



Texas Health and Human Services Office of Inspector General Audit and Inspections Division

Follow-Up Assessment on a Previously Published Audit Report

Cenikor Foundation: A Substance Use Disorder Treatment Provider in Region 7
AUD-24-026

August 22, 2024

Dear Bill Bailey:

The Texas Health and Human Services (HHS) Office of Inspector General Audit and Inspections Division (OIG Audit) conducted a follow-up assessment of the previously published audit report titled "Cenikor Foundation: Region 7 Substance Use Disorder Treatment Provider" to determine the resolution status of audit issues identified in the previous report.

Based on our assessment, Cenikor Foundation (Cenikor) did not fully resolve some reported audit issues. As a result, OIG Audit reissued seven recommendations—revised as needed to address the results of this assessment—from the previous audit. OIG Audit communicated less-significant observations to Cenikor in a separate written communication.

OIG Audit thanks management at Cenikor for their responsiveness, cooperation, and assistance during this assessment. The attachment to this letter contains additional details on the assessment.

Sincerely,

Kacy J. VerColen, CPA, CIGA
Chief of Audit and Inspections

Attachment

cc: Cecile Erwin Young, HHS Executive Commissioner
Raymond Charles Winter, HHS Inspector General

Background

The previous audit report was published on February 26, 2021. The objective of the original audit was to evaluate whether Cenikor's treatment services (a) were provided in accordance with regulations and contractual requirements, (b) were provided by qualified staff, and (c) supported the payment received.

The scope of the original audit included payments to Cenikor under its Region 7 adult treatment contract for the period September 1, 2018, through February 29, 2020, and included a review of relevant activities and internal controls through the end of fieldwork in November 2020.

Attachment



Figure 1 summarizes the resolution status of the issues included in the previously published audit report, "Cenikor Foundation: Region 7 Substance Use Disorder Treatment Provider," [AUD-21-008](#), issued February 26, 2021.

In the figure,





- "Fully resolved" means Cenikor successfully implemented a process, system, or policy to resolve the issue.¹
- "Substantially resolved" means Cenikor implemented a process, system, or policy to address the issue; however, the Texas Health and Human Services (HHS) Office of Inspector General Audit and Inspections Division (OIG Audit) identified exceptions during testing.
- "Incomplete" means Cenikor implemented, or was in the process of implementing, a process, system, or policy to address the issue; however, OIG Audit identified significant exceptions during testing.
- "Undetermined" means OIG Audit did not test the issue.

¹ Cenikor may have resolved some issues using a process, system, or policy that did not align with the previously published recommendation.





Figure 1: Resolution Status of Audit Issues and Associated Recommendations

Status	Recommendations Associated with the Issue
Issue 1: Cenikor did not consistently provide evidence that it delivered required monitoring and counseling services	
	<p data-bbox="337 552 565 594">Incomplete</p> <p data-bbox="581 573 621 604">1a</p> <p data-bbox="646 468 1068 489">As required by contract, Cenikor should:</p> <ul data-bbox="646 510 1425 699" style="list-style-type: none"> • Ensure monitoring for detoxification clients occurs at least every 4 hours for the first 72 hours for residential or daily for ambulatory and is documented in the Clinical Management and Behavioral Health Services (CMBHS) system. • Ensure the chemical dependency and additional counseling is provided to each client based on service type and is documented in CMBHS.
	<p data-bbox="337 825 565 867">Fully Resolved</p> <p data-bbox="581 825 621 856">1b</p> <p data-bbox="646 772 1401 909">Cenikor should return \$124,509.66 to the state of Texas. This amount includes the (a) extrapolated amount of \$121,194.66 residential detoxification and intensive residential services and (b) dollar-for-dollar amount of \$3,315.00 for ambulatory detoxification services.</p>




Issue 2: Cenikor did not provide evidence to support that it consistently met program and contractual requirements

