

Audit Report

Home and Community Support Services Agencies Oversight of Attendants

Elara Caring



**Inspector
General**

Texas Health
and Human Services

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OIG Report No. AUD-22-019



Home and Community Support Services Agencies Oversight of Attendants

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Results in Brief

Why OIG Conducted This Audit

The Texas Health and Human Services (HHS) Office of Inspector General Audit and Inspections Division (OIG Audit) evaluated the Pasadena, Texas, location of Elara Caring, a Home and Community Support Services Agency (HCSSA). OIG Audit's annual risk assessment included risks regarding HCSSAs' oversight of attendants providing personal care services, which is a benefit under several Medicaid programs that assists clients with everyday tasks to help them stay in their own homes and communities.

Summary of Review

The audit objective was to evaluate whether Elara Caring (a) developed and performed individualized service plans, (b) performed visit maintenance for selected electronic visit verification (EVV) transactions in accordance with selected regulations, and (c) performed selected oversight activities.

The audit scope included personal care EVV transactions for the period from September 1, 2019, through February 28, 2021, for personal care paid by Amerigroup and UnitedHealthcare, as well as a review of HCSSA oversight activities related to personal attendants.

Conclusion

Chartwell Community Services, Inc., doing business as Elara Caring, complied with most Home and Community Support Services Agency (HCSSA) requirements; however, it did not comply with certain electronic visit verification (EVV) visit maintenance requirements or perform all required attendant background checks timely.

Key Results

During the audit scope, Elara Caring developed individual service plans (ISPs), performed attendant orientations, conducted attendant supervisory visits for the clients, and ensured supervisors had the required qualifications to oversee attendants' performance. Elara Caring:

- Prepared ISPs that included the types of services, frequency and duration of services, plan date of service initiation, and plan of supervision for all 45 sampled clients and ensured the clients agreed on the services and signed the ISPs. The services indicated in the ISPs matched the frequency and duration of services documented in the EVV system and in the managed care organizations' authorization for services.
- Performed new-client orientations for all 30 attendants reviewed. These orientations serve as initial face-to-face contact with the client and as demonstration of competence that the attendant can perform the authorized tasks for the client, as required. In addition, Elara Caring conducted annual evaluations of attendants who were employed for at least a year.
- Had a plan of supervision, as required. For the 45 clients reviewed, Elara Caring performed supervisory visits more frequently than Elara's policy. All supervisors hired during the audit scope period met qualification requirements.

Background

Personal care is a benefit under several Medicaid programs that helps clients with everyday tasks to help them stay in their own homes and communities. Services may include:

- Bathing
- Dressing
- Grooming
- Feeding
- Exercising
- Toileting
- Positioning
- Assisting with self-administered medications
- Routine hair and skin care
- Transfer or ambulation

Elara Caring provides behavioral home health, hospice care, personal assistance services, and skilled home health in 15 states from Texas to Maine. There are 34 offices in Texas, ten of which provide personal care services. During the audit scope, Elara Caring provided in-home assistance to approximately 12,711 qualified individuals throughout Texas. OIG Audit estimated that, for personal care paid by Amerigroup and UnitedHealthcare, Elara Caring employed 719 attendants serving 541 clients in the Pasadena area during the audit scope.

Management Response

OIG Audit presented preliminary audit results, issues, and recommendations to Elara Caring in a draft report dated June 28, 2022. Elara Caring agreed with the audit recommendations and asserted corrective actions had already been implemented or were underway. Elara Caring's management responses are included in the report following each recommendation.

For more information, contact:
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However, Elara Caring has opportunities to improve its processes for visit verification and staff vetting. Specifically:

- There were 12,482 transactions that required visit maintenance because they were missing services delivery times for personal care.

EVV visit maintenance allows designated staff of a provider to edit one or more data elements of an EVV visit. When the EVV system does not automatically verify an EVV visit, an exception is generated for each part of the visit that could not be auto-verified. Certain EVV visit data must be corrected to accurately reflect the delivery of service. This process is referred to as "completing visit maintenance."

