

Audit Report

Cenikor Foundation

**Region 7 Substance Use
Disorder Treatment Provider**

**February 26, 2021
OIG Report No. AUD-21-008**



**Inspector
General**

**Texas Health
and Human Services**



HHS OIG

TEXAS HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

February 26, 2021

Audit Report

CENIKOR FOUNDATION

Region 7 Substance Use Disorder Treatment Provider

WHAT THE OIG FOUND

Cenikor did not consistently comply with core contractual requirements for providing adult substance use disorder program services in Region 7. Specifically, Cenikor did not:

- Ensure clients admitted into residential detoxification, intensive residential, supportive residential, and ambulatory detoxification received required monitoring for withdrawal management or counseling services. Cenikor did not provide evidence that it delivered all required monitoring or counseling services to the following clients tested:
 - 99 percent of clients admitted into its residential detoxification service
 - 70 percent of clients admitted into its intensive residential service
 - 47 percent of clients admitted into its supportive residential service
 - 100 percent of clients admitted into its ambulatory detoxification service

Further, of those admissions, 18 of 163 (11 percent) were missing support for 50 percent or more of the monitoring or counseling required.

- Provide evidence to support consistent performance of, and compliance with, program and contractual provisions related to medical and clinical requirements, obtaining required client consent, and referral and discharge follow-up procedures. For example:
 - Required client involvement in treatment planning, treatment plan reviews, and discharge planning was not consistently performed or supported for most service types tested.
 - Client consent, including opioid treatment consent form, was not consistently obtained for five service types tested.
 - Cenikor did not always perform required exams or authorize admissions for service types that required exams and authorizations.

Failure to provide required monitoring and counseling to clients in the detoxification and substance abuse programs, or comply with other medical, clinical, consent, and follow-up requirements, risks client health and safety and reduces the likelihood of achieving successful program outcomes. Without providing evidence that the services were provided, Cenikor cannot support certain claims paid by HHSC.

In addition, Cenikor did not (a) consistently place clients in service types consistent with and supported by the client's assessment and consent form or (b) sufficiently ensure direct care and clinical staff met TAC and contractual requirements related to qualifications, training and education, and supervision. This may result in placing clients in a costlier care setting than appropriate or providing services that do not meet clients' needs.

Audit issues identified in this report may be subject to liquidated damages or OIG administrative enforcement measures, including administrative penalties. Based on the results of this audit, OIG may audit additional Cenikor contracts.

BACKGROUND

HHSC-contracted substance use disorder facilities provide substance use rehabilitation services to eligible Texans. These facilities provide services directly to clients, coordinate referrals for clients with third-party providers, and monitor client status after discharge from substance use disorder programs. HHSC has 25 contracts with Cenikor to provide substance use disorder services throughout Texas, for which Cenikor received \$27.4 million from 2018 through 2020.

WHY THE OIG CONDUCTED THIS AUDIT

The Texas Health and Human Services (HHS) Office of the Inspector General Audit and Inspections Division (OIG Audit) conducted an audit of Cenikor Foundation (Cenikor), a substance use disorder treatment provider under contracts with the Health and Human Services Commission (HHSC). OIG initiated the audit in response to a referral from HHSC Regulatory Services.

OIG Audit evaluated one contract between HHSC and Cenikor for services provided at facilities in Region 7, which includes Austin, Killeen, San Marcos, Temple, and Waco. HHSC paid Cenikor \$3,495,797 for services to 1,405 clients under the contract during the audit scope, which included the period September 1, 2018, through February 29, 2020.

The audit objective was to evaluate whether Cenikor's treatment services (a) were provided in accordance with requirements, (b) were provided by qualified staff, and (c) supported the payment received.

WHAT THE OIG RECOMMENDS

Cenikor should (a) provide required monitoring and counseling, (b) maintain evidence of contract compliance, (c) place clients in service types consistent with clients' assessments and consent, (d) ensure staff receive required training and education, and (e) return \$126,365.66.

MANAGEMENT RESPONSE

Cenikor concurred with the audit recommendations and indicated corrective actions to address reported issues would be implemented by March 31, 2021. Cenikor's management responses are included in the report.

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INTRODUCTION

The Texas Health and Human Services (HHS) Office of Inspector General Audit and Inspections Division (OIG Audit) conducted an audit of Cenikor Foundation (Cenikor), a substance use disorder treatment facility under contracts with the Health and Human Services Commission (HHSC).¹ The Office of Inspector General initiated this audit in response to a referral from HHSC Regulatory Services. Funds for the contracts are distributed from a federal block grant to subrecipients contracted by HHSC. Unless otherwise described, any year referenced is the state fiscal year, which covers the period from September 1 through August 31.

HHSC-contracted substance use disorder facilities provide substance use rehabilitation services to Texas residents who meet eligibility requirements. Clients must meet residency, financial, medical, or clinical eligibility requirements to receive services under the block grant. Substance use disorder facilities provide services directly to clients, coordinate referrals for clients with third-party providers, and monitor client status after discharge from substance use disorder programs. Cenikor is required to use the Clinical Management and Behavioral Health Services (CMBHS) system to document services provided to each client, including information to support claims submissions.²

OIG Audit conducted an audit of the following services provided by Cenikor:

- Adult residential detoxification
A structured environment for clients who are physically dependent on alcohol and other drugs to safely withdraw from those substances, and for clients who are intoxicated to be medically monitored until achieving a non-intoxicated state that prepares and engages clients for ongoing treatment.
- Adult intensive residential
Intensive treatment services provided in a residential setting that facilitate recovery from substance use disorders for clients, based on guidelines developed by the Department of State Health Services' Client Placement Guidelines.³
- Adult outpatient
Treatment services that facilitate recovery from substance use disorders provided to clients who do not require a more structured environment such as residential services to meet treatment goals.

¹ HHSC Contract #2016-048469 (Sept. 1, 2015), as amended.

² HHSC Contract #2016-048469 (Sept. 1, 2015), as amended.

³ The contract and all functions associated with the contract were transferred by the Department of State Health Services to HHSC. HHSC Contract #2016-048469, Amendment 3, (Sept. 1, 2016).

- Adult ambulatory detoxification
A safe, outpatient withdrawal for clients physically dependent on alcohol and other drugs yet able to engage and participate in concurrent treatment services.
- Adult supportive residential
Provides low-intensity residential treatment services that facilitate recovery from substance use disorders for clients based on guidelines developed by the Department of State Health Services' Client Placement Guidelines.

HHSC has 25 contracts with Cenikor to provide substance use disorder services throughout Texas, for which Cenikor received \$27.4 million from 2018 through 2020. OIG Audit evaluated one contract between HHSC and Cenikor for services provided at six facilities in Region 7, which includes Austin, Killeen, San Marcos, Temple, and Waco. The facilities in Killeen, San Marcos, and Temple provide outpatient services, and the facility in Austin provides residential services. There are two facilities in Waco, one for outpatient and the other for residential services.

During the period of September 2018 through February 2020, HHSC paid Cenikor \$3,495,797 for adult treatment services it provided to 1,405 clients under Contract 2016-048469-003, which was the scope of this audit. HHSC pays Cenikor a per-day unit rate for inpatient services and an hourly rate for outpatient services. Components of the unit rate, such as salary, facility costs, and direct care client services, are blended into the single rate and are not broken out into specific costs.

OIG Audit evaluated Cenikor's compliance with contractual requirements related to:

- Client clinical and medical eligibility
- Client informed consent
- Client treatment plans, treatment plan reviews, and care
- Discharge and referral procedures
- Staff licensing and contractual training and education for direct care and clinical staff

Objective and Scope

The audit objective was to evaluate whether Cenikor's treatment services (a) were provided in accordance with regulations and contractual requirements, (b) were provided by qualified staff, and (c) supported the payment received.

The audit scope includes payments to Cenikor under its Region 7 adult treatment contract for the period September 1, 2018, through February 29, 2020, and included a review of relevant activities and internal controls through the end of fieldwork in November 2020.

Methodology

To accomplish its audit objectives, OIG Audit collected information through discussions and interviews with responsible staff at Cenikor and HHSC, and through request and review of supporting documentation maintained by Cenikor and data maintained in CMBHS.

OIG Audit issued an engagement letter to Cenikor on June 5, 2020, providing information about the upcoming audit and conducted fieldwork from June through November 2020.

The audit used CMBHS to verify clinical information and to determine whether required documentation existed to support the payments made for the patients treated under the contract with HHSC.

OIG Audit reviewed:

- Initial screening and assessment documentation to determine whether the client (a) received a diagnosis from Cenikor indicating a substance use disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders, (b) was placed in the recommended treatment setting based on the American Society of Addiction Medicine, and (c) received the required screening and assessments for program eligibility.
- Residential and ambulatory detoxification admission authorization, face-to-face examination documentation, and clinical justification for length of stay, to ensure medical director or designee involvement in determining the need for and type of treatment provided.
- Health assessments for intensive and supportive residential clients to determine whether they were completed or exist.
- Consent-to-treat and opioid consent forms to confirm the client's informed and voluntary decision to accept treatment.
- Treatment plans, treatment plan reviews, progress notes, and discharge plans to assess whether Cenikor provided services required by the contract to support paid claims. This review also included verifying client involvement with treatment activities through review of signed and dated treatment plans, treatment plan reviews, and discharge plans.

- Referral and discharge follow-up documentation to evaluate whether Cenikor referred clients for ongoing support and discharge follow-up intended to determine client abstinence for the first 30 days after discharge.
- Staff licensing and training and education records for direct care and clinical staff to ensure Cenikor workforce performing client screenings, completing assessments, and delivering treatment were appropriately licensed and fulfilled contractual training and education requirements.

OIG Audit reviewed records supporting services delivered by Cenikor to selected clients for the period September 1, 2018, through February 29, 2020. OIG Audit selected and tested statistically valid random samples of clients who received residential detoxification, intensive residential, or adult outpatient during the scope period. Additionally, OIG Audit selected and tested a non-statistical risk-based sample of clients who received supportive residential services and tested all clients who received ambulatory detoxification services. Auditors also tested staff qualifications for Cenikor personnel and subcontractors who provided services to clients in the sample populations. Within each of the service types, some sampled clients had more than one service begin date within the service type.

The service begin date indicates a client's eligibility to receive substance use disorder services has been established and enables Cenikor to enter the client into a service type. An admission signifies the date Cenikor admitted the client into a service type based on the client's eligibility and assessment information. For purposes of this report, each service begin date within a service type for a client will be referred to as an admission. OIG Audit tested all admissions for the selected clients. Details about the sampling methodology are given in Appendix A.

