



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

Follow-Up Assessment on Previously Issued Audit Recommendations

Homeward Bound, Inc.: A Substance Use Disorder Treatment Provider
AUD-24-009

June 5, 2024

Dear Douglas Denton:

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 issued audit report titled "Homeward Bound, Inc.: Substance Use Disorder Treatment Provider" to determine the implementation status of audit recommendations previously issued by OIG Audit.

Based on the results of our assessment, OIG Audit determined that Homeward Bound, Inc. (Homeward Bound) did not fully implement some reported audit recommendations. As a result, OIG Audit reissued two recommendations—revised as needed to address the results of this assessment—from the previous audit.

OIG Audit thanks management at Homeward Bound 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 previously issued audit report was published on November 13, 2020. The objective of the original audit was to determine whether client eligibility determinations, treatment stays, discharge events, and corresponding paid claims to Homeward Bound's Dallas facilities for detoxification, intensive residential, and human immunodeficiency virus (HIV) residential services were processed in accordance with applicable rules, guidelines, and contractual requirements.




The scope of the original audit included paid claims through selected contracts during the period from September 1, 2018, through August 31, 2019.

Attachment

Figure 1 summarizes the implementation status of the recommendations included in the previously issued audit report, "Homeward Bound, Inc.: Substance Use Disorder Treatment Provider," [AUD-21-001](#), issued November 13, 2020.

In the figure, "fully implemented" means Homeward Bound successfully implemented the recommendation using a process, system, or policy. "Ongoing" means Homeward Bound implemented a process, system, or policy to address some or all of the recommendation; however, OIG Audit identified substantial exceptions during review.

Figure 1: Implementation Status of Audit Recommendations to Homeward Bound

	Implementation Status	Recommendation
	Ongoing	<p>1</p> <p>As required by Texas Administrative Code (TAC) and its contracts, Homeward Bound should:</p> <ul style="list-style-type: none"> • Ensure individual counseling sessions are provided daily or attempted for clients in detoxification. • Document unsuccessful attempts to provide individual counseling sessions in the Clinical Management and Behavioral Health Services (CMBHS) system, including the reason a counseling session was not provided.
	Fully Implemented	<p>2</p> <p>As required by TAC and its contracts, Homeward Bound should provide human immunodeficiency virus (HIV) and hepatitis C coinfection group counseling and document that counseling in CMBHS.</p>
	Ongoing	<p>3</p> <p>As required by TAC and its contracts, Homeward Bound should ensure that post-discharge activities are performed and documented in CMBHS, including:</p> <ul style="list-style-type: none"> • Conducting follow-ups on client referrals to external providers. • Completing discharge follow-ups and summaries within required time frames.

Source: OIG Audit

To determine whether the previous recommendations were fully implemented, OIG Audit reviewed documentation related to 15 individual episodes of care for 15 clients who received residential services during the period from August 1, 2023, through October 31, 2023. Based on the results of client records testing for this assessment, Homeward Bound should strengthen its controls to consistently (a) provide daily individual counseling sessions for clients in detoxification and (b) perform post-discharge activities.

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.¹ In addition, other issues identified in this report may be subject to liquidated damages or OIG administrative enforcement measures,² including administrative penalties.³

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

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

³ Tex. Hum. Res. Code § 32.039 (Apr. 2, 2015).

Reissued Recommendations

Issue 1: Homeward Bound Did Not Provide Some Required Counseling Sessions

Of the 15 episodes of care tested, 7 included residential detoxification services. For 3 of these 7 (42.9 percent) episodes of care, Homeward Bound did not document daily individual detoxification counseling sessions or any attempts to provide them—ranging from one to two days without required sessions for each affected client, as detailed in Table 1.

Table 1: Daily Individual Detoxification Counseling Sessions Not Documented

Client	Days in Residential Detoxification Program	Days Without Documented Counseling Sessions	Percentage of Days Without Documented Counseling Sessions
A	4	1	25.0%
B	5	2	40.0%
C	8	2	25.0%
Total	17	5	29.4%

Source: OIG Audit

For two of the five days without required counseling sessions, Homeward Bound asserted it provided but did not document the counseling sessions. For the remaining three days, Homeward Bound could not confirm that it provided the counseling sessions.

HHSC’s residential detoxification program requires Homeward Bound to manage the withdrawal and intoxicated states of clients admitted to the program. As part of this program, Homeward Bound must provide one individual counseling session to each detoxification client during each day of treatment.⁴ Additionally, HHSC requires Homeward Bound to use CMBHS to document all services provided to each client.⁵ While clients may not always be in a state to benefit

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

⁵ HHSC Contact #HHS000663700265, Attachment A, § III (Sept. 1, 2020, as amended).

from counseling, documenting counseling sessions or attempts to provide them helps ensure clients receive all necessary treatment.

Homeward Bound implemented (a) new written procedures to document daily individual detoxification counseling sessions and (b) new processes to verify it documented these sessions. However, Homeward Bound's written procedures did not include its process for verifying it provided each required individual detoxification counseling session.