	<p>Substantially Resolved</p>	<p>2a</p> <p>As required by contract, Cenikor should ensure:</p> <ul style="list-style-type: none"> • The medical director or their designee documents authorization of residential and ambulatory detoxification admissions. • The medical director or their designee documents the face-to-face examination of residential and ambulatory detoxification clients within 24 hours of admission. • A licensed health professional performs a health assessment of intensive and supportive residential clients within 96 hours of admission. • All documentation is uploaded to CMBHS.
	<p>Incomplete</p>	<p>2b</p> <p>As required by contract, Cenikor should ensure:</p> <ul style="list-style-type: none"> • Clients participate in their individual treatment program, to include signing and dating clinical documentation detailing treatment, changes to treatment, and final discharge plans. • Appropriately licensed staff timely complete clinical documentation in CMBHS. • Expected counseling is provided and documented in CMBHS and any unsuccessful attempts to provide scheduled counseling are also documented in CMBHS.
	<p>Incomplete</p>	<p>2c</p> <p>As required by contract, Cenikor should ensure:</p> <ul style="list-style-type: none"> • Consent-to-treat forms are signed and dated by the client and staff person providing the information. • Opioid consent forms are provided to all clients with an opioid use disorder diagnosis, and the signed and dated form is maintained in CMBHS. • The HHSC [Texas Health and Human Services Commission]-approved "Informed Consent for Opiate Use Disorder Individuals Seeking Treatment – Adults" form is provided to clients with an opioid diagnosis.
	<p>Incomplete</p>	<p>2d</p> <p>As required by its contract, Cenikor should ensure post-discharge activities are performed and documented in CMBHS, including:</p> <ul style="list-style-type: none"> • Entering referrals in CMBHS. • Completing discharge follow-ups in CMBHS within required time frames. • Documenting the current status of the client or reason contact was unsuccessful in CMBHS.

Issue 3: Cenikor did not consistently admit clients into the proper service type

	<p>Fully Resolved</p>	<p>3a As required by contract, Cenikor should ensure clients are admitted into the recommended service type or, if admitting clients to another service type, document justification for the exception in CMBHS.</p>
	<p>Undetermined</p>	<p>3b As required by contract, Cenikor should ensure clients enrolled in ambulatory detoxification are also enrolled in and receive outpatient services as required by Texas Administrative Code (TAC).</p>
	<p>Fully Resolved</p>	<p>3c As required by contract, Cenikor should ensure clients are admitted into a service type consistent with the signed opioid consent.</p>
	<p>Fully Resolved</p>	<p>3d As required by contract, Cenikor should:</p> <ul style="list-style-type: none"> • Ensure clients are timely transferred to the appropriate service type. • Repay the overpayment amount of \$1,856.

Issue 4: Cenikor did not always ensure direct care and clinical staff met qualification, training and education, and supervision requirements

	<p>Fully Resolved</p>	<p>4a As required by contract, Cenikor should ensure screening activities related to clinical questions and diagnosis information are conducted by a qualified credentialed counselor.</p>
	<p>Substantially Resolved</p>	<p>4b As required by contract, Cenikor should ensure:</p> <ul style="list-style-type: none"> • Direct care staff receive and acknowledge the service requirements within the statement of work provided in the applicable HHSC contract. • Direct care detoxification staff receive required detoxification training. • Clinical staff and subcontractors complete (a) required training within 90 days of hire and (b) required annual renewals. • Documentation of supervision discussion of video, manual, computer-based training. • Policies and procedures are updated to ensure all required training and education is provided and received within the required time frame to include subcontracted staff and any training and education that has annual updates.
	<p>Incomplete</p>	<p>4c As required by contract, Cenikor should ensure:</p> <ul style="list-style-type: none"> • Counselor intern supervision is performed and documented, and the required documentation is maintained. • Supervising qualified credentialed counselors complete required continuing education in clinical supervision.

Source: OIG Audit

Providers use CMBHS to document client services and support claims submissions. To determine whether the previous issues were fully resolved, OIG Audit tested documentation stored in CMBHS and maintained by Cenikor for 19 admissions for clients who received services between October 1, 2023, and March 6, 2024, of which:

- Seven were for adult residential detoxification.²
- Four were for adult intensive residential treatment.³
- Four were for adult supportive residential treatment.⁴
- Four were for adult outpatient treatment.⁵

If CMBHS did not contain required support, OIG Audit gave Cenikor the opportunity to provide other documentation it may have stored internally. OIG Audit also tested the qualifications, training, education, or supervision requirements of 14 staff who performed services for the admissions tested.

Based on the results of this assessment, Cenikor should strengthen its controls to:

- Provide required monitoring and counseling, education, and training.
- Meet medical, clinical, consent, and referral and discharge follow-up requirements.
- Meet staff training, education, and supervision requirements.

