollment                                       | §330.9(e)(1,2);   | <ul style="list-style-type: none"> <li>Enrollment process</li> <li>service coordinator assignment</li> </ul>   |                       |
| 100.00%  | Complaints   | §301.155( c)(d)<br>§330.9 (c )(5)   | <ul style="list-style-type: none"> <li>Complaint Process Notification</li> </ul>   |                       |
| 93.55%   | Rights/Guardianship  | §334.117(c); §334.117(e);<br>§334.119 (a); §334.119 (d)<br>§334.107(10); §330.15(a) | <ul style="list-style-type: none"> <li>Initial/Annual DADS rights handbook: Your Rights in Local Authority Programs Rights &amp; Document presentation of rights.</li> <li>Determine, at least annually, if the letters of guardianship are current.</li> <li>Make a referral of guardianship, if appropriate</li> </ul>   | See debriefing pages. |
| 100.00%  | Personalized PDP/IPC development                             | §331.5(29);<br>§331.11 (a)  | <ul style="list-style-type: none"> <li>Person/Family Directed the Plan of Services &amp; Supports</li> </ul>   |                       |
| 100.00%  | Behavior planning and Restriction Approvals                  | §330.15(b)(e )(f)<br>§330.15(b)   | <ul style="list-style-type: none"> <li>BSP developed by qualified staff with SPT and approved by RPO</li> <li>BSP consistent with Plan of Services &amp; Supports</li> <li>BSP reviewed and approved by SPT at least annually</li> <li>BSP is monitored for effectiveness</li> <li>Restrictions and limitations placed on an individual undergo due process</li> </ul> |                       |
| 88.89%   | Initial/ Annual required documentation                       | §330.7(b)(1); §330.9(b)(1)(A);<br>IDD Services Broadcast 2019-57; HB 6200           | <ul style="list-style-type: none"> <li>Required annual documentation</li> </ul>  | See debriefing pages. |
| 75.00%   | Service Coordination Assessment                              | §331.7(a)(1)(A)&(c )<br>§331.11(d)&(e)  | <ul style="list-style-type: none"> <li>SC Assessment determines frequency of Service Coordination</li> <li>SC Assessment completed using current 8647</li> </ul>   | See debriefing pages. |
| 100.00%  | Discovery process and person directed planning               | §331.11(a)  | <ul style="list-style-type: none"> <li>Discovery Process</li> <li>Initiate, coordinate, and facilitate person-directed planning</li> </ul>   |                       |
| 97.14%   | PDP Content  | §331.5(29): (B)<br>§331.7(a)(1)<br>HB 4000  | <ul style="list-style-type: none"> <li>The PDP should be developed and include the documentation required for service coordination and what each program requires, such as back up plans, critical services and general revenue/waiver/non-waiver services.</li> </ul>   | See debriefing pages. |
| 100.00%  | PDP/ Plan of Services Updates/Revisions                      | §331.11(c)(1)&(2)   | <ul style="list-style-type: none"> <li>Revising Plan of Services &amp; Supports when needs change</li> </ul>   |                       |
| 73.75%   | Monitoring Service Delivery                                  | §331.11(b)(1-2),<br>§331.11(h)(1-2)<br>§331.11(i-j)                                 | <ul style="list-style-type: none"> <li>Monitors and coordinates delivery of and satisfaction with all services at least every 90 days</li> <li>FTF contact at least every 90 days/in accordance with SC Plan</li> </ul>  | See debriefing pages. |
| 100.00%  | Service Coordination Follow-up/ Concern Resolution           | §331.5(32)(A)-(D),<br>§331.11(g)  | <ul style="list-style-type: none"> <li>Service Coordination follow-up activities</li> </ul>  |                       |
| 73.68%   | Documenting Progress   | §331.21 (a)(5)  | <ul style="list-style-type: none"> <li>Reporting progress/lack of progress towards all outcomes at least every 90 days</li> </ul>  | See debriefing pages. |
| 100.00%  | Providing Service Coordination                               | §330.9(d)(1)&(2)  | <ul style="list-style-type: none"> <li>Service coordination offered to each Medicaid, Medicaid-ineligible person</li> </ul>  |                       |
| 92.86%   | Ensuring Service provision                                   | §330.13(a)<br>§330.7(b)(1)<br>Attachment E, A-1, 2,9,4 L                            | <ul style="list-style-type: none"> <li>All IDD services offered and implemented in timely manner</li> </ul>  | See debriefing pages. |
| Not Reviewed   | Financial Management   | §330.7(b)(9)  | <ul style="list-style-type: none"> <li>Current consent to manage finances</li> </ul>   |                       |
| Not Reviewed   | Psychotropic Medication                                      | §330.15(d)  | <ul style="list-style-type: none"> <li>Annual informed consent for medication prescribed by physician employed or contracted by LIDDA.</li> </ul>  |                       |
| 100.00%  | CFC Enrollment: Initial Eligibility Determination Activities | 17100   | <ul style="list-style-type: none"> <li>Complete ID/RC Assessment to determine LOC</li> </ul>   |                       |
| 85.71%   | CFC Enrollment: SPT Meeting Totals                           | 17130   | <ul style="list-style-type: none"> <li>Assign service coordinator</li> <li>Schedule SPT and complete initial CFC service planning documents and activities</li> <li>Identify joint meeting date</li> </ul>   | See debriefing pages. |
| Not Reviewed   | CFC Enrollment: Documents sent for Joint Meeting with MCO    | 17130   | <ul style="list-style-type: none"> <li>Complete Form 1040 and send service planning documents to MCO</li> </ul>  |                       |





