

# **Inspections Report**

# Mental Health Private Psychiatric Bed Funds

**PermiaCare** 

June 16, 2023 OIG Report No. INS-23-010



# Mental Health Private Psychiatric Bed Funds

PermiaCare

# **Results in Brief**

## Why OIG Conducted This Inspection

News articles from March 2021 raised questions about contract oversight for mental health private psychiatric bed funds, as well as the quality of care provided at the private psychiatric hospitals receiving mental health private psychiatric bed funds. The Texas Health and Human Services Office of Inspector General Audit and Inspections Division (OIG Inspections) conducted an inspection of PermiaCare's use and oversight of funds provided to private psychiatric hospitals to provide inpatient mental health services to eligible clients.

## **Summary of Review**

The inspection objective was to determine whether PermiaCare used mental health private psychiatric bed funds in accordance with certain elements of the statement of work in its HHSC contract. The inspection scope covered the period from September 1, 2021, through August 31, 2022.

## **Background**

PermiaCare is a local mental health authority that provides outpatient clinical services and subcontracts with private psychiatric hospitals for inpatient services. It serves eight counties in West Texas. In August 2021, PermiaCare signed a contract with HHSC for \$449,684 in mental health private psychiatric bed funds for state fiscal year 2022.

#### **Key Results**

For the inspection scope period, PermiaCare facilitated 78 client hospitalizations using the mental health private psychiatric bed funds available. However, of the 78 inpatient hospitalizations, PermiaCare:

- Overpaid a total of \$15,569 for 8 (10.3 percent) hospitalizations.
- Underpaid \$30,909 for 11 (14.1 percent) hospitalizations.
- Paid 2 invoices twice.
- Paid for 9 continued stays that were not approved.

PermiaCare grants an initial authorization of five days when approving hospital admissions. If a stay longer than five days is necessary, PermiaCare requires private psychiatric hospitals to submit an email to PermiaCare for approval prior to the patient's fifth day of initial hospitalization. Of the 78 hospitalizations, 52 stays were continued beyond the initial five days. PermiaCare did not approve 9 of the 52 continued stays (17.3 percent). Of the 43 patient records with approved continued hospital stays:

- 34 of 43 (79.1 percent) did not have a request for a continued stay prior to the fifth day of hospitalization.
- 7 of 43 (16.3 percent) were approved for less than the duration of the hospitalization.

#### Recommendations

PermiaCare should:

- Strengthen internal controls over payment processes for accurate payment of invoices.
- Review all payments made from the beginning of its contract with HHSC in 2021 to identify and resolve any potential overpayments, underpayments, or duplicate payments.
- Strengthen its internal controls to ensure continued stay authorizations meet contract requirements.

#### **Management Response**

OIG Inspections presented preliminary inspection results, observations, and recommendations to PermiaCare in a draft report dated June 1, 2023. PermiaCare agreed with the inspection recommendations and indicated all corrective actions would be implemented by July 2023. PermiaCare's management responses are included in the report.

For more information, contact: OIGInspectionsReports@hhs.texas.gov

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# Inspection Overview

#### **Overall Results**

The Texas Health and Human Services (HHS) Office of Inspector General Audit and Inspections Division (OIG Inspections) conducted an inspection of PermiaCare's use and oversight of funds provided to private psychiatric hospitals to provide inpatient mental health services to eligible clients. PermiaCare is a local mental health authority (LMHA) contracted with the Texas Health and Human Services Commission (HHSC) to provide mental health services.

For the inspection scope period, PermiaCare facilitated 78 client hospitalizations using the mental health private psychiatric bed funds available.

However, PermiaCare did not have effective internal controls for continued stay authorizations and payment processes. As a result, PermiaCare did not follow its policies for authorizing continued stays and paid some invoices incorrectly. Specifically, of the 78 hospitalizations, PermiaCare:

- Overpaid for 8 hospitalizations.
- Underpaid for 11 hospitalizations.
- Paid 2 invoices twice.
- Paid for 9 continued stays that were not approved.

OIG Inspections offered recommendations to PermiaCare, which, if implemented, will help PermiaCare consistently approve continued stay authorization requests and accurately pay for private psychiatric hospitalizations.

This report is considered written education in accordance with Texas Administrative Code.<sup>1</sup> Inspection findings identified in this report (a) may be referred to HHSC for potential pursuit of enforcement remedies or (b) may be subject to OIG administrative enforcement measures,<sup>2</sup> including administrative penalties.<sup>3</sup>

<sup>&</sup>lt;sup>1</sup> 1 Tex. Admin. Code § 371.1701 (May 1, 2016).