The OIG Audit and Inspections Division presented preliminary audit results, issues, and recommendations to Cenikor in a draft report dated January 29, 2021. Cenikor provided management responses to the recommendations, indicating it will implement improvements to strengthen compliance with TAC and contractual requirements by March 31, 2021. Cenikor's management responses are included in the report following each recommendation, and its complete response letter is included in Appendix C.

Criteria

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

- 25 Tex. Admin. Code §140.421 (2012)
- 25 Tex. Admin. Code § 441.101 (2004)
- 25 Tex. Admin. Code § 448.603 (2006)

- 25 Tex. Admin. Code §§ 448.801 through 805 (2004)
- 25 Tex. Admin. Code §§ 448.902 and 903 (2004)
- HHSC Contract #2016-048469 (Sept. 1, 2015), as amended

Auditing Standards

Generally Accepted Government Auditing Standards

OIG Audit conducted this audit in accordance with generally accepted government auditing standards (GAGAS) issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for the issues and conclusions based on our audit objectives. OIG Audit believes the evidence obtained provides a reasonable basis for our issues and conclusions based on our audit objectives.

AUDIT RESULTS

Cenikor did not meet most contractual requirements tested and did not provide support that it consistently delivered key services for which it received payment. Specifically, Cenikor did not meet requirements related to:

- Delivering monitoring and counseling services key to (a) the health and safety of clients and (b) achieving successful outcomes.
- Maintaining evidence to support performance of, and compliance with, program and contractual requirements related to medical, clinical, consent, and referral and discharge follow-up activities.
- Placing clients in service types consistent with and supported by the client's assessment and consent for treatment, and timely updating CMBHS with client service type transfers.
- Ensuring qualifications, training and education, and supervision of direct care and clinical staff responsible for delivering services to clients.

Cenikor met Texas Administrative Code (TAC) and contractual requirements⁴ related to ensuring (a) clients admitted into substance use disorder programs had an appropriate substance use disorder diagnosis and (b) qualified credentialed counselors conducted comprehensive psychosocial assessments of clients. Additionally, Cenikor delivered required counseling hours for clients admitted into outpatient services.

To test the five service types provided by Cenikor under its Region 7 contract, OIG Audit selected samples for four of the service types—residential detoxification, intensive residential, supportive residential, and outpatient and evaluated all 11 admissions related to ambulatory detoxification services.

⁴ According to the contract, "Contractor shall comply with all applicable rules related to substance use disorder services and published in Title 25 of the Texas Administrative Code," Program Attachment No.3, HHSC Contract #2016-048469, "Adult Residential Detoxification" § C(1)(a), "Adult Ambulatory Detoxification" § C(1)(a), "Adult Intensive Residential" § C(1)(a), "Adult Supportive Residential" § C(1)(a), and "Adult Outpatient Services," (C)(1)(a) (Sept. 1, 2015), as amended.

Table 1 details the populations and samples for each service type.

Table 1: Populations and Samples by Service Type

Description	Residential Detox	Ambulatory Detox	Intensive Residential	Supportive Residential	Outpatient
Total Clients in Population	725	10	591	68	565
Total Dollars in Population	\$1,345,008	\$8,330	\$1,489,860	\$47,683	\$604,916
Number of Clients Tested	60	10	60	14	68
Number of Admissions Tested ⁵	80	11	66	15	80
Dollars Tested	\$131,488	\$8,330	\$150,122	\$17,425	\$103,268
Test Approach	Statistically valid sample	Complete population	Statistically valid sample	Risk Based Sample	Statistically valid sample

Source: *OIG Audit*

Exceptions are detailed in the issues that follow. *OIG Audit* communicated other less significant issues to *Cenikor* in writing.

Issue 1: *Cenikor* Did Not Consistently Provide Evidence That It Delivered Required Monitoring and Counseling Services

Cenikor did not consistently provide support that it performed required (a) monitoring activities for clients admitted to its residential and ambulatory detoxification service types, or (b) counseling services for clients admitted to its intensive and supportive residential service types.

OIG Audit reviewed progress notes for selected clients that received residential detoxification, intensive residential, supportive residential, and ambulatory detoxification services between September 1, 2018, and February 29, 2020. Monitoring detoxification clients is important to help ensure the safety of clients experiencing acute physical intoxication and withdrawal symptoms. Chemical dependency and additional counseling for intensive residential clients is important to ensure client engagement and relapse prevention.

⁵ Some clients had more than one admission or service begin date during the audit scope.

Table 2 summarizes monitoring and counseling requirements. OIG Audit tested core contractual requirements related to the health and safety of clients admitted to the service types.

Table 2: Key Monitoring and Counseling Requirements

Service Type	Service	Requirement	Timeframe
Residential Detoxification	Monitoring	Every 4 hours	First 72 hours
Intensive Residential	Counseling	<ul style="list-style-type: none"> • 10 hours of chemical dependency counseling per week including one hour of individual counseling • 10 hours of additional counseling per week 	Per week
Supportive Residential	Counseling	<ul style="list-style-type: none"> • 3 hours of chemical dependency counseling per week including one hour per month of individual counseling • 3 hours of additional counseling per week 	Per week/month
Ambulatory Detoxification	Monitoring	Once	Daily

Source: 25 Tex. Admin. Code § 448.902 (g) (Sept. 1, 2004) and 25 Tex. Admin. Code §§ 448.903(d) and 448.903(g) (Sept. 1, 2004)

Clients entering the detoxification service types who do not receive the minimum standard of monitoring could have untreated symptoms or incur physical harm, relapse, drug overdose, infection, or death. In addition, chemical dependency counseling helps the client develop coping strategies and tools to abstain from drug use and maintain abstinence, as well as addressing employment status, illegal activity, and family and social relations. Additional counseling can help with social reinforcement and promote drug-free lifestyles. Clients are more at risk of relapse when they do not receive required counseling.

Based on contractual requirements, OIG Audit identified an error when a required monitoring or counseling service was not performed while the client was admitted in a service type, as follows:

- Residential Detoxification—Cenikor did not provide evidence that the client received withdrawal monitoring every 4 hours for the first 72 hours.
- Intensive and Supportive Residential—Cenikor did not provide evidence that the client consistently received the required chemical dependency or additional counseling sessions.
- Ambulatory Detoxification—Cenikor did not provide evidence that the client received required daily withdrawal monitoring.

Of the 163 total admissions tested, 18 (11 percent) were missing support for 50 percent or more of the required monitoring or counseling services. Test results for admissions tested are summarized in Table 3.

Table 3: Summary of Monitoring and Counseling Testing Results

	Residential Detoxification	Intensive Residential	Supportive Residential	Ambulatory Detoxification
Total Admissions Tested ⁶	78	60	15	10
50% or more of Required Monitoring or Counseling Was Not Conducted	13 (16.7%)	1 (1.7%)	0 (0.0%)	4 (40.0%)
Between 25% and 49% of Required Monitoring or Counseling Was Not Conducted	33 (42.3%)	8 (13.3%)	4 (26.7%)	2 (20.0%)
Up to 25% of Required Monitoring or Counseling Was Not Conducted	31 (39.7%)	33 (55.0%)	3 (20%)	4 (40.0%)
Total Admissions in Which at Least One Required Monitoring or Counseling Was Not Conducted	77 (98.7%)	42 (70.0%)	7 (46.7%)	10 (100.0%)

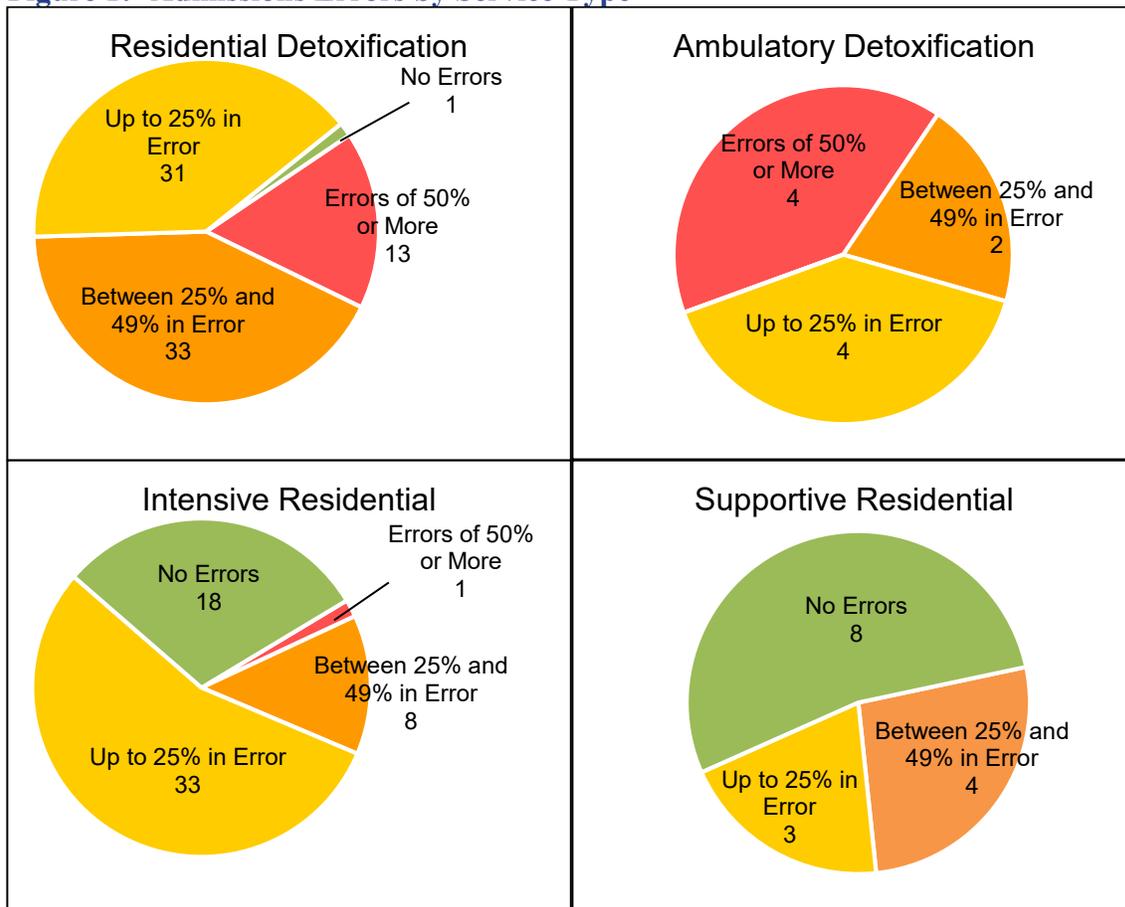
Source: OIG Audit

⁶ The number of admissions tested for monitoring and counseling differs from the total admissions in the sample in the following instances: (a) in residential detoxification, two admissions left or were transferred to another service type within the first day, (b) in ambulatory detoxification, one admission received residential detoxification treatment, and (c) in intensive residential, six admissions were in the service type for less than a week.

