

Audit Report

# Home and Community Support Services Agencies Oversight of Attendants

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Girling Community Care



**Inspector  
General**

Texas Health  
and Human Services

August 12, 2022

OIG Report No. AUD-22-020



# Home and Community Support Services Agencies Oversight of Attendants

## Girling Community Care

## 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 Bellaire, Texas, location of Girling Community Care (Girling), 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 Girling (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

Girling Community Care (Girling) complied with most Home and Community Support Services Agency (HCSSA) requirements; however, it did not (a) comply with certain electronic visit verification (EVV) visit maintenance requirements, (b) always perform timely attendant background checks, and (c) always retain support to demonstrate field supervisors met qualification requirements.

### Key Results

During the audit scope, Girling developed individual service plans (ISPs), performed attendant orientations, and conducted attendant supervisory visits for the clients in the audit sample who received services from the same attendant for at least a year. Girling:

- Prepared individual service plans (ISPs) that included the types of services, frequency and duration of services, plan date of service initiation, and plan of supervision for all 48 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 40 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, Girling conducted annual evaluations of attendants who were employed for at least a year.
- Had a plan of supervision to obtain client feedback on attendants' performance. Girling conducted attendant supervisory visits annually for those attendants who provided services to the same client for at least a year. Supervisory visits serve as an opportunity to provide oversight of the attendant in the client's home and also give clients a chance to provide feedback on the attendant's performance.

## 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

Girling provides home health care services with 16 locations across Texas. During the audit scope, Girling provided in-home assistance to approximately 19,410 qualified individuals throughout Texas. OIG Audit estimated that, for personal care paid by Amerigroup and UnitedHealthcare, Girling employed 1,236 attendants serving 883 clients in the Bellaire area during the audit scope.

## Management Response

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

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However, Girling has opportunities to improve its processes for visit verification, staff vetting, and ensuring supervisors meet qualification requirements. Specifically:

- There were 5,071 transactions that required EVV visit maintenance because they were missing service 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, 307 (6.1 percent) did not include all the required data elements, and therefore, were not adequately supported. Not complying with visit maintenance requirements can prevent Girling from ensuring attendant services were provided to clients and can result in payment for services not provided. OIG Audit accepted the clock-in time as evidence that a visit occurred for 44 out of 307 transactions. For the remaining 263 transactions, Girling was paid \$15,353.08 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.

- Girling performed background searches for all 40 attendants reviewed. However, three attendants' background checks were not performed timely because criminal history checks were conducted after the attendant's first face-to-face contact with the client. Conducting the required background checks timely as required provides additional assurance that attendants are employable and lessens the risk of hiring attendants that may pose a threat to clients.
- Girling was unable to provide support that one of eight supervisors tested met qualification requirements because its personnel record did not contain sufficient evidence to show that the supervisor's education was verified.

## Recommendations

OIG Audit offered recommendations to Girling, which, if implemented, will help ensure compliance with EVV, background check, and supervisor qualification requirements. Girling 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 \$15,353.08 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, and maintain documentation to demonstrate that field supervisors meet qualification requirements.

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# Audit Overview

## Overall Conclusion

Girling Community Care (Girling) complied with most Home and Community Support Services Agency (HCSSA) requirements; however, it did not (a) comply with certain electronic visit verification (EVV) visit maintenance requirements, (b) always perform timely attendant background checks, and (c) always retain support to demonstrate supervisors met qualification requirements.

## Key Audit Results

The Texas Health and Human Services (HHS) Office of Inspector General Audit and Inspections Division (OIG Audit) evaluated the Bellaire, Texas, location of Girling, an HCSSA. During the audit scope, Girling 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 sampled clients who had been receiving care from the same attendant for at least one year.

### Objective

The audit objective was to evaluate whether Girling (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 Amerigroup<sup>1</sup> and UnitedHealthcare,<sup>2</sup> as well as a review of HCSSA oversight activities related to personal attendants.

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<sup>1</sup> Amerigroup Texas, Inc. doing business as Amerigroup Community Care.

<sup>2</sup> UnitedHealthcare Community Plan of Texas, L.L.C.