Of those that required visit maintenance, 105 (0.84 percent) did not include all the required data elements, and therefore, were not adequately supported. Not complying with visit maintenance requirements can prevent Elara Caring from ensuring attendant services were provided to clients and can result in payment for services not provided. OIG Audit accepted the clock-in and the clock-out times as evidence that a visit occurred for 11 out of 105 transactions. For the remaining 94 transactions, Elara Caring was paid \$5,121.82 for personal care services for which it did not provide required visit maintenance information or support for the clock-in and clock-out times for the visit.

- Elara Caring performed background searches for all 30 attendants reviewed. However, one attendant's background checks were not performed timely because the criminal history check was conducted one day after the attendant's first face-to-face contact with the client. Furthermore, the Employee Misconduct Registry and Nurse Aide Registry searches were conducted one day after the attendant's date of hire and one day after the first face-to-face contact with the client. Conducting the required background checks timely, as required, ensures that employees meet background check requirements to serve as an attendant and lessens the risk of hiring attendants that may pose a threat to clients.

Recommendations

OIG Audit offered recommendations to Elara Caring, which, if implemented, will help ensure compliance with EVV and background check requirements. Elara Caring should:

- Strengthen controls over the visit maintenance process to ensure transactions missing service delivery times include the required data elements in the free text field.
- Repay the state of Texas a total of \$5,121.82 for EVV transactions that did not contain required information to support the delivery of personal care services.
- Ensure all required background checks are conducted timely, as required.

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Audit Overview

Overall Conclusion

Chartwell Community Services, Inc., doing business as Elara Caring, complied with most Home and Community Support Services Agency (HCSSA) requirements; however, it did not comply with certain electronic visit verification (EVV) visit maintenance requirements or perform all required attendant background checks timely.

Key Audit Results

The Texas Health and Human Services (HHS) Office of Inspector General Audit and Inspections Division (OIG Audit) evaluated the Pasadena, Texas, location of Elara Caring, an HCSSA. During the audit scope, Elara Caring developed individualized service plans (ISPs) that matched the frequency, duration, and number of approved units from the MCOs' prior authorizations; performed attendant orientations; and conducted attendant supervisory visits for all the clients in the audit sample. Elara Caring supervisors had the required qualifications to oversee attendants' performance.

Objective

The audit objective was to evaluate whether Elara Caring (a) developed and performed individualized service plans, (b) performed visit maintenance for selected EVV transactions in accordance with selected regulations, and (c) performed selected oversight activities.

Scope

The audit scope included EVV transactions for the period from September 1, 2019, through February 28, 2021, for personal care paid by Amerigroup¹ and UnitedHealthcare,² as well as a review of HCSSA oversight activities related to personal attendants.

¹ Amerigroup Texas, Inc. doing business as Amerigroup Community Care.

² UnitedHealthcare Community Plan of Texas, L.L.C.

However, Elara Caring has opportunities to improve its processes for visit verification and staff vetting. Specifically:

- 105 out of 12,482 transactions that were missing one or more required EVV elements (0.84 percent) did not comply with visit maintenance requirements.
- One out of 30 attendant background checks (3.3 percent) were not conducted timely.

Key Program Data

Personal care is a Medicaid benefit that assists eligible clients with everyday tasks to help them stay in their own homes and communities.

Elara Caring provides behavioral home health, hospice care, personal care, and skilled home health in Texas. OIG Audit estimated that, for personal care paid by Amerigroup and UnitedHealthcare, Elara Caring employed 719 attendants serving 541 clients in the Pasadena area during the audit scope. See Appendix B for details about Elara Caring.

OIG Audit offered recommendations to Elara Caring, which, if implemented, will help ensure compliance with EVV and background check requirements.