As shown in Figure 1, testing results included the following for each service type:

- Only one of 78 residential detoxification admissions tested received all required monitoring.
- No ambulatory detoxification admissions tested received all required monitoring.
- Intensive residential had only one admission in which the counseling received was less than 50 percent of the required amount; however, only 30 percent of combined admissions received all required counseling.
- Supportive residential was the only one of the four service types tested where, at 53 percent, more than half of admissions tested received the required amount of services

Figure 1: Admissions Errors by Service Type



Source: OIG Audit

Payments for Admissions in Which 50 Percent or More of Counseling or Monitoring Services Were Not Supported

Monitoring clients admitted into the residential and ambulatory detoxification service types, and counseling clients admitted into intensive and supportive residential service types, is essential to (a) ensuring the health and safety of clients, (b) achieving successful outcomes, and (c) supporting claim payments received from HHSC.

Due to the importance of these essential activities, OIG Audit identified for recovery amounts paid to Cenikor for admissions where delivery of, or support for, 50 percent or more of required monitoring or counseling services was not provided.

Table 4 details, for each service type with monitoring and counseling errors of 50 percent or more, the results of testing and associated amounts paid to Cenikor for the sampled admissions.

Table 4: Monitoring and Counseling Errors of 50 Percent or More

	Residential Detoxification	Intensive Residential	Ambulatory Detoxification ⁷
Total Admissions Tested	78	60	10
Total Amount Paid for Tested Admissions	\$130,816	\$147,744	\$7,650
Admissions for Which 50% or More of Required Monitoring or Counseling Was Not Conducted	13 (16.7%)	1 (1.7%)	4 (40%)
Amount Paid for Admissions in Which 50% or More of Required Monitoring or Counseling Was Not Conducted	\$21,280	\$108	\$3,315

Source: OIG Audit

OIG calculated an error rate for overpayment amounts identified for the statistically valid random sample of clients tested, which was applied to the population of associated claims using extrapolation. Extrapolation was not used for risk-based non-statistical samples tested, so the overpayment amount for ambulatory detoxification is presented on a dollar-for-dollar basis. The calculations resulted in an extrapolated amount of \$121,194.66 for residential detoxification and intensive residential services and a dollar-for-dollar amount of \$3,315.00 for ambulatory detoxification services. See Appendix A for the sampling and extrapolation methodology.

⁷ OIG Audit tested all 10 admissions that received ambulatory detoxification services during the scope period. Therefore, extrapolation was not appropriate for this population and the \$3,315 reported represents the dollar-for-dollar overpayment amount for this population.

Recommendation 1a

As required by contract, Cenikor should:

- Ensure monitoring for detoxification clients occurs at least every 4 hours for the first 72 hours for residential or daily for ambulatory and is documented in CMBHS.
- Ensure the chemical dependency and additional counseling is provided to each client based on service type and is documented in CMBHS.

Management Response

Action Plan

- *Compliance audits have been implemented; conducting daily samples reviewing documentation for:*
 - *Confirming that monitoring for detoxification clients occurs at least every 4 hours for the first 72 hours for residential.*
 - *Confirming that clients receive the required chemical dependency and additional counseling as determined by service level.*
- *All compliance audit results are available and provided daily to alert staff of immediate feedback and correction.*
- *Re-education and training with the nursing and clinical staff will be completed by March 31, 2021 including:*
 - *Ensuring monitoring for detoxification clients occurs at least every 4 hours for the first 72 hours for residential and is documented appropriately.*
 - *Ensuring that clients receive the required chemical dependency and additional counseling as determined by service level and is documented in CMBHS appropriately.*

Responsible Manager

Assistant Vice President of Clinical Services

Target Implementation Date

March 31, 2021

Recommendation 1b

Cenikor should return \$124,509.66 to the State of Texas. This amount includes the (a) extrapolated amount of \$121,194.66 residential detoxification and intensive residential services and (b) dollar-for-dollar amount of \$3,315.00 for ambulatory detoxification services.

Management Response

The calculation for overpayment is understood and will return the \$124,509.66 to the State of Texas.

Issue 2: Cenikor Did Not Provide Evidence to Support That It Consistently Met Program and Contractual Requirements

Cenikor did not maintain evidence to support that it consistently performed and complied with program and contractual requirements related to medical, clinical, consent, and referral and discharge follow-up activities.⁸

OIG Audit tested documentation provided by Cenikor intended to ensure direct care and clinical services were performed, and that:

- Clients admitted for detoxification services met eligibility requirements, received a face-to-face exam, and clinical justification for length of stay.
- Clients admitted for intensive and supportive residential services met eligibility requirements and received a health assessment.
- Clients were involved in their individual treatment planning and received counseling and other clinical activities designed to support recovery while receiving services from Cenikor.
- Clients were appropriately informed of and consented to the service types for which they were admitted.
- Referrals to post-discharge services such as housing, employment, and other support were provided, and discharge follow-up documentation, which includes current status, access to available post-discharge support services, and success in their continued recovery, was maintained.

Across all areas tested, Cenikor did not consistently perform required activities or did not maintain sufficient documentation to support that it met program and contractual requirements.

Audit issues, categorized by medical, clinical, consent, and referral and discharge follow up are presented in the sections that follow. Appendix B includes tables detailing the test results for each category.

Medical

Residential detoxification and ambulatory detoxification admissions were tested to ensure that admissions, face-to-face examinations, and clinical justification for the length of stay were completed. The detoxification evaluation is intended to

⁸ HHSC Contract #2016-048469 (Sept. 1, 2015), as amended.

determine (a) whether a client is currently intoxicated and to what degree, (b) the type and severity of the withdrawal syndrome, (c) information regarding past withdrawals, and (d) other conditions that may require specialized care. Auditors tested intensive and supportive residential admissions to ensure health assessments were completed. The assessments are intended to evaluate the presence of any medical condition that may require care while receiving counseling services. If the client has physical complaints or indications of a medical problem, the client must be referred to a physician, physician assistant, or nurse practitioner for a face-to-face examination.⁹ The results are required to be documented in CMBHS.

OIG Audit reviewed evidence provided by Cenikor for four medical requirements associated with client admissions and health assessments. A summary of the test results follows. Complete results can be found in Appendix B, Tables B1 through B4.

- Admissions were not properly authorized for 7 of 80 (9 percent) residential detoxification admissions tested and for one of 10 (10 percent) ambulatory detoxification admission tested. Specifically, those admissions were not authorized by a physician, physician assistant, or nurse practitioner as required.¹⁰
- Required face-to-face examinations were not completed within 24 hours for 9 of 80 (11 percent) residential detoxification admissions tested. Cenikor ensured that it conducted required face-to-face examinations for all 11 ambulatory detoxification admissions tested.¹¹
- The required clinical justification for each client's length of stay¹² was not provided for 12 of 79 (15 percent) residential detoxification admissions tested. Cenikor appropriately documented all 11 ambulatory detoxification admissions tested as required.
- A health assessment was not conducted within 96 hours as required¹³ for 14 of 65 (22 percent) intensive residential admissions and 4 of 15 (27 percent) supportive residential admissions.

By not performing required exams, authorizations, and reviews during the detoxification process, Cenikor could incorrectly place clients in detoxification

⁹ 25 Tex. Admin. Code § 448.803(g) (Sept. 1, 2004).

¹⁰ 25 Tex. Admin. Code § 448.902 (e) (Sept. 1, 2004). One additional ambulatory admission was not tested because the client was admitted to and received residential detoxification treatment.

¹¹ 25 Tex. Admin. Code § 448.902 (e)(3) (Sept. 1, 2004).

¹² Program Attachment No. 3, HHSC Contract #2016-048469, "Adult Residential Detoxification" § C(2)(o) and "Adult Ambulatory Detoxification" § C(2)(n) (Sept. 1, 2015), as amended.

¹³ 25 Tex. Admin. Code § 448.803 (g) (Sept. 1, 2004).

services or not ensure they experience a safe withdrawal process. Clients in the intensive or supportive setting who do not receive a health assessment may have a missed opportunity for medical treatment.

Recommendation 2a

As required by contract, Cenikor should ensure:

- The medical director or their designee documents authorization of residential and ambulatory detoxification admissions.
- The medical director or their designee documents the face-to-face examination of residential and ambulatory detoxification clients within 24 hours of admission.
- A licensed health professional performs a health assessment of intensive and supportive residential clients within 96 hours of admission.
- All documentation is uploaded to CMBHS.

Management Response

Action Plan

- *Compliance audits have been implemented; conducting daily samples reviewing documentation for:*
 - *Confirming the Medical Director or designee has authorized the admissions for detoxification services.*
 - *Confirming the Medical Director or designee conducts a face to face (in person or via telehealth platform) examination within 24 hours of admission.*
 - *Confirming the health assessment has been completed for residential clients within 96 hours of admission.*
 - *Ensuring the appropriate documentation is uploaded into CMBHS.*
- *All compliance audit results are available and provided daily to alert staff of immediate feedback and correction.*
- *Re-education and training with the nursing and clinical staff will be completed by March 31, 2021 including:*
 - *Ensuring the Medical Director or designee has authorized the admissions for detoxification services and is documenting appropriately.*
 - *Ensuring the Medical Director or designee conducts a face to face (in person or via telehealth platform) examination within 24 hours of admission and is documenting appropriately.*

- *Ensuring the health assessment has been completed for residential clients within 96 hours of admission and is documented appropriately.*
- *Ensuring the appropriate documentation is uploaded into CMBHS.*

- *The Compliance Department is developing additional compliance audit tools to conduct daily samples for admissions into the Ambulatory Detoxification and Supportive Residential Services to ensure all appropriate documents are completed, done timely, and uploaded into CMBHS. Audit tools to be implemented by March 31, 2021.*

Responsible Manager

Assistant Vice President of Clinical Services

Target Implementation Date

March 31, 2021

Clinical

Auditors considered documentation to be clinical documentation if it was required to be completed by qualified credentialed counselors. OIG Audit reviewed clinical documentation for completion in CMBHS, as well as documentation of client involvement in their treatment process. Clinical activities are designed to ensure the client (a) is placed in the appropriate setting, (b) receives an individualized approach to treatment, (c) treatment service type is changing with the client's needs, and (d) is engaged in their treatment.