However, Girling has opportunities to improve its processes for visit verification, staff vetting, and ensuring attendant supervisors meet supervisor qualification requirements. Specifically:

- 307 out of 5,071 transactions that were missing one or more required EVV elements (6.1 percent) did not comply with visit maintenance requirements.
- 3 out of 40 (7.5 percent) attendant background checks were not conducted timely.
- One out of eight (12.5 percent) supervisors did not meet supervisor qualification requirements because Girling could not provide support that it had verified education requirements.

#### 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.

#### 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.

Girling provides home health care including personal care in Texas. OIG Audit estimated that, for personal care paid by Amerigroup and UnitedHealthcare, Girling employed 1,236 attendants serving 883 clients in the Bellaire area during the audit scope. See Appendix B for details about Girling.

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

The “Detailed Audit Results” section of this report presents additional information about the audit results.

#### 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 presented preliminary audit results, issues, and recommendations to Girling in a draft report dated June 28, 2022. Girling acknowledged the audit recommendations and asserted corrective actions had already been implemented. Girling’s management responses are included in the report following each recommendation. OIG Audit thanks management and staff at Girling 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 Girling separately.



## Chapter 1: **Girling Consistently Developed and Performed Individual Service Plans**

Girling prepared ISPs for all 48 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.

### **Individualized 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 the attendant, and frequency of supervisory visits.

## Chapter 2: **Girling Did Not Always Perform Required Visit Maintenance**

There were 5,071 transactions that required EVV visit maintenance because they were missing service delivery times for personal care. Of those that required visit maintenance, 307 (6.1 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.”<sup>3</sup> 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.<sup>4</sup> One of the required data elements is the time the provider began and ended the service delivery visit.<sup>5</sup>

Of the 14,912 transactions for the 48 Medicaid members in the audit sample, 12,136 (81.4 percent) were not auto-verified because required information was

### **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.

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<sup>3</sup> “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).

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

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

missing 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 12,136<sup>6</sup> transactions not auto-verified, 5,071 transactions (41.8 percent) did not contain the service delivery time. Of the transactions missing the service delivery time, 307 transactions (6.1 percent) did not meet visit maintenance requirements because the free text fields did not include the required data elements, as shown in Table 1.

**Table 1: EVV Transactions Missing Required Data Elements**

Error	Number of Transactions	Encounter Amounts
Missing only clock out	44	\$ 2,605.48
Missing clock in and clock out	263	15,353.08
<b>Total</b>	<b>307</b>	<b>\$17,958.56</b>

Source: OIG Audit

Girling 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.<sup>7</sup> For 44 transactions that totaled \$2,605.48, Girling had some support for the visit because the system recorded a call-in time. However, because Girling 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 44 transactions, OIG Audit accepted the clock-in time as evidence that a visit occurred and did not identify a recovery amount. Girling was paid \$15,353.08<sup>8</sup> for the remaining 263 personal care service transactions for which it did not provide required visit maintenance information or support for the clock-in and clock-out times for the visit.

<sup>6</sup> The remaining 7,065 transactions included service delivery times but had missing or incorrect identification data and visit data, which did not require free text entries to correct those issues.

<sup>7</sup> HHSC Electronic Visit Verification Policy Handbook § 4200 Visit Maintenance, revision 18-0 (Nov. 1, 2018).

<sup>8</sup> The \$15,353.08 represents encounter amounts paid for 25 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 a Medicaid client. See Appendix E for details on the number of non-compliant transactions and associated encounter amounts for each of the 25 clients.

Not complying with visit maintenance requirements can prevent Girling from ensuring attendant services were provided to clients and can result in payment of services not provided. In addition, failure to comply with claim submission requirements may result in a claim denial or recoupment.<sup>9</sup>

## Recommendation 1

Girling 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 \$15,353.08 for EVV transactions that did not contain required information to support the delivery of personal care services.

## Management Response

### Action Plan

1. EVV System Changes. In Oct. 2020 Vesta added new functionality that had a significant positive impact on the ability and ease of users' entry of missing clock times during EVV visit maintenance.
  - a) Time In & Out boxes added. This made remembering to add times much more user-friendly. Big improvement over previously difficult process in Visit Maintenance.
2. Branch level initiatives. Girling has increased training and increased local audit activity at the branch level.
  - a) Increased training. The trainers work closely together to ensure that new hires receive thorough EVV training. There is continuous EVV follow up from the Assistant Directors by performing random internal audits on all coordinators to review that visit maintenance is performed correctly and is meeting HHSC requirements.