# Texas Department of Criminal Justice

[Redacted]  
Executive Director

January 5, 2026

VIA EMAIL

[Redacted]

The Harris Center  
5901 Long Drive  
Houston, Texas 77087

Re: Notice of Compliance Review [Redacted]

Dear Ms. Chenier and Mr. Means,

An on-site compliance review of your TCOOMMI funded program has been scheduled for February 24-27, 2026. The review will cover the period of November and December 2025, and January 2026. Please provide the following information to my attention via email no later than end of business on Tuesday February 17, 2026.

- A list of all referrals received, regardless of outcome, for the review period to include both TCOOMMI and local referrals. For local referrals, please include the date the referral was received.
- A listing, by case manager, of all clients served in COC, ICM, and TCM during the review period. The listing should include the clients name and SID number as well as their center number.
- A list of all clients who absconded, have been arrested, had psychiatric hospitalizations and/or were revoked during the review period.
- A list of all client files reviewed by the Program Director during the review period to include the review findings.
- A list of all findings from the internal quality assurance audit.
- Any release forms to authorize TCOOMMI compliance review staff access to your treatment files.

Additional records may be requested prior to or upon arrival of TCOOMMI staff. Please ensure that workspace is available for me as well as computer, printer, and copier access. A user ID and password may be needed for any electronic file needs, so please feel free to coordinate with me on information required to obtain this access.

Should you have any questions, please feel free to contact me at [Redacted]

[Redacted]

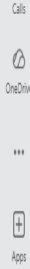
Cc: [Redacted]

---

[Redacted]  
Rehabilitation and Reentry Division

[Redacted]

[Redacted]



From: [Redacted]  
Sent: Wednesday, January 28, 2026 10:08 AM  
To: [Redacted]  
Subject: Re: OIG Audit of CMBHS - Provider User Questions (Harris Center)

This Email is from an EXTERNAL source. Ensure that you trust this sender before clicking on any links or attachments.

Good morning,

I've added a copy of the original email here and the list as well. Please let me know if you have any questions.

Good afternoon,

The OIG Audit team has reviewed the attestations and the "CMBHS Security Administrator User Report" which was run on December 12, 2025. The report detailed a listing of current active and initiated accounts assigned to your organization. Discrepancies were noted between the attestation and report including:

- 51 CMBHS Users listed which were not reflected on the attestation; however, 41 of these users may be new employees hired after the September 03, 2025, attestation. These users are highlighted on the attached file (yellow for those created before September 03, 2025, and purple for those after).
- 124 users listed on the attestation for which a CMBHS account does not exist.

Please review the listing, consider the following questions, and forward your responses by Monday, February 2, 2026.

1. Do the individuals with accounts that were not found on the attestation relate to a separate attestation? If so, please indicate or provide the list and we can update our file accordingly.
2. Please confirm the employment status of the listed individuals as of August 29, 2025, or confirm if they are a new hire since the attestation.
3. For the 124 CMBHS users on the attestation without an account, why do these users not have CMBHS accounts and why were they listed on the attestation? Should they be removed?