Evidence of client involvement is documented through the client and counselor signing and dating the relevant clinical documentation. OIG Audit tested 16 clinical requirements to determine whether documentation supported the following areas: (a) eligibility, (b) completion of a timely assessment and treatment plan, (c) timely treatment plan review for changing or continuing needs, (d) evidence of client involvement in treatment, (e) discharge plans updated for next steps and reviewed with client, and (f) level of clinical interactions met minimum requirements.

Cenikor did not provide support that it consistently performed required clinical activities. Specifically, Cenikor did not:

- Document client involvement with:
 - Treatment plans for any of the five service types.¹⁴ Specifically, signed and dated treatment plans were not documented for between 46 percent (35 of 76) of clients admitted into the outpatient service type and 89 percent (8 of 9) of clients admitted into the ambulatory detoxification service type.
 - Treatment plan reviews for intensive residential, supportive residential, and outpatient services.¹⁵ Specifically, signed and dated treatment plan reviews were not documented for between 61 percent (31 of 51) of clients admitted into the intensive residential service type and 100 percent (15 of 15) of clients admitted into the supportive residential service type.
 - Discharge plans¹⁶ for any of the five service types. Specifically, signed and dated discharge plans were not documented for between 48 percent (24 of 50) of clients admitted into the intensive residential service type and 100 percent (2 of 2) of clients admitted into the ambulatory detoxification service type.
- Document that it performed required treatment plan reviews¹⁷ timely. Specifically, reviews were not performed for 32 of 51 (63 percent) clients admitted into the intensive residential service type, 44 of 59 (75 percent) clients admitted into the outpatient service type, and all 15 (100 percent) clients admitted into supportive residential service type.
- Provide all required daily interactions¹⁸ for the 10 clients tested in ambulatory detoxification or for 71 of the 78 (91 percent) clients tested in residential detoxification. During detoxification, clients may not be physically or mentally capable of meeting with the counselor; however, unsuccessful attempts should also be documented in CMBHS.
- Record all treatment plans as closed in CMBHS within five service days of admission.¹⁹ All service types except outpatient were tested for this

¹⁴ 25 Tex. Admin. Code § 448.804 (e) (Sept. 1, 2004).

¹⁵ 25 Tex. Admin. Code § 448.804 (j) (Sept. 1, 2004).

¹⁶ 25 Tex. Admin. Code § 448.805 (g) (Sept. 1, 2004).

¹⁷ 25 Tex. Admin. Code § 448.804 (h) (Sept. 1, 2004).

¹⁸ Daily interactions are designed to assess the client's readiness for change, motivation, and engage in treatment and transfer to another intensity of treatment. The daily sessions should be completed by a registered nurse, qualified credentialed counselor or counselor intern. 25 Tex. Admin. Code § 448.902 (h) (Sept. 1, 2004).

¹⁹ 25 Tex. Admin. Code § 448.804 (f) (Sept. 1, 2004).

requirement. Specifically, treatment plans were not closed in CMBHS within five service days for between 18 percent (14 of 78) of clients admitted into the residential detoxification service type and 44 percent (4 of 9) of clients admitted into the ambulatory detoxification service type.

Cenikor generally ensured that it performed certain other required clinical activities as required, including ensuring:

- Clients admitted into substance use disorder programs had an appropriate substance use disorder diagnosis. Residential detoxification, intensive residential, and outpatient services each had one error, with ambulatory detoxification and supportive residential having no errors.
- A qualified credentialed counselor conducted comprehensive psychosocial assessments. There were no errors noted in all five service types tested.
- Cenikor filed assessments within three days of admission for residential detoxification. Only 3 of 80 (4 percent) assessments tested were not filed timely.²⁰
- Cenikor documented the projected length of stay in client treatment plans as required²¹ for all service types tested except for outpatient.

A complete list of results can be found in Appendix B, Tables B5 through B9.

Including clients in treatment planning and reviewing treatment plans helps ensure treatment is aligned with the clients' needs. Providing required daily interaction with clients increases the likelihood that they will complete treatment and achieve an effective outcome. Cenikor risks the clients' success when it neglects to perform these activities.

²⁰ 25 Tex. Admin. Code § 448.803 (e) (Sept. 1, 2004).

²¹ 25 Tex. Admin. Code § 448.804 (d) (Sept. 1, 2004).

Recommendation 2b

As required by contract, Cenikor should ensure:

- Clients participate in their individual treatment program, to include signing and dating clinical documentation detailing treatment, changes to treatment, and final discharge plans.
- Appropriately licensed staff timely complete clinical documentation CMBHS.
- Expected counseling is provided and documented in CMBHS and any unsuccessful attempts to provide scheduled counseling are also documented in CMBHS.

Management Response

Action Plan

- *Compliance audits have been implemented; conducting daily samples reviewing documentation for:*
 - *Confirming clients have participated in the development of their individual treatment program through verification, and that the client has signed and dated their clinical documentation detailing treatment.*
 - *Confirming changes to the treatment and discharge plans, and that the appropriate documentation is uploaded into CMBHS.*
 - *Confirming that the clinical service hours, and any unsuccessful attempts made have been documented, are provided by the appropriate licensed staff, and that all documentation is completed and uploaded into CMBHS timely.*
- *All compliance audit results are available and provided daily to alert staff of immediate feedback and correction.*
- *Re-education and training with the nursing and clinical staff will be completed by March 31, 2021 including:*
 - *Ensuring clients have participated in the development of their individual treatment program through verification, and that client has signed and dated their clinical documentation detailing treatment.*
 - *Ensuring changes to treatment and discharge plans, and that the appropriate documentation is uploaded into CMBHS.*
 - *Ensuring that the clinical service hours, and any unsuccessful attempts made have been documented, are provided by the appropriate licensed staff, and that all documentation is completed and uploaded into CMBHS timely.*

Responsible Manager*Assistant Vice President of Clinical Services*Target Implementation Date*March 31, 2021***Consent**

OIG Audit tested to determine whether consent-to-treat forms and opioid consent forms were signed and dated by the client and staff to verify the client's decision to accept treatment for all five service types as required by Cenikor's contract. Consent-to-treat forms document the client's voluntary decision to undergo treatment, while the opioid consent form documents the client's treatment choice.

Cenikor could not always provide evidence of clients' written consent for treatment.²² Specifically, consent forms were not provided for between 4 percent (3 of 80) of clients admitted into the residential detoxification service type and 30 percent (24 of 79) of clients admitted into the outpatient services service type.

In addition, Cenikor did not consistently engage clients diagnosed with an opioid disorder in the process of informed consent for all five service types. Cenikor is required to document the consent in the opioid consent form and upload the form to CMBHS.²³ Based on the forms uploaded to CMBHS, Cenikor did not engage in the required opioid consent process with clients for between 44 percent (4 of 9) of ambulatory detoxification admissions and 82 percent (22 of 27) of intensive residential admissions tested. Complete results can be found in Appendix B, Tables B10 through B14.

By not obtaining client consent for treatment, Cenikor cannot assure HHSC that clients were informed of and consented to the service type or treatment provided by Cenikor.

²² 25 Tex. Admin. Code § 448.802 (b) (Sept. 1, 2004).

²³ Program Attachment No. 3, HHSC Contract #2016-048469, "Adult Residential Detoxification" § C(2)(h), "Adult Ambulatory Detoxification" § C(2)(h), "Adult Intensive Residential" § C(2)(d), "Adult Supportive Residential" § C(2)(d), and "Adult Outpatient Services" § (C)(2)(d) (Sept. 1, 2015), as amended.

Recommendation 2c

As required by contract, Cenikor should ensure:

- Consent-to-treat forms are signed and dated by the client and staff person providing the information.
- Opioid consent forms are provided to all clients with an opioid use disorder diagnosis, and the signed and dated form is maintained in CMBHS.
- The HHSC approved “Informed Consent for Opiate Use Disorder Individuals Seeking Treatment – Adults” form is provided to clients with an opioid diagnosis.

Management Response

Action Plan

- *Compliance audits have been implemented; conducting daily samples reviewing documentation for:*
 - *Confirming the consent-to-treat forms are completed, signed, and dated by the client and staff providing the information.*
 - *Confirming that the HHSC approved opioid informed consent is provided, signed, dated, and uploaded into CMBHS as applicable (individuals with Opioid Use Disorder).*
- *All compliance audit results are available and provided daily to alert staff of immediate feedback and correction.*
- *Re-education and training with the nursing and clinical staff will be completed by March 31, 2021 including:*
 - *Ensuring the consent-to-treat forms are completed, signed, and dated by the client and staff providing the information.*
 - *Ensuring that the HHSC approved opioid informed consent is provided, signed, dated, and uploaded into CMBHS as applicable (individuals with Opioid Use Disorder).*

Responsible Manager

Assistant Vice President of Clinical Services

Target Implementation Date

March 31, 2021

Referral and Discharge Follow-Up

OIG Audit tested all five service types for required documentation of referrals. Referrals are provided for supplemental medical, psychiatric, employment, housing, food, and other services, and are intended to support the client in addressing interdependent conditions. Discharge follow-up was also reviewed for completion within 60 to 90 days of discharge for current status regarding substance use, treatment, living situation, and other similar questions. Discharge follow-up is required by Cenikor's contract and allows the provider to track client status and success rate.

Activities reviewed included:

- Referrals completed for clients with a discharge plan²⁴
- Discharge follow-up completed within 60 to 90 days after discharge²⁵
- Current status or reason contact was unsuccessful documented in discharge follow-up²⁶

Cenikor could not provide evidence that required referral and discharge follow-up activities were consistently performed for all five services types tested. For example, Cenikor discharged 6 of 63 (10 percent) clients admitted into residential detoxification and 2 of 2 (100 percent) clients admitted into ambulatory detoxification without referrals. Cenikor discharged 14 of 50 (28 percent) clients admitted into intensive residential and 29 of 46 (63 percent) combined clients admitted into the residential and ambulatory detoxification service types without follow-up being completed within 60 to 90 days of discharge as required.

Since required referral and discharge follow-up activities were not consistently completed, Cenikor cannot assure HHSC that clients discharged from Cenikor received additional services to support their continued recovery. Complete results can be found in Appendix B, Tables B15 through B19.

²⁴ 25 Tex. Admin. Code § 448.805 (f)(2) (Sept. 1, 2004).

²⁵ 25 Tex. Admin. Code § 448.805 (j) (Sept. 1, 2004).

²⁶ 25 Tex. Admin. Code § 448.805 (j) (Sept. 1, 2004).