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<sup>9</sup> 1 Tex. Admin. Code §371.1653 and §371.1667 (May 1, 2016).

- b) Weekly reviews. Weekly reviews of all coordinators facilitated by Lead Payroll clerks and Assistant Directors. (Implemented 2021)
3. Corporate oversight review.
- a) Expanded Review. Girling ran Vesta reason code comment reports for ALL branches for all of 2021 & 2022 to date (completed in June of 2022). Results returned to branches for review with individual staff by management. Notably, the results showed significant reduction in numbers of visits with missing documentation directly related to new Vesta functionality in conjunction with increased branch training and reviews.
- b) Ongoing Monitoring. Monthly reason code reviews highlighting any missing comments on visits missing one or two calls. Resumed April 2022, adding missing comments/missing calls to the reviews beginning July 2022.
4. Return of Overpayments. Girling will repay the State of Texas \$15,353.08.

#### **Responsible Manager**

- All Regional and Branch Managers
- Regional Project Director (EVV)
- Houston Branch Director

#### **Target Implementation Date**

Action Items 1-3 described above have been implemented. Action Item 4 will be implemented within 60 days of the OIG's final report.

## **Chapter 3:      Girling Did Not Always Provide Adequate Oversight of Sampled Attendants**

To evaluate whether Girling provided adequate oversight, OIG Audit reviewed documentation on a sample of 40 attendants and 8 supervisors.

### **Attendant Oversight**

Girling performed new-client orientations for all 40 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, Girling 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.<sup>10</sup> 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 them from employment.<sup>11</sup> Entities search the Employee Misconduct Registry and Nurse Aide Registry to ensure an individual is not listed on either registry as unemployable.

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<sup>10</sup> 26 Tex. Admin. Code § 558.247(a)(1) and (a)(3) (May 1, 2019).

<sup>11</sup> 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 Check	Required Timing <sup>12</sup>
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

Girling performed background searches for all 40 attendants reviewed. However, three attendants' background checks were not performed timely because criminal history checks were conducted after the attendants' first face-to-face contact with the client. One criminal history check was performed two days after the attendant's first face-to-face contact with the client and two criminal history checks were conducted one day after the attendants' first face-to-face contact with the client. In addition, Girling conducted one of the three attendants' Employee Misconduct Registry and Nurse Aide Registry searches one day after the attendant's date of hire and one day after the first face-to-face contact with the client.

Background checks were late because Girling used incorrect information when it first conducted the searches. Girling recognized the error and conducted a second background check using the correct information after the attendants' first face-to-face contact with a client. All attendants met background check requirements.

Conducting the required background checks timely, as required, provides assurance 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.

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<sup>12</sup> 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).

## Supervisor Oversight

Girling had a plan of supervision to obtain client feedback on attendants' performance. Girling conducted attendant supervisory visits annually for those attendants who provided services to the same client for at least a year.

Supervisory visits serve as an opportunity to provide oversight of the attendant in the client's home. The visit also gives clients a chance to provide feedback on the attendant's performance.

OIG Audit tested 8 of the 14 supervisors who provided attendant supervision during the audit scope to determine if they met the qualifications for employment, as described in the text box.

Girling could not provide support that one of the eight supervisors tested met qualification requirements because their personnel record did not contain sufficient evidence to show that the supervisor's education was verified.<sup>13</sup>

According to Girling's job description supervisors are responsible for:

- Conducting on-site client evaluations.
- Developing client service plans in accordance with MCO authorizations.
- Recruiting, hiring, training, and supervising attendants.
- Reporting and maintaining records.
- Maintaining supervisor files.

Lack of proper supervisor qualifications may result in personal care attendants providing inadequate services to clients that require assistance with personal care.

### Supervisor Qualification Requirements

A supervisor must be a licensed nurse or have completed two years of full-time study at an accredited college or university. An individual with a high school diploma or general equivalence diploma (GED) may substitute one year of full-time employment in a supervisory capacity in a health care facility, agency, or community-based agency for each required year of college.

Source: 26 Tex. Admin. Code § 558.404(g)(2) (May 1, 2019)

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<sup>13</sup> 26 Tex. Admin. Code §§ 558.246(a)(3) (May 1, 2019) and 558.404(g)(2) (May 1, 2019).



## Recommendation 2

Girling should conduct all required background checks timely, as required. Additionally, Girling should maintain documentation to demonstrate that supervisors meet qualification requirements.