Thank you



*CONFIDENTIAL INFORMATION: Pursuant to §544.0219 of the Texas Government Code, all information and materials subpoenaed or compiled by the Health and Human Services Commission Office of Inspector General (OIG) in connection with an audit or investigation are confidential and not subject to disclosure, discovery, subpoena, or other means of legal compulsion for their release to anyone other than the pertinent employees or agents of the OIG or the attorney general and the state auditor's office, law enforcement agencies, and other entities as permitted by other law. A person who receives information subpoenaed or compiled by the OIG in connection with an audit or investigation may disclose the information only in a manner that is consistent with the authorized purpose for which the person first received the information. Additionally, audit working papers of the OIG are protected from disclosure under §552.116 and may not be shared, released, forwarded, or otherwise disclosed. The relayed information is intended for the exclusive use of the addressee named above. If you are not the intended recipient, you are hereby notified that any use, disclosure, dissemination, distribution, copying or the taking of any action because of this information is strictly prohibited. If you have received this information in error please immediately notify me.*



**TEXAS**  
Health and Human  
Services

\_\_\_\_\_  
Executive Commissioner

Electronic Delivery Form

Dear Administrator / Manager,

The facility's/agency's survey/investigation documents **will be sent by email**. Please provide the following information: (Please Print)

- \* Facility/Agency Name: Humble Service Center Click or tap here to enter text.
- \* Facility I.D. # \_\_\_\_\_

Person making the request:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Signature: \_\_\_\_\_

\* Date: 01.28.2026

\*Required

*This form must be completed at each visit due to changes in administration and email address.*

\_\_\_\_\_



**Preliminary Findings Based on Survey, Inspection, or Investigation**

|   |                          |   |                                 |
|---|--------------------------|---|---------------------------------|
| <b>Facility/Agency/Program Provider Name:</b><br>Humble Service Center  |                          | <b>Entrance Date:</b><br>01.28.2026   | <b>Exit Date:</b><br>01.28.2026 |
| <b>Physical Street Address:</b><br>6805 Oak Village   |                          | <b>Purpose of Visit:</b><br><input type="checkbox"/> Survey <input type="checkbox"/> Investigation <input checked="" type="checkbox"/> Other: |                                 |
| <b>City:</b><br>Humble  |                          | <b>Zip Code:</b><br>77396   | <b>County:</b><br>Harris        |
| <b>Facility/Agency/Program Provider Type</b><br><input type="checkbox"/> ALF <input type="checkbox"/> DAHS <input type="checkbox"/> HCSSA <input type="checkbox"/> ICF <input type="checkbox"/> NF <input type="checkbox"/> PPECC<br><input type="checkbox"/> DAHS with ISS (traditional DAHS services and ISS)<br><input checked="" type="checkbox"/> DAHS – ISS only (only provides ISS services) |                          | <b>Facility ID/Vendor Number</b><br>[REDACTED]  |                                 |
| <b>Administrator/Manager/Program Director Name:</b><br>Thomas Wills   |                          |   |                                 |
| This list contains preliminary areas of potential noncompliance with federal and/or state requirements, based on findings from the entrance and exit dates listed above. Note: If the visit was to an assisted living facility, refer to the attached checklists.   |                          |   |                                 |
| <b>State</b>  | <b>Federal</b>           | <b>Brief Description of Noncompliance</b>   |                                 |
| <input type="checkbox"/>  | <input type="checkbox"/> | No Violation Cited  |                                 |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                 |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                 |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                 |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                 |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                 |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                 |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                 |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                 |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                 |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                 |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                 |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                 |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                 |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                 |
| <input type="checkbox"/>  | <input type="checkbox"/> |   |                                 |
| <b>Signature – Administrator/Program Director or Designee</b><br>[REDACTED]   |                          |   | <b>Date</b><br>01/28/2026       |
| <b>Signature – Team Leader or Surveyor</b><br>[REDACTED]  |                          |   | <b>Date</b><br>01/28/2026       |



Texas Health and  
Human Services

Report of Contact  
DAHS-ISSONLY Facility

Form 3614  
Dec 2019

|            |              |                                   |                       |
|------------|--------------|-----------------------------------|-----------------------|
| Region: 06 | Health Visit | Entrance Date: 01-28-2026 9:55 AM | Exit Date: 01-28-2026 |
|------------|--------------|-----------------------------------|-----------------------|

|  |  |                   |
|--|--|-------------------|
| Facility Name<br>Humble Service Center             | Telephone<br>[REDACTED]                            | FAX<br>[REDACTED] |
| Address – Street (physical location)<br>[REDACTED] | TULIP Facility ID [REDACTED]<br><br>County: Harris |                   |