Recommendation 2d

As required by its contract, Cenikor should ensure post-discharge activities are performed and documented in CMBHS, including:

- Entering referrals in CMBHS
- Completing discharge follow-ups in CMBHS within required timeframes
- Documenting the current status of the client or reason contact was unsuccessful in CMBHS

Management Response

Action Plan

- *Compliance audits have been implemented; conducting daily samples reviewing documentation for:*
 - *Confirming referrals have been discussed and entered into CMBHS.*
- *A new compliance audit tool will be implemented to conduct reviews of discharge follow-ups in CMBHS to ensure they are documented appropriately and completed timely. The audit tool will be completed by March 31, 2021.*
- *All compliance audit results are available and provided daily to alert staff of immediate feedback and correction.*
- *Re-education and training with the nursing and clinical staff will be completed by March 31, 2021 including:*
 - *Ensuring referrals are discussed and entered into CMBHS.*
- *Education and training with the Access Center staff will be completed by March 31, 2021 including:*
 - *Ensuring that the current status and reason contact was unsuccessful is documented into CMBHS.*

Responsible Manager

- *Assistant Vice President of Clinical Services*
- *Senior Director of Marketing and Client Access*

Target Implementation Date

March 31, 2021

Issue 3: Cenikor Did Not Consistently Admit Clients Into the Proper Service Type

Admitting clients into service types that match their specific needs is a critical factor to their success in returning to productive function in the family, workplace, and society. As such, Cenikor is required to perform certain processes designed to ensure clients are appropriately placed in a service type matching their specific needs. Those processes include:

- **Assessment**—clients' past and present statuses must be documented in a comprehensive psychosocial assessment²⁷ and entered into CMBHS. Based on the assessment information, CMBHS then determines a recommended service type.
- **Concurrent Treatment**—clients admitted into ambulatory detoxification must be concurrently enrolled in outpatient services.²⁸
- **Consent**—clients should be admitted into the service type discussed and selected by the client during the admission process.²⁹

OIG Audit reviewed documentation provided by Cenikor and identified issues related to client placement associated with assessment, concurrent treatment, consent, and service-type transfer in CMBHS. For example:

- For 34 of 159 (21.3 percent) admissions tested, Cenikor admitted clients into a program that was not aligned with the CMBHS assessment recommendation and did not document a justification for the alternative placement.
- Of the 11 ambulatory detoxification admissions tested, Cenikor did not concurrently enroll 2 clients receiving ambulatory detoxification services in outpatient services as required.
- Cenikor incorrectly admitted two clients with opioid use disorders into the short-term ambulatory detoxification service rather than long-term service requested and consented to by the clients.

In addition, Cenikor did not timely record a clients' service type change in CMBHS, resulting in an overpayment.

²⁷ 25 Tex. Admin. Code § 448.803 (a) Sept. 1, 2004).

²⁸ 25 Tex. Admin. Code § 448.902 (i) (Sept. 1, 2004).

²⁹ 25 Tex. Admin. Code § 448.802 (b) Sept. 1, 2004).

Assessments

Cenikor admitted some clients into a service type that was not aligned with the CMBHS assessment recommendation. Cenikor is required to conduct and document a substance use disorder assessment. Using the comprehensive psychosocial assessment entered into the system, CMBHS calculates a recommended service type for the client based on the American Society of Addiction Medicine (ASAM). The ASAM criteria is a comprehensive set of guidelines for placement, continued stay and transfer or discharge of patients with addiction and co-occurring conditions.³⁰

For 34 of 159 admissions tested, Cenikor admitted the client into intensive residential, supportive residential, or outpatient services, which were not indicated in the CMBHS assessment recommendation. Specifically, the following errors were identified:

- Of the 26 intensive and supportive residential admissions errors, one client did not have a completed assessment. For the remaining 25 admissions, the CMBHS assessment recommended a lower level of intensity (ambulatory detoxification, outpatient, or recovery support services).
- Of the eight outpatient admissions errors, five had a recommendation of recovery support services and three did not have an assessment recommendation.

For clients who had admission errors above for assessment completed, the recommended service type was generally less costly than the service type into which Cenikor admitted the client. There are appropriate reasons for placing clients in a different service type than that recommended by CMBHS. In these situations, a justification for the alternative placement should be documented in CMBHS.³¹

Table 5 shows the number of admissions for which clients were placed in a service type that did not align with the CMBHS recommendation for that client, and for which Cenikor also did not document other justification for the selected placement.

Table 5: Client Placements Inconsistent With Assessment Recommendation

Description	Number Applicable	Total Deficiencies	Error Percent
Intensive Residential	64	21	32.8%
Supportive Residential	15	5	33.3%
Outpatient	80	8	10.0%

Source: *OIG Audit*

³⁰ ASAM, "The ASAM Criteria," <https://www.asam.org/asam-criteria> (accessed Dec. 14, 2020).

³¹ 25 Tex. Admin. Code § 448.801 (d) (Sept 1, 2004).

Cenikor did not have adequate policies and procedures in place to ensure the client's level of care was consistent with the CMBHS recommendation or document justification for departure from the recommendation. This may result in placing clients in a costlier care setting or one that does not meet clients' needs.

Recommendation 3a

As required by contract, Cenikor should ensure clients are admitted into the recommended service type or, if admitting clients to another service type, document justification for the exception in CMBHS.

Management Response

Action Plan

- *Compliance audits have been implemented; conducting daily samples reviewing documentation for:*
 - *Confirming the client was admitted into the recommended service type and that the proper documentation is uploaded or entered into CMBHS for any exceptions to justify the client was admitted into another service type.*
- *All compliance audit results are available and provided daily to alert staff of immediate feedback and correction.*
- *Re-education and training with the nursing and clinical staff will be completed by March 31, 2021 including:*
 - *Ensuring the client was admitted into the recommended service type and that the proper documentation is uploaded or entered into CMBHS for any exceptions to justify the client was admitted into another service type.*
- *The Compliance Department is developing additional compliance audit tools to conduct daily samples for admissions into the Ambulatory Detoxification and Supportive Residential Services to ensure all clients are admitted into the recommended service types and justification of any exceptions are documented in CMBHS. Audit tools to be implemented by March 31, 2021.*

Responsible Manager

Assistant Vice President of Clinical Services

Target Implementation Date

March 31, 2021

Concurrent Treatment

Of the 11 ambulatory detoxification admissions tested, Cenikor did not enroll 2 clients in outpatient services at the same time. This occurred because Cenikor did not have an effective process to ensure all patients enrolled in ambulatory detoxification were also receiving concurrent outpatient treatment services.

Cenikor is required to adhere to TAC's standards of care for treatment service types, which state, "Ambulatory detoxification shall not be a stand-alone service and services shall be provided in conjunction with outpatient treatment services. When treatment services are not available in conjunction with ambulatory detoxification services, the ambulatory detoxification [service type] shall arrange for them."³²

Clients receiving detoxification treatment without engaging in additional support services are less likely to achieve long-term recovery.

Recommendation 3b

As required by contract, Cenikor should ensure clients enrolled in ambulatory detoxification are also enrolled in and receive outpatient services as required by TAC.

Management Response

Action Plan

- Compliance audits have been implemented; conducting daily samples reviewing documentation for:
 - *Confirming that any client that is admitted into Ambulatory Detox services are also concurrently enrolled in and receiving outpatient services.*
- *Re-education and training with the nursing and clinical staff will be completed by March 31, 2021 including:*
 - *Ensuring that clients admitted into Ambulatory Detox services are also concurrently enrolled in and receive outpatient services.*
- *The Compliance Department is developing additional compliance audit tools to conduct daily samples for admissions into the Ambulatory Detoxification Services, which will ensure the appropriate concurrent enrollment into outpatient services is completed. Audit tool to be implemented by March 31, 2021.*

³² 25 Tex. Admin. Code § 448.902 (i) (Sept. 1, 2004).

Responsible Manager*Assistant Vice President of Clinical Services*Target Implementation Date*March 31, 2021***Consent**

For two tested clients with opioid use disorders who had consented to long-term services, Cenikor incorrectly admitted the clients into the short-term ambulatory detoxification service rather than the long-term service requested and consented to by the clients.

Clients with an opioid use disorder are required to sign the “Informed Consent for Opiate Use Disorder Individuals Seeking Treatment – Adults” form (HHSC consent form) indicating the treatment option they are choosing.³³ The HHSC consent form outlines the benefits and risks associated with (a) medication-assisted treatment for opioid use (long-term), (b) medically managed withdrawal treatment (short-term), and (c) no treatment (continue using opioids). The form also offers the option “not applicable” for clients who feel the first three choices do not apply to them.

One of the risks identified with long-term medication-assisted treatment is the duration of time clients receive services. Long-term medication-assisted treatment can last a year or more. Short-term medically managed withdrawal treatment assists clients in a safe medically managed withdrawal from alcohol or other drugs over the course of approximately one week. Given the variation in duration of service, it is critical that clients understand the risks and benefits between short- and long-term service types and make an informed consent decision based on their specific needs. By placing clients in services other than what they selected, Cenikor may have decreased the likelihood of the client’s long-term success.

Recommendation 3c

As required by contract, Cenikor should ensure clients are admitted into a service type consistent with the signed opioid consent.

³³ Program Attachment No. 3, HHSC Contract #2016-048469, “Adult Residential Detoxification” § C(2)(h), “Adult Ambulatory Detoxification” § C(2)(h), “Adult Intensive Residential” § C(2)(d), “Adult Supportive Residential” § C(2)(d), and “Adult Outpatient Services,” (C)(2)(d) (Sept. 1, 2015), as amended.

Management Response

Action Plan

- *Compliance audits have been implemented; conducting daily samples reviewing documentation for:*
 - *Confirming clients are admitted into the service type that is consistent with the signed opiate consent.*
- *All compliance audit results are available and provided daily to alert staff of immediate feedback and correction.*
- *Re-education and training with the nursing and clinical staff will be completed by March 31, 2021 including:*
 - *Ensuring clients are admitted into the service type that is consistent with the signed opiate consent.*

Responsible Manager

Assistant Vice President of Clinical Services

Target Implementation Date

March 31, 2021

Service-Type Transfer

OIG Audit reviewed the length of stay for admissions in the residential detoxification service type. Of the 80 admissions, Cenikor did not timely transfer one client from residential detoxification to intensive residential in CMBHS.

The daily rate for residential detoxification services is higher than that for intensive residential services. Cenikor did not timely record the client's service type transfer from residential detoxification to intensive residential in CMBHS, and therefore was overpaid \$1,856 for that client.

