

Audit Report

Betty Hardwick Center

A Local Mental Health Authority
Contracted with the Texas Health
and Human Services Commission

August 28, 2024

OIG Report No. AUD-24-030



**Inspector
General**

Texas Health
and Human Services



Betty Hardwick Center

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Results in Brief

Why OIG Conducted This Audit

The Texas Health and Human Services (HHS) Office of Inspector General (OIG) Audit and Inspections Division (OIG Audit) conducted an audit of Betty Hardwick Center. At least once every five years, OIG must conduct a performance audit of each local mental health authority (LMHA) in Texas.

The Texas Health and Human Services Commission (HHSC) paid Betty Hardwick Center \$7.5 million for mental health programs and services delivered during state fiscal year 2022, which covered the period from September 1, 2021, through August 31, 2022. Of the \$7.5 million, \$6.4 million was associated with the LMHA performance contract between HHSC and Betty Hardwick Center. During state fiscal year 2022, Betty Hardwick Center reported 63,875 mental health encounters for 5,285 individuals to HHSC.

Summary of Review

The audit objective was to determine whether Betty Hardwick Center complied with selected state and contractual requirements.

The audit scope included mental health services at Betty Hardwick Center during the period from September 1, 2021, through August 31, 2022.

Conclusion

Betty Hardwick Center, a local mental health authority (LMHA), conducted mental health assessments with associated screenings timely, delivered services through qualified staff members, documented each individual's progress, and paid for private psychiatric beds at contracted rates.

However, Betty Hardwick Center did not comply with some requirements for financial assessments, recovery plans, level of care deviations, and the Inpatient Care Waitlist.

Key Results

Betty Hardwick Center complied with certain requirements reviewed as part of this audit. Specifically, Betty Hardwick Center:

- Conducted mental health assessments for routine care services for all 18 individuals tested within required time frames when associated with a screening.
- Included the assessment date and signature and credentials of the qualified LMHA staff member who performed the assessment on all 60 mental health assessments for routine care services tested.
- Included required elements selected for testing on all 54 recovery plans.
- Paid for private psychiatric hospitalizations at the contracted rate for only invoiced days for all 14 inpatient stays tested.

Additionally, for all 92 service notes reviewed, which were associated with one or more core services listed in the recovery plans, Betty Hardwick Center documented (a) the individual's progress or lack of progress in achieving recovery plan goals and (b) the signature and credentials of the qualified LMHA staff member that provided the service.

Background

To deliver mental health services in Texas, HHSC contracts with 37 LMHAs. Each LMHA:

- Supports mental health services through planning, policy development, coordination, and resource allocation and development.
- Provides adults and children with assessment, crisis, intensive, and comprehensive services in a clinically appropriate manner.
- Incorporates jail diversion strategies to reduce involvement of the criminal justice system.

Betty Hardwick Center is the LMHA for five Texas counties: Callahan, Jones, Shackelford, Stephens, and Taylor.

Management Response

Betty Hardwick Center agreed with the audit recommendations and indicated corrective actions would be implemented by September 2024.

However, Betty Hardwick Center did not:

- Conduct or update financial assessments (a) during the audit scope for 5 of 51 individuals and (b) within required time frames for 8 of 51 individuals.
- Have a recovery plan in effect before providing routine care services for one of 54 mental health assessments.
- Obtain a signature from the individual receiving services on 14 of 54 recovery plans.
- Document the information it provided to 2 of 4 individuals it deviated to a lower level of care.
- Add 2 of 16 individuals to the Inpatient Care Waitlist within one business day.

Additionally, Betty Hardwick Center did not document its waitlist determination dates for 2 of 18 individuals it added to the Inpatient Care Waitlist.

Recommendations

Betty Hardwick Center should:

- Strengthen its processes for conducting and updating financial assessments as required.
- Develop recovery plans before providing routine care services.
- Obtain individual's signatures.
- Discuss necessary information for each individual to make an informed decision and document the discussion.
- Revise its processes to include documenting its waitlist determination dates and add individuals to the Inpatient Care Waitlist within one business day.

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Audit Overview

Overall Conclusion

Betty Hardwick Center, a local mental health authority (LMHA), conducted mental health assessments with associated screenings timely, delivered services through qualified staff members, documented each individual's progress, and paid for private psychiatric beds at contracted rates.

However, Betty Hardwick Center did not comply with some requirements for financial assessments, recovery plans, level of care deviations, and the Inpatient Care Waitlist.

Objective

The audit objective was to determine whether Betty Hardwick Center complied with selected state and contractual requirements.

Scope

The audit scope included mental health services at Betty Hardwick Center during the period from September 1, 2021, through August 31, 2022.

Key Audit Results

Betty Hardwick Center complied with certain requirements reviewed as part of this audit. Specifically, Betty Hardwick Center:

- Conducted mental health assessments for routine care services for all 18 individuals tested within required time frames when associated with a screening.
- Included the assessment date and signature and credentials of the qualified LMHA staff member who performed the assessment on all 60 mental health assessments for routine care services tested.
- Included required elements selected for testing on all 54 recovery plans.
- Paid for private psychiatric hospitalizations at the contracted rate for only invoiced days for all 14 inpatient stays tested.

Additionally, for all 92 service notes reviewed, which were associated with one or more core services listed in the recovery plans, Betty Hardwick Center documented (a) the individual's progress or lack of progress in achieving recovery plan goals and (b) the signature and credentials of the qualified LMHA staff member that provided the service.

However, Betty Hardwick Center did not:

- Conduct or update financial assessments (a) during the audit scope for 5 of 51 individuals and (b) within required time frames for 8 of 51 individuals.
- Have a recovery plan in effect before providing routine care services for one of 54 mental health assessments.
- Obtain a signature from the individual receiving services on 14 of 54 recovery plans.
- Document the information it provided to 2 of 4 individuals it deviated to a lower level of care.
- Add 2 of 16 individuals to the Inpatient Care Waitlist within one business day.

What Prompted This Audit

At least once every five years, OIG must conduct a performance audit of each LMHA and local behavioral health authority (LBHA) in Texas.¹

Additionally, Betty Hardwick Center did not document its waitlist determination dates for 2 of 18 individuals it added to the Inpatient Care Waitlist.

OIG Audit offered recommendations to Betty Hardwick Center, which, if implemented, will improve compliance with applicable requirements.