<sup>&</sup>lt;sup>2</sup> 1 Tex. Admin. Code § 371.1603 (May 20, 2020).

<sup>&</sup>lt;sup>3</sup> Tex. Hum. Res. Code § 32.039 (Apr. 2, 2015).

OIG Inspections presented preliminary inspection results, observations, and recommendations to PermiaCare in a draft report dated June 1, 2023. PermiaCare agreed with the inspection recommendations and indicated all corrective actions would be implemented by July 2023. PermiaCare's management responses are included in the report following each recommendation.

OIG Inspections thanks management and staff at PermiaCare for their cooperation and assistance during this inspection. Unless otherwise described, any year referenced is the state fiscal year, which covers the period from September 1 through August 31.

# **Objective**

The inspection objective was to determine whether PermiaCare used mental health private psychiatric bed funds in accordance with certain elements of the statement of work in its HHSC contract.

# Scope

The inspection scope covered the period from September 1, 2021, through August 31, 2022.

# **Background**

HHSC receives general revenue funds to contract with LMHAs and local behavioral health authorities (LBHAs) to expand inpatient mental health capacity (and other services). In 2022, 35 LMHAs and 2 LBHAs contracted with HHSC for \$81,794,819 in mental health private psychiatric bed funds to provide inpatient mental health services in their communities.

In August 2021, PermiaCare signed a two-year contract with HHSC, which resulted in the allocation of \$449,684 in mental health private psychiatric bed funds for 2022. In 2022, PermiaCare subcontracted with three private psychiatric hospitals to provide inpatient mental health services: Oceans Behavioral Hospital of the Permian Basin (Oceans Behavioral Hospital), River Crest Hospital, and Scenic Mountain Medical Center. PermiaCare serves Brewster, Culberson, Ector, Hudspeth, Jeff Davis, Midland, Pecos, and Presidio counties in West Texas, shown in Figure 1.

Figure 1: PermiaCare's Service Area

Source: OIG Inspections

PermiaCare provides services for:

- Mental health crises and emergencies
- Early childhood intervention
- Family resiliency
- Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) support
- Intellectual and developmental disability
- Mental health
- Substance use disorders
- Veterans

<sup>&</sup>lt;sup>4</sup> PermiaCare's prior contract with HHSC resulted in an allocation of \$215,309 in mental health private psychiatric bed funds for 2021.

# **What Prompted This Inspection**

News articles from March 2021 raised questions about contract oversight for mental health private psychiatric bed funds, as well as the quality of care provided at the private psychiatric hospitals receiving mental health private psychiatric bed funds.<sup>5,6</sup>

<sup>&</sup>lt;sup>5</sup> Stuckey, Alex, "Don't Take Me Back," Houston Chronicle(Mar. 4, 2021), https://www.houstonchronicle.com/news/investigations/article/In-Crisis-Texas-taxpayers-bills-mental-hospitals-15994234.php (Accessed Apr. 18, 2023).

<sup>&</sup>lt;sup>6</sup> Houston Chronicle Editorial Board, "Texas Doesn't Just Perpetuate Horrors in Mental Health System - It Subsidizes Them" (Mar. 12, 2021), <a href="https://www.houstonchronicle.com/opinion/editorials/article/Editorial-Texas-doesn-t-just-perpetuate-16019719.php">https://www.houstonchronicle.com/opinion/editorials/article/Editorial-Texas-doesn-t-just-perpetuate-16019719.php</a> (accessed Apr. 18, 2023).

# **Detailed Results**

OIG Inspections reviewed patient records for 78 private psychiatric bed fund hospitalizations at the three hospitals subcontracted by PermiaCare for these services: Oceans Behavioral Hospital, River Crest Hospital, and Scenic Mountain Medical Center. Of those 78 hospitalizations, 19 (24.4 percent) were paid incorrectly or not at all.

PermiaCare paid \$410,293.64 for inpatient hospitalizations using mental health private psychiatric bed funds, as shown in Table 1.