Recommendation 3d

As required by contract, Cenikor should:

- Ensure clients are timely transferred to the appropriate service type
- Repay the overpayment amount of \$1,856

Management Response

Action Plan

- *Compliance audits have been implemented; conducting daily samples reviewing documentation for:*
 - *Confirming clients are transferred timely in CMBHS to the appropriate service type when stepping down the level of care.*
- *All compliance audit results are available and provided daily to alert staff of immediate feedback and correction.*
- *Re-education and training with the nursing and clinical staff will be completed by March 31, 2021 including:*
 - *Ensuring clients are transferred timely in CMBHS to the appropriate service type when stepping down the level of care.*
- *The calculation for overpayment is understood and will return the \$1,856.00 to the State of Texas.*

Responsible Manager

Assistant Vice President of Clinical Services

Target Implementation Date

March 31, 2021

Issue 4: Cenikor Did Not Always Ensure Direct Care and Clinical Staff Met Qualification, Training and Education, and Supervision Requirements

According to the contract, “All personnel shall receive the training and supervision necessary to ensure compliance with [HHSC] rules, provision of appropriate and individualized treatment, and protection of client health, safety, and welfare.”³⁴

OIG Audit tested license and certification requirements for 5 employed licensed health professionals, 33 counselors (including one educator), 2 counselor interns, and 3 subcontracted licensed health professionals. OIG Audit also evaluated whether required training and education was completed for clinical staff and staff that provided direct care services to sampled clients. Cenikor did not always ensure:

- Only qualified staff complete preliminary diagnosis information in client screenings.
- Counselor intern supervision documentation was maintained.
- Supervising qualified credentialed counselors had completed appropriate training.
- Staff met contractual training and education requirements.
- Video or online training discussions with supervisor were documented.

The specific findings in the areas of qualifications, training and education, and supervision are detailed in the following sections.

³⁴ Program Attachment No. 3, HHSC Contract #2016-048469, “Adult Residential Detoxification” § D(1), “Adult Ambulatory Detoxification” § D(1), “Adult Intensive Residential” § D(1), “Adult Supportive Residential” § D(1), and “Adult Outpatient Services” § D(1) (Sept. 1, 2015), as amended.

Qualifications

Cenikor's treatment facilities provide services that require certain individuals to hold a specific license to perform services. Required qualifications for clinical and other staff that provided direct care services to tested clients include:

- Qualified credentialed counselors must complete screenings,³⁵ assessments,³⁶ and treatment plan development,³⁷ and counselors³⁸ must develop and date and sign discharge plans.³⁹
- A physician, physician assistant, or nurse practitioner must authorize all admissions, conduct face-to-face examinations,⁴⁰ and provide clinical justification for the length of stay for all detoxification admissions.⁴¹
- A licensed health professional must conduct the health assessment⁴² for intensive and supportive residential admissions. A licensed health professional is a physician, physician assistant, advanced practice nurse practitioner, registered nurse, or licensed vocational nurse authorized to practice in the State of Texas.⁴³

TAC requires that appropriately credentialed staff authorize each admission in writing and specify the level of care to be provided. In a treatment program, screening includes determining whether an individual is appropriate and eligible for admission to a particular service type. In CMBHS, this is broken down into three different entry points: screening, assessment, and admission. The CMBHS screening is used to determine clinical eligibility for substance use disorder services and includes (a) intake, (b) mental health questions, (c) substance abuse questions, and (d) recommendations. Recommendations includes a preliminary diagnosis, treatment recommendation, and justification.

³⁵ 25 Tex. Admin. Code § 448.801 (d) (Sept. 1, 2004).

³⁶ 25 Tex. Admin. Code § 448.803(e) (Sept. 1, 2004).

³⁷ 25 Tex. Admin. Code § 448.804 (e) and 448.804(j) (Sept. 1, 2004).

³⁸ "Counselor" means a qualified credentialed counselor, graduate, or counselor intern working towards licensure that would qualify them to be a qualified credentialed counselor. 25 Tex. Admin. Code § 441.101 (39) (Sept. 1, 2004).

³⁹ 25 Tex. Admin. Code §§ 448.805 (a), and 448.805 (g) (Sept. 1, 2004).

⁴⁰ 25 Tex. Admin. Code § 448.902 (e) (Sept. 1, 2004).

⁴¹ Program Attachment No. 3, HHSC Contract #2016-048469-, "Adult Residential Detoxification" § C(2)(o), "Adult Ambulatory Detoxification" § C(2)(n) (Sept. 1, 2015), as amended.

⁴² 25 Tex. Admin. Code § 448.803 (g) (Sept. 1, 2004).

⁴³ 25 Tex. Admin. Code § 441.101 (71) (Sept. 1, 2004).

OIG Audit tested qualifications of 43 Cenikor staff who conducted client screenings, assessments, detoxification face-to-face examinations, clinical justification for length of stay, health assessments, treatment plan development, and discharge planning for tested clients. Overall, Cenikor staff met qualification requirements.

However, of the 28 staff who conducted client screenings, one staff person was not qualified to perform client screenings. This single unqualified staff member conducted screenings for all five service types tested, specifically for:

- 20 of 56 (36 percent) residential detoxification screenings tested
- 1 of 9 (11 percent) ambulatory detoxification screenings tested
- 19 of 47 (40 percent) intensive residential screenings tested
- 2 of 11 (18 percent) supportive residential screenings tested
- 1 of 51 (2 percent) outpatient screenings tested

The unqualified staff member conducted client screenings and submitted preliminary diagnosis in CMBHS, an activity that should be performed by a clinician. Unlicensed staff performing clinical screenings increases the risk that clients are not admitted into service types consistent with their needs.

Recommendation 4a

As required by contract, Cenikor should ensure screening activities related to clinical questions and diagnosis information are conducted by a qualified credentialed counselor.

Management Response

Action Plan

- *Compliance audits have been implemented; conducting daily samples reviewing documentation for:*
 - *Confirming that screening activities and diagnosis information is only completed by the appropriate credentialed staff.*
- *All compliance audit results are available and provided daily to alert staff of immediate feedback and correction.*
- *Re-education and training with the nursing and clinical staff will be completed by March 31, 2021 including:*
 - *Ensure that screening activities and diagnosis information is only completed by the appropriate credentialed staff.*

Responsible Manager

Assistant Vice President of Clinical Services

Target Implementation Date

March 31, 2021

Training and Education

Direct care staff are responsible for providing treatment, care, supervision, or other direct client services that involve face-to-face contact with a client.⁴⁴ Clinical staff are professionals within the provider's organization who are licensed in the State of Texas to provide medical or behavioral health services.⁴⁵ Cenikor is required to ensure that direct care and clinical staff meet the following training and education requirements:

- All direct care staff must receive a copy of the service requirements within the contract's statement of work.⁴⁶ Cenikor obtains a formal acknowledgement from direct care and clinical staff members to document receipt of the statement of work.
- All direct care detoxification staff must complete detoxification training to have the knowledge, skills, and abilities to provide detoxification services, as they relate to the staff member's job duties.⁴⁷
- Clinical staff must have specific documented training on each of the following within 90 days from the start date of the contract or the date of hire, whichever is later.⁴⁸
 - Motivational enhancement therapy or motivational interviewing techniques
 - Trauma, abuse and neglect, violence, post-traumatic stress disorder, and related conditions

⁴⁴ 25 Tex. Admin. Code § 441.101 (43) (Sept. 1, 2004).

⁴⁵ Request for Proposals (RFP) for Substance Abuse Treatment Services and Outreach, Screening, Assessment and Referral Services RFP No. 537-15-137486 (Dec. 8, 2014).

⁴⁶ Program Attachment No. 3, HHSC Contract #2016-048469, "Adult Residential Detoxification" § D(2), "Adult Ambulatory Detoxification" § D(2), "Adult Intensive Residential" § D(2), "Adult Supportive Residential" § D(2), and "Adult Outpatient Services" § D(2) (Sept. 1, 2015), as amended.

⁴⁷ Program Attachment No. 3, HHSC Contract #2016-048469, "Adult Residential Detoxification" § D(6), and "Adult Ambulatory Detoxification" § D(6) (Sept. 1, 2015), as amended.

⁴⁸ Program Attachment No. 3, HHSC Contract #2016-048469, "Adult Residential Detoxification" § D(4), "Adult Ambulatory Detoxification" § D(4), "Adult Intensive Residential" § D(4), "Adult Supportive Residential" § D(4), and "Adult Outpatient Services" § D(4) (Sept. 1, 2015), as amended.

- Cultural competency, specifically including, but not limited to, gender and sexual identity and orientation issues
- Medicaid eligibility
- State of Texas co-occurring psychiatric and substance use disorder (COPSD) training

Test results determined that Cenikor did not ensure its workforce completed required training and education within established timelines, or at all. In total, Cenikor did not ensure 33 percent of required training and education courses for tested staff were completed. In addition, 13 percent of required training and education courses were not completed within contractual timelines. Table 6 details test results by training and education course.

Table 6: Summary of Training and Education

Description	Number Tested ⁴⁹	Training Not Completed Timely	Training Not Completed at All	Total Errors
Acknowledgement of Statement of Work	40	8 (20%)	11 (28%)	19 (48%)
Motivational Enhancement Therapy or Motivational Interviewing Techniques	38	6 (16%)	2 (5%)	8 (21%)
Trauma	38	5 (13%)	15 (39%)	20 (53%)
Initial Abuse, Neglect and Exploitation	39	4 (10%)	0 (0%)	4 (10%)
Abuse, Neglect and Exploitation Renewal ⁵⁰	39	0 (0%)	17 (44%)	17 (44%)
Violence	38	2 (5%)	2 (5%)	4 (11%)
Cultural Competency	38	12 (32%)	2 (5%)	14 (37%)
Medicaid Eligibility	38	10 (26%)	12 (32%)	22 (58%)
Co-occurring Psychiatric and Substance Use Disorder	38	4 (11%)	29 (76%)	33 (87%)
Post-Traumatic Stress Disorder	38	0 (0%)	38 (100%)	38 (100%)
Detoxification	25	2 (8%)	5 (20%)	7 (28%)
Total	409	53 (13%)	133 (33%)	186 (45%)

Source: OIG Audit

Cenikor also subcontracted advance practice nurses to perform direct care client services. All three subcontracted advance practice nurses tested did not complete any of the required direct care or clinical staff training and education. In addition,

⁴⁹ The number of staff tested varied based on the requirement for direct care staff or clinical staff. Additionally, one clinical staff member left before completing 90 days of employment. Detoxification training is specific to direct care staff that treated clients in a detoxification service type.