The "Detailed Audit Results" section of this report presents additional information about the audit results and is considered written education in accordance with Texas Administrative Code.² In addition, other audit issues identified in this report may be subject to liquidated damages or OIG administrative enforcement measures,³ including administrative penalties.⁴ OIG Audit communicated other, less significant issues to Betty Hardwick Center in a separate written communication.

¹ Tex. Gov. Code § 531.1025(c) (Sept. 1, 2023).

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

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

⁴ Tex. Hum. Res. Code § 32.039 (Apr. 2, 2015).

OIG Audit presented preliminary audit results, issues, and recommendations to Betty Hardwick Center in a draft report dated August 1, 2024. Betty Hardwick Center agreed with the audit recommendations and indicated corrective actions would be implemented by September 2024. Betty Hardwick Center's management responses are included in the report following each recommendation. Betty Hardwick Center's additional commentary is presented in Appendix G.

OIG Audit recognizes the unique challenges that Betty Hardwick Center faced as a result of the COVID-19 public health emergency, which occurred during the audit scope period. During the COVID-19 public health emergency, the selected state and contractual requirements relevant to this audit remained in effect. OIG Audit thanks management and staff at Betty Hardwick Center for their cooperation and assistance during this audit.

Key Program Data

To deliver mental health services in Texas, the Texas Health and Human Services Commission (HHSC) contracts with 37 LMHAs and two local behavioral health authorities (LBHAs).⁷ Each LMHA:

- Supports mental health services through planning, policy development, coordination, and resource allocation and development.
- Provides adults and children with assessment, crisis, intensive, and comprehensive services in a clinically appropriate manner.
- Incorporates jail diversion strategies to reduce involvement of the criminal justice system.

Betty Hardwick Center is the LMHA for five Texas counties: Callahan, Jones, Shackelford, Stephens, and Taylor.⁸

Service Delivery Process

LMHAs conduct screenings as needed⁹ for individuals seeking mental health services to gather information to determine whether the individual needs crisis¹⁰ or routine mental health services.¹¹ Once an LMHA identifies an individual's needs, it performs a standardized mental health assessment to measure those

State Fiscal Year 2022

HHSC paid Betty Hardwick Center \$7.5 million for mental health programs and services delivered during state fiscal year 2022, which covered the period from September 1, 2021, through August 31, 2022.⁵ Of the \$7.5 million, \$6.4 million was associated with the LMHA performance contract between HHSC and Betty Hardwick Center.

During state fiscal year 2022, Betty Hardwick Center reported 63,875 mental health encounters for 5,285 individuals to HHSC.⁶

⁵ Appendix D provides additional details about the state and federal funding Betty Hardwick Center received from HHSC.

⁶ Encounters are detailed records about individual services delivered. The data was submitted to HHSC by the LMHA.

⁷ LBHAs deliver mental health and chemical dependency services in Texas.

⁸ Appendix C provides additional details about the service areas covered by Betty Hardwick Center.

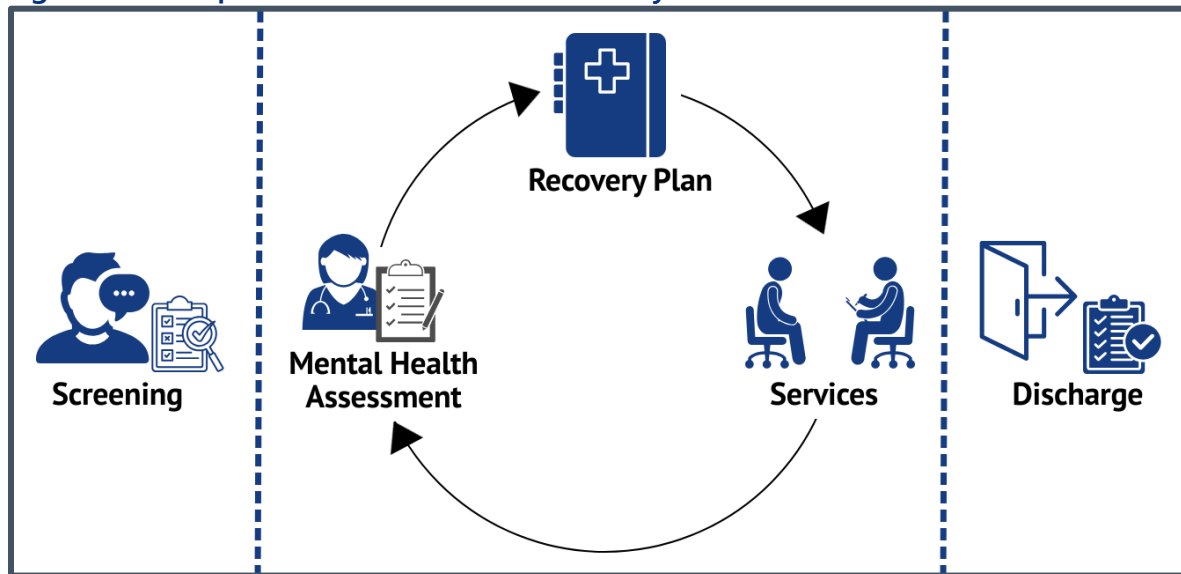
⁹ LMHAs predominantly conduct screenings for individuals in crisis or who contact the LMHA through its crisis hotline.

¹⁰ Crisis services may include either emergency or urgent care services.

¹¹ Individuals primarily seek mental health services from Betty Hardwick Center through phone calls, walk-in visits, and referrals.

needs and recommend a level of care under the Texas Resiliency and Recovery model.¹² In this model, providers apply utilization management guidelines¹³ to determine the authorized level of care for the individual, which may differ from the level of care recommended by the assessment. LMHAs complete a written recovery plan based on the mental health assessment, which outlines services and supports.¹⁴ LMHAs then provide services to the individual according to the recovery plan or as medically necessary for crisis services. Based on the authorized level of care, LMHAs reassess the individual and review the recovery plan as needed or within specific time frames depending on the level of care. Discharge from services may be planned or unplanned depending on the circumstances surrounding the individual. Figure 1 illustrates the major components of the service delivery process for individuals seeking mental health services at LMHAs.

Figure 1: Components of the Service Delivery Process at LMHAs



Source: OIG Audit

¹² The Texas Resiliency and Recovery model describes the service delivery system in Texas for community mental health services. This model promotes early intervention, a person-centered approach to mental health treatment, recovery from psychiatric disorders, and resilience from severe emotional disturbances.

¹³ The utilization management guidelines aim to ensure delivery of mental health services are properly tailored to each individual’s needs and strengths while utilizing limited available resources.

