

Audit Report

Inpatient Psychiatric Hospitals

Cypress Creek Hospital



**Inspector
General**

**Texas Health
and Human Services**

August 25, 2022

OIG Report No. AUD-22-025



Inpatient Psychiatric Hospitals

Cypress Creek Hospital

Results in Brief

Why OIG Conducted This Audit

The Texas Health and Human Services Office of Inspector General (OIG) initiated this audit in response to a risk assessment after lawsuits and reports alleging that private inpatient psychiatric hospitals were committing and holding patients (a) that did not meet admission or commitment criteria or (b) without the person's consent. The OIG Audit and Inspections Division (OIG Audit) reviewed Cypress Creek Hospital's (Cypress Creek's) medical records, policies and procedures around (a) admissions, commitments, and discharges (b) specific consents, and (c) physician orders.

Summary of Review

The audit objective was to determine whether Cypress Creek completed admission, commitment, and specific consent requirements for STAR+PLUS members receiving inpatient psychiatric services in accordance with selected federal and state regulations, rules, and policies.

The audit examined STAR+PLUS claims processed by UnitedHealthcare of Texas, Inc. and United Behavioral Health, Inc. (United), and associated documentation with service dates from September 1, 2019, through February 28, 2021.

Conclusion

Cypress Creek Hospital (Cypress Creek) complied with selected federal and state regulations, rules, and policies related to physician licensing, required facility signage and patient access to outside communication. However, it should strengthen controls to comply with requirements related to physician orders, psychiatric evaluations, treatment plans, patient consent forms, and days billed.

Key Results

Based on the site visit on March 1, 2022, and additional testing, Cypress Creek complied with requirements related to inpatient facility requirements and physician licensing. However, Cypress Creek has the opportunity to improve the documentation and timing of its orders, consents, and evaluations. Specifically:

- Two voluntary patients who requested discharge were held beyond four hours without documentation of reasonable cause. If the treating physician has no concerns with a voluntary patient's request for discharge, the patient should be released within four hours. If the doctor questions the release, the doctor must evaluate the patient and determine whether to release or seek court approval by hour 24. While the patients who requested release were discharged within 24 hours, the physician should have documented reasonable cause to detain the patient more than the initial 4 hours.
- All 60 sampled records included an initial psychiatric evaluation. However, ten were not conducted timely, one was not performed by a physician, and auditors could not determine if one was timely. Cypress Creek could have patients in its care who were not evaluated by a physician or whose psychiatric evaluations were not completed timely.
- Most medication orders were prescribed and signed by a physician as required; however, some were either not signed at all or not signed timely. Of the 296 orders for psychoactive medication in the sample, 46 (15.5 percent) were not signed as required. Medication orders not signed by a physician may mean psychoactive medications were administered without verification from the treating physician.

Background

Cypress Creek is a 128-bed facility providing care for adolescents and adults in the Houston, Texas, area. It provides inpatient hospital psychiatric services to beneficiaries of the Texas STAR+PLUS program under contract with United, a Texas managed care organization (MCO). STAR+PLUS is a Texas Medicaid managed care program for people who have disabilities or are age 65 or older. Individuals in STAR+PLUS receive Medicaid basic services and long-term services and supports through a health plan they choose.

Through its provider contract with United, Cypress Creek received Texas Medicaid reimbursements of \$3.4 million for inpatient psychiatric hospitalization services delivered to 266 Medicaid beneficiaries during the audit scope, of which \$131,587 related to electroconvulsive therapy.

Management Response

OIG Audit presented preliminary audit results, issues, and recommendations to Cypress Creek in a draft report dated August 3, 2022. Cypress Creek agreed with the audit recommendations and asserted corrective actions had already been implemented or were underway. Cypress Creek's management responses are included in the report following each recommendation.

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- Cypress Creek obtained most of the required medication consent forms for psychoactive medication; however, most medication consent forms had errors. Of 137 required medication consent forms tested, 18 were not obtained at all. Of the 119 medication consent forms on file, 13 were obtained after administration and 60 were unable to determine when obtained.
- All 40 sampled records included a written and signed physician admission order, although not all were completed. Six were not signed timely, four did not include the date and time, and seven did not include the time. Cypress Creek could have patients in its care without admission authorization.
- Cypress Creek did not always retain protective custody and emergency detention orders in patients' medical records. Of the ten involuntarily admitted patients tested, eight records (80 percent) were missing the appropriate court order, which could result in patients being held without authority.
- Cypress Creek did not ensure all patients acknowledged their rights or their treatment team completed their treatment plans.
 - All 40 records tested contained the Patient's Bill of Rights form signed by staff who explained the patient's rights. However, of the 38 forms signed by the patient, all had errors.
 - Of 39 treatment plans tested, all were missing at least one team member's signature. Without these acknowledgments, the facility risks health, safety, and rights of patients in its care.
- Texas Administrative Code requires specific elements for voluntary admission and certain therapy consent. Cypress Creek created its own forms for these purposes, but the forms did not contain all the elements required.
- In three instances, Cypress Creek billed for a patient the day before admission because the patient arrived late at night but was not admitted until the next morning. This resulted in an overpayment of \$2,361.

Recommendations

Cypress Creek should:

- Document reasonable cause when voluntary patients are held longer than four hours after requesting discharge.
- Ensure psychiatric evaluations are completed by a physician within the required timeframe based on type of admission.
- Ensure medication consent forms are obtained and completed prior to medication administration.
- Ensure staff follows policies in place.
- Retain court orders.
- Update its forms to include all required information.
- Repay the \$2,361 overpayment.

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Audit Overview

Overall Conclusion

Cypress Creek Hospital (Cypress Creek) complied with selected federal and state regulations, rules, and policies related to physician licensing, required facility signage and patient access to outside communication. However, it should strengthen controls to comply with requirements related to physician orders, psychiatric evaluations, treatment plans, patient consent forms, and days billed.

Key Audit Results

The Texas Health and Human Services (HHS) Office of Inspector General (OIG) Audit and Inspections Division (OIG Audit) reviewed Cypress Creek's medical records, policies and procedures around (a) admissions, commitments, and discharges; (b) specific patient consent forms; and (c) physician orders. Based on the testing, Cypress Creek complied with requirements related to physician qualifications, informational postings within the facility, and patient telephone access.

However, Cypress Creek should improve its documentation, including noting the date and time, on its physician orders, consent forms, and psychiatric evaluations.

Additionally:

- Two voluntary patients who requested discharge were held beyond four hours without reasonable cause documented.
- Physicians did not always perform psychiatric evaluations or date them and note the time within the required timeframe based on admission type.

Objective

The audit objective was to determine whether Cypress Creek completed admission, commitment, and specific consent requirements for STAR+PLUS members receiving inpatient psychiatric services in accordance with selected federal and state regulations, rules, and policies.

Scope

The audit examined STAR+PLUS claims processed by UnitedHealthcare of Texas, Inc. and United Behavioral Health, Inc. (United), and associated documentation with service dates from September 1, 2019, through February 28, 2021.

- Physicians did not always sign medication and admission orders or did not sign within the required timeframe.
- Cypress Creek did not always obtain required patient consent forms for admission and treatment, the forms were not completed timely, or they were missing signatures.
- Cypress Creek did not ensure all patients acknowledged their rights.
- The treatment team did not always sign treatment plans or sign within the required timeframe.
- Days billed were prior to the admission date.
- Facility-specific forms did not contain all the required state-mandated information.

OIG Audit offered recommendations to Cypress Creek, which, if implemented, will help ensure compliance with applicable requirements.

The “Detailed Audit Results” section of this report presents details about the audit results. In addition, other audit issues identified in this report may be subject to liquidated damages or OIG administrative enforcement measures,¹ including administrative penalties.²

OIG Audit presented preliminary audit results, issues, and recommendations to Cypress Creek in a draft report dated August 3, 2022. Cypress Creek agreed with the audit recommendations and asserted corrective actions had already been implemented or were underway. Cypress Creek’s management responses are included in the report following each recommendation.

What Prompted This Audit

OIG initiated this audit in response to a risk assessment after lawsuits and reports alleging that private inpatient psychiatric hospitals were committing and holding patients (a) that did not meet admission or commitment criteria or (b) without the person’s consent.

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

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

OIG Audit communicated other, less significant issues to Cypress Creek in a separate written communication.

OIG Audit thanks management and staff at Cypress Creek for their cooperation and assistance during this audit.

Key Program Data

Cypress Creek provides inpatient hospital psychiatric services to beneficiaries of the Texas STAR+PLUS program. STAR+PLUS is a Texas Medicaid managed care program for people who have disabilities or are age 65 or older. Individuals in STAR+PLUS receive Medicaid basic services and long-term services and supports through a health plan they choose. Inpatient hospital psychiatric services provided by Cypress Creek to STAR+PLUS members include:

- Screening, examination, and eligibility determination prior to admission.
- Treatment planning and providing medical services.
- Recommending services, support, and patient placement post discharge.
- Following up with patients regarding outpatient service.