⁵⁰ Annual abuse, neglect and exploitation training is required as noted in 25 Tex. Admin. Code § 448.603 (d) (1) (June 1, 2006).

Cenikor did not document face-to-face supervisor discussion with staff for video, manual, or computer-based training.⁵¹

These errors occurred because Cenikor did not establish a process to ensure the completion of training and education requirements for direct care and clinical staff within required timeframes. The training and education required in the contract is important because it is intended to ensure quality of services delivered to clients and to assist with client engagement and sensitivities and can assist the clinician in establishing a positive relationship with the client.

Recommendation 4b

As required by contract, Cenikor should ensure:

- Direct care staff receive and acknowledge the service requirements within the statement of work provided in the applicable HHSC contract.
- Direct care detoxification staff receive required detoxification training.
- Clinical staff and subcontractors complete (a) required training within 90 days of hire and (b) required annual renewals.
- Documentation of supervision discussion of video, manual, computer-based training.
- Policies and procedures are updated to ensure all required training and education is provided and received within the required timeframe to include subcontracted staff and any training and education that has annual updates.

Management Response

Action Plan

- *Compliance audits have been implemented; conducting daily samples reviewing documentation for:*
 - *Confirming staff are receiving and acknowledging applicable statements of work per HHSC contract.*
 - *Confirming direct care staff are receiving required detoxification training.*

⁵¹ 25 Tex. Admin. Code § 448.603(a) (June 1, 2006).

- *Confirming clinical staff and subcontractors are completing required training within 90 days of hire and as required for annual renewals.*
- *Confirming documentation of supervisory discussion of video, manual or computer-based training.*

- *Policies and procedures will be updated to ensure all required training and education is provided and received within the required timeframe to include subcontracted staff and any training and education that has annual updates by March 15, 2021.*

- *Re-education and training with the facility leadership staff will be completed to ensure compliance to these updated policies and procedures by March 31, 2021.*

Responsible Manager

Vice President and Chief Human Resources Officer

Target Implementation Date

March 31, 2021

Supervision

Cenikor is a registered Clinical Training Institute (CTI), which allows for the supervision of counselor interns. TAC requires that all supervised work experience for licensed chemical dependency counselor interns must be completed at a registered CTI or under the supervision of a certified clinical supervisor.⁵²

As a registered CTI, Cenikor is required to meet the following requirements regarding counselor intern supervision:

- The CTI must maintain a complete file for each counselor intern for five years from the end of the counselor intern's employment.⁵³

- A supervising qualified credentialed counselor must have three hours of continuing education in clinical supervision within the last two years.⁵⁴

Cenikor did not maintain (a) counselor intern supervision documentation in accordance with TAC requirements and (b) evidence of required clinical supervisory training for one of two supervising qualified credentialed counselors tested. Without

⁵² 25 Tex. Admin. Code § 140.409(b) (Aug. 9, 2012).

⁵³ 25 Tex. Admin. Code § 140.421 (r) (Aug. 9, 2012).

⁵⁴ 25 Tex. Admin. Code § 140.421 (o) (Aug. 9, 2012).

counselor intern supervision documentation, Cenikor cannot demonstrate that one of two counselor interns tested was supervised as required. Supervisory training helps the supervising qualified credentialed counselor in obtaining adequate skills to develop competent counselors.

Recommendation 4c

As required by contract, Cenikor should ensure:

- Counselor intern supervision is performed and documented, and the required documentation is maintained.
- Supervising qualified credentialed counselors complete required continuing education in clinical supervision.

Management Response

Action Plan

- *Compliance audits have been implemented; conducting daily samples reviewing documentation for:*
 - *Confirming that supervising qualified credentialed counselor will have three hours of continuing education in clinical supervision within the last two years.*
 - *Confirming that supervising qualified credential counselor is documenting weekly supervision on counselor interns and submitting information into a central repository monthly at the corporate office to maintain complete file for counselor interns.*
 - *Confirming that a complete file for each counselor intern is maintained for five years from the end of the counselor intern's employment.*
- *Policies and procedures will be updated to ensure all required counselor intern documentation for a registered CTI is uploaded and maintained in a central repository at the corporate office each month by March 15, 2021.*
- *Re-education and training with the QCC's will be completed to ensure compliance to these policies and procedures by March 31, 2021.*
 - *Ensuring that supervising qualified credentialed counselor will have three hours of continuing education in clinical supervision within the last two years.*
 - *Ensuring that supervising qualified credential counselor is documenting weekly supervision on counselor interns and submitting information into a central repository monthly at the corporate office to maintain complete file for counselor interns.*

- *Ensuring that a complete file for each counselor intern is maintained for five years from the end of the counselor intern's employment.*

Responsible Manager

Assistant Vice President of Clinical Services

Target Implementation Date

March 31, 2021

CONCLUSION

Cenikor did not consistently comply with core contractual requirements for providing adult substance use disorder program services in Region 7 during the audit scope period of September 1, 2018, through February 29, 2020.

Specifically, Cenikor did not ensure certain clients admitted into residential detoxification, intensive residential, supportive residential, and ambulatory detoxification consistently received required monitoring for withdrawal management or required counseling services.

Additionally, Cenikor did not consistently meet TAC and contractual requirements when providing services. Specifically, Cenikor did not:

- Maintain evidence to support performance of, and compliance with, program and contractual requirements related to medical, clinical, consent, and referral or discharge follow-up activities.
- Consistently place clients in service types consistent with and supported by the client's assessment and consent for treatment and update CMBHS with one client service type transfer.
- Ensure qualifications, training and education, and supervision of direct care and clinical staff responsible for delivering services to clients always met TAC and contractual requirements.

Cenikor met the following contractual requirements: (a) clients admitted into substance use disorder programs had an appropriate substance use disorder diagnosis and (b) qualified credentialed counselors conducted comprehensive psychosocial assessments of clients. Additionally, evidence supported that Cenikor provided required outpatient counseling.

OIG Audit offered recommendations to Cenikor, which, if implemented, will correct deficiencies in compliance with TAC and contractual requirements.

Cenikor should return \$126,365.66 to the State of Texas for payments in which it (a) did not provide support that it delivered 50 percent or more of a client's required counseling and monitoring or (b) billed for an incorrect service type. In addition, other audit issues identified in this report may be subject to liquidated damages⁵⁵ or

⁵⁵ HHSC Contract No. 2016-048469 (Sept. 1, 2015), as amended.

OIG administrative enforcement measures,⁵⁶ including administrative penalties.⁵⁷ Based on the results of this audit, OIG may audit additional HHSC contracts with Cenikor for substance use disorder services.

OIG Audit thanks management and staff at Cenikor, HHSC Intellectual and Developmental Disability and Behavioral Health Services, and HHSC Regulatory Services for their cooperation and assistance during this audit.

⁵⁶ 1 Tex. Admin. Code § 371.1603 (May 1, 2016).

⁵⁷ Tex. Hum. Res. Code § 32.039 (Apr. 2, 2015).

Appendix A: Sampling Methodology

OIG Audit examined selected clients that received residential detoxification, ambulatory detoxification, intensive residential, supportive residential, and outpatient services from Cenikor during the period from September 2018 through February 2020. OIG Audit also tested qualification and training and education requirements for staff that provided direct care services to the sampled clients.

Client Populations: Statistical and Risk-Based Non-Statistical Samples

OIG Audit selected and tested statistically valid random samples of clients for whom Cenikor was paid for providing residential detoxification, intensive residential, and outpatient services during the scope period. The samples were designed to be representative of the respective populations; therefore, it is appropriate to project the results of the samples to the respective populations.

OIG Audit performed risk-based non-statistical testing for supportive residential services on a risk-based non-statistically selected group of clients for whom Cenikor provided supportive residential services during the scope period. The sample was not generally representative of the population; therefore, it would not be appropriate to project the test results to this population.

OIG Audit also tested all 10 clients who received ambulatory detoxification services during the scope period, so the impact on the population is known and there is nothing to project.

Table A.1 shows the clients and amount paid for the sample population as well as the total paid under the contract for the respective service type.

Table A.1: Testing Populations and Samples by Service Type

Description	Residential Detox	Ambulatory Detox	Intensive Residential	Supportive Residential	Outpatient
Total clients in population	725	10	591	68	565
Total dollars in population	\$1,345,008	\$8,330	\$1,489,860	\$47,683	\$604,916
Number of clients in sample	60	10	60	14	68
Number of admissions ⁵⁸	80	11	66	15	80
Dollars in sample	\$131,488	\$8,330	\$150,122	\$17,425	\$103,268
Test approach	Statistically valid sample	Complete population	Statistically valid sample	Risk-based sample	Statistically valid sample

Source: OIG Audit

⁵⁸ Some clients had more than one admission or service begin date during the audit scope.

Direct Care and Clinical Staff Testing

OIG Audit tested qualification and training and education requirements for selected staff who provided direct care services to sampled clients during the scope period. Information to support testing was provided by Cenikor management. Table A.2 shows the number of staff members tested in each category.

Table A.2: Direct Care and Clinical Staff Samples

Category	Examples	Number of Staff
Medical Staff	RN, LVN, FNP (includes three subcontractors)	8
Clinicians	Qualified Credentialed Counselors (LCDC, CSW, LPC)	33
Counselor Interns		2

Source: OIG Audit

Extrapolation

The estimated overpayment amount of \$121,194.66 for residential detoxification and intensive residential services was calculated by extrapolating the dollar value of the errors as identified in Issue 1 across the appropriate populations as detailed in Table A1. The overpayment was calculated using the lower limit of a two-sided 80 percent confidence interval.

Cenikor was kept apprised of all aspects of the audit process and, in order to ensure audit findings were accurate, was offered multiple opportunities to provide relevant documentation and information.

The Texas Legislature has recognized HHS OIG's authority to utilize a peer-reviewed sampling and extrapolation process. HHS OIG has formally adopted RAT-STATS software as the statistical software to be utilized for the extrapolation process to be consistent with the Office of Inspector General for the United States Department of Health and Human Services.⁵⁹

Additional Recovery Amounts

The dollar-for-dollar amounts of \$3,315.00 for ambulatory detoxification services and \$1,856.00 for the client not timely transferred from residential detoxification to intensive residential in CMBHS are based on documented errors and calculated overpayment.

⁵⁹ 1 Tex. Admin Code § 371.35 (May 15, 2016).