¹⁴ This report uses the term “recovery plan” to refer to the written plan—for either crisis or routine care services—that is sometimes also referred to as a treatment plan, person-centered treatment planning, or family-centered treatment planning.

Auditing Standards

Generally Accepted Government Auditing Standards

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Detailed Audit Results

As detailed in Table 1, OIG Audit reviewed three complete populations and pulled one sample from a population with service dates during the period from September 1, 2021, through August 31, 2022. Appendix B provides additional details about these populations and this sample.

Table 1: Populations and Sample Reviewed by OIG Audit

Category	Type	Demographics	Items Reviewed
Screenings, mental health assessments, financial assessments, recovery plan completion, and service notes for individuals authorized for routine care services	Sample for LOC-3 and LOC-4	Adults	60
Level of care deviations	Complete population deviated from LOC-3 or LOC-4 to LOC-1S or LOC-2 ¹⁵	Adults	11
Inpatient Care Waitlist ¹⁶	Complete population	Adults and children	18
Private psychiatric beds	Complete population for inpatient stays longer than 20 days	Adults	14

Source: OIG Audit

The following sections of this report provide additional detail about the findings of noncompliance identified by OIG Audit.

¹⁵ All individuals in this population were deviated from LOC-4 to LOC-1S. During the audit scope, Betty Hardwick Center did not deviate any individuals from LOC-3 to LOC-1S; LOC-3 to LOC-2; or LOC-4 to LOC-2.

¹⁶ For the Inpatient Care Waitlist population, OIG Audit considered an individual to have a service date during the audit scope if the individual was present on this waitlist during the period from September 1, 2021, through August 31, 2022.

Screenings and Assessments

Screenings gather information to determine the need for a mental health assessment, which recommends a level of care under the Texas Resiliency and Recovery model.

Screenings

LMHAs must be available at all times to perform immediate screenings and mental health assessments of individuals in crisis who (a) present or believe they present an immediate danger to self or others or (b) are at risk or believe they are at risk of serious deterioration of their mental or physical health. LMHAs determine each individual's need from the screening and must subsequently complete a mental health assessment for each individual within the time frames detailed in Table 2.

Table 2: LMHA Mental Health Assessment Time Frame Requirements

Individual's Need	Description	Assessment Completion Time Requirements
Emergency care services	Services to address the immediate needs of individuals in crisis and assure safety for each individual and others who may be placed at risk by the individual's behaviors.	One hour
Urgent care services	Services for individuals in crisis who do not need emergency care services but are potentially at risk of serious deterioration.	8 hours
Routine care services	Services for individuals who are not in crisis.	14 days

Source: OIG Audit, based on 26 Tex. Admin. Code §§ 301.303, 301.327, and 301.351 (Mar. 15, 2020)

Betty Hardwick Center uses a crisis hotline to screen individuals and determine whether each individual needs emergency, urgent, or routine mental health services.

Assessments

Mental Health Assessments for Routine Care Services

LMHAs may perform mental health assessments in-person or through telemedicine or telehealth.¹⁷ LMHAs must document routine care services mental health assessments and are required to include the (a) assessment date and (b) signature and credentials of the qualified LMHA staff member who performed the assessment.¹⁸

The Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services (TRRUMG) details levels of care, four of which were relevant to this report. LMHAs recommend a level of care based on the mental health assessment and must authorize the level of care prior to delivering services for individuals in these four levels of care. Each authorization is valid for a maximum authorization time period before the issuing LMHA must complete a new mental health assessment, and the LMHA must authorize continuation of services for the associated individual. In some circumstances, the authorized level of care may deviate from the recommended level of care. Table 3 on the following page outlines the services provided by the four levels of care relevant to this report.

¹⁷ Telemedicine is a medical service delivered by a physician or a health care professional under delegation and supervision of a physician. Telehealth is a health service that is (a) separate from a telemedicine medical service or teledentistry service and (b) delivered by a health care professional, who is not a physician or under supervision of a physician, acting within the scope of the health care professional's license, certification, or entitlement.

¹⁸ 26 Tex. Admin. Code § 301.353(a) (Mar. 15, 2020).

Table 3: Services for Adult Levels of Care Relevant to This Report

Level of Care	Category	Description	Maximum Authorization Period
Level of care 1S (LOC-1S)	Basic services (Skills training)	Skills training for individuals that present very little risk of harm and do not require more intensive levels of care.	180 days
Level of care 2 (LOC-2)	Basic services, including counseling	Basic services and counseling for individuals that have symptoms of major depressive disorder who present very little risk of harm, have supports, do not require more intensive levels of care, and can benefit from psychotherapy.	180 days
Level of care 3 (LOC-3)	Intensive services with team approach	Intensive services with a team approach for individuals who require intensive rehabilitation to function effectively in their social environment.	180 days
Level of care 4 (LOC-4)	Assertive community treatment	Treatment, rehabilitation, and support services for individuals that may have a serious mental illness and have experienced multiple psychiatric hospital admissions.	180 days

Source: OIG Audit, based on the Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services (Apr. 2017)

Financial Assessments

Each LMHA must maximize its financial resources by utilizing funds outside of its performance contract whenever possible, with the state of Texas as the payer of last resort.^{19,20} To determine whether each individual is able to pay for services, LMHAs must (a) conduct a financial assessment within the first 30 days of services and (b) update the financial assessment at least annually and whenever a significant financial change occurs as long as the individual continues to receive services.²¹ Upon completion of each financial assessment, LMHAs must (a) obtain the individual's signature or document the conversation with the individual and (b) provide a copy of the signed assessment to the individual.^{22,23}

¹⁹ HHSC Contract # HHS001022200001, Attachment A01, §§ I(B)(3)(f) and I(C)(3)(g) (Sept. 1, 2021, as amended).

²⁰ 25 Tex. Admin. Code § 412.104(5) (Sept. 15, 2005).

²¹ 25 Tex. Admin. Code § 412.106(a) (Sept. 15, 2005).

²² 25 Tex. Admin. Code § 412.106(e)(2) (Sept. 15, 2005).

²³ Per the COVID-19 Behavioral Health Services Providers Frequently Asked Questions, "Contracts" and "Telemedicine and Telehealth Services" (Sept. 3, 2021, as amended), during the COVID-19 public health emergency, HHSC allowed verbal consent for mental health services if circumstances did not allow for written signatures to be obtained. If verbal consent was obtained, the provider must document the conversation with the individual, clearly identify how notification and consent were obtained, and include the date and names of the individuals involved in the actions taken.