**PURPOSE OF CONTACT:**

ONSITE FOLLOW-UP; FOLLOW-UP TO RE-LICENSURE; FOLLOW-UP TO INCIDENT INVESTIGATION

Follow Up Visit (original exit date) – **10-09-2025**

Intakes Number(s) Investigated:

| Bed Type | SNF 18 | SNF/NF<br>18/19 | NF 19 | Licensed<br>Only | Alzheimer | Total |
|----------|--------|-----------------|-------|------------------|-----------|-------|
| Capacity |        |                 |       | 40               |           | 40    |
| Census   |        |                 |       | 28               |           | 28    |

License Number: [REDACTED] 81 License Expiration Date: 02-07-2028

**LTCR STAFF REPORTING**

| Name       | Title      |
|------------|------------|
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |

**REGULATORY DECISIONS AND SANCTIONS RECOMMENDED**

MEET LICENSURE REQUIREMENTS (HEALTH); NO LICENSURE VIOLATIONS CITED (HEALTH)

**REFERRALS**

[REDACTED]

**ADMINISTRATIVE**

[REDACTED]

**NARRATIVE**

CONTACT: [REDACTED]  
[REDACTED]



**TEXAS**  
Health and Human  
Services

**Texas Health and Human Services Commission**

[Redacted]  
*Executive Commissioner*

February 10, 2026

[Redacted]

[Redacted]

Dear Administrator:

Enclosed please find a copy of the Report of Contact (ROC) and 3724 showing correction of your Violations based on the visit **date(s) October 9, 2025**.

If you have any questions, please contact Program Manager, [Redacted] at office [Redacted]  
[Redacted]

Sincerely,

[Redacted]

[Redacted]

RN: am

[Redacted]



# Pasadena Fire Marshal's Office Inspection Report

Wichita Cottage A&B - 2122 Wichita ST, BLDG Unnamed, Pasadena TX 77502-4144

[Redacted]  
[Redacted]  
[Redacted]

## INSPECTION DETAILS

|                  |  |                   |      |  |
|------------------|--|-------------------|------|--|
| Inspection Date  | Inspection Type                        | Inspection Number |      |  |
| 02/16/2026       | Annual Fire and Life Safety Inspection | 45148             |      |  |
| Lead Inspector   | Shift                                  | Station           | Unit |  |
| [Redacted] 5     | N/A                                    | N/A               | 1105 |  |
| Other Inspectors |  |                   |      |  |
| N/A              |  |                   |      |  |

## SUMMARY OF INSPECTION

✓ 25 Passed codes | 
 ✗ 0 Failed codes | 
 ⊘ 1 N/A codes

## NEXT STEPS

Please direct questions about your Inspection to:

[Redacted]  
[Redacted]

Reinspection Date  
02/03/2027

## SIGNATURES

Contact signature

Inspector signature

[Redacted Signature]

[Redacted Signature]

[Redacted]

02/16/2026

[Redacted]

02/16/2026

# **EXHIBIT A-5**



**Special Management Request: Payment Fraud Investigation  
(SMRPMT0226)**

**INTERNAL AUDIT REPORT**

March 16, 2026

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

Director, Internal Audit



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## EXECUTIVE SUMMARY

**Analysis of Control Failure** - Although staff followed existing bank account change procedures regarding vendor Arc of Harris County, the controls in place were insufficient. Modern identity-theft techniques allow bad actors to easily replicate W-9s, Tax ID numbers, and voided checks. Bank account changes carry inherent risk and require stronger verification processes. An audit of recent vendor bank-change requests found that while the majority of the reviewed bank account changes were legitimate, enhanced internal controls are necessary.

The Harris Center has experienced two fraudulent vendor bank account change incidents within the past two and a half years, demonstrating a persistent and material risk to the organization's financial controls. While limited in number, these incidents highlight vulnerabilities in existing vendor change verification processes and underscore the potential for financial loss, operational disruption, and reputational harm.

Given that even a single successful fraud event represents an unacceptable risk, the recurrence of these incidents clearly justifies the implementation of stronger safeguards. Enhancing controls around vendor bank account changes—such as multi-factor verification, segregation of duties, and formalized validation procedures—will reduce exposure to fraud and strengthen overall financial governance.