² Residential detoxification is a structured environment for clients who are physically dependent on alcohol and other drugs to safely withdraw from those substances, and for clients who are intoxicated to be medically monitored until achieving a non-intoxicated state that prepares and engages clients for ongoing treatment.

³ Intensive residential is a residential setting that facilitates recovery from substance use disorders for clients.

⁴ Supportive residential is a low-intensity residential treatment service that facilitates recovery from substance use disorders for clients.

⁵ Outpatient is a service that facilitates recovery from substance use disorders provided to clients who do not require a more structured environment, such as residential services, to meet treatment goals.

Cenikor must return overpayment amounts of \$10,698.61 to the state of Texas for five admissions tested during the assessment that received 50 percent or less of required monitoring and counseling, education, and training.

Cenikor did not provide any ambulatory detoxification⁶ services during the period tested. As a result, OIG Audit did not determine whether Cenikor resolved the original Recommendation 3b, related to ambulatory detoxification.

The “Reissued Recommendations” section of this report presents additional information about the assessment results and is considered written education in accordance with Texas Administrative Code.⁷ In addition, other issues identified in this report may be subject to liquidated damages or OIG administrative enforcement measures,⁸ including administrative penalties.⁹

⁶ Ambulatory detoxification is an outpatient withdrawal for clients physically dependent on alcohol and other drugs yet able to engage and participate in concurrent treatment services.

⁷ 1 Tex. Admin. Code § 371.1701 (May 1, 2016).

⁸ 1 Tex. Admin. Code § 371.1603 (May 20, 2020).

⁹ Tex. Hum. Res. Code § 32.039 (Apr. 2, 2015).

Reissued Recommendations

In this section, issues and recommendations are numbered to correspond to the recommendation in the original audit report. As such, original recommendations that were either fully resolved or undetermined (Recommendations 1b, 3a–d, and 4a) are not listed.

Issue 1: **Cenikor Did Not Consistently Provide Required Monitoring or Counseling, Education, and Training**

Cenikor did not perform required monitoring or counseling, education, and training for 11 of 12 (91.6 percent) admissions tested. For different types of admissions, providers must deliver different minimum amounts of services. Specifically:

- For residential detoxification, providers must monitor clients every four hours for the first 72 hours of the admission.¹⁰
- For intensive residential clients, providers must perform:¹¹
 - 10 hours of chemical dependency counseling that includes one hour of individual counseling per week.
 - 10 hours of additional counseling, chemical dependency education, life skills training, and relapse prevention education per week.
- For supportive residential clients, providers must perform:¹²
 - Three hours of chemical dependency counseling per week that includes one hour of individual counseling per month.
 - Three hours of additional counseling, chemical dependency education, life skills training, and relapse prevention education per week.

¹⁰ 25 Tex. Admin. Code § 448.902 (g)(4) (Sept. 1, 2004).

¹¹ 25 Tex. Admin. Code § 448.903 (d) (Sept. 1, 2004).

¹² 25 Tex. Admin. Code § 448.903 (g) (Sept. 1, 2004).

Table 1 summarizes the instances of noncompliance with monitoring or counseling, education and training requirements noted during this follow-up assessment.

Table 1: Instances of Insufficient Monitoring or Counseling, Education, and Training

Service Type	Admissions Tested	Admissions Noncompliant	Percentage Noncompliant
Residential Detoxification	4	4	100%
Intensive Residential	4	3	75%
Supportive Residential	4	4	100%

Source: OIG Audit

Admissions with 50 Percent or Less of Required Monitoring or Counseling, Education, and Training

One residential detoxification, one intensive residential, and three supportive residential admissions received 50 percent or less of required monitoring or counseling, education, and training, totaling \$10,698.61 in paid claims, as shown in Table 2.

Table 2: Client Received 50 Percent or Less of Required Monitoring or Counseling, Education, and Training

Service Type	Admissions	Overpayment Amount
Residential Detoxification	1	\$ 2,607.11
Intensive Residential	1	3,621.60
Supportive Residential	3	4,469.90
Total	5	\$10,698.61

Source: OIG Audit

Providing required monitoring and counseling, education, and training is essential to (a) ensuring the health and safety of clients, (b) achieving successful outcomes, and (c) supporting claim payments received from HHSC.