Chapter 1.1: Betty Hardwick Center Complied with Certain Mental Health Assessment Requirements

Betty Hardwick Center conducted mental health assessments timely and included all required elements selected for testing.

Mental Health Assessment Timeliness

For the 60 mental health assessments tested, 18 had associated screenings that identified needs for routine care services. For these screenings, Betty Hardwick Center completed required associated mental health assessments timely.

Mental Health Assessment Completeness

Betty Hardwick Center documented each of the 60 mental health assessments for routine care services and included the (a) assessment date and (b) signature and credentials of the qualified LMHA staff member who performed the assessment.

Chapter 1.2: Betty Hardwick Center Did Not Comply with Some Financial Assessment Requirements

The 57 mental health assessments tested were associated with 51 individuals.²⁴ For 38 individuals, Betty Hardwick Center (a) completed the financial assessment timely and (b) obtained the individual's signature on the financial assessment or documented the conversation with the individual. However, Betty Hardwick Center did not have an effective process in place to conduct or update financial assessments as required. Specifically, for the remaining 13 (25.5 percent) individuals, Betty Hardwick Center did not:

- For 5 individuals, conduct or update a financial assessment during the audit scope.
- For 8 individuals, conduct or update the financial assessment within the required time frames.

When an LMHA does not conduct and update financial assessments as required, it may use the performance contract funds instead of other available funding sources.

Recommendation 1

Betty Hardwick Center should strengthen its processes for conducting and updating financial assessments as required.

Management Response

Action Plan

Betty Hardwick Center acknowledges the review finding related to compliance with some financial assessment requirements. Betty Hardwick Center has established policies for completion of financial assessments and will retrain Reception and Case Management staff on the policy.

²⁴ For three mental health assessments tested for three individuals, Betty Hardwick Center did not have the opportunity to obtain necessary documentation for a financial assessment due to the individual's extenuating circumstances; therefore, OIG Audit excluded these individuals for financial assessment testing.

Responsible Managers

Chief Administrative Officer
Chief Clinical Officer

Target Implementation Date

September 30, 2024

As presented in Appendix G, Betty Hardwick Center provided additional commentary for recommendation 1.

Recovery Plans

Recovery plans for routine care services²⁵ outline services and supports for individuals who are not in crisis and must include information about each treatment type. Before providing services to each qualifying individual, LMHAs must have a recovery plan that is developed in collaboration with the individual and, if applicable, the individual's authorized representative.^{26,27}

LMHAs review existing recovery plans as needed²⁸ or within specific time frames depending on the level of care. Specifically for adults in LOC-3 and LOC-4, LMHAs must review each recovery plan within its 180-day effective period.²⁹

For each individual, the recovery plan must describe:

- Duration, frequency, and units of authorized services to be provided.
- Goals and objectives that address the individual's unique needs.
- Strategies to be implemented in providing the services and achieving goals.³⁰

²⁵ OIG Audit did not review crisis-specific recovery plans as part of this audit.

²⁶ 26 Tex. Admin. Code § 301.353(d)(1) (Mar. 15, 2020).

²⁷ To document this collaboration, Betty Hardwick Center established policies and procedures requiring that recovery plans be signed by the individual or their authorized representative.

²⁸ 26 Tex. Admin. Code § 301.353(f) (Mar. 15, 2020).

²⁹ Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services, Texas Health and Human Services Commission (Apr. 2017).

³⁰ 26 Tex. Admin. Code § 301.353(e)(1)–(2) (Mar. 15, 2020).

Chapter 2: Betty Hardwick Center Correctly Developed Recovery Plans with Some Exceptions

Betty Hardwick Center correctly developed recovery plans. However, while Betty Hardwick Center included required elements in the recovery plans it developed, it did not obtain all required signatures.

Recovery Plan Development

For 53 of 54 (98.1 percent) mental health assessments tested,³¹ Betty Hardwick Center either developed a recovery plan or had an existing recovery plan in effect during the mental health assessment's authorization period. However, as a result of not following its processes for one mental health assessment tested, Betty Hardwick Center provided routine care services during a period when no recovery plan was in effect.

When an LMHA provides services without a recovery plan in effect, it may not deliver necessary services and supports.

Recovery Plan Completeness

Required Elements

For all 54 developed recovery plans tested, qualified Betty Hardwick Center staff members:

- Signed the plan.
- Listed credentials.
- Described strategies for implementing the listed services and achieving the listed goals.
- Included the duration, frequency, and units of listed services.

³¹ For six mental health assessments tested, Betty Hardwick Center did not have the opportunity to collaborate with the individual in the development of a recovery plan due to extenuating circumstances; therefore, OIG Audit excluded these six mental health assessments for recovery plan testing.

Individual Signatures

Betty Hardwick Center did not obtain individual signatures on 14 of 54 (25.9 percent) recovery plans as required by its policies and procedures. Betty Hardwick Center established policies and procedures that required its staff members to obtain the individual's signature on each recovery plan to document collaboration with the individual when developing these plans; however, Betty Hardwick Center did not follow its processes for obtaining and documenting individual signatures on its recovery plans. When an LMHA does not obtain individual signatures, the LMHA may not be able to support that it developed recovery plans in collaboration with the individual.

Recommendation 2

Betty Hardwick Center should:

- A. Develop recovery plans before providing routine care services.
- B. Obtain individual's signatures.

Management Response

Action Plan

Betty Hardwick Center acknowledges the review finding that for one client out of 54, services were delivered without a recovery plan in place and some recovery plans were not signed by the client or their legally authorized representative. Betty Hardwick Center will periodically provide refresher training regarding its policy for completing timely recovery plans and obtaining client or legally authorized representative signatures on recovery plans.

While we concur obtaining client signatures is a best practice, 12 of 14 recovery plans without signatures had progress notes where staff reflect the date, time, and presence of the client during the recovery plan discussion but did not meet Betty Hardwick Center's own more restrictive policy regarding client signatures. Completing recovery plans without client signatures was a practice that became necessary during the COVID-19 Public Health Emergency, in line with state and federal flexibilities to ensure continued access to care, including treatment planning conducted by phone.