The “Detailed Audit Results” section of this report presents additional information about the audit results. OIG Audit presented preliminary audit results, issues, and recommendations to Elara Caring in a draft report dated June 28, 2022. Elara Caring agreed with the audit recommendations and asserted corrective actions had already been implemented or were underway. Elara Caring’s management responses are included in the report following each recommendation.

What Prompted This Audit

OIG Audit’s annual risk assessment included risks identified by a federal OIG report indicating, in general, personal care services provided do not always comply with state requirements. OIG Audit reviewed HCSSAs’ oversight of attendants to gain insight into Texas’ performance, which is important to ensure the delivery and quality of personal care services to members.

Personal Care

Personal care is the provision of one or more of the following services required by an individual in a residence or independent living environment:

- Bathing
- Dressing
- Grooming
- Feeding
- Exercising
- Toileting
- Positioning
- Assisting with self-administered medications
- Routine hair and skin care
- Transfer or ambulation

OIG Audit thanks management and staff at Elara Caring for their cooperation and assistance during this audit.

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

The following sections of this report provide additional detail about the instances of compliance and noncompliance identified by OIG Audit. OIG Audit also communicated other, less significant findings to Elara Caring separately.

Chapter 1: Elara Caring Consistently Developed and Performed Individual Service Plans

Elara Caring prepared ISPs for all 45 sampled clients and ensured the clients agreed on the services and signed the ISPs. Additionally, ISPs included the types of services, frequency and duration of services, planned date of service initiation, and plan of supervision.

In addition, all the services indicated in the ISPs for the clients tested matched the frequency and duration of services documented in the EVV system and in the managed care authorization for services.

ISPs are important to ensure clients and providers are aware of services needed, as authorized by the managed care organization. Attendants use an EVV system to document what type of service they provided and when they provided the services.

Individual Service Plans

An ISP is a written plan prepared by the appropriate health care personnel for a client of an HCSSA licensed to provide personal care.

It lists the tasks to be performed by the attendant and includes the client's signature indicating agreement with assistance needed, tasks to be performed by attendant, and frequency of supervisory visits.

Chapter 2: Elara Caring Did Not Consistently Perform Required Visit Maintenance

There were 12,482 transactions that required EVV visit maintenance because they were missing services delivery times for personal care. Of those that required visit maintenance, 105 (0.84 percent) did not include all the required data elements, and therefore, were not adequately supported.

EVV visit maintenance allows designated staff of a provider to edit one or more data elements of an EVV visit. The EVV system does not automatically verify a visit when there is a difference between the planned schedule of services and what actually occurred. As a result, an exception is generated for each part of the visit that could not be auto-verified. Some of the reasons why a visit may not be auto-verified include the attendant failing to clock in or clock out or working more or fewer hours than scheduled. Certain EVV visit data must be corrected to accurately reflect the delivery of service. This process is referred to as “completing visit maintenance.”³ Providers must ensure all required data elements in the EVV system are correct and any necessary visit maintenance is completed prior to submitting a claim for payment. When completing visit maintenance, staff must select the most appropriate EVV reason code and enter any required free text.⁴ One of the required data elements is the time the provider began and ended the service delivery visit.⁵

Electronic Visit Verification

EVV is a computer-based system that electronically documents and verifies service delivery information, such as date, time, service type, and location, for certain Medicaid service visits. Visit maintenance is the process used by the program provider to correct the identification and visit data in the EVV system to accurately reflect the delivery of service.

Of the 18,898 transactions for the 45 members in the audit sample, 15,569 (82.4 percent) were not auto-verified because required information was missing

³ “HHSC Electronic Visit Verification: Module 5 EVV Visit Maintenance (Mar. 15, 2019)”

<https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/evv/evv-module-5-visit-maintenance.pdf> (accessed Mar. 31, 2022).

⁴ HHSC Electronic Visit Verification Policy Handbook § 4200 Visit Maintenance, revision 18-0 (Nov. 1, 2018).