Cypress Creek Operation

- **Beds:** 128
- **Services:** Inpatient, partial hospitalization, and intensive outpatient services
- **Ages served:** Adolescents and adults
- **Area served:** Houston, Texas, and the surrounding area

Through its provider contract with United, Cypress Creek received Texas Medicaid reimbursements of \$3.4 million for inpatient psychiatric hospitalization services delivered to 266 Medicaid beneficiaries during the audit scope, of which \$131,587 related to electroconvulsive therapy.

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

OIG Audit assessed compliance with selected Texas Administrative Code and Texas Health and Safety Code requirements for inpatient psychiatric hospitals, as well as Cypress Creek's internal policies and procedures. The areas tested include:

- Psychiatric evaluations
- Psychoactive medications
- Non-medication orders
- Days at facility
- Treatment and consent forms
- Inpatient facility requirements

There are three types of admission for inpatient psychiatric care, as detailed in Figure 1.

Figure 1: Types of Admission for Inpatient Care

	Individuals 16 years old or older, people under 16 who are or have been married, or the legally authorized representative of a person younger than 18 may request voluntary admission . The individual must meet the hospital's admission criteria. ³
	An individual's legally authorized representative or a peace officer may seek involuntary temporary admission under emergency detention . The individual must meet the requirements for emergency detention. ⁴
	A hospital may admit an individual involuntarily under a court order for protective custody , for court-ordered inpatient mental health services, or under order for commitment or order for placement. ⁵

Source: 25 Tex. Admin. Code §§ 411.461 through 411.463 (Jan. 1, 2004)

³ 25 Tex. Admin. Code § 411.461 (Jan. 1, 2004).

⁴ 25 Tex. Admin. Code § 411.462 (Jan. 1, 2004).

⁵ 25 Tex. Admin. Code § 411.463 (Jan. 1, 2004).

The following sections of this report detail the instances of compliance and noncompliance OIG Audit identified.

Psychiatric Evaluations

All patients being admitted to a psychiatric hospital voluntarily or under an emergency detention must receive a psychiatric evaluation by a physician.⁶ The psychiatric evaluation includes not only the patient's medical history, but also a determination of the patient's mental status.⁷ An evaluation must also be completed if patients who were voluntarily admitted request discharge and the physician has reasonable cause to believe that the patient may meet the criteria for court-ordered inpatient mental health services or emergency detention.⁸ By ensuring physicians fully and timely complete all required evaluations, Cypress Creek protects its patients from unsupported treatment and potentially delayed release.

Chapter 1.1: Physicians Did Not Always Evaluate Voluntarily Admitted Patients Who Requested Discharge

Cypress Creek did not document reasonable cause for detaining two voluntarily admitted patients who requested discharge past four hours. Additionally, the physician signed discharge orders for those same patients the next day without having documented a patient evaluation.⁹ Of the 30 sampled patients who were admitted voluntarily, 3 submitted a request for discharge during the audit scope. Table 1 details the physicians' initial determinations and the patients' time of release.

Table 1: Results of Requests for Voluntary Discharge

Event	Patient A	Patient B	Patient C
Physician's initial determination	Release Immediately	Delay Release	Delay Release
Time of patient release	Within 4 hours	Within 24 hours	Within 24 hours
Reasonable cause documented	Not applicable	No	No

Source: OIG Audit

⁶ Tex. Health & Safety Code § 572.0025 (f)(1) (A-B) (Sept. 1, 2019) and Tex. Health & Safety Code § 573.021 (c) (Jun. 9, 2017).







⁷ 25 Tex. Admin. Code § 411.472 (f) (Jan. 1, 2004).

⁸ 25 Tex. Admin. Code § 411.484 (c) (Jan. 1, 2004).

⁹ 25 Tex. Admin. Code § 411.484 (c)(2) (Jan. 1, 2004).

Voluntarily admitted patients may request, in writing, to be discharged at any time. If a patient requests discharge, hospital staff should notify a physician within four hours of the request for discharge. Figure 2 shows the timeline for the hospital to act on a request for discharge from a voluntarily admitted patient.

Figure 2: Timeline of Request for Release of Voluntary Admission

Hour 0 through Hour 4	Hour 4 through Hour 24	Hour 24 through 4:00 p.m. of next business day
 	 	 
Patient requests release in writing: <ul style="list-style-type: none"> • Doctor notified, and if doctor does not have reasonable cause to detain, patient is released by hour 4. 	If doctor has reasonable cause to question release, doctor evaluates patient and determines whether to release or seek approval for detention by hour 24: <ul style="list-style-type: none"> • If no further concern, patient is released by hour 24. • If further concern, seek court approval by 4:00 p.m. of the next business day. 	By 4:00 p.m. of the next business day, the hospital must: <ul style="list-style-type: none"> • File application for court-ordered mental health services or emergency detention. • Obtain written order for further detention. • Notify patient of intention to detain and document the reasons for the decision to detain the patient in the patient's medical record.

Source: 25 Tex. Admin. Code § 411.484 (Jan. 4, 2004)

For the patients not released within four hours, Cypress Creek documented the physician's determination to hold the patient beyond the four-hour window; however, the facility did not document the reason for that decision. This cause should also have been documented in the patient's medical record.¹⁰ As there was no documentation of this, patients may have been held longer than state regulations allowed.

¹⁰ Tex. Health & Safety Code § 572.004 (d) (May 17, 2005).

Recommendation 1.1

Cypress Creek should ensure:

- Patients are discharged within four hours of request if the physician does not have a reasonable cause to detain the patient.
- A decision to detain a patient beyond four hours of the request and the reasons for such decision are made a part of the patient's clinical record.

Management Response

Action Plan

The CEO and Director of Compliance, Performance Improvement (PI) and Medical Staff Services met with the psychiatrists on the active Medical Staff in July 2022 and discussed this recommendation. The psychiatrists were re-educated about the Request for Discharge process requiring discharge within four (4) hours of the request unless there is a reasonable cause to detain the patient for a face-to-face examination by the psychiatrist within 24 hours. Psychiatrists were also re-educated that they must document in a Physician Progress Note both the reason for holding the patient for 24 hours for the face-to-face examination as well as the date, time, and findings of the examination. All psychiatrists acknowledged full understanding and willingness to comply with these regulations.

The Director of Compliance, PI and Medical Staff Services monitors all written Requests for Discharge and the psychiatrist's documentation to verify compliance with these requirements until substantial compliance has been achieved for four consecutive months. The Director will report findings to the PI Committee and Medical Executive Committee (MEC) monthly and the Board of Governors (BOG) quarterly.

Responsible Manager

Director of Compliance, Performance Improvement and Medical Staff Services

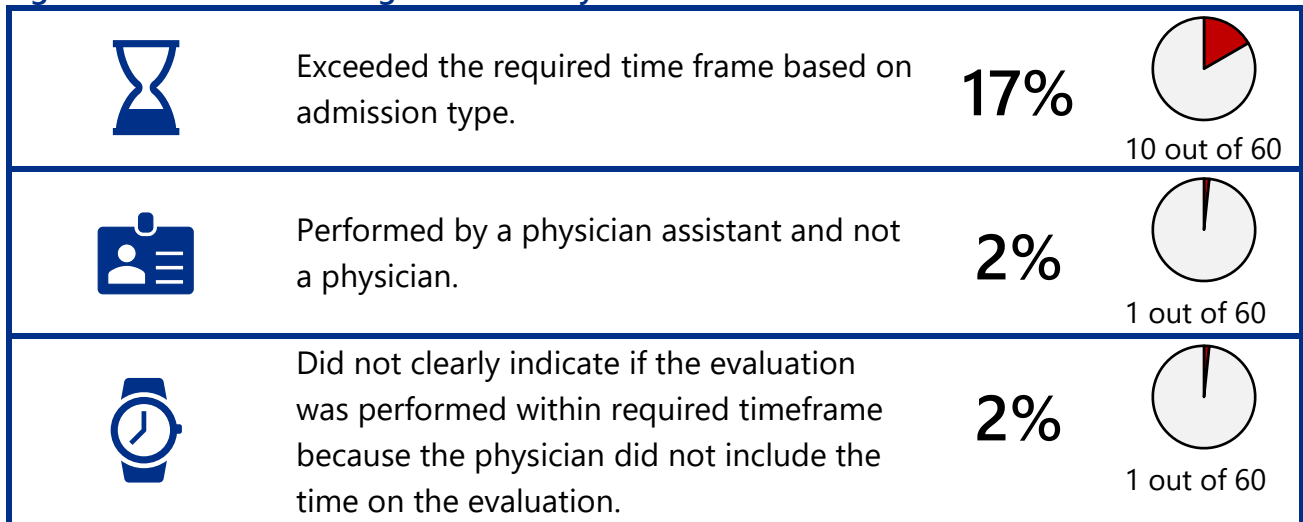
Target Implementation Date

- Re-education completed July 14, 2022
- Audits begin September 1, 2022

Chapter 1.2: Initial Psychiatric Evaluations Were Not Always Completed or Completed Timely

All 60 sampled records included an initial psychiatric evaluation. However, 12 psychiatric evaluations for voluntarily admitted patients and emergency detentions were not completed within the required guidelines, as shown in Figure 3:

Figure 3: Results of Testing for Initial Psychiatric Evaluations



Source: OIG Audit

Once a patient is admitted, the patient must have a psychiatric evaluation by a physician within 12 hours for emergency detention admissions and up to 72 hours before or 24 hours after admission for voluntary admissions.¹¹ Emergency detention psychiatric evaluations help determine whether (a) the prospective patient has a mental illness, (b) there is substantial risk of serious harm to self or others, and (c) the risk of harm is imminent unless the prospective patient is immediately detained. Voluntary admission psychiatric evaluations determine whether the person has symptoms of mental illness and will benefit from inpatient or outpatient services.^{12, 13}

¹¹ Tex. Health & Safety Code §§ 572.0025 (f)(1)(A-B) (Sept. 1, 2019) and 573.022 (April 2, 2015).