Due to the importance of these essential activities, OIG Audit utilized the same methodology as the previously published audit report and identified for recovery amounts paid to Cenikor for admissions in which clients received 50 percent or less of required monitoring or counseling, education, and training.

Cenikor implemented controls to review documentation of services provided to clients. However, Cenikor did not implement a control that ensured it performed all required monitoring and counseling, education, and training.

Recommendation 1

In addition to returning \$10,698.61 to the state of Texas, Cenikor should:

- Ensure monitoring for residential detoxification clients occurs at least every four hours for the first 72 hours and is documented in CMBHS.
- Ensure the chemical dependency and additional counseling, chemical dependency education, life skills training, and relapse prevention education is provided to each client based on service type and is documented in CMBHS.

Management Response

Action Plan

- Compliance audits are implemented and in place; continue to conduct daily samples to review documentation for:
 - Confirming that monitoring for detoxification clients occur at least every 4 hours for the first 72 hours.
 - Confirming that clients receive the required chemical dependency and additional counseling as determined by the service type.
- Compliance audit results are made available and provided daily to alert facility staff of immediate feedback and corrective action to resolve issues.
- OIG audit results will be shared with Region 7 facility staff. Re-education and training with the nursing and clinical staff will be completed by November 30, 2024 including:

- Ensuring monitoring for detoxification clients occurs at last every four hours for the first 72 hours and is documented appropriately in the electronic health record.
- Ensuring that clients receive the required chemical dependency and additional counseling as determined by the service type and is documented appropriately in the electronic health record.

Responsible Manager

Assistant Vice President of Clinical Services

Target Implementation Date

November 30, 2024

Issue 2: Cenikor Did Not Maintain Evidence That It Consistently Met Program and Contractual Requirements

Cenikor did not maintain evidence to support that it consistently performed and complied with program and contractual requirements related to medical, clinical, consent, and referral and discharge follow-up activities.

Medical Requirements

Cenikor did not perform the required face-to-face examination within 24 hours of admission for one of four (25.0 percent) residential detoxification admissions tested. For all eight intensive residential and supportive residential admissions tested, Cenikor performed the required health assessments within 96 hours of admission; however, three of eight (37.5 percent) health assessments were not documented in CMBHS, as required.

Cenikor must ensure it meets the following medical requirements:

- For residential detoxification clients, a medical director or their designee must perform a face-to-face examination within 24 hours of admission.¹³
- For intensive and supportive residential clients, a provider must perform a health assessment within 96 hours of admission.¹⁴
- Document all specified required activities and services in CMBHS.¹⁵

By not performing exams within the required time frame during the detoxification process, Cenikor could incorrectly place clients in detoxification services or negatively impact a safe withdrawal process.

Cenikor implemented controls to review documentation of services provided to clients. However, Cenikor did not implement a control that ensured all face-to-face examination were performed within 24 hours of admission for residential detoxification clients and activities and services were documented in CMBHS.

¹³ 25 Tex. Admin. Code § 448.902 (e)(3) (Sept. 1, 2004).

¹⁴ 25 Tex. Admin. Code § 448.803 (h) (Mar. 3, 2022, as amended).

¹⁵ HHSC Contract #HHS000663700248, Attachment A, § III (A)(5) (Sept. 1, 2020, as amended).

Clinical Requirements

Cenikor did not comply with all the clinical requirements for treating substance use disorder clients. Cenikor must complete and obtain signed and dated treatment plans, treatment plan reviews, and discharge plans. Additionally, Cenikor must perform screenings and interact with clients.¹⁶ Table 3 summarizes the instances of noncompliance with clinical requirements noted during this follow-up assessment.

Table 3: Findings of Noncompliance with Clinical Requirements

Clinical Requirement	Admissions Tested	Admissions Noncompliant	Percentage Noncompliant
Complete treatment plan within five days of admission.	12	1	8.3%
Client and counselor sign and date treatment plan.	16	1	6.3%
Review treatment plan when required during treatment.	12	5	41.7%
Client and counselor sign and date treatment plan review.	12	5	41.7%
Complete client discharge plan prior to discharge.	14	4	28.6%
Client and counselor sign and date discharge plan.	14	2	14.3%
Perform client screenings to support diagnosis and placement.	16	6	37.5%
Daily individual session with detoxification clients.	4	3	75.0%
Plan 10 hours of weekly activities for intensive residential clients.	4	2	50.0%

Source: OIG Audit

¹⁶ 25 Tex. Admin. Code §§ 448.801 (Mar. 3, 2022, as amended), 448.804 (e), (f), (h), and (j) (Sept. 1, 2004), 448.805 (e) and (g) (Sept. 1, 2004), 448.902 (h) (Sept. 1, 2004), and 448.903 (d)(3) (Sept. 1, 2004).