Proactive investment in these preventative measures will better protect organizational assets, improve audit readiness, and reinforce leadership's commitment to sound internal controls and risk management.

Internal Audit has proposed additional internal control verification processes designed to strengthen the vendor-bank-change workflow and mitigate future irregularities. These added controls introduce multi-level approval, documented system entry procedures, and post-change monitoring, all of which reduce the likelihood of unauthorized banking information updates and enable earlier detection of fraudulent activity. Also, given the sophistication of modern document forgery techniques, additional training for staff in detecting irregularities in financial documentation may also help strengthen the Agency's defenses in detecting fraud.

Incident reports regarding the fraud have been filed with the Houston Police Department, the Federal Bureau of Investigation, and an insurance claim is in progress.

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## BACKGROUND INFORMATION

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The Harris Center's senior management team notified Internal Audit on February 26, 2026 that the Arc of Harris County had their account intercepted based on reports that three payments for services rendered were not received by the organization. The amount of the payments was \$58,851.25 according to Accounts Payable and the payments were issued on 12/15/2025 for \$38,905.00, 12/23/2025 for \$6,333.26, and 01/20/2026 for \$13,612.99. The identify theft appears to be the email account of the vendor was spoofed so that the bad actor could not be detected.

The Arc of Harris County, is a 501(c)(3) nonprofit, organized in 1984 as an affiliated chapter of The Arc of Texas and The Arc of the United States (The Arc) and is currently located on the 12<sup>th</sup> floor at 9401 Southwest Freeway.

The fraudulent activity occurred when an individual allegedly representing the Arc submitted the required documentation to the Harris Center Purchasing Department, including a voided check, to change the Arc's banking institution from Amegy Bank to J. P Morgan. On December 15, 2025, the new account was set-up by the Purchasing Department, and an invoice was paid by direct deposit for \$38,905.00. Two subsequent transfers were made before the Executive Director of the Arc called the Harris Center on February 11, 2026 stating the 3 payments had not been received.

The Purchasing Manager noted that bank account information changes are not unusual (approximately 20 per year), and nothing in the Arc submission indicated potential irregularities.

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## SCOPE AND OBJECTIVES

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**Audit Scope:** The Chief Financial Officer asked Internal Audit to evaluate this outcome and determine what steps can be incorporated into the business process to guard against similar errors in the future.

**Audit Objectives:**

- 1) Evaluate the current vendor bank account change process utilized by the Harris Center Purchasing Department.
- 2) Meet with the Harris Center's Cybersecurity Expert to gain an understanding on what contributed to the fraudulent incident.
- 3) Meet with the Harris Center Controller and Purchasing Department Director to discuss enhanced procedures for vendor bank account changes.

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## AUDIT RISKS

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**AUDIT RISKS:** Auditors consider vendor bank account changes inherently high-risk because they can:

- enable payment diversion

- undermine financial reporting accuracy
- bypass internal controls
- violate regulatory requirements
- lack sufficient traceability or documentation

Most audit findings arise from **weak evidence**, **weak controls**, or **weak validation** around the change process—not from the change itself.

## FIELD WORK

**Field Work:** Primary steps to providing a high-level summary of the audit work for the objectives listed above:

1. Meet with the Controller and Purchasing Supervisor to assess how they perform current banking information changes and identify any risks or challenges in their roles related to the banking information processing.
2. Meet with the Purchasing Manager to gain insight on a possible root cause for failure to detect identity theft. Plan to review all documentation and notes that the Controller and Purchasing can provide to show progress on their plan to issue an updated process for handling banking information changes in the future.
3. Obtain the police report to verify that all specifics are known and can be compared to prior discovery. Review the police report with the Harris Center Risk Manager to perform an analysis based on the impact to the Center and evaluate the likelihood of seeking full or partial recovery of \$58,851.25 misdirected payment amount.
4. Review the Purchasing Department bank account change log and audit a sample of prior vendor-initiated bank account adjustments.