¹² Tex. Health & Safety Code § 572.002 (June 14, 2013).

¹³ 25 Tex. Admin. Code § 411.462 (c)(1)(A)-(C) (June 1, 2004).

Cypress Creek's "Medical Staff Rules and Regulations"¹⁴ require all entries into the medical record to be dated with the time noted and signed.¹⁵ This ensures all orders and consultations are completed within the required timeframes. Cypress Creek did not always follow its rules and regulations to date and time the psychiatric evaluation. Additionally, Cypress Creek's policy does not specify that the psychiatric evaluation must be performed by a physician.

Because Cypress Creek did not ensure all evaluations were performed as required, Cypress Creek could have patients in its care who were not evaluated by a physician or whose psychiatric evaluations were not completed timely, which may affect those patients receiving the care they need. For emergency detentions, this could affect the determination of whether a patient should remain admitted.

Recommendation 1.2

Cypress Creek should implement processes and update procedures to ensure:

- Psychiatric evaluations are completed and signed within the required timeframe based on type of admission.
- Psychiatric evaluations are completed by a physician.
- Documentation clearly indicates the date and time the psychiatric evaluation was performed.

¹⁴ Medical Staff Rules and Regulations of Texas Cypress Creek Hospital (Jan. 2019, Sept. 2020, and Jan. 2021) are incorporated into the medical staff bylaws. They are intended to clarify standards of professional practice and the conditions of appointment to the medical staff.

¹⁵ Medical Staff Rules and Regulations of Texas Cypress Creek Hospital § 5.3.6 (Jan. 2019, Sept. 2020, and Jan. 2021).

Management Response

Action Plan

The CEO and Director of Compliance, PI and Medical Staff Services met with the members of the Medical Staff in June 2021 to review the Cypress Creek Hospital Medical Staff Bylaws, and Rules and Regulations. First, they confirmed that the Bylaws, and Rules and Regulations state the requirement for all inpatient Psychiatric Evaluations to be completed by a psychiatrist within 24 hours of a voluntary patient's admission. Second, they confirmed that a physician must perform the preliminary examination of an involuntary patient within 12 hours after detention. To ensure that all Psychiatric Evaluations are legible and contain a clear date and time, they established the requirement for all Psychiatric Evaluations to be dictated by the Psychiatrist rather than be hand-written. All psychiatrists acknowledged full understanding and willingness to comply with these regulations.

The Director of Health Information Management (HIM) audits forty (40) medical records per month to verify that the inpatient Psychiatric Evaluation of voluntary patients has been completed by a psychiatrist within 24 hours of the patient's admission, and the Preliminary Examination of a patient under emergency detention has been completed by a physician within 12 hours of the patient's detention. The dictation system automatically prints the date and time of the dictation and transcription on every dictated Psychiatric Evaluation and the Psychiatrist must review and sign electronically confirming legibility and accuracy. The Director of HIM continues monitoring at this level until substantial compliance has been achieved for four months, and reports findings to the PI Committee and Medical Executive Committee (MEC) monthly and the Board of Governors (BOG) quarterly.

Responsible Manager

Director of Health Information Management

Implementation Date

July 1, 2021

Psychoactive Medications

During inpatient stays, physicians can prescribe medication including psychoactive medications as part of the patient's treatment. Psychoactive medications are used for the treatment of symptoms of psychosis or other severe mental or emotional disorders and are used to exercise an effect on the central nervous system to modify behavior, cognition, or affective state. Psychoactive medications include:¹⁶

- Antipsychotics or neuroleptics
- Antidepressants
- Agents for control of mania or depression
- Antianxiety agents
- Sedatives, hypnotics, or other sleep-promoting drugs
- Psychomotor stimulants

Due to these medications' potential effects on a patient's perception and autonomy, it is important for the treating physician to prescribe and sign the medication order authorizing the administration of psychoactive medications. Cypress Creek's rules and regulations require physicians to sign medication orders within 48 hours from when a verbal or telephone order is communicated.¹⁷

Patients receiving voluntary or involuntary mental health services can refuse the administration of psychoactive medications unless (a) the patient is having a medication-related emergency, (b) the patient's legal representative consents on the patient's behalf, or (c) the court has authorized the medication to be administered.¹⁸

¹⁶ Tex. Health & Safety Code § 574.101 (3) (Aug. 30, 1993).

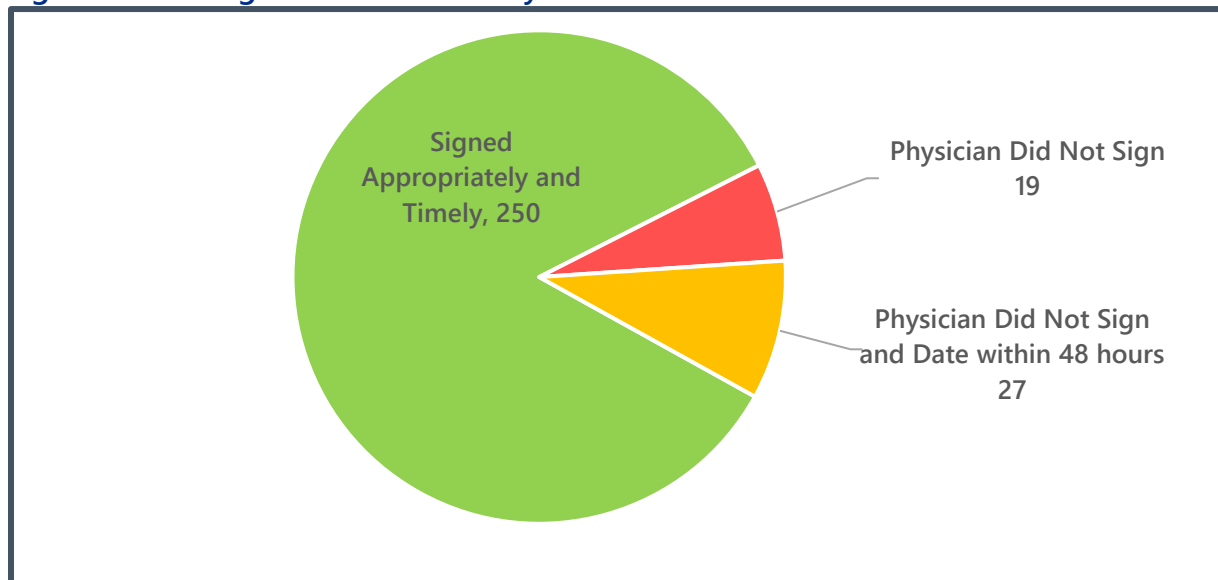
¹⁷ Medical Staff Rules and Regulations of Texas Cypress Creek Hospital § 5.4.1 (Jan. 2019, Sept. 2020, and Jan. 2021).

¹⁸ Tex. Health & Safety Code § 576.025 (a) (June 17, 2005).

Chapter 2.1: Physicians Did Not Always Sign Medication Orders or Sign Medication Orders Timely

Most medication orders were prescribed and signed by a physician as required; however, some were either not signed at all or not signed timely. In the selected sample of 40 patient records, there were 296 psychoactive medication orders. Of those 296 orders, 46 (15.5 percent) were not signed or not signed timely as required, as shown in Figure 4.

Figure 4: Testing Results for 296 Psychoactive Medication Orders



Source: OIG Audit

Cypress Creek's rules and regulations require physicians to sign medication orders within 48 hours from when verbal or telephone orders are communicated.¹⁹ This ensures treating physicians verify accuracy of all medications their patients are prescribed. Medication orders not signed by a physician may mean psychoactive medications were administered without verification from the treating physician.