Completing required treatment planning, discharge planning, and screenings and involving clients in treatment and discharge planning helps align treatment with the clients' needs. Performing required interactions and activities with clients increases the likelihood that they will complete treatment and achieve an effective outcome. Cenikor risks clients' success when it neglects to perform these activities.

Cenikor implemented controls to review documentation of services provided to clients. However, Cenikor did not implement a control that ensured all treatment plans, treatment plan reviews, discharge plans, screenings, daily interactions, and planned activities were performed as required.

Consent Requirements

Cenikor did not always record the client's consent for treatment as required. Specifically, the client and staff did not sign and date:

- One of four (25.0 percent) consent-to-treat forms for outpatient treatment.
- One of four (25.0 percent) opioid consent forms for residential treatment.

Providers must obtain a consent-to-treat form signed and dated by the client and staff before providing any treatment or medication.¹⁷ Additionally, providers must obtain an opioid consent form signed and dated by the client and staff for clients identified as having an opioid use disorder.¹⁸

By not obtaining client consent for treatment, Cenikor cannot assure HHSC that clients were informed of and consented to the service type or treatment Cenikor provided.

Cenikor implemented controls to review documentation of services provided to clients. However, Cenikor did not implement a control that ensured all client consent forms were signed and dated.

¹⁷ 25 Tex. Admin. Code § 448.802 (b) (Sept. 1, 2004).

¹⁸ Substance Use Disorder Program Guide, Provider Requirements: Informed Consent Documentation for Opioid Use Disorder, Health and Human Services Commission, (Sept. 1, 2021).

Referral and Discharge Follow-Up Requirements

Cenikor did not provide clients with referrals in two of seven (28.6 percent) discharges tested. For all seven discharge follow-ups tested, Cenikor documented the status of the client or the reason the follow-up was unsuccessful; however, it did not document one of seven (14.3 percent) in CMBHS, as required.

During discharge, providers must refer clients for additional services to address ongoing client needs.¹⁹ Additionally, providers must follow up with clients after discharge and document either the status of the client or reason the follow-up was unsuccessful.²⁰ All specified required activities and services must be documented in CMBHS.²¹ When required referral and discharge follow-up activities are not completed, clients may not receive additional services to support their continued recovery.

Cenikor implemented controls to review documentation of services provided to clients. However, Cenikor did not implement a control that ensured it discharged all clients with referrals and documented all activities and services in CMBHS.

Recommendation 2a

Cenikor should ensure:

- The medical director or their designee performs a face-to-face examination of residential detoxification clients within 24 hours of admission.
- All documentation is uploaded to CMBHS.

¹⁹ 25 Tex. Admin. Code § 448.805 (f)(2) (Sept. 1, 2004).

²⁰ 25 Tex. Admin. Code § 448.805 (j) (Sept. 1, 2004).

²¹ HHSC Contract #HHS000663700248, Attachment A, § III (A)(5) (Sept. 1, 2020, as amended).

Management Response

Action Plan

- Compliance audits are implemented and in place; continue to conduct daily samples to review documentation for:
 - Confirming the medical director or nurse practitioner performs a face-to-face examination of residential detoxification clients within 24 hours of admission.
 - Confirming documentation is uploaded to CMBHS.
- Compliance audit results are made available and provided daily to alert facility staff of immediate feedback and corrective action to resolve issues.
- OIG audit results will be shared with Region 7 facility staff. Re-education and training with the medical staff will be completed by November 30, 2024 including:
 - Ensuring a face-to-face examination of residential detoxification clients within 24 hours of admission is performed.
 - Ensuring that documentation is uploaded to CMBHS.

Responsible Manager

Assistant Vice President of Clinical Services

Target Implementation Date

November 30, 2024

Recommendation 2b

Cenikor should ensure:

- Clients participate in their individual treatment program, to include signing and dating clinical documentation detailing treatment, changes to treatment, and final discharge plans.
- Appropriately licensed staff timely complete clinical documentation in CMBHS.