### EXHIBIT 1 – SAMPLE OF VENDOR REQUESTED BANK INFORMATION CHANGES

FOR THE PERIOD 3/2024 – 01/2026

(EXTRACTED FROM PURCHASING DEPARTMENT SPREADSHEET)

| VENDOR  | DATE     | ACCOUNT CHANGE DESCRIPTION                               |
|---|----------|--|
| Queena D Baldwin-Dinnon DBA Willing Workers Club  | 03/25/24 | New A/C Setup after auditor review (new email, bank a/c) |
| MASTERWORD SERVICES 6/10                          | 06/14/24 | New request from Melissa Seymore on protected message    |
| Crystal Communications                            | 07/24/24 | New Direct Deposit setup-notice went out with checks     |
| BC Humble Enterprises LLC/Bender Creek Apartments | 07/26/24 | Called Housing -Lakeisha Davis Verified Change           |
| 4Imprint Inc.                                     | 08/05/24 | New DD setup-notice sent out by Purchasing via email     |
| Kineequa Austin (Routing incorrect)               | 08/12/24 | Samor Sherrod-Haynes, verified w/ Consumer and Mother    |

|  |          |  |
|--|----------|--|
| ARocket Moving & Storage   | 08/23/24 | Change Direct Deposit setup-notice verified with A Rocket        |
| University of Houston Treasurer's Office (university H)                | 11/04/24 | Direct Deposit Account was updated.                              |
| Career and Recovery Resources, Inc(BANKING INFORMATION UPDATE 6/11/25) | 02/03/25 | Direct Deposit set up notice sent by Belinda Stude via email     |
| Ventura Learning System, LLC DBA/AATBS (updated DD Account #)          | 02/13/25 | Direct Deposit set up notice sent by Shari Mallet via email      |
| United Workers of Integral Care(BANKING INFORMATION UPDATED)           | 04/01/25 | Direct Deposit set up notice sent by Human Resources via email   |
| CC Assessment Services (Bank Account was updated)                      | 04/29/25 | Direct Deposit set up notice sent by Margo Childs via email      |
| Humble Elevator Service, Inc.(Account was updated)                     | 07/08/25 | Direct Deposit set up notice sent by Purchasing via email        |
| ScriptPro USA Inc. DD - Account updated                                | 08/13/25 | Direct Deposit set up notice sent by Purchasing via email        |
| HOUSTON COMMUNITY COLLEGE SYSTEM (DD Account was updated)              | 08/25/25 | DiD set up notice sent by Belinda Stude via email                |
| PRINT RITE INC. (UPDATED ACCOUNT)                                      | 10/22/25 | Direct Deposit set up notice sent by Purchasing via email        |
| FACILITY INTERIORS, INC.(BANK INFORMATION UPDATED)                     | 12/10/25 | Direct Deposit set up notice sent by Karen Hurst via email       |
| THE ARC OF HARRIS COUNTY(BANKING INFORMATION UPDATED)                  | 12/15/25 | Direct Deposit set up notice sent by email by Ericka Degracia    |
| COMMUNITY CONNECTIONS PSYCHOLOGICAL ASSOCIATES INC(BANK INFO UPDATED)  | 01/06/25 | Direct Deposit set up notice sent to Purchasing via email        |
| VERONICA PERDOMO (UPDATED BANK INFORMATION)                            | 01/27/26 | Direct Deposit set up notice sent by IDD Reimbursement via email |

**FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES**

***Finding #1 –***

Although staff followed existing procedures, the controls in place were insufficient. Modern identity-theft techniques allow bad actors to easily replicate W-9s, Tax ID numbers, and voided checks. Bank account changes carry inherent risk and require stronger verification processes. During the review, the Harris Center’s Cybersecurity expert identified the voided check submitted as documentation for the account change as fraudulent; however, he could not positively determine whether the activity originated internally at the Arc or from an external source.

***Recommendation:***

An audit of recent vendor bank-change requests found that while the reviewed changes were legitimate, enhanced internal controls are necessary. Even one fraudulent incident justifies stronger safeguards. Also, given the sophistication of modern document-forgery techniques, additional training for Department staff in detecting irregularities in financial documentation may also strengthen the Agency’s defenses.

Internal Audit proposes the following enhanced internal control checklist to document future vendor bank account changes:

**1. Formal Request**

Vendors must submit a written request through a secure portal, encrypted email, or signed PDF.

**2. Required Documentation**

- Updated Bank Account Change Form
- Voided check and official bank letter verifying routing and account numbers
- Proof of the requester's identity or authorization

**3. Independent Verification of Vendor Identity**

Staff must contact the vendor using existing contact information on file, not from the request.