¹⁹ Medical Staff Rules and Regulations of Texas Cypress Creek Hospital § 5.4.1 (Jan. 2019, Sept. 2020, and Jan. 2021).

Recommendation 2.1

Cypress Creek should ensure physicians follow its policies and procedures to sign medication orders within the required timeframe.

Management Response

Action Plan

The CEO and Director of Compliance, PI and Medical Staff Services met with the members of the Medical Staff in June 2021 to review and confirm that the Cypress Creek Hospital Medical Staff By laws, and Rules and Regulations state the requirement for all inpatient physician orders to be signed off within 48 hours. To ensure that all physician medication orders are verified timely, the requirement was established for physicians to enter all medication orders into the electronic medication administration record (e-MAR) which time stamps the entry of the order, indicating the physician's e-signature at the entry and approval of the order. All psychiatrists acknowledged full understanding and willingness to comply with these regulations.

The Director of Compliance, PI and Medical Staff Services audits thirty (30) medical records per month to verify that the inpatient medication orders have been e-signed by the physician within 48 hours. The e-MAR automatically prints the date and time of the order being entered and the name, date and time of the physician signing electronically, thus assuring timeliness.

Monitoring is ongoing. The Director will report findings to the PI Committee and Medical Executive Committee (MEC) monthly and the Board of Governors (BOG) quarterly.

Responsible Manager

Director of Compliance, Performance Improvement and Medical Staff Services

Implementation Date

July 1, 2021

Chapter 2.2: Medication Consents Were Not Always Obtained, Completed, or Completed Timely

While Cypress Creek obtained most of the required medication consent forms for psychoactive medication, it did not obtain 18 of 137 medication consent forms tested (13.1 percent).²⁰ Of the remaining 119 medication consent forms tested; most medication consent forms were not completed or were not completed before administering the medication, as shown in Table 2.

Table 2: Results of Testing for Patients' Psychoactive Medication Consent

Result	Count	Percentage
Obtained timely	46	38.7%
Obtained after medication administration, dated by the patient	13	10.9%
Obtained, not dated by the patient	60	50.4%
Total	119	100.0%

Source: OIG Audit

The hospital must obtain medication consent for each psychoactive medication from the patient or their legally authorized representative before that psychoactive medication may be administered.²¹ This information must be given verbally and in writing to the patient, their legally authorized representative, or both and evidenced by a signed and dated completed copy of Cypress Creek's medication consent form. If the patient or their legally authorized representative consents to the administration of psychoactive medication but refuses or is unable to execute the form, a witness to the consent should sign the form.²²

Cypress Creek administered psychoactive medications without the patient's or patient's legally authorized representative's consent, as appropriate, either because the consent was obtained after the medication was administered or because the patient did not date the consent form.

²⁰ One of these 18 was not listed on the Medication Administration Record and a consent was not on file, so the audit team was unable to determine if medication was administered or if a consent was required.

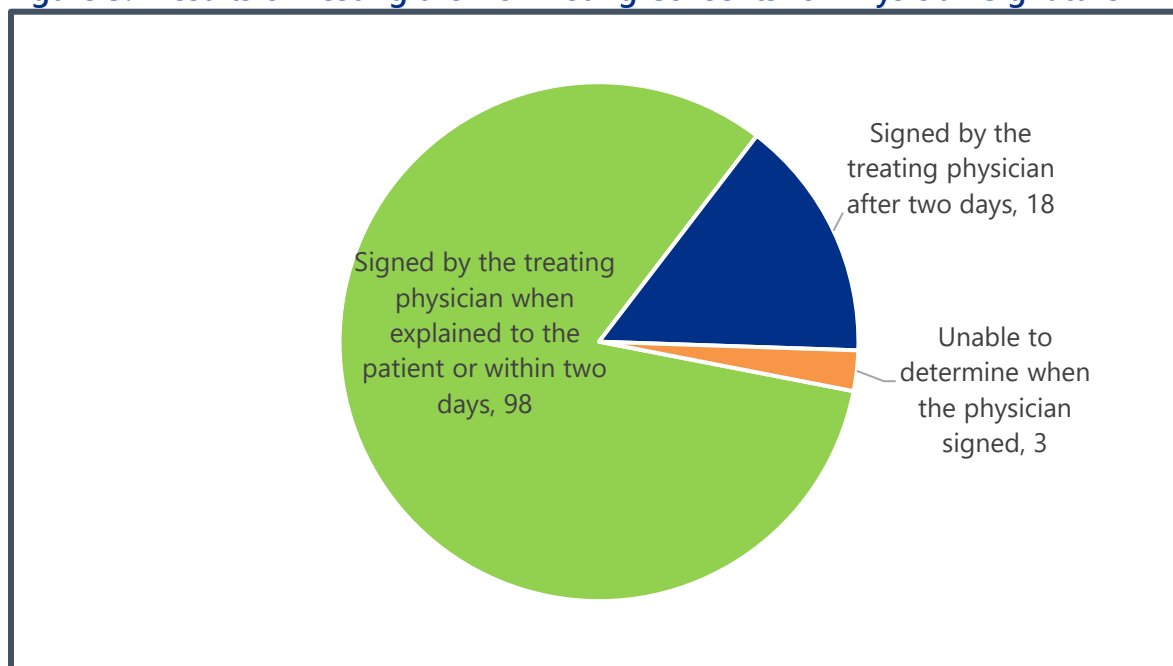
²¹ Emergency medication does not require a consent and was not tested, 25 Tex. Admin. Code § 414.406 (a) (Aug. 31, 2004).

²² 25 Tex. Admin. Code § 414.405 (Aug. 31, 2004).

If the facility did not obtain consent before administering psychoactive medication, patients were not made aware of generally accepted alternative forms of treatment, possible side effects, or their rights regarding consent to treatment with psychoactive medication.²³

Among the 119 medication consent forms on file, the physician signed most when they explained the consent information to the patient or within the required two working days, but some were not signed promptly, as shown in Figure 5.

Figure 5: Results of Testing the 119 Existing Consents for Physician Signature



Source: OIG Audit

If a staff member other than the treating physician gives the initial explanation of the consent information, then the treating physician must confirm the explanation and sign the consent form within two working days.²⁴

²³ 25 Tex. Admin. Code § 414.404 (Aug. 31, 2004).

²⁴ 25 Tex. Admin Code § 414.405 (d) (Aug. 31, 2004).

Recommendation 2.2

Cypress Creek should implement policies and procedures to ensure:

- Medication consent forms are obtained prior to psychoactive medication administration.
- Patients, legally authorized representatives, or witnesses, as appropriate, sign and date the medication consent forms.
- Staff, as appropriate, and physicians sign and date the medication consent forms.

Management Response

Action Plan

The Chief Nursing Officer (CNO) and Nurse Managers (NM) will conduct mandatory face-to-face in-services for all nurses to re-educate them on the requirement to obtain the fully completed medication consent, including physician signature, and signature, date and time by the patient and/or legally authorized representative, and by the witnessing nurse prior to the administration of any psychoactive medication, except in the case of emergency and/or court-ordered medications. Nurses flag any consent form if it has not already been signed by the treating physician to assure the physician signs the consent form within 48 hours. Documentation of this education signed by the nurses is placed in the Human Resources file of each nurse. This education is also being added to the Nursing New Hire Orientation for all newly hired staff.

The CNO and NMs are auditing thirty (30) medical records per month to verify that the inpatient medication consent forms have been signed, dated and timed by the patient and/or legally authorized representative and witnessing nurse prior to the administration of any psychoactive medication and signed, date and timed by the physician within 48 hours, except in the case of emergency and/or court-ordered medications. Monitoring will continue until staff have achieved substantial compliance for four consecutive months. The CNO reports findings to the PI Committee and Medical Executive Committee (MEC) monthly and the Board of Governors (BOG) quarterly.

Responsible Manager

Chief Nursing Officer

Target Implementation Date

- Training will begin August 22, 2022
- Audits will begin September 1, 2022

Orders for Admission

Patients may be admitted to an inpatient psychiatric facility (a) voluntarily, (b) temporarily and involuntarily under emergency detention,²⁵ or (c) involuntarily under court order.

- For voluntary admissions, the patient must meet the hospital admission criteria²⁶ and the physician must conduct an admission examination and issue an order of admission. Verbal orders must be signed by a physician within 24 hours of being issued.²⁷
- For temporary admissions under emergency detention, if the physician determines, based on the preliminary examination, that the patient qualifies for emergency detention, the physician must issue an order of admission and obtain a written order for protective custody.²⁸ Verbal orders must be signed by a physician within 48 hours of being issued.²⁹
- For involuntary admissions under court order, a physician with admitting privileges must sign an admissions order authorizing the hospital's acceptance of the patient. Verbal orders must be signed by a physician within 48 hours of being issued.³⁰

²⁵ According to 25 Tex. Admin. Code, § 411.462 (a) (Jan. 1, 2004), "a hospital may accept for a preliminary examination: (1) an individual who has been apprehended and transported to a hospital by a peace officer in accordance with Texas Health and Safety Code, § 573.001 or § 573.012; or (2) an individual who is 18 years of age or older and who has been transported to the hospital by the individual's guardian of the person in accordance with Texas Health and Safety Code, § 573.003."