⁵ HHSC Electronic Visit Verification Policy Handbook § 2500 Data Elements, revision 18-0 (Nov. 1, 2018).

from the visit transaction record. OIG Audit tested transactions missing service delivery time to focus on those that would require entering free text for visit maintenance. Of the 15,569 transactions not auto-verified, 12,482 transactions (80.2 percent) did not contain the service delivery time. Of the transactions missing the service delivery time, 105 transactions (0.84 percent) did not meet visit maintenance requirements because the free text fields did not include the required data elements, as shown in Table 1.

Error	Number of Transactions	Encounter Amounts
Missing only clock in	5	\$ 395.67
Missing only clock out	6	459.86
Missing both	94	5,121.82
Total transactions missing required data elements	105	\$5,977.35

Source: OIG Audit

Elara Caring did not have sufficient oversight of the visit maintenance process to ensure that transactions missing service delivery time had the missing time recorded in the free text field, as the EVV Handbook requires.⁶ For 11 transactions that totaled \$855.53, Elara had some support for the visit because the system recorded a call-in or a call-out time. However, because Elara did not include all service times in the free text field, OIG Audit could not determine whether the specific length of time billed for those visits was correct. For those 11 transactions, OIG Audit accepted the clock-in time and the clock-out times as evidence that a visit occurred and did not identify a recovery amount. Elara was paid \$5,121.82⁷ for the remaining 94 transactions for which it did not provide required visit maintenance information or support for the clock-in and clock-out times for the visit.

⁶ HHSC Electronic Visit Verification Policy Handbook § 4200 Visit Maintenance, revision 18-0 (Nov. 1, 2018).

⁷ The \$5,121.82 represents encounter amounts paid for 24 clients who had non-compliant transactions for missing required information, clock-in and clock-out times. An encounter is a record of paid claims by a managed care organization for services provided to Medicaid clients. See Appendix E for details on the number of non-compliant transactions and associated encounter amounts for each of the 24 clients.

Not complying with visit maintenance requirements can prevent Elara Caring from ensuring attendant services were provided to clients and can result in payment for services not provided. In addition, failure to comply with claim submission requirements may result in a claim denial or recoupment.⁸

Recommendation 1

Elara Caring should:

- Strengthen controls over the visit maintenance process to ensure transactions missing service delivery times include the required data elements in the free text field.
- Repay the state of Texas a total of \$5,121.82 for EVV transactions that did not contain required information to support the delivery of personal care services.

Management Response

Action Plan

Elara Caring has:

- Developed quality assurance report process; report runs weekly to identify any EVV visit that received visit maintenance but does not have all required components.
- Developed and implemented retraining for time and attendance staff that have errors with visit maintenance.
- Strengthened oversight by adding an additional time and attendance manager.

Elara Caring will:

- Develop time and attendance training curriculum and retrain all time and attendance staff; use this tool for onboarding new time and attendance staff and annually.

⁸ 1 Tex. Admin. Code §371.1653 and §371.1667 (May 1, 2016).

- Require mandatory HHS EVV training for all time and attendance staff.
- Coordinate with billing/legal team to construct the self disclosure and overpayment check.

Responsible Managers

- Director of Business Operations
- Director PCS Billing/Collections

Target Implementation Date

July 31, 2022

Chapter 3: Elara Caring Provided Adequate Oversight of Sampled Attendants but Did Not Consistently Perform Background Checks Timely

To evaluate whether Elara Caring provided adequate oversight, OIG Audit reviewed documentation on a sample of 30 attendants and their nine supervisors.

Attendant Oversight

Elara Caring performed new-client orientations for all 30 attendants reviewed. These orientations serve as initial face-to-face contact with the client and as demonstration of competence that the attendant can perform the authorized tasks for the client. In addition, Elara Caring conducted annual evaluations of attendants who were employed for at least a year. Annual evaluations serve as an additional check to assess whether the attendant is performing services satisfactorily.

HCSSAs must perform background checks on potential attendants to determine whether the individual is employable and to protect the health and safety of the clients.⁹ These background checks include performing a criminal history check and confirming the potential employee is not included on the Employee Misconduct Registry or the Nurse Aide Registry.