Responsible Manager

Chief Clinical Officer

Target Implementation Date

September 30, 2024

Level of Care Deviations

LMHAs must follow TRRUMG requirements to determine the most appropriate course of treatment for each individual.^{32,33} As detailed in Table 4, TRRUMG allows LMHAs to authorize a level of care other than the recommended level of care for five reasons; however, some reasons are unallowable when deviating between certain levels of care.³⁴

Table 4: Allowable Reasons for Adult Level of Care Deviations

Deviation Reason	Requirements
Clinical need	<ul style="list-style-type: none"> The individual has a clinical need for a more or less intensive level of care than the level of care recommended. The LMHA's justification for the deviation must be documented in the medical record.
Continuity of care	<ul style="list-style-type: none"> The LMHA identifies a need to authorize a level of care that is different from the level of care recommended in order to maintain continuity of care for the individual. The LMHA's justification for the deviation must be documented in the medical record.
Individual refused	<ul style="list-style-type: none"> The LMHA provides the individual with information necessary to make an informed decision and the individual refuses the recommended level of care. The information discussed with the individual, including information necessary to make an informed decision, must be documented in the medical record.
Resource limitations	<ul style="list-style-type: none"> An LMHA staff member determines there are not enough resources to offer services at the recommended level of care.
Other	<ul style="list-style-type: none"> None of the other allowable reasons accurately describe the reason for deviation. The LMHA's justification for the deviation must be documented in the medical record.

Source: OIG Audit, based on the Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services, § XI, Texas Health and Human Services Commission (Apr. 2017)

³² 26 Tex. Admin. Code § 301.305(b) (Mar. 15, 2020).

³³ Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services, "Introduction," Texas Health and Human Services Commission (Apr. 2017).

³⁴ Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services, § XI, Texas Health and Human Services Commission (Apr. 2017).

Table 5 details which of the deviation reasons from Table 4 are allowable for deviating from LOC-4 to LOC-1S.

Table 5: Allowable Deviation Reasons for Adult Levels of Care Relevant to Chapter 3

Level of Care	Deviation Reason(s)
LOC-4	<ul style="list-style-type: none">• May deviate into LOC-1S due to resource limitations, clinical need, or individual refused.

Source: OIG Audit, based on the Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services, § XI, Texas Health and Human Services Commission (Apr. 2017)

Chapter 3: Betty Hardwick Center Did Not Follow Some Level of Care Deviation Requirements

Betty Hardwick Center (a) authorized deviations in levels of care for 11 individuals recommended for LOC-4 and (b) cited individual refusal as the deviation reason for 4 of the 11 individuals.³⁵ For 2 of the 4 (50.0 percent) individuals, Betty Hardwick Center did not document the information it provided to each individual. When citing individual refusal as justification for reducing an individual's level of care, LMHAs must (a) provide the individual with information necessary to make an informed decision about mental health services and (b) document the information discussed in the individual's medical record.

If medical records do not include confirmation that each applicable individual received necessary information to make an informed decision, there is a risk these individuals are unaware of necessary mental health services in their recommended levels of care and potential outcomes associated with refusal of these recommended services. Betty Hardwick Center did not have an effective process in place to document the information it discussed with each individual in the individual's medical record.

Recommendation 3

Betty Hardwick Center should discuss necessary information for each individual to make an informed decision and document the discussion.

Management Response

Action Plan

Betty Hardwick Center acknowledges the review finding that some records did not clearly reflect that clients made an informed choice regarding their services. Betty Hardwick Center will provide training for all staff who complete Adult Needs and Strengths Assessments related to the Utilization Management

³⁵ For 6 of the 11 individual deviations tested, Betty Hardwick Center cited clinical need or resource limitation as the deviation reason. For one of the 11, Betty Hardwick Center cited individual refusal as the deviation reason, but due to extenuating circumstances, OIG Audit excluded this individual deviation from the testing.

Guidelines requirements to document conversation with clients regarding deviation decisions and informed choice.

For two clients who were deviated to lower levels of care, the progress notes reflected discussion of assessment and the client preferences about service providers and/or changes, but it did not clearly reflect the client was informed about the differences between levels of care.

Responsible Manager

Chief Clinical Officer

Target Implementation Date

September 30, 2024

The Inpatient Care Waitlist

The Inpatient Care Waitlist is a centralized electronic record of individuals waiting for inpatient mental health services in Texas.³⁶ HHSC uses this waitlist to add, update, and monitor the needs of individuals with non-forensic commitments³⁷ who require an inpatient level of care.

When an LMHA determines that an individual is experiencing an acute behavioral health crisis and requires inpatient mental health services, the LMHA must add that individual to this waitlist within one business day if there are no psychiatric beds available in a contracted local private psychiatric hospital or the LMHA's designated state hospital.³⁸

³⁶ Appendix E provides more information about HHSC's waitlists.

³⁷ Non-forensic commitments apply to individuals that do not meet the criteria for forensic commitments, which apply to individuals found incompetent to stand trial or acquitted not guilty by reason of insanity. HHSC maintains separate waitlists for individuals on forensic commitments waiting for inpatient services.

³⁸ HHSC Contract #HHS001022200001, Attachment A01, § I(A)(5)(m) (Sept. 1, 2021, as amended).

Chapter 4: Betty Hardwick Center Did Not Follow Some Inpatient Care Waitlist Requirements

Betty Hardwick Center did not document its waitlist determination dates for 2 of 18 (11.1 percent) individuals, who each required inpatient mental health services not available locally. Since Betty Hardwick Center did not document its determination dates for these two individuals, OIG Audit could not determine whether Betty Hardwick Center added the individuals to the Inpatient Care Waitlist within one business day, as required by the performance contract.

Additionally, Betty Hardwick Center did not add 2 of the remaining 16 (12.5 percent) individuals to the Inpatient Care Waitlist within one business day as required by the performance contract; instead, Betty Hardwick Center added these individuals within six and seven business days. When LMHAs do not add an individual to the Inpatient Care Waitlist within one business day, it may increase the individual's waiting time to receive necessary care in a setting that meets their needs.

During the audit scope, Betty Hardwick Center did not have an effective process for documenting its waitlist determinations and adding individuals to the Inpatient Care Waitlist within one business day.

Recommendation 4

Betty Hardwick Center should revise its processes to include documenting its waitlist determination dates and add individuals to the Inpatient Care Waitlist within one business day.

Management Response

Action Plan

Betty Hardwick Center acknowledges the review finding related to Inpatient Care Waitlist requirements and has provided training regarding the expectations to clearly document in our local electronic record (a) the decision date to place a client on the Inpatient Care Waitlist and (b) date of entry into the Clinical Management and Behavioral Health Services system (CMBHS) Inpatient Care Waitlist screens to all staff with responsibility for these activities.

Responsible Manager

Chief Clinical Officer

Target Implementation Date

June 13, 2024

As presented in Appendix G, Betty Hardwick Center provided additional commentary for recommendation 4.