Table 1: Amounts PermiaCare Paid to Private Psychiatric Hospitals

Private Psychiatric Hospital	Amount Paid
Oceans Behavioral Hospital	\$258,660.00
River Crest Hospital	109,383.64
Scenic Mountain Medical Center	42,250.00
Total	\$410,293.64

Source: OIG Inspections

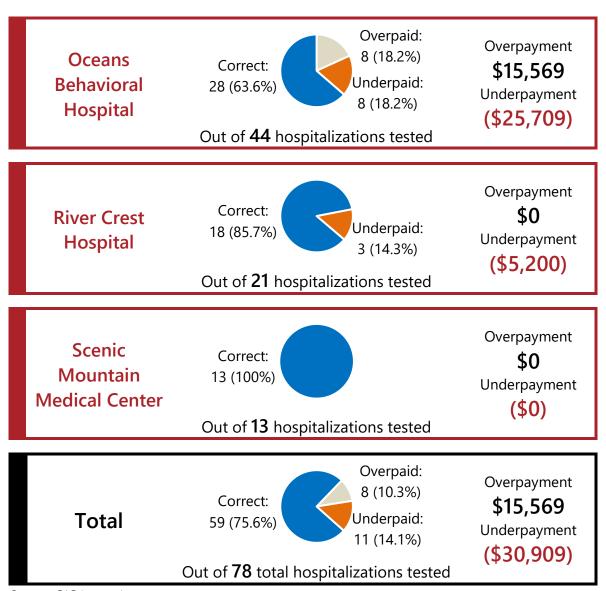
The following sections of this report provide additional detail about the findings of noncompliance observed by OIG Inspections.

# Observation 1: PermiaCare Made Payments for Private Psychiatric Hospitalizations That Were Inaccurate

PermiaCare overpaid for 8 hospitalizations and underpaid for 11 hospitalizations, based on (a) the patients' eligibility, admission, and discharge records and (b) PermiaCare's accounting records.

Figure 2 shows the number of hospitalizations tested and a breakdown of correct and incorrect payments per hospital and total results.

Figure 2: PermiaCare Payment Results



Source: OIG Inspections

Additionally, PermiaCare made two duplicate payments paying two invoices from Oceans Behavioral Hospital twice, which resulted in an overpayment of \$39,200.

PermiaCare did not have effective internal controls over accounting processes which resulted in overpayments, underpayments, and duplicate payments of private psychiatric hospitalization invoices.

## Overpayment for Private Psychiatric Bed Hospitalizations

PermiaCare overpaid a total of \$15,569 for 8 of 78 (10.3 percent) hospitalizations, specifically:

- Two payments for the same hospitalizations that appeared on multiple invoices: one payment of \$3,500 and the other for \$11,900.
- Six payments in which PermiaCare paid a higher daily rate than the hospital's rate of \$700.<sup>7</sup>

Table 2 details the overpayments.

Table 2: Overpayments PermiaCare Paid to Private Psychiatric Hospitals

Instance	Correct Payment	Amount Paid	Overpayment
Double Payment 1	\$ 3,500	\$ 7,000	\$ 3,500
Double Payment 2	11,900	23,800	11,900
Incorrect Rate 1	8,400	8,412	12
Incorrect Rate 2	4,900	4,914	14
Incorrect Rate 3	4,200	4,218	18
Incorrect Rate 4	6,300	6,336	36
Incorrect Rate 5	4,900	4,935	35
Incorrect Rate 6	6,300	6,354	54
Total			\$15,569

Source: OIG Inspections

<sup>&</sup>lt;sup>7</sup> Per PermiaCare's contract with HHSC, PermiaCare was funded to purchase bed days at a rate not to exceed \$700.00 per day. HHSC Contract #HHS001022200029, as amended, Attachment A07, § I.B (1) (Sept. 1, 2021).

### **Underpayment for Private Psychiatric Bed Hospitalizations**

For 11 of 78 (14.1 percent) hospitalizations, PermiaCare underpaid \$30,909. PermiaCare did not:

- Pay eight hospitalizations, totaling 41 unpaid days.
- Pay the total amount due to the hospitals for three hospitalizations.

Table 3 details the underpayments.