Criminal history checks determine whether an individual has a conviction that bars the individual from employment.¹⁰ Entities search the Employee Misconduct Registry and Nurse Aide Registry to ensure an individual is not listed on either registry as unemployable.

⁹ 26 Tex. Admin. Code § 558.247(a)(1) and (a)(3) (May 1, 2019).

¹⁰ Tex. Health & Safety Code § 250.006 (Sept. 1, 2019).

Table 2 details the required timing of these checks.

Table 2: HCSSA Required Background Check Timeframes

Background Checks	Required Timing ¹¹
Criminal History	Before first face-to-face contact with a client
Employee Misconduct Registry	Before hire or before first face-to-face contact with a client, and annually thereafter
Nurse Aide Registry	Before hire or before first face-to-face contact with a client, and annually thereafter

Source: OIG Audit

Elara Caring performed background searches for all 30 attendants reviewed. However, one attendant’s background checks were not performed timely because the criminal history check was conducted one day after the attendant’s first face-to-face contact with the client. Furthermore, the Employee Misconduct Registry and Nurse Aide Registry searches were conducted one day after the attendant’s date of hire and one day after the first face-to-face contact with the client.

Conducting the required background checks timely, as required, ensures that employees meet background check requirements to serve as an attendant and lessens the risk of hiring attendants that may pose a threat to clients.

Supervisor Oversight

Elara Caring had a plan of supervision to obtain client feedback on attendants’ performance. For the 45 clients reviewed, Elara Caring performed supervisory visits more frequently than Elara Caring’s policy of once every six months, as they were conducted in conjunction with new attendants’ orientations. Supervisory visits serve as an opportunity to provide oversight of the attendant in the client’s home. The visits also give clients a chance to provide feedback on the attendant’s performance.

¹¹ Tex. Health & Safety Code § 250.003(a-2) (Jan. 1, 2014) and 26 Tex. Admin. Code §§ 558.247(a)(1), (a)(3), and (a)(5) (May 1, 2019).

All field supervisors who provided attendant supervision during the audit scope period met qualification requirements. According to Elara Caring's job description, supervisors are responsible for:

- Visiting the clients in the clients' homes and monitoring their status.
- Coordinating client care.
- Hiring, training, supervising, and evaluating attendants.
- Reporting and maintaining records.
- Being in constant communication with branch staff, physicians, case workers, clients' family members, and other contract or program representatives.

Recommendation 2

Elara Caring should conduct all required background checks timely, as required.

Management Response

Action Plan

Elara Caring will require mandatory retraining of attendant coordinators and field supervisors to ensure the background compliance item has been completed before client contact.

Responsible Manager

Area Vice President | Pasadena location

Target Implementation Date

July 31, 2022

Appendix A: Objective, Scope, and Criteria

Objective and Scope

The audit objective was to evaluate whether Elara Caring:

- Developed and performed ISPs.
- Performed visit maintenance for selected EVV transactions in accordance with selected regulations.
- Performed selected oversight activities.

The audit scope covered the period from September 1, 2019, through February 28, 2021, for personal attendant services paid by Amerigroup and UnitedHealthcare. The audit included a review of Elara Caring's internal controls as well as testing of controls that were significant within the context of the audit objectives.