Recommendation 1

Homeward Bound should:

- Ensure individual counseling sessions are provided daily and documented in CMBHS.
- Document unsuccessful attempts to provide individual counseling sessions in CMBHS, including the reason a counseling session was not provided.

Management Response

Action Plan

- Refresher training for individual counseling session compliance and documentation procedures will be conducted with all Detox Counselors by May 31, 2024.
- Detox Manager will review client charts Monday through Friday to ensure individual counseling notes have been entered for the previous day.

Responsible Managers

Detox Manager

Women's Residential Manager

Men's Residential Manager

Statewide Residential Manager

Target Implementation Date

June 3, 2024

Issue 2: Homeward Bound Did Not Perform Some Post-Discharge Activities

Homeward Bound did not consistently perform nine required post-discharge activities associated with 6 of 14 episodes of care tested.⁶ Specifically:

- For 5 of 14 (35.7 percent) episodes of care, Homeward Bound did not document discharge summaries as required. Specifically:
 - For 3 episodes of care, Homeward Bound did not complete a discharge summary.
 - For 2 episodes of care, Homeward Bound completed the discharge summaries 41 and 74 days after the client's discharge date instead of within 30 days after discharge.
- For 2 of 14 (14.3 percent) episodes of care, Homeward Bound did not perform post-discharge follow-ups.
- For 2 of 5 (40.0 percent) episodes of care,⁷ Homeward Bound did not perform some referral follow-ups for clients that received HIV residential services.

Homeward Bound must:

- Complete a discharge summary within 30 days of each client's discharge from the facility.⁸
- Complete a referral follow-up for each referral it enters into CMBHS for clients that received HIV residential services.⁹

⁶ One of the 15 episodes of care tested applied to a client who was readmitted to Homeward Bound seven days after their discharge date. As a result, this client was not discharged from Homeward Bound long enough for post-discharge activities to be applicable.

⁷ For 5 of the 14 episodes of care tested, Homeward Bound (a) provided HIV residential services and (b) included referrals in the discharge summary that required follow-up.

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

⁹ HHSC Contact #HHS000663700265, Attachment A, § V (Sept 1, 2020, as amended).

- Contact each client—no sooner than 60 days and no later than 90 days after discharge from the facility—to perform a discharge follow-up. In each client record, Homeward Bound must document either (a) the client’s status at the time of contact or (b) the reason the attempted contact was unsuccessful.¹⁰

Homeward Bound implemented (a) new written procedures to perform post-discharge activities and (b) new processes to verify it documented post-discharge activities in CMBHS. However, Homeward Bound’s written procedures did not include its verification processes.

Recommendation 2

As required by TAC and its contracts, Homeward Bound should ensure that post-discharge activities are performed and documented in CMBHS, including:

- Conducting follow-ups on client referrals to external providers.
- Completing discharge follow-ups and summaries within required time frames.

Management Response

Action Plan

- Follow-ups on client referrals: During the weekly treatment team meeting, Managers and Counselors will review discharges from the previous week to ensure the discharge and discharge summary have been completed, as well as the referral follow-ups.
- Discharge follow-ups: Unit Clerk will complete discharge follow-ups between 10:00 a.m. and 12:00 p.m. Monday through Friday. Unit Manager will check the discharge follow-up reminder list in CMBHS weekly to ensure compliance.
- Unit Managers will complete two chart audits per month to ensure compliance with follow-ups and report results and corrective actions during the monthly quality assurance meeting.

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

Responsible Managers

Detox Manager

Women's Residential Manager

Men's Residential Manager

Statewide Residential Manager

Target Implementation Date

June 3, 2024

Objective, Scope, Methodology, Criteria, and Standards

Objective and Scope

The objective of this follow-up assessment was to determine the implementation status of OIG Audit's previously issued recommendations to Homeward Bound, which included testing the effectiveness of management activities designed to remediate identified recommendations.

The scope of the assessment was limited to reviewing the implementation status of recommendations identified in the previously issued audit report.

Methodology

OIG Audit issued an engagement letter to Homeward Bound on November 17, 2023, providing information about the upcoming assessment, and conducted testing from November 17, 2023, through April 19, 2024.

Data Reliability

OIG Audit accessed CMBHS to review client documentation. To assess the reliability of this data, OIG Audit interviewed staff who were knowledgeable about the data. OIG Audit determined that the data was sufficiently reliable for the purposes of this assessment.

Testing Methodology

To determine the implementation status of OIG Audit's previously issued recommendations, OIG Audit:

- Reviewed documents related to Homeward Bound's implementation of the recommendations.
- Interviewed Homeward Bound management regarding activities taken to implement the recommendations.
- Tested documentation in CMBHS for each client's episode of care related to paid claims selected and issues identified in the prior audit.

Criteria

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

- 25 Tex. Admin. Code §§ 448.805 and 448.902 (2004)
- HHSC Contract #HHS000663700265 (2020, as amended)

Auditing Standards

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.