Table 3: Underpayments PermiaCare Made to Private Psychiatric Hospital

Type of Error	Amount Invoiced	Amount Paid	Underpayment	
Non-payment	\$ 4,900	\$ 0	\$ 4,900	
Non-payment	3,500	0	3,500	
Non-payment	4,200	0	4,200	
Non-payment	4,900	0	4,900	
Non-payment	5,600	0	5,600	
Non-payment	3,250	0	3,250	
Non-payment	650	0	650	
Non-payment	1,300	0	1,300	
Incomplete payment	4,900	4,200	700	
Incomplete payment	13,300	12,091	1,209	
Incomplete payment	5,600	4,900	700	
Total Underpaid \$30,909				

Source: OIG Inspections

### **Duplicate Payment of Invoices**

PermiaCare paid two invoices from Oceans Behavioral Hospital twice—a November 2021 invoice for \$14,000 and a May 2022 invoice for \$25,200—which resulted in an overpayment of \$39,200. PermiaCare applied a credit to a 2023 invoice from Oceans Behavioral Hospital for mental health private psychiatric bed funds to correct this overpayment.

#### **Recommendation 1**

PermiaCare should strengthen internal controls over payment processes for accurate payment of invoices. PermiaCare should review all payments made from the beginning of its contract with HHSC in 2021 to identify and resolve any potential overpayments, underpayments, or duplicate payments.

# **Management Response**

#### **Action Plan**

PermiaCare administers numerous state and federal grants during normal daily operations. Our oversight activities include audits from local, state, and federal funding agencies, in addition to, an annual audit by an independent CPA firm. Historically, internal controls have proven strong in mitigating audit risks related to PermiaCare's grant management responsibilities.

PermiaCare has identified two areas with higher than assessed initial audit risk that require adjustment to mitigate the issues identified during the OIG inspection.

- PermiaCare programmatic administration responsible for review and approval of each invoice prior to submission to accounts payable is maintaining an invoice review workpaper, including additional financial tracking of the amount paid for each client, in addition to existing attributes related to admission approval, confirmation of approved dates of extension, and discharge to neutralize duplicate payments for repeat billing of individual episodes of care.
- PermiaCare's Chief Financial Officer has retrained accounts payable on existing processes to review all invoices for prior payment, especially those without invoice numbers. Invoice numbers and aggregate amounts are used by the financial accounting software to flag invoices as potential duplicates during the weekly payment process which can greatly reduce the risk of paying for the same invoice twice.
- Finance and Accounting staff will conduct an annual end of year review of private psychiatric hospital payments. The review will replicate the inspection of the OIG review team, to ensure all episodes of care were paid properly and that no invoices or episodes of care were paid in duplicate. Any payment issues identified will be addressed with each private psychiatric hospital and settled prior to closing out the fiscal year.

## **Responsible Managers**

- Chief Operating Officer
- Chief Financial Officer

**Target Implementation Date** 

March 1, 2023

# Observation 2: PermiaCare Did Not Consistently Approve Continued Stay Authorizations for Private Psychiatric Hospitalizations, as Required

As required by HHSC contract, PermiaCare must develop and manage policies and procedures to oversee its subcontractors' patient admissions, service delivery, continued stay requests and patient discharge.<sup>8</sup>

PermiaCare has policies and procedures to oversee its contracted private psychiatric hospitals. In the policies, PermiaCare grants an initial authorization of five days when approving hospital admissions. If a stay longer than five days is necessary, PermiaCare requires private psychiatric hospitals to submit an email to PermiaCare for approval prior to the patient's fifth day of initial hospitalization. This request must include a justification for the continued stay, and the specific number of days required.

If PermiaCare agrees with the request for a continued stay, it provides a written authorization via email to the hospital with the number of days approved. The hospital must request the continued stay prior to the fifth day of admission.

Of the 52 hospitalizations with continued stays, 43 (82.7 percent) had approval and 9 (17.3 percent) were missing approval.

Of the 43 patient records with approved continued hospital stays:

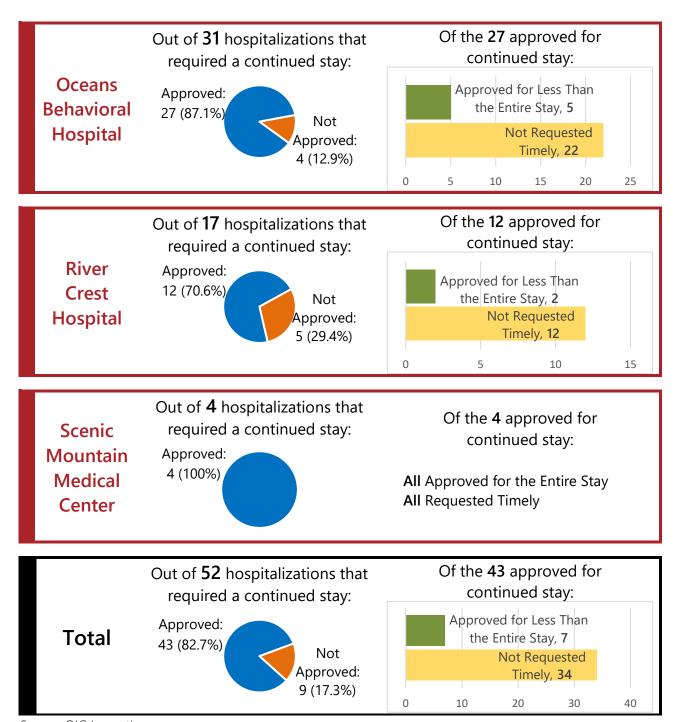
- 34 of 43 (79.1 percent) did have not a request for a continued stay prior to the fifth day of hospitalization.
- 7 of 43 (16.3 percent) were approved for less than the duration of the hospitalization.