²⁶ 25 Tex. Admin. Code § 411.459 (Jan. 1, 2004).

²⁷ 25 Tex. Admin. Code § 411.461 (Jan. 1, 2004).

²⁸ 25 Tex. Admin. Code § 411.462 (Jan. 1, 2004) and Tex. Health & Safety Code § 573.021 (June 9, 2017).

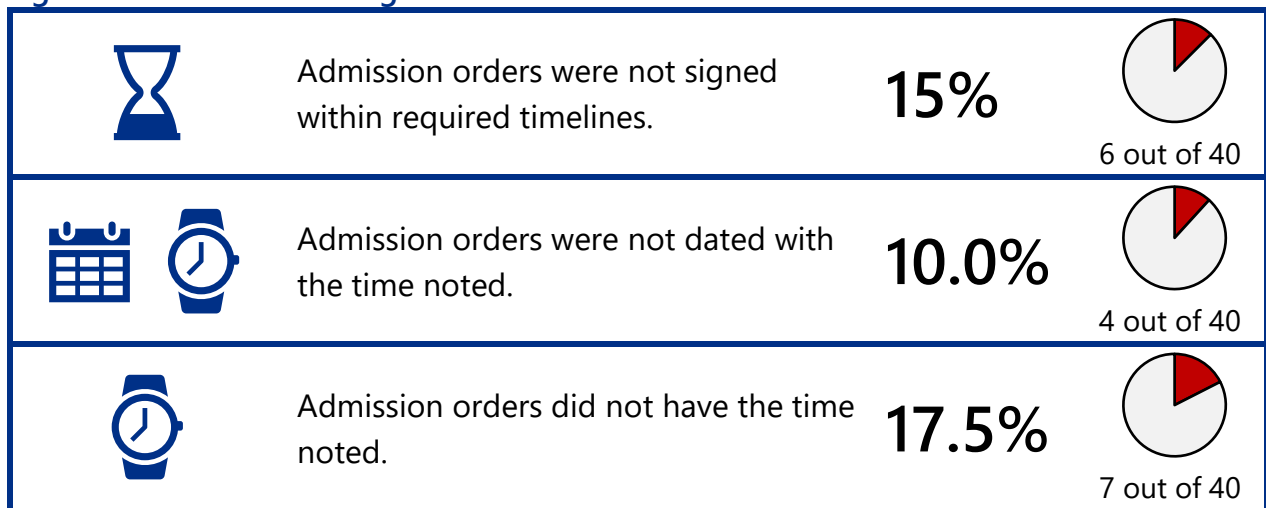
²⁹ Medical Staff Rules and Regulations of Texas Cypress Creek Hospital § 5.4.1 (Jan. 2019, Sept. 2020, and Jan. 2021).

³⁰ Medical Staff Rules and Regulations of Texas Cypress Creek Hospital § 5.4.1 and § 5.4.6 (Jan. 2019, Sept. 2020, and Jan. 2021).

Chapter 3.1: Admission Orders Were Not Always Completed or Completed Timely

All 40 sampled records, those for voluntary as well as involuntary patients, included a written and signed physician admission order. However, Cypress Creek did not always complete all required elements of the admission orders, as shown in Figure 6:

Figure 6: Results of Testing for Admission Orders



Source: OIG Audit

For voluntarily admitted patients, a physician must issue an admission order in writing, verbally, or electronically. If the order is issued verbally or electronically, Texas Administrative Code requires the physician to sign the order within 24 hours after its issuance.³¹ Cypress Creek's rules and regulations require physicians to sign admission orders within 48 hours of being issued for both voluntarily and involuntarily admitted patients.³²

³¹ 25 Tex. Admin. Code § 411.461 (g) (Jan. 1, 2004).

³² Medical Staff Rules and Regulations of Texas Cypress Creek Hospital § 5.4.1 (Jan. 2019, Sept. 2020, and Jan. 2021).

All physician orders must be signed, dated and the time noted.³³ Without both the date and time noted on the admission order, it was not clear whether the order was completed in the facility's required timeframe. Furthermore, Cypress Creek's rules and regulations did not address the signing, dating, and noting the time of voluntary admission orders within 24 hours. Without such precautions, Cypress Creek could have patients in its care without the appropriate admission authorization.

Recommendation 3.1

Cypress Creek should implement processes and update policies and procedures to ensure admission orders are appropriately completed within the required timeframes.

Management Response

Action Plan

The CEO and Director of Compliance, PI and Medical Staff Services met with the Medical Staff active psychiatrists in July 2022 to discuss this recommendation. The Medical Staff Bylaws, Rules and Regulations were modified to state specifically that Physician Admission Orders must be signed within 24 hours of a patient's admission. The psychiatrists were re-educated about the requirement for admission orders to be signed off within 24 hours. Additionally, since July 1, 2021 Admission Orders are entered into the electronic medical system, and the physicians e-signature, date and time print out in that system. All psychiatrists acknowledged full understanding and willingness to comply with these regulations.

The Director of Compliance, PI and Medical Staff Services audits thirty (30) medical records per month to verify that the inpatient admission orders have been e-signed by the physician within 24 hours of the patient's admission. The electronic medical records system automatically prints the date and time of the order being entered and the name, date and time of the physician signing electronically. The Director reports findings to the PI Committee and Medical

³³ Medical Staff Rules and Regulations of Texas Cypress Creek Hospital § 5.4.5 (Jan. 2019, Sept. 2020, and Jan. 2021).

Executive Committee (MEC) monthly and the Board of Governors (BOG) quarterly.

Responsible Manager

Director of Compliance, Performance Improvement and Medical Staff Services

Target Implementation Date

- Re-education completed July 14, 2022
- Audits will begin September 1, 2022

Chapter 3.2: Court Orders Were Not Always Retained as Required

Cypress Creek did not always ensure protective custody orders and emergency detention warrants were appropriately retained and documented in patients' medical records. Of ten involuntarily admitted patients tested, eight records (80 percent) were missing the appropriate court order. Of those eight:

- None of the eight medical records contained a protective custody order giving the hospital authority to detain the patient.
- Two medical records contained neither an emergency detention warrant nor a protective custody transfer order to document the circumstances of the patient's arrival at the hospital.

According to Cypress Creek's policy:³⁴

- Patients admitted under warrantless detention or emergency apprehension and detention must be evaluated to determine if the hospital will need to file for an emergency apprehension and detention warrant, if needed, and then begin the process to petition for protective custody orders.
- Patients brought in under court order will have protective custody orders.

Inpatient psychiatric hospitals must have documentation of whether the patient is on emergency detention or under a court order, including the court orders, as appropriate, in the medical records of involuntarily admitted patients.³⁵

While Cypress Creek documented whether the patients were on emergency detention or under a court order, it did not retain associated court orders for patients documented as involuntary, which could result in patients being held without proper authority. Cypress Creek's policy does not address retaining the written court orders in the patient's record.

³⁴ Cypress Creek Hospital "Admission Intake" Internal Guidance (provided by Cypress Creek on Dec. 1, 2021).

³⁵ 25 Tex. Admin. Code § 411.488 (a)(1) (Jan. 1, 2004).

Recommendation 3.2

Cypress Creek should implement processes to ensure that court orders are obtained and retained to document patients' involuntary admission to the facility.

Management Response

Action Plan

During 2020 the region's mental health courts closed due to COVID, hearings were conducted virtually, and the courts did not routinely and reliably provide copies of court orders to the facility. Beginning in October of 2021, the mental health courts changed their procedures and began emailing the Orders of Protective Custody (OPC), Continuances and Case Dismissals to the facility's Court Liaison and Compliance Officer. On March 30, 2022, the Harris County Mental Health Courts resumed in-person filing of all OPC documents. The Cypress Creek Court Liaison travels to the Harris County Mental Health Courts each weekday to file Emergency Detention Warrant documents, Order of Protective Custody documents, Requests for forced Psychoactive Medications and Continuances for active cases as needed. The Court Liaison also requests and obtains copies of the legal documents for any patient who was admitted to Cypress Creek Hospital with a Transfer Order signed by the Judge after the transferring facility filed for and received the Emergency Detention Warrant. The Court Liaison files all court paperwork retrieved in person and received via e-mail each weekday in the appropriate patient's medical record. The Court Liaison also maintains and consults each weekday a computerized Involuntary Tracking Log that lists all Involuntary patients at Cypress Creek Hospital, the dates of their hearings and dates additional paperwork might be due to the mental health courts.

The Director of Compliance, PI and Medical Staff Services audits thirty (30) Involuntary patient charts per month to verify that all required court documents are filed in the patient's medical record until substantial compliance has been achieved for four consecutive months. The Director will report findings to the PI Committee and Medical Executive Committee (MEC) monthly and the Board of Governors (BOG) quarterly.