Criteria

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

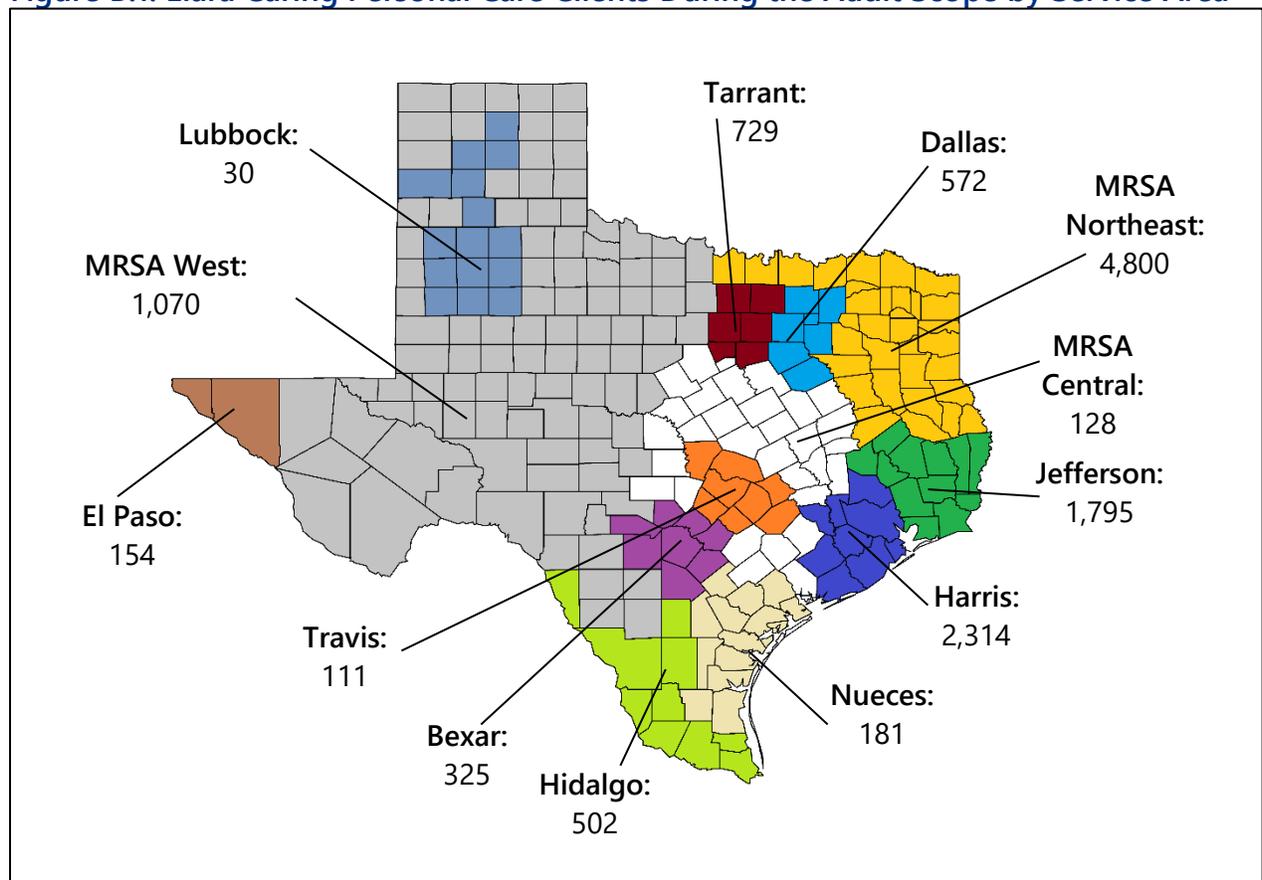
- 1 Tex. Admin. Code § 354.4007 (2020)
- 1 Tex. Admin. Code §371.1653 and §371.1667 (2016)
- 26 Tex. Admin. Code §§ 558.245, 558.246, 558.247, and 558.404 (2019)
- Tex. Health & Safety Code § 250.003 (2014)
- HHSC Electronic Visit Verification Policy Handbook (2018 through 2020)
- HHSC Electronic Visit Verification Reason Codes (2019 through 2021)

Appendix B: Entity at a Glance

Elara Caring provides behavioral health services, hospice care, personal assistance services, skilled home health services, and palliative care, in 15 states from Texas to Maine. There are 34 offices in Texas, ten of which provide personal care.