<sup>&</sup>lt;sup>8</sup> HHSC Contract #HHS001022200029, as amended, Attachment A07, § I.D (1) (Sept. 1, 2021).

<sup>&</sup>lt;sup>9</sup> Permian Basin Community Centers DBA PermiaCare Community Based Services Agreement, Exhibit A, "Continued Stay Guidelines" (Sept. 2021).

Figure 3 shows a breakdown of hospitalizations requiring a continued stay by contracted hospital. Note that a single approved continued hospitalization could have more than one error.

Figure 3: Continued Hospitalizations Paid by PermiaCare



Source: OIG Inspections

PermiaCare's contracts with the hospitals state it is not responsible for paying continued stays when the hospital fails to obtain the requested authorization.<sup>10</sup> However, PermiaCare did pay for nine continued stays that were not supported by documented requests for authorization.

PermiaCare did not have effective internal controls over its continued hospitalization authorization process resulting in unapproved stays. Paying for continued stays without authorization may result in PermiaCare not meeting its contractual obligation to act as gatekeeper for patients.<sup>11</sup>

#### Recommendation 2

PermiaCare should strengthen its internal controls to ensure continued stay authorizations meet contract requirements.

# Management Response

#### **Action Plan**

PermiaCare has identified the area of internal control weakness that generated the issues identified by the OIG inspection team. We believe the matter is easily resolved.

• PermiaCare is required to provide a means of approving continued stays in our policies and procedures related to the private psychiatric bed (PPB) funding. While not required in the funding contract language from HHSC, PermiaCare set an initial stay authorization at five (5) days and required a request for continuation be in writing prior to the 5th day or payment would be withheld for any additional days. This language was unwavering and provided no grace for approval of an extension with proper documentation later in the episode of care. Workforce turnover and the rapid pace of psychiatric hospital admissions and discharges have demonstrated a need for more flexible contract language. PermiaCare staff administering the PPB program made reasonable judgments to assist the hospitals in overcoming barriers by taking verbal approvals for stay extensions and accepting continued stay authorizations later than the 5th working day. However, the contract was not properly amended to meet the necessary operational practice. PermiaCare has taken the following corrective actions:

<sup>&</sup>lt;sup>10</sup> Permian Basin Community Centers DBA PermiaCare Community Based Services Agreement, Exhibit A, "Continued Stay Guidelines" (Sept. 2021).

<sup>&</sup>lt;sup>11</sup> HHSC Contract #HHS001022200029, as amended, Attachment A07, § I.B (6) (Sept. 1, 2021).

- PermiaCare retrained the private psychiatric hospitals and PermiaCare staff on the email submission process for continued stay requests.
- Verbal authorization of continued stay requests is not allowed for formal approval but can provide an extension if followed by a continued stay request email that is approved prior to the client's discharge.
- PermiaCare is amending the language in each private psychiatric contract to state the following:
  - PermiaCare will approve an initial stay of five (5) days for each episode of care. Continuation of an episode of care beyond the five (5) days initially approved requires submission of a continued stay request via email to the PermiaCare Utilization Management Department at ppbauthorizations@permiacare.org. The Utilization Management Department will respond to continued stay requests via email within one business day. Private psychiatric hospitals are at-risk of non-payment for additional days of stay greater than five (5) days until approval has been received from PermiaCare prior to a client's discharge. PermiaCare reserves the right to approve or deny payment for additional days requested based on clinical information evidenced in continued stay request and may not pay for additional days if not justifiable to preserve the client's mental health and ensure a successful discharge into community treatment.