Appendix A: Objective, Scope, and Criteria

Objective and Scope

The audit objective was to determine whether Betty Hardwick Center complied with selected state and contractual requirements.

The audit scope included mental health services at Betty Hardwick Center during the period from September 1, 2021, through August 31, 2022.

Criteria

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

- 25 Tex. Admin. Code § 412.106 (2005)
- 26 Tex. Admin. Code §§ 301.301, 301.303, 301.305, 301.327, 301.335, 301.353, and 301.361 (2020)
- HHSC Contract #HHS001022200001 (2021, as amended)
- Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services (2017)
- COVID-19 Behavioral Health Services Providers Frequently Asked Questions (2021, as amended)
- Betty Hardwick Center, Policies & Procedures, § 12.10 (2019, as amended)

Appendix B: Detailed Methodology

OIG Audit issued an engagement letter to Betty Hardwick Center on June 12, 2024, providing information about the upcoming audit, and conducted fieldwork from June 12, 2024, through July 18, 2024.

OIG Audit reviewed Betty Hardwick Center's system of internal controls, including components of internal control,³⁹ within the context of the audit objectives by:

- Interviewing Betty Hardwick Center personnel with oversight responsibilities.
- Reviewing relevant documentation, such as policies, procedures, and medical records.
- Examining relevant HHSC databases.
- Reviewing quality management and utilization management audits conducted by Betty Hardwick Center.
- Performing selected tests of the relevant documentation.
- Verifying application controls in the electronic health record system used by Betty Hardwick Center worked as intended.

Data Reliability

OIG Audit assessed the reliability of data provided by HHSC and Betty Hardwick Center by reviewing query language, tracing data to supporting documentation, and interviewing relevant HHSC and Betty Hardwick Center personnel knowledgeable about the systems and data. OIG Audit determined that the data was sufficiently reliable for the purpose of this audit.

³⁹ For more information on the components of internal control, see the United States Government Accountability Office's *Standards for Internal Control in the Federal Government*, (Sept. 2014), <https://www.gao.gov/assets/gao-14-704g.pdf> (accessed Apr. 16, 2021).

Testing and Sampling Methodology

OIG Audit collected information for this audit through interviews and electronic communications with Betty Hardwick Center management and staff. For this audit, OIG Audit tested one sample and three complete populations with service dates during the period from September 1, 2021, through August 31, 2022.

Sample

To assess components of Betty Hardwick Center's mental health assessments, including response requirements for associated screenings; financial assessments; recovery plans; and service notes, OIG statisticians and OIG Audit selected a risk-based sample of 60 mental health assessments for routine care services Betty Hardwick Center completed for individuals who were (a) adults at the time of assessment and (b) authorized in LOC-3 or LOC-4.^{40,41} OIG Audit selected this sample design based on analysis conducted during the audit. The sample items were not necessarily representative of the population; therefore, it would not be appropriate to project the test results to the population.

⁴⁰ OIG Audit excluded individuals (a) in correctional facilities based on the residence type listed in the mental health assessment and (b) receiving psychiatric services only from Betty Hardwick Center's private psychiatric clinic location.

⁴¹ Selected service notes reviewed were limited to the first core service received during the state fiscal year based on the interventions in the developed recovery plan.

Populations

OIG Audit did not use a sampling methodology and instead collected, reviewed, and analyzed the complete population of data and supporting documentation to perform selected tests and other procedures. Specifically, to assess Betty Hardwick Center's:

- Level of care deviations, OIG Audit reviewed the complete population of 11 mental health assessments for individuals who were (a) adults at the time of assessment and (b) recommended for LOC-3 or LOC-4 mental health services but authorized into LOC-1S or LOC-2 mental health services.^{42,43}
- Compliance with Inpatient Care Waitlist requirements, OIG Audit reviewed the complete population of 18 adults and children listed during the audit scope.
- Oversight of private psychiatric hospitalization reimbursement requirements, OIG Audit reviewed the complete population of 14 adults who were admitted to a private psychiatric hospital for 20 days or longer during the audit scope.

⁴² Individuals in LOC-3 and LOC-4 are considered higher risk and receive more intensive services. Specifically, LOC-3 and LOC-4 provide individuals with a full range of rehabilitation services while (a) LOC-1S limits core services to medication and routine case management and (b) LOC-2 limits core services to medication, routine case management, and cognitive behavioral therapy.

⁴³ All individuals in the population were deviated from LOC-4 to LOC-1S. During the audit scope, Betty Hardwick Center did not deviate any individuals from LOC-3 to LOC-1S; LOC-3 to LOC-2; or LOC-4 to LOC-2.

Appendix C: Betty Hardwick Center at a Glance

Services Provided

Betty Hardwick Center provides mental health and other services to adults and children through local, state, and federally funded programs. These services include but are not limited to:

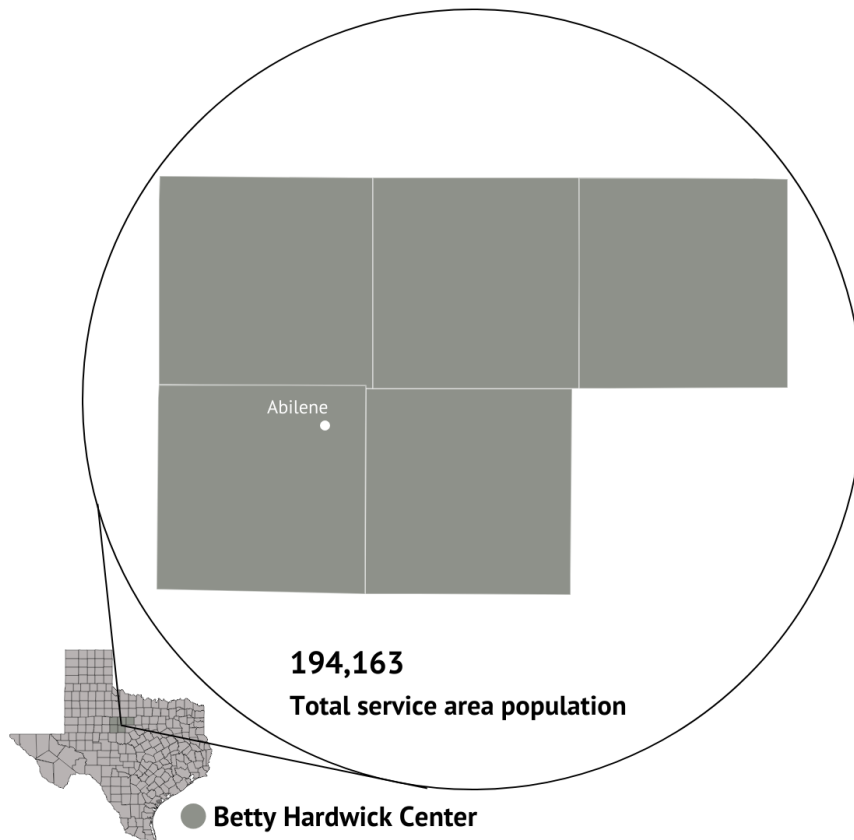
- Crisis services
- Early childhood intervention⁴⁴
- Intellectual and developmental disabilities services
- Justice-involved services⁴⁵
- Routine mental health services
- Substance use services
- Veteran services

⁴⁴ Early childhood intervention services are available to eligible children ages 0 to 3 with developmental delays, disabilities, or certain medical diagnoses that may impact development.