During the audit scope, Elara Caring provided in-home assistance to approximately 12,711 qualified individuals throughout Texas, with a focus on helping with activities of daily living, home safety and personal care. Figure B.1 shows the service delivery area of those personal care clients.

Figure B.1: Elara Caring Personal Care Clients During the Audit Scope by Service Area



Source: OIG Audit

Appendix C: Background

HCSSAs serve individuals in a residence or independent living environment by providing services such as:

- Nursing
- Physical, occupational, speech, respiratory, or intravenous therapy
- Social services
- Dialysis
- Personal assistance services
- Nutritional counseling
- Terminal and palliative care (through hospice agencies)

Personal assistance services can be delivered through two options:

- The consumer directed services option which gives the individual more control over his or her personal attendant services by making him or her the attendant's employer.
- The agency option, in which the HCSSA is responsible for managing the day-to-day activities of the attendant and all business details.

Personal assistance services are routine ongoing care or services required by an individual in a residence or independent living environment that enable the individual to engage in the activities of daily living or to perform the physical functions required for independent living, including respite services. The term includes personal care.

HHSC requires a health care provider that provides personal care to use an EVV system to document the provision of those services. The EVV is a computer-based system that electronically documents and verifies service delivery information, such as date, time, service type and location, for certain Medicaid service visits.

Appendix D: Detailed Methodology

OIG Audit issued an engagement letter to Elara Caring on January 6, 2022, providing information about the audit, and conducted fieldwork from January 10, 2022, through March 28, 2022.

OIG Audit also reviewed Elara Caring's system of internal controls, including components of internal control,¹² within the context of the audit objectives by:

- Interviewing Elara Caring's staff with oversight responsibilities of supervisors and attendants, as well as staff with oversight of EVV systems.
- Reviewing relevant documentation, such as policies, procedures, and supervisor and attendant records.
- Performing selected tests of the relevant documentation.

Data Reliability

OIG Audit assessed the reliability of data provided by Elara Caring by comparing attendant and client lists provided by both HHS EVV Contract Oversight Division and Elara Caring and interviewing relevant Elara Caring staff knowledgeable about the systems and data. Auditors determined the data used was reliable within the context of the audit objective and for the purpose of selecting a sample for testing.

¹² 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 Methodology

OIG Audit collected information for this audit through discussions, interviews, and electronic communications with Elara Caring management and staff. OIG Audit reviewed:

- Supporting documentation for ISPs, supervisor qualifications, and attendant oversight during the audit period.
- Supporting documentation for selected EVV transactions.
- Elara Caring policies and procedures.

For this audit, OIG Audit used the population of attendants who provided services to clients from September 1, 2019, through February 28, 2021.

Sampling Methodology

Auditors selected a nonstatistical, risk-based sample of attendants hired during the audit scope and the clients who received services from those attendants. The samples were based on the number of clients served by each attendant.

Attendants in the population served between one and ten clients each. Table C.1 shows the distribution of attendants and their clients in the samples.

Table D.1: Attendant and Client Sampling Breakdown

Number of Clients in Stratum	Attendant Population	Attendant Sample	Clients Selected per Attendant	Total Client Sample
10	2	2	3	6
7	1	1	2	2
6	3	3	2	6
5	3	3	2	6
4	12	3	2	6
3	21	2	2	4
2	69	4	2	8
1	608	12	1	12
Totals		30		50

Source: OIG Audit

After removing duplicates, 45 clients were served by 30 attendants included in the sample.¹³ The sample items were generally not representative of the populations for the entities; therefore, it would not be appropriate to project the test results to those populations.

In addition, auditors tested the population of all nine supervisors who provided attendant supervision during the audit scope.

¹³ Out of the initial sample of 50, three clients received services from two different attendants, one client received services from three different attendants, and one client had two different last names.

Appendix E: Recovery

Encounter amounts were identified by reconciling EVV transactions missing required data elements to encounter data by matching the following attributes: client's Medicaid number, date of service, service code and modifier. Table E.1 details the number of visits that were missing both the clock-in and clock-out times, and the associated encounter amount per each client.