Responsible Manager

Director of Compliance, Performance Improvement and Medical Staff Services

Target Implementation Date

- Process implemented April 1, 2022
- Audits will begin September 1, 2022

Acknowledgment and Consent

In addition to consenting to receive certain medications, inpatient psychiatric hospital patients must also acknowledge their rights, participate in their treatment planning, and consent to certain treatments.

Prior to voluntary admissions, prospective patients must request admission in writing. This signed request must include a statement consenting to diagnosis, observation, care, and treatment until the patient is discharged. All the sampled records of voluntarily admitted patients included the required written consent.

The facility must verbally inform patients of their rights in their primary language using plain and simple terms. The patient acknowledges this information was provided verbally by signing, dating, and initialing the Patient's Bill of Rights form. If the patient is unable or unwilling to sign the form, a brief explanation of the reason should be added along with the signatures of the person who explained the rights and a third-party witness.³⁶

After a patient is admitted, a physician, in coordination with the patient and patient's treatment team, will determine what treatment is appropriate. This process is documented on the interdisciplinary treatment plan, which is required to be signed by the interdisciplinary treatment team, including the treating physician, nurse, a licensed social worker, the patient, and any other responsible party listed on the treatment plan.³⁷

To provide explicit safeguards for psychiatric patients, Texas Administrative Code establishes appropriate limits for the therapeutic use of electroconvulsive therapy.³⁸ Patients or their legally authorized representatives must explicitly consent to electroconvulsive therapy.³⁹ As required, Cypress Creek obtained consent prior to each electroconvulsive therapy treatment session for both voluntary and involuntary patients; however, Cypress Creek did not use the

³⁶ 25 Tex. Admin. Code § 404.163 (Dec. 10, 1993).

³⁷ 25 Tex. Admin. Code § 411.453 (16–17) (Jan. 1, 2004).

³⁸ 25 Tex. Admin. Code § 405.101 (Dec. 10, 1993).

³⁹ 25 Tex. Admin. Code § 405.108 (Feb. 11, 1998).

electroconvulsive therapy forms provided by the state or include all the required information on its internally created forms.⁴⁰

⁴⁰ 25 Tex. Admin. Code § 405.117 (Feb. 11, 1998).

Chapter 4.1: Acknowledgment of Patient Rights Were Not Always Completed or Completed Timely

All 40 records tested contained the Patient's Bill of Rights form signed by the staff who explained the patient's rights. However, the required fields on the Patient's Bill of Rights form were not always completed.

Two patients refused to sign: an explanation was not provided for one and neither had a third-party witness. Of the 38 remaining forms tested, 11 had at least one error with signing or initialing as shown in Table 3. A patient may have had more than one error.

Table 3: Results of Testing for Patients' Bill of Rights Acknowledgment

Test	Errors	No Error
Patient signed	2	36
Patient Initialed that the rights were explained	10	28
Patient Initialed that they received a copy	9	29
At least one error with signing or initialing	11	27

Source: OIG Audit

Of the 27 patients that did sign and initial the Patients' Bill of Rights form, two were not completed timely.

The facility must verbally inform all patients of their rights in their primary language using plain and simple terms, ensuring:

- Voluntary patients are informed of their rights prior to admission.
- Involuntary patients are informed of their rights within 24 hours of admission.⁴¹

Cypress Creek policies and procedures did not address the patient initialing the acknowledgment, signing, or dating the Patient's Bill of Rights. In addition, it did not address entering a reason for patient's refusal to sign and requiring a third-party signature. Ensuring that patients are aware of their rights would help

⁴¹ 25 Tex. Admin. Code § 404.163 (Dec. 10, 1993).

Cypress Creek protect the health, safety, and rights of patients receiving mental health treatment in its hospital.

Recommendation 4.1

Cypress Creek should update its policies and procedures to ensure all the required fields on the Patient's Bill of Rights form are completed, including:

- Patients initialing the required elements of the form.
- Patients signing and dating the form.
- When patients are unable or refuse to sign, the form includes:
 - The reason the patient did not sign.
 - The signature of a third-party witness.

Management Response

Action Plan

The Director of Intake reviewed and revised the policies and procedures for informing patients being admitted of their rights. Revisions clarified the elements of the form that patients must initial; that patients must sign and date the Patient's Bill of Rights; and that if a patient is unable or unwilling to initial or sign, the staff member who explain the rights should enter a brief explanation of the reason why the patient did not sign, sign the form, and have a third-party witness sign the form. The Director of Intake is conducting mandatory face-to-face in-services for all Intake staff to re-educate them on the revised policies and these requirements. This education is also being added to the Intake New Hire Orientation for all newly hired staff.

The Director of Intake audits thirty (30) medical records per month to verify that the Patient's Bill of Rights form has been fully completed in compliance with these requirements and the revised policy. This level of monitoring will continue until staff demonstrate substantial compliance for four consecutive months. The Director reports findings to the PI Committee and Medical Executive Committee (MEC) monthly and the Board of Governors (BOG) quarterly.

Responsible Manager

Director of Intake

Target Implementation Date

- Training began August 22, 2022
- Audits will begin September 1, 2022

Chapter 4.2: Interdisciplinary Treatment Plans Were Not Always Completed as Required

Hospitals provide inpatient mental health treatment to a patient under the direction of a physician and in accordance with the patient's interdisciplinary treatment plan. The treatment plan should be appropriate to the needs and interests of the patient and be directed toward restoring and maintaining optimal levels of physical and psychological functioning. All interdisciplinary treatment plans must be completed and signed by all members of the interdisciplinary treatment team within 72 hours of the patient's admission.⁴²

OIG Audit initially selected a sample of 40 patient records to test whether:

- The patients' medical record contained an interdisciplinary treatment plan.
- The treatment plan was completed within 72 hours of admission.
- The treatment plan was signed by all members of the interdisciplinary treatment team.

Based on the results of testing, OIG Audit requested an additional 20 records to further test whether interdisciplinary treatment plans were in the patients' records and whether they were completed within 72 hours.

Out of a sample of 60 medical records, 3 patients were discharged within 72 hours and did not require an interdisciplinary treatment plan. Of the remaining 57 records, all 57 records contained interdisciplinary treatment plans.

Not All Interdisciplinary Treatment Plans Were Signed by the Treatment Team Within 72 Hours

Of the 57 treatment plans tested, 21 (36.8 percent) were not signed by the interdisciplinary treatment team within 72 hours. If not all members of the treatment team participate in the treatment plan and complete it within 72 hours, patients may not get the necessary care during their stay.

⁴² 25 Tex. Admin. Code § 411.471 (c)(2) (Jan. 1, 2004).

Interdisciplinary Treatment Plans Were Missing Team Member Signatures

Of the initial sample of 40 patient records, one patient was discharged prior to the 72 hours, leaving 39 interdisciplinary treatment plans for which completed treatment plans were required. All 39 treatment plans tested (100 percent) were missing one or more required signatures. Specifically:

- 23 were missing both the licensed social worker's and activity therapist's signatures.
- 13 were missing the activity therapist's signature.
- 2 were missing the licensed social worker's signature.
- one was missing the activity therapist's, licensed social worker's, and nurse's signatures.

According to Texas Administrative Code, Cypress Creek must provide inpatient mental health treatment to a patient in accordance with the patient's treatment plan.⁴³ Treatment includes medical services, nursing services, social services, therapeutic activities if ordered, and psychological services if ordered.⁴⁴

Therapeutic activities, which includes both activity and clinical therapy, are ordered for every patient at Cypress Creek; therefore, the treating physician, nurse, licensed social worker, activity therapist, and clinical therapist must sign the interdisciplinary treatment plan.

The patient is also required to sign the interdisciplinary treatment plan.⁴⁵ If the patient is unable or refuses to sign, the reason must be documented in the patient's medical record.⁴⁶ The patient's signature on this form shows they had the opportunity to contribute and consent to the proposed treatment. All 39 patients tested signed the interdisciplinary treatment plan.

⁴³ 25 Tex. Admin. Code § 411.471 (a) (Jan. 1, 2004).

⁴⁴ 25 Tex. Admin. Code § 411.453 (17) (Jan. 1, 2004).

⁴⁵ 25 Tex. Admin. Code § 411.453 (16) and § 411.471 (c)(2) (Jan. 1, 2004).

⁴⁶ 25 Tex. Admin. Code § 411.471 (c)(2) (Jan. 1, 2004).

Cypress Creek's policy considers the interdisciplinary treatment team to consist of:

- Physician
- Nurses
- Activity and clinical therapists, as appropriate
- The patient

The policy requires the specified individuals to sign treatment plans as members of the interdisciplinary treatment team; however, staff did not consistently follow Cypress Creek's policy by ensuring the members of the team signed the form. Additionally, Cypress Creek's policy does not include a licensed social worker as a member of the interdisciplinary treatment team. If all members of the treatment team do not participate in the treatment plan, patients may not get the appropriate care they need.