Confirm and document:

- The request is legitimate
- Banking information is accurate
- The requester is authorized

**4. Two-Level Internal Approval Process Required Before any Vendor Bank Account Changes are Entered on the Accounting System (NEW)**

- Purchasing (First Approver): Verify document completeness, accuracy, and that verification occurred using a trusted phone number.
- Controller or Designee (Second Approver): Review documentation and authorize entry into the accounting system. An optional vendor confirmation call to the vendor may be performed verify the bank account changes for an added control feature.

**Each approver must sign and date their approval.**

**5. System Entry Documentation (NEW)**

Document:

- Date of change
- Name and signature of staff entering the data
- Effective date of the change

**6. Post-Change Monitoring (NEW)**

Confirm that payments utilizing the new bank information are received by the vendor.

Early verification would have limited the fraudulent Arc check incident to the first payment of \$38,905.00 rather than the full \$58,851.25.

Document the verification date, the staff member's name, and resolve discrepancies immediately

Steps 4–6 represent additional internal control verification processes designed to strengthen the vendor-bank-change workflow and mitigate future irregularities. These added controls introduce multi-level approval, documented system entry procedures, and post-change monitoring, all of which reduce the likelihood of unauthorized banking information updates and enable earlier detection of fraudulent activity.

**Management Response:**

*"Protecting the Harris Center's resources is of core importance to Financial Services. We acknowledge the findings and conclusions of Internal Audit. Management concurs with Internal Audit's assessment that vendor bank account changes represent an inherently high-risk activity and agrees that enhanced controls are warranted. While staff complied with the existing vendor bank change procedures, those procedures were not sufficiently robust to mitigate the evolving risks associated with modern identity theft and payment diversion schemes. In response to this incident, we are committed to strengthening the vendor bank account change process to reduce the risk of unauthorized changes and to improve the timeliness of fraud detection.*

*Management accepts Internal Audit's recommendations and has already implemented the following corrective actions:*

- *A Verbal Verification of Payment Change Request form was developed and implemented to create a formal, standardized process for verifying with vendors that the request for change is valid. The previous process involved calling the vendor to validate the change. Our new process requires employees to document communication with the vendor and other relevant information using this form. It also provides a standard process to authenticate the request using vendor contact information already on file.*
- *Established a two-level approval process requiring review and approval by both Purchasing and the Controller (or designee) prior to any bank account changes being entered into the accounting system.*
- *Implemented post-change monitoring procedures to confirm receipt of initial payments following any bank account update and to promptly investigate and resolve discrepancies.*
- *Staff were notified and trained accordingly.*

*We would like to thank Internal Audit for its work on this project. We will continue to work collaboratively with Internal Audit, Information Technology, and Risk Management to ensure the revised controls are effectively designed and operating as intended. Management believes these enhancements will significantly strengthen internal controls, reduce exposure to payment fraud, and improve early detection of unauthorized vendor bank account changes".*

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## CONCLUSION

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Although staff followed existing bank account change procedures regarding vendor Arc of Harris County, the controls in place were insufficient. Modern identity-theft techniques allow bad actors to easily replicate W-9s, Tax ID numbers, and voided checks. Bank account changes carry inherent risk and require stronger verification processes. An audit of recent vendor bank-change requests found that while the majority of the reviewed bank account changes were legitimate, enhanced internal controls are necessary. Even one fraudulent incident justifies stronger safeguards. The Harris Center has dealt with two fraudulent vendor bank account change incidents in the past 2 ½ years.

Internal Audit has proposed additional internal control verification processes designed to strengthen the vendor-bank-change workflow and mitigate future irregularities. These added controls introduce multi-level approval, documented system entry procedures, and post-change monitoring, all of which reduce the likelihood of unauthorized banking information updates and enable earlier detection of fraudulent activity. Also, given the sophistication of modern document forgery techniques, additional training for staff in detecting irregularities in financial documentation may also help strengthen the Agency's defenses in detecting fraud.

Incident reports regarding the fraud have been filed with the Houston Police Department and the Federal Bureau of Investigation, and an insurance claim is in progress.

Respectfully submitted,

*David Wayne Fojtik*

David Wayne Fojtik, CPA, CIA, CFE

Director of Internal Audit

The Harris Center for Mental Health and IDD



**Budget Department Procedures/Processes and  
Organizational Budget Control Audit  
(BDPPOBCA0326)**

**INTERNAL AUDIT REPORT**

March 25, 2026

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

Director, Internal Audit



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## Executive Summary

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The Harris Center Budget Department(Department) is responsible for managing the planning, forecasting, and stewardship of financial resources critical to client service delivery and operational stability. This audit report provides an in-depth evaluation of the Department’s internal control environment, governance structure, operational processes, and alignment with recognized best practices consistent with the Institute of Internal Auditing Standards.