- Expected individual sessions and planned activities are provided and documented in CMBHS.

Management Response

Action Plan

- Compliance audits are implemented and in place; continue to conduct daily samples to review documentation for:
 - Confirming that clients have participated in their individual treatment program through verification, and that the client has signed and dated their clinical documentation detailing treatment, changes to treatment, and final discharge plans.
 - Confirming that the individual sessions and planned activities are provided, and clinical documentation is completed timely and uploaded to CMBHS.
- Compliance audit results are made available and provided daily to alert facility staff of immediate feedback and corrective action to resolve issues.
- OIG audit results will be shared with Region 7 facility staff. Re-education and training with the nursing and clinical staff will be completed by November 30, 2024 including:
 - Ensuring that clients have participated in their individual treatment program through verification, and that the client has signed and dated their clinical documentation detailing treatment, changes to treatment, and final discharge plans.
 - Ensuring that the individual sessions and planned activities are provided, and clinical documentation is completed timely and uploaded to CMBHS.

Responsible Manager

Assistant Vice President of Clinical Services

Target Implementation Date

November 30, 2024

Recommendation 2c

Cenikor should ensure:

- Consent-to-treat forms are signed and dated by the client and staff.
- Opioid consent forms are provided to all clients with an opioid use disorder diagnosis and signed and dated by the client and staff.

Management Response

Action Plan

- Compliance audits are implemented and in place; continue to conduct daily samples to review documentation for:
 - Confirming that consent-to-treat forms are signed and dated by the client and staff.
 - Confirming that the opioid consent form is provided, signed and dated by the client.
- Compliance audit results are made available and provided daily to alert facility staff of immediate feedback and corrective action to resolve issues.
- OIG audit results will be shared with Region 7 facility staff. Re-education and training with the nursing and clinical staff will be completed by November 30, 2024 including:
 - Ensuring that consent-to-treat forms is signed and dated by the client and staff.
 - Ensuring that the opioid consent form is provided, signed and dated by the client.

Responsible Manager

Assistant Vice President of Clinical Services

Target Implementation Date

November 30, 2024

Recommendation 2d

Cenikor should ensure post-discharge activities are performed and documented in CMBHS, including:

- Entering referrals in CMBHS.
- Documenting the current status of the client or reason contact was unsuccessful in CMBHS.

Management Response

Action Plan

- Compliance audits are implemented and in place; continue to conduct daily samples to review documentation for:
 - Confirming referrals have been entered into CMBHS.
 - Confirming that the current status of the client or reason contact was unsuccessful is documented in CMBHS.
- Compliance audit results are made available and provided daily to alert facility staff of immediate feedback and corrective action to resolve issues.
- OIG audit results will be shared with Region 7 facility staff. Re-education and training with the nursing and clinical staff will be completed by November 30, 2024 including:
 - Ensuring that referrals are discussed and entered into CMBHS.
 - Ensuring that the current status and reason contact was unsuccessful is documented into CMBHS.

Responsible Manager

Assistant Vice President of Clinical Services

Target Implementation Date

November 30, 2024

Issue 4: Cenikor Did Not Always Ensure Staff Met Training, Education, and Supervision Requirements

Cenikor did not consistently ensure staff received required training and education or were appropriately supervised. Specifically, it did not ensure:

- Direct care staff completed training and education within required time frames, or at all.
- Supervising counselors always (a) supervised counselor interns as required or (b) completed required continuing education.

Training and Education

Nine of 11 (81.8 percent) direct care staff tested did not complete co-occurring psychiatric and substance use disorder training. Additionally, one of four (25.0 percent) direct care staff tested did not complete trauma-informed care and cultural competency training within the required time frame.

Direct care staff must receive training in co-occurring psychiatric and substance use disorder, trauma-informed care, and cultural competency within 90 business days of hire and prior to service delivery.²² Training provides direct care staff with skills needed to perform substance use disorder treatment services.

Cenikor implemented controls to monitor and provide training and education to direct care staff. However, Cenikor did not implement a control that ensured all direct care staff received co-occurring psychiatric and substance use disorder training and received trauma-informed care and cultural competency training within the required time frame.

Supervision

For two of four (50.0 percent) counselor interns tested, Cenikor did not maintain documentation to support the counselor interns received required supervision. Additionally, two of three (66.7 percent) supervising counselors tested did not obtain required continuing education in clinical supervision.