### **Responsible Manager**

**Chief Operating Officer** 

**Target Implementation Date** 

July 1, 2023

# Appendix A: Methodology, Standards, and Criteria

### **Detailed Methodology**

To achieve its objective, OIG Inspections collected information through
(a) interviews with the staff of PermiaCare and the staffs of the Behavioral Health
Contract Coordination Oversight and Support and Mental Health Programs, Policy,
and Planning Departments of the HHS Behavioral Health Services Division and
(b) a review of:

- PermiaCare's policies and procedures
- HHSC Interlocal Cooperation Contract with PermiaCare
- PermiaCare's accounting records and general ledger
- Admission and discharge authorization forms
- 2022 mental health private psychiatric bed invoices submitted to PermiaCare

OIG Inspections reviewed all invoices from Oceans Behavioral Hospital, River Crest Hospital, and Scenic Mountain Medical Center for patients eligible for mental health private psychiatric bed funds from September 1, 2021, through August 31, 2022. OIG Inspections compared the invoices to patient records to determine whether the days invoiced were correct based on admission and discharge dates. The invoices were also compared to PermiaCare check stubs and general ledger records to determine the amount paid for each invoice.

#### **Standards**

OIG Inspections conducts inspections of Texas HHS programs, systems, and functions. Inspections are designed to be expeditious, targeted examinations into specific programmatic areas to identify systemic trends of fraud, waste, or abuse. Inspection reports present factual data accurately, fairly, and objectively, and present findings, conclusions, and recommendations in a persuasive manner to strengthen program effectiveness and efficiency. OIG Inspections conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* issued by the Council of the Inspectors General on Integrity and Efficiency.

#### Criteria

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

- HHSC Contract #HHS001022200029 (2021), as amended
- Permian Basin Community Centers DBA PermiaCare Community Based Services Agreement with Ocean's Behavioral Health Center of the Permian Basin, d/b/a Oceans Behavioral Hospital of the Permian Basin (2021)
- Permian Basin Community Centers DBA PermiaCare Community Based Services Agreement with River Crest Hospital (2021)
- Permian Basin Community Centers DBA PermiaCare Community Based Services Agreement with Steward Health Care dba Scenic Mountain Medical Center (2021)
- PermiaCare Administrative Procedure No. MH024, "Private Psychiatric Beds (PPB) Procedure" (2020)

# Appendix B: Resources for Additional Information

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

#### For more information on PermiaCare:

PermiaCare, <a href="https://www.permiacare.org/">https://www.permiacare.org/</a> (accessed April 26, 2023)

### For more information on private psychiatric hospitals:

- Oceans Behavioral Hospital, <a href="https://oceanshealthcare.com/ohc-">https://oceanshealthcare.com/ohc-</a> location/permian-basin/ (accessed April 26, 2023)
- River Crest Hospital, <a href="https://rivercresthospital.com/">https://rivercresthospital.com/</a> (accessed April 26, 2023)
- Scenic Mountain Medical Center, https://www.scenicmountainmedical.org/ (accessed April 26, 2023)

# Appendix C: Report Team and Distribution

## **Report Team**

OIG staff members who contributed to this inspection report include:

- Bruce Andrews, CPA, CISA, Director of Inspections
- James Aldridge, CFE, Manager of Inspections
- Giovanna Gutierrez, Lead Inspector
- Bridney Jones, MPA, Senior Inspector
- Gabriella Berger, Inspector
- Mo Brantley, Senior Audit Operations Analyst

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- 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
- Nicole Guerrero, Chief Audit Executive
- Jose Garcia, Deputy Director of Compliance Division
- Stephen Pahl, Deputy Executive Commissioner for Regulatory Services
- Lucrece Pierre-Carr, Director of Crisis Services Unity
- Jennifer Miller, Director of Behavioral Health Contract Operations

#### **PermiaCare**

- Chris Barnhill, Chief Executive Officer
- Todd Luzadder, Chief Operating Officer
- Joshua Alaniz, Chief of Staff Administration
- Christian Marmol, Chief Financial Officer

# Appendix D: 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
- Kacy J. VerColen, Chief of Audit and Inspections
- Diane Salisbury, Chief of Data Reviews
- Susan Biles, Chief of Staff, Chief of Policy and Performance
- Erik Cary, Chief Counsel
- Matt Chaplin, Chief of Operations and Workforce Leadership
- Steve Johnson, Chief of Investigations and Reviews

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