⁴⁵ Justice-involved services provide options for individuals who are both involved in the criminal justice system and have a mental health diagnosis. Betty Hardwick Center delivers these services through a jail transition program.

As of September 2023, Betty Hardwick Center provided LMHA services in five Texas counties: Callahan, Jones, Shackelford, Stephens, and Taylor. As of July 2023, these counties had an estimated combined population of 194,163 residents.⁴⁶ Figure C.1 illustrates the LMHA service area covered by Betty Hardwick Center.

Figure C.1: LMHA Service Area Covered by Betty Hardwick Center



Source: OIG Audit, compiled from information present on “Find Your Local Mental Health or Behavioral Health Authority,” HHS, <https://www.hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/find-your-local-mental-health-or-behavioral-health-authority> (accessed Apr. 29, 2024) and U.S. Census Bureau, “Annual Estimates of the Resident Population for Counties: April 1, 2020 to July 1, 2023 (CO-EST2023-POP)-Texas,” (Population estimate as of July 1, 2023), <https://www.census.gov/data/datasets/time-series/demo/popest/2020s-counties-total.html> (accessed Jun. 11, 2024)

⁴⁶ U.S. Census Bureau, “Annual Estimates of the Resident Population for Counties: April 1, 2020 to July 1, 2023 (CO-EST2023-POP)-Texas,” (Population estimate as of July 1, 2023), <https://www.census.gov/data/datasets/time-series/demo/popest/2020s-counties-total.html> (accessed Jun. 11, 2024).

Appendix D: Betty Hardwick Center Funding

Betty Hardwick Center received \$12,509,810 in state and federal funding for programs and services delivered during state fiscal year 2022, which covered the period from September 1, 2021, through August 31, 2022.⁴⁷ Of this amount, \$7,466,471 (59.7 percent) was related to mental health programs and services as detailed in Table D.1.

Table D.1: Betty Hardwick Center’s Mental Health Programs and Services Funding Details⁴⁸

Category	Funding		
	State	Federal	Total
Community mental health services for adults	\$2,797,043	\$ 529,814	\$3,326,857
Community mental health crisis services	1,556,744	131,805	1,688,549
Mental health community hospitals	1,107,150	—	1,107,150
Community mental health services for children	543,058	238,748	781,806
Community mental health grant programs	562,108	—	562,108
Mental health programs and services total	\$6,566,103	\$900,367	\$ 7,466,471

Source: OIG Audit

⁴⁷ The funds listed in Appendix D were received by Betty Hardwick Center for state fiscal year 2022 and include transactions through January 31, 2024, that were related to state fiscal year 2022.

⁴⁸ Discrepancy between the individual amounts and the total is due to rounding.

As shown in Table D.2, \$6,401,209 of the \$7,466,471 (85.7 percent) in mental health funding for the period from September 1, 2021, through August 31, 2022, was associated with the LMHA performance contract between HHSC and Betty Hardwick Center.

Table D.2: Betty Hardwick Center’s Performance Contract Funding Breakdown⁴⁹

Category	Funding		
	State	Federal	Total
Adult services	\$ 2,417,889	\$232,492	\$2,650,381
Crisis services	1,556,744	—	1,556,744
Private psychiatric beds	1,100,614	—	1,100,614
Children and youth services	387,358	201,536	588,894
Supportive Housing Rental Assistance Project	209,154	3,886	213,040
Mental Health Program for Veterans	170,000	—	170,000
Education service center-based non-physician mental health professional	115,000	—	115,000
Post-Discharge Medications for Civil Commitments Project	6,536	—	6,536
LMHA performance contract funding total	\$5,963,295	\$437,914	\$6,401,209

Source: OIG Audit

⁴⁹ Discrepancy between the individual amounts and the total is due to rounding.

Table D.3 details Betty Hardwick Center’s remaining \$5,043,339 of \$12,509,810 (40.3 percent) in funding for other, non-mental health programs and services for the period from September 1, 2021, through August 31, 2022.

Table D.3: Betty Hardwick Center’s Other Program and Services Funding Details⁵⁰

Category	Funding		
	State	Federal	Total
Delivery system reform incentive payments	\$ 577,033	\$ 1,171,552	\$ 1,748,585
Long-term care intake and access	722,203	704,291	1,426,494
Early childhood intervention services	286,600	518,383	804,983
Non-Medicaid intellectual and developmental disabilities community services	505,178	—	505,178
Medicaid contracts and administration	—	342,307	342,307
Substance use prevention, intervention, and treatment	27,325	182,328	209,654
Disability determination services	—	6,138	6,138
Total	\$2,118,339	\$2,925,000	\$5,043,339

Source: OIG Audit

⁵⁰ Discrepancy between the individual amounts and the total is due to rounding.

Appendix E: HHSC Waitlists

Table E.1 lists HHSC’s five waitlists, which are centralized electronic records of individuals waiting for psychiatric care in Texas.^{51,52}

Table E.1: HHSC Waitlists

Waitlist	Description
Inpatient Forensic: Maximum Security	HHSC manages this waitlist for individuals waiting for a bed within a maximum security unit at a Texas state hospital.
Inpatient Forensic: Non-Maximum Security	HHSC manages this waitlist for individuals waiting for a bed within a non-maximum security unit at a Texas state hospital.
Inpatient Care	HHSC and LMHAs manage this waitlist for individuals waiting for inpatient mental health care through a contracted private psychiatric bed or a Texas state hospital.
Outpatient	LMHAs manage this waitlist for individuals who are waiting for all authorized outpatient mental health services.
Outpatient Underserved	LMHAs manage this waitlist for underserved individuals who were deviated to a lower level of care than recommended due to resource limitations and are waiting for outpatient mental health services.