### Management Response

#### Action Plan

As part of its internal Quality Assurance and Performance Improvement (QAPI), Girling has strengthened its process to ensure discrepancies in information (e.g., additional name, transposed SSN) are discovered quickly and halt the hire process prior to a PCA's first day. Field supervisors are not permitted to hire any PCA's without an accurate background search prior to the first day of work. If the Field Supervisor finds a discrepancy (at the time of the hire) with the PCA's name, SSN or any other information needed to complete the hire, the Field Supervisor must stop the hire and contact the office (HR) immediately to get the required information/corrections before the PCA's first day of work. These program updates were in place in 2021.

With respect to maintaining documentation for those supervisors qualified through educational experience, Girling is now requesting an official transcript or diploma to document education as required prior to the first day of work.

#### Responsible Manager

- Houston Branch Director
- Vice President of Quality

#### Implementation Date

Actions were implemented in 2021

## Appendix A: Objective, Scope, and Criteria

### Objective and Scope

The audit objective was to evaluate whether Girling:

- 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 Girling's internal controls as well as testing of controls that were significant within the context of the audit objectives.

### Criteria

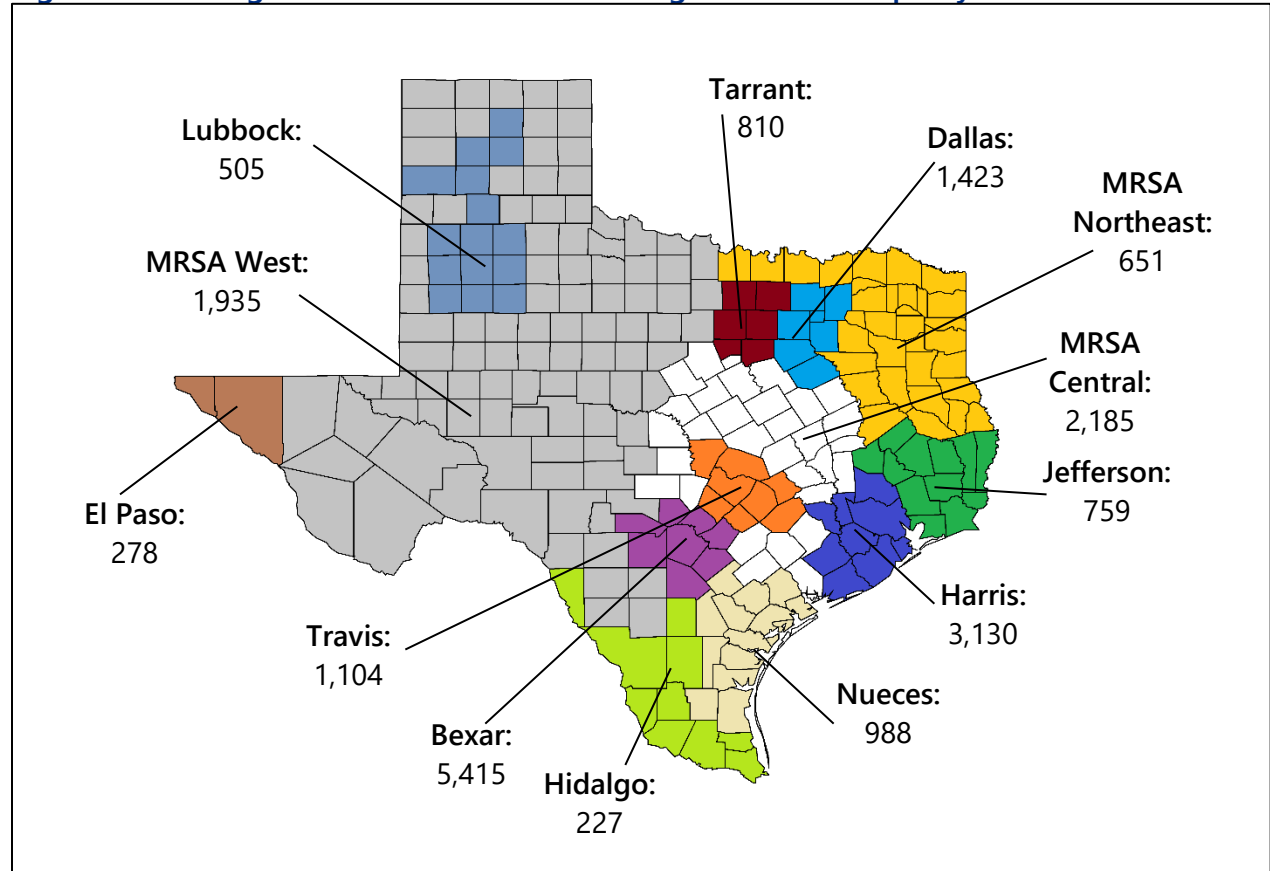
OIG Audit used the following criteria to evaluate the information provided:

- 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

Girling provides home health services with 16 locations across Texas. During the audit scope, Girling provided in-home assistance to approximately 19,410 qualified individuals throughout Texas. Figure B.1 shows the service delivery area of those personal care clients.

**Figure B.1: Girling 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 Girling on January 6, 2022, providing information about the upcoming audit, and conducted fieldwork from January 2022 through May 2022.

OIG Audit also reviewed Girling's system of internal controls, including components of internal control,<sup>14</sup> within the context of the audit objectives by:

- Interviewing Girling'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 Girling by comparing attendant and client lists provided by both HHS EVV Contract Oversight Division and Girling and interviewing relevant Girling 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.

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<sup>14</sup> 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 Girling 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.
- Girling 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 up to two clients. Table C.1 shows the distribution of attendants and their clients in the samples.

**Table C.1: Attendant and Client Sampling Breakdown**

Number of Clients Per Attendant	Attendant Population	Attendant Sample
2	88	15
1	1,148	25
<b>Totals</b>	<b>1,236</b>	<b>40</b>

Source: OIG Audit

After removing duplicates, 48 clients were served by 40 attendants included in the sample.<sup>15</sup> 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.

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<sup>15</sup> Out of the initial sample of 55, three clients received services from different attendants not in the sample and four clients received services from two different attendants.

In addition, auditors tested a sample of 8 of a total 14 supervisors who provided attendant supervision during the audit scope.

## 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	4	\$ 290.40
2	1	46.62
3	2	126.54
4	1	52.64
5	5	174.90
6	54	2,768.08
7	9	700.77
8	4	320.64
9	6	280.50
10	8	392.70
11	9	668.40
12	2	399.09
13	2	118.80
14	4	214.50
15	6	305.76
16	1	43.56
17	3	246.84
18	37	2,112.00
19	11	392.94
20	6	519.83
21	12	731.90
22	45	2,851.20
23	2	326.70
24	4	228.69
25	25	1,039.08
<b>Total</b>	<b>263</b>	<b>\$15,353.08</b>

Source: OIG Audit



## Appendix F: Related Reports

- Home and Community Services Support Agencies Oversight of Attendants: Elara Caring, [AUD-22-019](#), August 12, 2022
- 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 Girling:

Homepage, Girling, <https://www.kindredathome.com/> (accessed April 14, 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
- Anton Dutchover, CPA, Audit Director
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- Saul Guerrero, CFE, Senior Auditor
- Sonja Murillo, Staff Auditor
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- Karen Mullen, CGAP, Quality Assurance Reviewer
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### Report Distribution

#### Health and Human Services

- Cecile Erwin Young, Executive Commissioner
- Kate Hendrix, Chief of Staff
- Maurice McCreary, Jr., Chief Operating Officer
- Jordan Dixon, Chief Policy and Regulatory Officer
- Karen Ray, Chief Counsel
- Michelle Alletto, Chief Program and Services Officer
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- Katherine Scheib, Deputy Associate Commissioner-Operations - Medicaid and CHIP Services
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### **Girling Community Care**

- David Causby, Chief Executive Officer
- Richard Bruner, Regional Vice President – Kindred at Home
- Jesse Howard, Vice President of Patient Outreach – Kindred at Home
- Jenny Tyler, Vice President of Regulatory Counsel – Kindred at Home
- Christina Hettinger, Regional Director of Operations
- Isabelle Gam, Risk Manager
- Kathryn Maxey, Vice President of Quality
- Kevin Estes, Regional Project Director (EVV)
- Mellonie Narcisse Simon, Houston Branch Director

## 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](mailto:OIGCommunications@hhs.texas.gov)
- Mail: Texas Health and Human Services  
Office of Inspector General  
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