²² HHSC Contract #HHS000663700248, Attachment A, § IV (Sept. 1, 2020, as amended).

Counselor interns must be directly supervised by a qualified credentialed counselor,^{23,24} and supervising counselors must obtain three hours of continuing education in clinical supervision every two years.²⁵ Providers must maintain documentation of counselor intern supervision using HHS forms.²⁶

Without counselor intern documentation or supervisor training, Cenikor cannot demonstrate that counselor interns were supervised as required.

A control to provide required counselor intern supervision and supervising counselor training had not been implemented at the time of this assessment.

Recommendation 4b

Cenikor should ensure staff complete training within the required time frames.

Management Response

Action Plan

- The talent development team will conduct regular compliance audits through Litmos Learning Management System to ensure staff complete training within the required time frames.
- Compliance audit results are made available and provided daily to alert facility staff of immediate feedback and corrective action to resolve issues.
- OIG audit results will be shared with Region 7 facility staff. Re-education and training with the appropriate facility staff will be completed by November 30, 2024 including:
 - Ensuring staff complete training within the required time frames.

Responsible Manager

Director of Talent Development

²³ A qualified credentialed counselor is a licensed chemical dependency counselor or other qualifying licensed practitioner with at least 1,000 hours of experience treating substance-related disorders.

²⁴ 25 Tex. Admin. Code § 140.421 (e) (Aug. 9, 2012).

²⁵ 25 Tex. Admin. Code § 140.421 (o) (Aug. 9, 2012).

²⁶ 25 Tex. Admin. Code § 140.421 (g) and (r) (Aug. 9, 2012).

Target Implementation Date

November 30, 2024

Recommendation 4c

Cenikor should ensure:

- Counselor intern supervision is performed and documented, and the required documentation is maintained.
- Supervising qualified credentialed counselors complete required continuing education in clinical supervision.

Management Response

Action Plan

- Policies and procedures will be updated to ensure all required counselor intern documentation is uploaded and maintained in a central repository each month.
- Develop an internal clinical supervision training for supervising qualified credentialed counselors to ensure required continuing education is documented and maintained.

Responsible Manager

Assistant Vice President of Clinical Services

Target Implementation Date

January 31, 2025

Objective, Scope, Methodology, Criteria, and Standards

Objective and Scope

The objective of this follow-up assessment was to determine the resolution status of OIG Audit's previously identified issues at Cenikor, which included testing the effectiveness of management activities designed to remediate identified issues.

The scope of the assessment was limited to reviewing the resolution status of issues identified in the previously published audit report.

Methodology

OIG Audit issued an engagement letter to Cenikor on March 21, 2024, providing information about the upcoming assessment, and conducted testing from March 21, 2024, through July 24, 2024.

OIG Audit reviewed the previously published audit report and performed a follow-up assessment of the reported findings, recommendations, and management responses.

Data Reliability

OIG Audit assessed the reliability of Cenikor's claims data and documentation by tracing claims data to the documentation. OIG Audit determined that the data was sufficiently reliable for the purposes of this assessment.

Testing Methodology

To determine the resolution status of the previously identified audit issues, OIG Audit:

- Interviewed Cenikor management and reviewed documents regarding activities taken to resolve the issues.
- Tested documentation of services provided for each client's admission.
- Tested documentation for Cenikor staff who performed services for clients' admission.

Criteria

OIG Audit used the following criteria to evaluate the information provided:

- 25 TAC §§ 140.421 (2012), 448.801 (2022, as amended), 448.802 (2004), 448.803 (2022, as amended), 448.804 (2004), 448.805 (2004), 448.902 (2004), and 448.903 (2004)
- HHSC Contract No. HHS000663700248 (2020, as amended)
- Substance Use Disorder Program Guide, Health and Human Services Commission (2021)

Generally Accepted Government Auditing Standards

OIG Audit conducted the original audit in accordance with generally accepted government auditing standards (GAGAS). In accordance with GAGAS, providing audit, investigative, and oversight-related services—such as periodic audit recommendation follow-up engagements and reports—does not involve a GAGAS engagement. OIG Audit planned and performed this follow-up assessment to obtain sufficient, appropriate evidence to provide a reasonable basis for the findings and conclusions included in this report based on the assessment objectives.