Source: OIG Audit, based on “Information Item F: ICW Helpful Information/FAQs,” Community Mental Health Contracts, Texas HHS, <https://www.hhs.texas.gov/providers/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts> (accessed April 1, 2024).

⁵¹ Individuals with pending criminal charges involving serious bodily injury cannot be civilly committed for inpatient or outpatient mental health services and, therefore, cannot be placed on a non-forensic waitlist.

⁵² During the audit scope, Betty Hardwick Center did not utilize the Outpatient Waitlist.

Appendix F: Summary of Recommendations

Table F.1: Summary of Recommendations to Betty Hardwick Center

No.	Recommendation
1	Betty Hardwick Center should strengthen its processes for conducting and updating financial assessments as required.
2	Betty Hardwick Center should: A. Develop recovery plans before providing routine care services. B. Obtain individual's signatures.
3	Betty Hardwick Center should discuss necessary information for each individual to make an informed decision and document the discussion.
4	Betty Hardwick Center should revise its processes to include documenting its waitlist determination dates and add individuals to the Inpatient Care Waitlist within one business day.

Source: OIG Audit

Appendix G: Betty Hardwick Center's Additional Management Responses

Betty Hardwick Center provided additional commentary with its management responses for recommendations 1 and 4.

Betty Hardwick Center's Additional Commentary for Recommendation 1

Financial assessments are one tool used to verify each client's ability to pay for services based upon the state's sliding fee scale and to collect insurance coverage. Betty Hardwick Center conducts additional steps to search insurance databases to verify Medicaid, Medicare, and Private Insurance coverage, a process that often happens outside of the financial assessment process because individuals are often unable to provide insurance cards or report information about their coverage. This verification step is critical and more dependable in capturing data necessary to bill other payors for services. Most clients without a financial assessment during the scope were Supplemental Security Insurance or Social Security Disability Insurance (SSI/SSDI) recipients with Medicaid/Medicare on file. Further, clients whose financial assessments were not updated timely or who had unsigned assessments often had multiple financial assessments in their individual records outside the audit period, due to their long-term client status. Most have never had a Monthly Ability to Pay (MAP), including during the audit period, and were SSI/SSDI recipients for whom insurance coverage information was verified.

Betty Hardwick Center's Additional Commentary for Recommendation 4

While some persons added to the Inpatient Care Waitlist are not admitted to other inpatient facilities, most persons are added to the list due to a clinical need for the higher level of care offered by a state psychiatric hospital, even while receiving care at a private inpatient hospital due to a lack of state hospital capacity. Of the 18 persons on the waiting list in fiscal year 2022, fewer than 5 were admitted to a state mental health facility. The two individuals cited for

having unclear decision dates waited 77 and 69 days respectively before being removed from the list, neither ever went to a state mental health facility. The two individuals not added within one business day were receiving care at a private hospital when they were added. One was admitted to a state mental health facility after 136 days of waiting and the other was removed after 49 days.

Appendix H: Related Reports

- My Health My Resources Concho Valley: A Local Mental Health Authority Contracted with the Texas Health and Human Services Commission, AUD-24-028, August 27, 2024
- Mental Health Targeted Case Management and Mental Health Rehabilitative Services in Managed Care: Local Mental Health Authorities and Local Behavioral Health Authorities in Texas Medicaid, [INS-21-008](#), August 30, 2021
- Documentation of Reductions to Authorized Levels of Care: Local Mental Health Authorities in Texas, [INS-21-005](#), July 28, 2021

Appendix I: Resources for Additional Information

The following resources provide additional information about the topics covered in this report.

For more information on LMHAs in Texas:

"Local Mental Health Authorities," HHSC,
<https://www.hhs.texas.gov/providers/behavioral-health-services-providers/local-mental-health-authorities> (accessed June 10, 2023)

For more information on Betty Hardwick Center:

Homepage, Betty Hardwick Center, <https://bettyhardwick.org/>
(accessed June 10, 2024)

For more information on rural mental health care in Texas through LMHAs and LBHAs:

All Texas Access Report, HHS (Dec. 2023),
<https://www.hhs.texas.gov/sites/default/files/documents/all-texas-access-report-dec-2023.pdf> (accessed June 24, 2024)

For more information on LMHA and LBHA performance and outcome measures:

Mental Health and Substance Abuse Public Reporting System, HHS,
<https://www.hhs.texas.gov/providers/behavioral-health-services-providers/behavioral-health-provider-resources/mental-health-substance-abuse-public-reporting-system> (accessed June 18, 2024)

For more information on HHSC waitlists for mental health services:

Reporting of Waiting Lists for Mental Health Services, HHS (May 2024),
<https://www.hhs.texas.gov/sites/default/files/documents/mhs-waiting-lists-may-2024.pdf> (accessed June 24, 2024)

For more information on non-OIG audit findings for LMHAs and LBHAs in state fiscal year 2022:

Summary of Significant Audit Findings for Local Mental Health Authorities for Fiscal Year 2022, HHS (Dec. 2023),
<https://www.hhs.texas.gov/sites/default/files/documents/summary-of-significant-audit-findings-2022.pdf> (accessed June 10, 2024)

Appendix J: Report Team and Distribution

Report Team

OIG staff members who contributed to this audit report include:

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- Steven Arnold, CFE, Project Manager
- Kay Allred, Senior Auditor
- Christine Alexander, Staff Auditor
- Courtlin Burke, Staff Auditor
- Danita Villarreal, Staff Auditor
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Report Distribution

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- Chris Mabry, Chief Financial Officer
- Jennifer Farrar, Chief Operating Officer
- Michael Jones, Human Resources Director
- Betty Hardwick Center Board of Trustees

Appendix K: OIG Mission, Leadership, and Contact Information

The mission of OIG is to prevent, detect, and deter fraud, waste, and abuse through the audit, investigation, and inspection of federal and state taxpayer dollars used in the provision and delivery of health and human services in Texas. The senior leadership guiding the fulfillment of OIG's mission and statutory responsibility includes:

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- Susan Biles, Principal Deputy Inspector General
- Kacy J. VerColen, Chief of Audit and Inspections
- Eugenia Krieg, Chief of Staff, Chief of Policy and Performance
- Erik Cary, Chief Counsel
- Diane Salisbury, Chief of Data Reviews
- Matt Chaplin, Chief of Operations
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