Recommendation 4.2

Cypress Creek should update its policies and procedures to ensure:

- All team members sign the interdisciplinary treatment plan within 72 hours.
- The licensed social worker is included as a required member of the interdisciplinary treatment team.
- The nurse always signs the treatment plan.
- The activity therapist and other modality representatives sign the treatment plan when corresponding services are ordered.

Management Response

Action Plan

The Director of Clinical Services (DCS) met with the clinical staff in July 2022 to discuss this recommendation. The DCS reviewed and confirmed the treatment plan policy's compliance with the rules. The clinical staff were re-educated about the Policy and Procedure for the Interdisciplinary Treatment Plan process, with emphasis on the requirements for all team members (including nurses in every instance) to sign the treatment plan within 72 hours of the patient's admission, for including the licensed social worker as a required

member of the treatment team, and for the activity therapist and other modality representatives to participate in treatment planning and to sign the treatment plan if their services are ordered for the patient. This education is being added to the Clinical Services New Hire Orientation.

The Director of Clinical Services audits thirty (30) medical records per month to verify that all team members signed the treatment plan within 72 hours of the patient's admission, including the licensed social worker, the nurse, and the activity therapist and other modality representatives if their services are ordered. Monitoring will continue at this level until substantial compliance has been achieved for four consecutive months. The Director will report findings to the PI Committee and Medical Executive Committee (MEC) monthly and the Board of Governors (BOG) quarterly.

Responsible Manager

Director of Clinical Services

Target Implementation Date

- Re-education completed July 14, 2022
- Audits will begin September 1, 2022

Chapter 4.3: Consent Forms Did Not Always Contain the Required Information

When discussing inpatient treatment, psychiatric hospitals must provide specific information to the patient and include certain elements on the consent forms and the treatment plans. Specifically, staff must:

- Obtain a signed written consent documenting that the ten required elements related to the use of psychoactive medications were explained to the patient and the patient's legally authorized representative.⁴⁷
- Obtain a signed written consent for the use of electroconvulsive therapy using the forms set forth in Texas Administrative Code entitled "Disclosure and Consent for Electroconvulsive Therapy" and "Supplemental Statement."⁴⁸
- Affirm, by a patient's signature, the interdisciplinary treatment plan was created in conjunction with or reviewed with the patient. The written treatment plan must include 16 required elements.⁴⁹

Cypress Creek's standard interdisciplinary treatment plan forms did contain all the required information; however, consent forms created by Cypress Creek did not include all the information required by Texas Administrative Code.

Specifically:

- For the psychoactive medication consent forms, 10 of the 13 standard forms used (76.9 percent) did not include all the required information.
- The internally created electroconvulsive therapy consent forms did not allow for specific indications, risks, and an explanation of why other treatments are not recommended.

⁴⁷ 25 Tex. Admin. Code § 414.404 and § 414.405 (Aug. 31, 2004).

⁴⁸ 25 Tex. Admin. Code § 405.108 (d) (Feb. 11, 1998).

⁴⁹ 25 Tex. Admin. Code § 411.471 (b) and (c) (Jan. 1, 2004).

All the required information is needed when obtaining consent to help patients fully understand their rights or the risks and benefits associated with the prescribed treatment.

Recommendation 4.3

Cypress Creek's standard consent forms should include all the required information consistent with Texas Administrative Code.

Management Response

Action Plan

The Director of Pharmacy revised all psychoactive medication consent forms to include the required information listed in 25 Texas Administrative Code §414.404. The revised forms are being placed on the public drive so that all nurses may access them for use. The CNO and Nurse Managers are notifying all nurses of the change in the medication consent forms and where they are located.

The Director of Compliance, PI and Medical Staff Services and the ECT Coordinator submitted the two State of Texas ECT forms to the hospital's printer on August 9, 2022, to be printed and posted for use by ECT staff. The ECT Coordinator is notifying all ECT staff of the implementation of the new consent forms and where they are located.

The Director of Compliance, PI and Medical Staff Services audits thirty (30) medical records per month to verify that the revised Medication Consent Forms are being used and fully completed. Monitoring will continue at that level until substantial compliance has been reached for four consecutive months. The Director reports findings to the PI Committee and Medical Executive Committee (MEC) monthly and the Board of Governors (BOG) quarterly.

The ECT Coordinator audits thirty (30) medical records per month to verify that the new Consent form and Supplemental Statement are being used and fully completed. Monitoring will continue at this level until compliance has been reached for four consecutive months. The ECT Coordinator will report findings to the PI Committee and Medical Executive Committee (MEC) monthly and the Board of Governors (BOG) quarterly.

Responsible Manager

Director of Compliance, Performance Improvement and Medical Staff Services

Target Implementation Date

- Forms revised August 9, 2022
- Forms implemented August 21, 2022
- Audit will begin September 1, 2022

Days at Facility

Patients are considered inpatient from the day the physician, verbally or in writing, orders a patient to be admitted through the day the physician, verbally or in writing, orders a patient to be discharged.⁵⁰ Cypress Creek admissions staff register patients in the registration system after the intake staff have completed an assessment and a physician has initiated an inpatient admission order.

Chapter 5: Cypress Creek Sometimes Billed for Days Before the Patient Was Admitted to the Facility

Cypress Creek billed the applicable rate per day, \$787, for the date prior to the official admission date for 3 of the 60 sampled records, resulting in a \$2,361 overpayment. The three patients were voluntarily admitted.

When a patient comes to the facility to be voluntarily admitted, an intake nurse will complete an intake assessment. After the assessment is completed, the intake nurse will call the attending physician or physician on call. The physician will decide if the patient meets criteria for an inpatient stay. If the patient meets criteria for an inpatient stay, the physician issues an admission order, and a staff member adds the patient to Cypress Creek's registration system.

If a patient comes to the hospital late at night, the intake assessment may have one date while the admitting physician's order may have the following day's date. When staff enter the patient into Cypress Creek's registration system, they may choose the wrong date as the date of admission.

All three voluntary patients were in the preadmission area before midnight, but the admitting physician did not issue orders indicating the patients could be admitted until early the following day. All three patients were admitted between midnight and 3:00 a.m.

The intake and admitting staff did not ensure the date of admission in Cypress Creek's registration system was based on the physician's admission order,

⁵⁰ Medical Staff Rules and Regulations of Texas Cypress Creek Hospital § 5.4.6 (Jan. 2019, Sept. 2020, and Jan. 2021).

resulting in overbilling. By not entering the correct date of admission, the facility billed more than allowed.

Recommendation 5

Cypress Creek should:

- Repay the \$2,361 overpayment.
- Update policies and procedures to ensure the first day charged is based on the date of the physician admission order.

Management Response

Action Plan

The Chief Financial Officer will initiate the repayment of \$2,361 overpayment upon receipt of the letter and instructions from the State OIG. The Director of Intake reviewed and confirmed the policy regarding admission of patients to clarify that the date and time of a patient's admission is the date and time that the admitting physician issues the admission order. The Director of Intake is conducting mandatory face-to-face in-services for all Intake staff to re-educate them on the updated admission policy, emphasizing that a patient's admission date and time entered into the MS4 system matches the date and time that the admitting physician gives the Intake staff the order to admit the patient to the hospital. This education is being added to the Intake New Hire Orientation.

The Director of Intake audits thirty (30) medical records per month to verify that the date and time of the patient's admission that is entered into the MS4 system matches the date and time that the admitting physician gives the Intake staff the order to admit the patient to the hospital. Monitoring at this level will continue until substantial compliance has been reached for four consecutive months. The Director will report findings to the PI Committee and Medical Executive Committee (MEC) monthly and the Board of Governors (BOG) quarterly.

Responsible Manager

Director of Intake

Target Implementation Date

- Training will begin August 22, 2022
- Audits will begin September 1, 2022

Inpatient Facility Requirements

Inpatient psychiatric hospitals have general administrative requirements they must follow. This includes ensuring:

- Physicians are qualified to work at the facility and with Medicaid patients.
- The facility has proper signage posted for patients, visitors, or staff to (a) file a complaint, (b) report abuse and neglect, or illegal, unethical, or unprofessional conduct, and (c) view the patient's rights while in the facility.
- Patients are able to make private telephone calls.

OIG Audit visited Cypress Creek on March 1, 2022, to observe physical inpatient facility requirements.

Chapter 6: Cypress Creek Followed Inpatient Facility Requirements

Cypress Creek ensured its physicians were qualified to work with Medicaid patients, required signage was posted, and patients had the ability to make private telephone calls.

Physicians Were Qualified to Work with Medicaid Patients

Cypress Creek physicians (a) held a valid Texas medical license, (b) were Medicaid providers, and (c) were not listed on the Texas HHSC-OIG exclusion website. By ensuring proper physician licensing and approval, Cypress Creek works to ensure patients receive care from a qualified physician. Without these precautions, the patient may receive unsafe care and the state may make unsupported payments to the provider or facility.