Overall, the Budget Department demonstrates a strong foundation of documented processes and structured workflows. The Department exhibits high commitment to compliance and process integrity. The Integration of a new Enterprise Resource Planning (ERP) software which will link the budget process to the financial system is a targeted improvement to controls, documentation practices, and monitoring activities. The Department is well-positioned to achieve full alignment with the Institute of Internal Auditing Standards while strengthening financial stewardship across the agency.

## Audit Background & Context

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The audit was performed to independently assess the effectiveness, efficiency, and control integrity of the Budget Department Procedures/Processes and Organizational Budget Controls. The Harris Center manages complex programs involving diverse funding sources, multi-departmental collaboration, and requirements for transparent fiscal oversight. Effective budgeting and forecasting practices are essential for ensuring that programmatic needs are met and resources are allocated strategically.

The internal audit function undertook this assessment to determine whether documented procedures are not only present but consistently applied, clearly communicated, and operating effectively within a control-focused environment.

This audit considered both operational realities and compliance expectations, including:

1. Institute of Internal Auditor’s Attribute and Performance Standards
2. Harris Center financial policies
3. Requirements for accountability within grant-funded or regulated environments

## Audit Objectives

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The primary audit objectives included:

1. Evaluation of the design of controls to ensure budgeting, forecasting, purchasing, and reporting processes are structured to support accuracy, compliance, and accountability
2. Assessed the operating effectiveness of controls to determine whether processes function consistently and reliably across departments and cost centers.
3. Identified potential risks and opportunities for improvement to enhance efficiency, strengthen oversight, and improve internal communication among financial and operational stakeholders.

## Audit Scope

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The audit scope includes all key processes described in the Budget Department Procedures and Processes manual.

Specifically, the review encompassed:

1. Budget planning and the annual cycle
2. Monthly and quarterly forecasting
3. Budget transfers and adjustments

## Audit Criteria

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The audit relied on the following criteria to form conclusions:

1. The Harris Center financial, procurement, and administrative policies
2. Department-specific procedures and documented workflows
3. Internal control principles, including authorization, access control, audit trail integrity, documentation, and monitoring

## Audit Conclusion

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The Harris Center Budget Department demonstrates strong commitment to financial stewardship. The audit identified that overall, the department has a solid framework for budgeting, forecasting, and spend oversight. The integration of the new Enterprise Resource Planning (ERP) software will link the budget process to the financial system and is a targeted improvement to controls, documentation practices, and monitoring activities which will strengthen financial stewardship across the agency.

## Management Responses

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Your assessment of how the current budget development and monitoring processes are working:

CFO - Having had the opportunity to oversee the development of a number of budgets over many years I have to say that the process that we've implemented and sustained is very effective. We start out with a defined budget schedule (timeline of events) which is presented to the greater leadership group at THC and we then proceed to have a "Budget Kickoff" which is normally held the middle of April, which is then followed by the opening of the budget software that allows the departments and divisions to start the process of working on their budgets for the next year. From there we use the entire month of June for budget meetings with all of the departments. Ultimately the budget is consolidated and presented to the Board for approval in August. In addition but not limited to from a monitoring standpoint we have departmental operational reviews/visits throughout the year with the departmental leaders along with the VP's to ensure that they are all staying compliant and consistently in touch with their respective budgets).

Any challenges or inefficiencies you've observed

CFO - FY27 will be my third budget cycle with THC and we're constantly challenging ourselves to improve. Having said that in recent years we haven't encountered any challenges or inefficiencies that we haven't been able to overcome.

Recommendations for improvement

CFO - Integration of a new ERP that links to our budget system.

## BUDGET DEPARTMENT PROCEDURES/PROCESSES AND ORGANIZATIONAL BUDGET CONTROL AUDIT

Your thoughts on how the new financial system may impact or enhance these processes

CFO - Aside from the comments above regarding recommendations for improvements having a new financial system will reduce the amount of manual work required in terms of the development and monitoring of the annual budget process

Respectfully submitted,

*David Wayne Fojtik*

David Wayne Fojtik, CPA, CIA, CFE  
Director of Internal Audit