Table E.1: EVV Transactions Missing Required Data Elements

Client	Number of Visits Missing Clock-In and Clock-Out Time	Encounter Amount
1	3	\$ 174.37
2	3	261.36
3	7	569.91
4	8	838.44
5	4	203.98
6	1	52.64
7	3	160.35
8	3	157.92
9	3	98.01
10	3	190.82
11	5	273.07
12	2	95.41
13	6	273.07
14	3	199.80
15	3	197.56
16	8	217.14
17	2	119.88
18	1	72.60
19	7	279.65
20	10	188.80
21	1	50.82
22	2	106.56
23	3	159.84
24	3	179.82
Total	94	\$ 5,121.82

Source: OIG Audit

Appendix F: Related Reports

- Personal Care Services: Inspection of Attendant Background Checks, [INS-18-011](#), January 16, 2019
- Long Term Services and Supports: Community Attendants Services, [INS-16-005](#), August 7, 2018
- Electronic Visit Verification System, [INS-17-003](#), May 29, 2018
- Issue Brief: Attendant Care Services, [ACS-V2-May-2018](#), April 2018

Appendix G: Resources for Additional Information

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

For more information on Home and Community Support Agencies:

“Home & Community Support Agencies (HCSSAs),” HHSC,
<https://www.hhs.texas.gov/providers/long-term-care-providers/home-community-support-services-agencies-hcssa> (accessed March, 2022)

For more information on Electronic Visit Verification:

“Electronic Visit Verification,” Texas Health and Human Services,
<https://www.hhs.texas.gov/providers/long-term-care-providers/long-term-care-provider-resources/electronic-visit-verification> (accessed March 31, 2022)

For more information on Elara Caring:

Homepage, Elara Caring, <https://elara.com/> (accessed March 29, 2022)

Appendix H: Report Team and Distribution

Report Team

OIG staff members who contributed to this audit report include:

- Kacy J. VerColen, CPA, Deputy Inspector General of Audit and Inspections
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- Saul Guerrero, CFE, Senior Auditor
- Sonja Murillo, Staff Auditor
- John Poynor, Associate Auditor
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- Michelle Alletto, Chief Program and Services Officer
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- Stephanie Allred, Director, Long Term Care Regulatory Services Division
- Dana Collins, Deputy Executive Commissioner, Operations - Medicaid and CHIP Services
- Katherine Scheib, Deputy Associate Commissioner-Operations - Medicaid and CHIP Services
- Jordan Nichols, Director, Electronic Visit Verification

Elara Caring

- Scott Powers, Chief Executive Officer
- Ananth Mohan, Chief Operating Officer
- Betta Swanson, Chief Compliance Officer
- Thomas Firmani, President of Personal Care Services
- Jamie Wright, Regional Vice President of Personal Care Services
- Lachmi Prasad, Director of Business Operations
- Lindsey Ross, Director Personal Care Services Billing/Collections
- Rebecca Thomas, Area Vice President | Pasadena location

Appendix I: 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:

- Sylvia Hernandez Kauffman, Inspector General
- Audrey O'Neill, Principal Deputy Inspector General, Chief of Audit and Inspections
- Susan Biles, Chief of Staff, Chief of Policy and Performance
- Erik Cary, Chief Counsel
- Christine Maldonado, Chief of Operations and Workforce Leadership
- Steve Johnson, Chief of Investigations and Reviews

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- OIG website: <https://oig.hhs.texas.gov/>

To Report Fraud, Waste, and Abuse in Texas HHS Programs

- Online: <https://oig.hhs.texas.gov/report-fraud-waste-or-abuse>
- Phone: 1-800-436-6184

To Contact OIG

- Email: OIGCommunications@hhs.texas.gov
- Mail: Texas Health and Human Services
Office of Inspector General
P.O. Box 85200
Austin, Texas 78708-5200
- Phone: 512-491-2000