Proper Signage Was Prominently Displayed

Cypress Creek ensured copies of the Patient's Bill of Rights as well as signage on how to report abuse, neglect, and exploitation were prominently displayed throughout the facility in English and Spanish. Adequate signage on how to report and the responsibility to report abuse, neglect, or illegal, unethical, or

unprofessional conduct to the appropriate authorities, may prevent abuse, neglect, or illegal, unethical, or unprofessional conduct from occurring or continuing.

Patients Had Access to Make Private Telephone Calls

Cypress Creek ensured patients had access to working telephones to communicate with people outside the facility, as detailed in the Patient's Bill of Rights. By providing this access, Cypress Creek is protecting the rights of patients receiving mental health treatment.

Appendix A: Objective, Scope, and Criteria

Objective and Scope

The audit objective was to determine whether Cypress Creek completed admission, commitment, and specific consent requirements for STAR+PLUS members receiving inpatient psychiatric services in accordance with selected federal and state regulations, rules, and policies.

The audit scope examined STAR+PLUS claims processed by United and associated documentation with service dates from September 1, 2019, through February 28, 2021.

Criteria

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

- 25 Tex. Admin. Code Chapters 404 (1993), 405 (1998), 411 (2004), and 414 (2004)
- 26 Tex. Admin. Code Chapter 510 (2019)
- Tex. Health & Safety Code Chapters 321 (2015), 572 (2013 and 2019), 573 (2017), 574 (1993), and 576 (2005)
- Texas Occupation Code Chapter 157 (2019)
- Medical Staff Rules and Regulations of Texas Cypress Creek Hospital
- Cypress Creek Hospital, "Admission Intake" Internal Guidance

Appendix B: Detailed Methodology

OIG Audit issued an engagement letter to Cypress Creek on January 31, 2022, providing information about the upcoming audit, and conducted fieldwork from February 2022 through June 2022.

OIG Audit also reviewed Cypress Creek's system of internal controls, including components of internal control,⁵¹ within the context of the audit objectives by:

- Interviewing Cypress Creek staff with oversight responsibilities for admissions and intake, interdisciplinary treatment plans, and medication administration.
- Reviewing relevant documentation, such as policies, procedures, and medical records.
- Performing selected tests of the relevant documentation.

Data Reliability

OIG Audit assessed the reliability of data provided by Cypress Creek by tracing encounter data to the claims United paid. OIG Audit determined that the data was sufficiently reliable for the purpose of this audit.

Testing Methodology

OIG Audit collected information for this audit through discussions, interviews, a facility site visit, and electronic communications with Cypress Creek's staff. OIG Audit reviewed:

- Medical records for an initial sample of 40 patient records billed to United during the audit period.
- Medical records for an expanded sample of 20 additional patient records billed to United during the audit period.

⁵¹ 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).

- Relevant Cypress Creek policies and procedures.
- On-site postings and access to telephones.

For this audit, OIG Audit used two sample sets of paid claims with service dates ranging from September 1, 2019, through February 28, 2021. The audit team selected an initial sample of 40 paid claims for testing. The sample included the entire patient record for each claim. OIG Audit then expanded the sample for selected additional testing. The expanded sample contained 20 paid claims, but only included select records for each claim.

For the claims in the initial sample, OIG Audit tested Cypress Creek's compliance in six areas: (a) psychiatric evaluations, (b) psychoactive medication orders and consent forms, (c) voluntary and involuntary admission orders, (d) non-medication acknowledgments and consent forms, (e) billing for days at the facility, and (f) treatment plans and consent forms. For the claims in the expanded sample, OIG Audit tested select attributes in three areas: (a) psychiatric evaluations, (b) treatment plans, and (c) days at facility.

The audit team reviewed physician qualifications for Medicaid participation. Additionally, the audit team conducted an on-site visit to review facility conditions and requirements including (a) information postings and signage and (b) patient access to make private telephone calls while admitted to the facility. This report details results, issues, and recommendations in those areas, when applicable.

Sampling Methodology

Auditors selected nonstatistical samples related to Cypress Creek through risk-based selection. The sample items were not necessarily representative of the population; therefore, it would not be appropriate to project the test results to the population.

Appendix C: Summary of Recommendations

Table C.1: Summary of Recommendations to Cypress Creek

No.	Recommendation	Responsible Manager	Target Implementation Date
1.1	<p>Cypress Creek should ensure:</p> <ul style="list-style-type: none"> Patients are discharged within four hours of request if the physician does not have a reasonable cause to detain the patient. A decision to detain a patient beyond four hours of the request and the reasons for such decision are made a part of the patient's clinical record. 	Director of Compliance, Performance Improvement and Medical Staff Services	September 1, 2022
1.2	<p>Cypress Creek should implement processes and update procedures to ensure:</p> <ul style="list-style-type: none"> Psychiatric evaluations are completed within the required timeframe based on type of admission. Psychiatric evaluations are completed by a physician. Documentation clearly indicates the date and time the psychiatric evaluation was performed. 	Director of Health Information Management	July 1, 2021
2.1	Cypress Creek should ensure physicians follow its policies and procedures to sign medication orders within the required timeframe.	Director of Compliance, Performance Improvement and Medical Staff Services	July 1, 2021

No.	Recommendation	Responsible Manager	Target Implementation Date
2.2	<p>Cypress Creek should implement policies and procedures to ensure:</p> <ul style="list-style-type: none"> • Medication consent forms are obtained prior to psychoactive medication administration. • Patients, legally authorized representatives, or witnesses, as appropriate, sign and date the consent forms. • Staff, as appropriate, and physicians sign and date the consent forms. 	Chief Nursing Officer	September 1, 2022
3.1	Cypress Creek should implement processes and update policies and procedures to ensure admission orders are completed within the required timeframes.	Director of Compliance, Performance Improvement and Medical Staff Services	September 1, 2022
3.2	Cypress Creek should implement processes to ensure that court orders are obtained and retained to document patients' involuntary admission to the facility.	Director of Compliance, Performance Improvement and Medical Staff Services	September 1, 2022
4.1	<p>Cypress Creek should update its policies and procedures to ensure all the required fields on the Patient's Bill of Rights form are completed, including:</p> <ul style="list-style-type: none"> • Patients initialing the required elements of the form. • Patients signing and dating the form. • When patients are unable or refuse to sign, the form includes: <ul style="list-style-type: none"> ○ The reason the patient did not sign ○ The signature of a third-party witness. 	Director of Intake	September 1, 2022

No.	Recommendation	Responsible Manager	Target Implementation Date
4.2	<p>Cypress Creek should update its policies and procedures to ensure:</p> <ul style="list-style-type: none"> • All team members sign the interdisciplinary treatment plan within 72 hours. • The licensed social worker is included as a required member of the interdisciplinary treatment team. • The nurse always signs the treatment plan. • The activity therapist and other modality representatives are included as part of the treatment team when corresponding services are ordered. 	Director of Clinical Services	September 1, 2022
4.3	Cypress Creek's standard consent forms should include all the required information consistent with Texas Administrative Code.	Director of Compliance, Performance Improvement and Medical Staff Services	September 1, 2022
5	<p>Cypress Creek should:</p> <ul style="list-style-type: none"> • Repay the \$2,361 overpayment. • Update policies and procedures to ensure the first day charged is based on the date of the physician admission order. 	<ul style="list-style-type: none"> • Chief Financial Officer • Director of Intake 	September 1, 2022

Source: OIG Audit

Appendix D: Resources for Additional Information

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

For more information on STAR+PLUS:

"STAR+PLUS," HHSC, <https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus> (accessed May 9, 2022)

For more information on Cypress Creek Hospital:

Homepage, Cypress Creek Hospital, <https://www.cypresscreekhospital.com/> (accessed May 9, 2022)

For more information on UnitedHealthcare:

Homepage, United HealthCare Services, Inc., <https://www.uhc.com/> (accessed May 9, 2022)

Appendix E: Report Team and Distribution

Report Team

OIG staff members who contributed to this audit report include:

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- Susan J. Parker, CPA, Audit Project Manager
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- Kathryn Wolf, Staff Auditor
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Report Distribution

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- Maurice McCreary, Jr., Chief Operating Officer
- Jordan Dixon, Chief Policy and Regulatory Officer
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Cypress Creek Hospital

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- Stephen Copeland, Chief Financial Officer
- Patrick Kearns, Chief Nursing Officer
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- Alexandria Loya, Director of Health Information Management
- Joshua Petty, Director of Intake Services
- Joy Draper, Director of Clinical Services
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United Healthcare Community Plan

- Deborah L. Deska, Compliance Officer
- Annel Llanes, Accredited Health Care Fraud Investigator, Senior Compliance Analyst, Audit Management
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Appendix F: 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