Appendix B: Issue 2 Details for Medical, Clinical, Consent, and Referral and Discharge Follow-up Activities

The tables in Appendix B provide details regarding the error rates found in Issue 2. The tables are listed by service type within the medical, clinical, consent, referral, and discharge follow-up categories. The outpatient service type does not require medical assessment. The number of admissions considered applicable varies due to the following considerations:

- Timing of discharge or transfer. For example, if a client left before the time requirement of the attribute would need to be met, then that attribute was considered not applicable for the client.
- Reason the client was discharged. If the client left against professional advice or was involuntarily discharged by the provider, then certain documentation was not expected to be completed or signed and dated.
- A requirement that is dependent on another attribute for testing. For example, if the treatment plan could not be located in the system, then the treatment plan stating the length of stay was considered not applicable.

Two types of testing errors are described in the tables that follow, including (a) attributes that were considered not met if the documentation could be found but was not signed, dated, or completed within the required timeframe, and (b) attributes which were considered “Missing/Not Found” if supporting documentation related to the attribute could not be located.

Table B.1: Residential Detoxification: Medical

Description	Number Applicable	Attribute Not Met	Missing/Not Found	Total Errors	Error Percent
Admission authorized by medical director, physician assistant, or nurse practitioner	80	5	2	7	8.8%
Face-to-face by medical director, physician assistant, or nurse practitioner w/in 24 hours of admission	80	7	2	9	11.3%
Clinical justification for client length of stay	79	6	6	12	15.2%

Source: *OIG Audit*

Table B.2: Ambulatory Detoxification: Medical

Description	Number Applicable	Attribute Not Met	Missing/Not Found	Total Deficiencies	Error Percent
Admission authorized by medical director, physician assistant, or nurse practitioner	10	1	0	1	10.0%
Face-to-face by medical director, physician assistant, or nurse practitioner w/in 24 hours of admission	11	0	0	0	0.0%
Clinical justification for client length of stay	11	0	0	0	0.0%

Source: *OIG Audit*

Table B.3: Intensive Residential: Medical

Description	Number Applicable	Attribute Not Met	Missing/Not Found	Total Deficiencies	Error Percent
Health assessment filed within 96 hours of admission	65	5	9	14	21.5%

Source: *OIG Audit*

Table B.4: Supportive Residential: Medical

Description	Number Applicable	Attribute Not Met	Missing/Not Found	Total Deficiencies	Error Percent
Health assessment filed within 96 hours of admission	15	1	3	4	26.7%

Source: *OIG Audit*

Table B.5: Residential Detoxification: Clinical

Description	Number Applicable	Attribute Not Met	Missing/Not Found	Total Deficiencies	Error Percent
Screening not documented in CMBHS	80	1	24	25	31.3%
Substance Use Disorder Diagnosis	80	1	0	1	1.3%
Meets Diagnostic and Statistical Manual of Mental Disorders criteria for placement	80	1	0	1	1.3%
Assessment Completed in CMBHS	80	1	0	1	1.3%
Assessment signed by a qualified credentialed counselor	80	0	0	0	0.0%
Assessment filed within 3 days of admission	80	3	0	3	3.8%
Signed and dated treatment plan	78	11	33	44	56.4%
Treatment plan closed in CMBHS within 5 service days	78	12	2	14	18.0%
Treatment plan states expected length of stay	76	0	0	0	0.0%
Discharge plan completed before discharge	67	5	4	9	13.4%
Signed and dated discharge plan	67	1	32	33	49.3%
Daily interactions with registered nurse, qualified credentialed counselor, or counselor intern	78	71	0	71	91.0%

Source: *OIG Audit*

Table B.6: Ambulatory Detoxification: Clinical

Description	Number Applicable	Attribute Not Met	Missing/Not Found	Total Deficiencies	Error Percent
Screening not documented in CMBHS	11	1	2	3	27.3%
Substance Use Disorder Diagnosis	11	0	0	0	0.0%
Meets Diagnostic and Statistical Manual of Mental Disorders criteria for placement	11	0	0	0	0.0%
Assessment Completed in CMBHS	11	0	0	0	0.0%
Assessment signed by a qualified credentialed counselor	11	0	0	0	0.0%
Assessment filed within 3 days of admission	11	1	0	1	9.1%
Signed and dated treatment plan	9	0	8	8	88.9%
Treatment plan closed in CMBHS within 5 service days	9	2	2	4	44.4%
Treatment plan stated expected length of stay	7	0	0	0	0.0%
Discharge plan completed before discharge	2	0	1	1	50.0%
Signed and dated discharge plan	2	0	2	2	100.0%
Daily interactions with registered nurse, qualified credentialed counselor, or counselor intern	10	10	0	10	100.0%

Source: *OIG Audit*

Table B.7: Intensive Residential: Clinical

Description	Number Applicable	Attribute Not Met	Missing/Not Found	Total Deficiencies	Error Percent
Screening not documented in CMBHS	66	3	17	20	30.3%
Substance Use Disorder Diagnosis	64	1	0	1	1.6%
Meets Diagnostic and Statistical Manual of Mental Disorders criteria for placement	64	1	0	1	1.6%
Assessment Completed in CMBHS	64	0	1	1	1.6%
Assessment signed by a qualified credentialed counselor	63	0	0	0	0.0%
Assessment filed within 3 days of admission	63	7	0	7	11.1%
Signed and dated treatment plan	66	11	26	37	56.1%
Treatment plan closed in CMBHS within 5 service days	66	10	3	13	19.7%
Treatment plan stated expected length of stay	63	0	0	0	0.0%
Treatment plan reviewed midway through projected stay	51	19	13	32	62.8%
Signed and dated treatment plan review	51	6	25	31	60.8%
Discharge plan completed before discharge	51	2	1	3	5.9%
Signed and dated discharge plan	50	7	17	24	48.0%
Planned activities	60	10	0	10	16.7%

Source: OIG Audit

Table B.8: Supportive Residential: Clinical

Description	Number Applicable	Attribute Not Met	Missing/Not Found	Total Deficiencies	Error Percent
Screening not documented in CMBHS	15	0	4	4	26.7%
Substance Use Disorder Diagnosis	15	0	0	0	0.0%
Meets Diagnostic and Statistical Manual of Mental Disorders criteria for placement	15	0	0	0	0.0%
Assessment Completed in CMBHS	15	0	0	0	0.0%
Assessment signed by a qualified credentialed counselor	15	0	0	0	0.0%
Assessment filed within 3 days of admission	15	3	0	3	20.0%
Signed and dated treatment plan	15	3	5	8	53.3%
Treatment plan closed in CMBHS within 5 service days	15	3	2	5	33.3%
Treatment plan stated expected length of stay	13	0	0	0	0.0%
Treatment plan reviewed midway through projected stay	15	2	13	15	100.0%
Signed and dated treatment plan review	15	0	15	15	100.0%
Discharge plan completed before discharge	15	3	1	4	26.7%
Signed and dated discharge plan	15	0	12	12	80.0%

Source: *OIG Audit*

Table B.9: Outpatient: Clinical

Description	Number Applicable	Attribute Not Met	Missing/Not Found	Total Deficiencies	Error Percent
Screening not documented in CMBHS	80	2	27	29	36.3%
Substance Use Disorder Diagnosis	79	1	0	1	1.3%
Meets Diagnostic and Statistical Manual of Mental Disorders criteria for placement	79	2	0	2	2.5%
Assessment Completed in CMBHS	80	2	1	3	3.8%
Assessment signed by a qualified credentialed counselor	79	0	0	0	0.0%
Assessment filed within 3 days of admission	80	4	0	4	5.0%
Signed and dated treatment plan	76	0	35	35	46.1%
Treatment plan stated expected length of stay	71	8	0	8	11.3%
Treatment plan reviewed midway through projected stay	59	28	25	53	89.8%
Signed and dated treatment plan review	59	1	43	44	74.6%
Discharge plan completed before discharge	43	6	9	15	34.9%
Signed and dated discharge plan	42	0	32	32	76.2%
Received case management services	74	36	0	36	48.7%

Source: *OIG Audit*

Table B.10: Residential Detoxification: Consent

Description	Number Applicable	Attribute Not Met	Missing/Not Found	Total Deficiencies	Error Percent
General consent to treat obtained	80	0	3	3	3.8%
Opioid consent obtained	32	3	20	23	71.9%

Source: *OIG Audit*

Table B.11: Ambulatory Detoxification: Consent⁶⁰

Description	Number Applicable	Attribute Not Met	Missing/Not Found	Total Deficiencies	Error Percent
General consent to treat obtained	11	0	3	3	27.3%
Opioid consent obtained	9	1	3	4	44.4%

Source: *OIG Audit*

⁶⁰ Table B.11 does not include consent errors reported in Issue 3.

Table B.12: Intensive Residential: Consent

Description	Number Applicable	Attribute Not Met	Missing/Not Found	Total Deficiencies	Error Percent
General consent to treat obtained	66	0	4	4	6.1%
Opioid consent obtained	27	0	22	22	81.5%

Source: *OIG Audit*

Table B.13: Supportive Residential: Consent

Description	Number Applicable	Attribute Not Met	Missing/Not Found	Total Deficiencies	Error Percent
General consent to treat obtained	15	0	2	2	13.3%
Opioid consent obtained	5	1	3	4	80.0%

Source: *OIG Audit*

Table B.14: Outpatient: Consent

Description	Number Applicable	Attribute Not Met	Missing/Not Found	Total Deficiencies	Error Percent
General consent to treat obtained	79	5	19	24	30.4%
Opioid consent obtained	12	0	10	10	83.3%

Source: *OIG Audit*

Table B.15: Residential Detoxification: Referral and Discharge Follow-Up

Description	Number Applicable	Attribute Not Met	Missing/Not Found	Total Deficiencies	Error Percent
Referrals entered into CMBHS	63	6	0	6	9.5%
Discharge follow-up	38	24	0	24	63.2%
Current status or reason contact unsuccessful	38	2	0	2	5.3%

Source: *OIG Audit*

Table B.16: Ambulatory Detoxification: Referral and Discharge Follow-Up

Description	Number Applicable	Attribute Not Met	Missing/Not Found	Total Deficiencies	Error Percent
Referrals entered into CMBHS	2	2	0	2	100.0%
Discharge follow-up	8	5	0	5	62.5%
Current status or reason contact unsuccessful	8	0	0	0	0.0%

Source: *OIG Audit*

Table B.17: Intensive Residential: Referral and Discharge Follow-Up

Description	Number Applicable	Attribute Not Met	Missing/Not Found	Total Deficiencies	Error Percent
Referrals entered into CMBHS	50	12	0	12	24.0%
Discharge follow-up	50	14	0	14	28.0%
Current status or reason contact unsuccessful	50	0	0	0	0.0%

Source: *OIG Audit*

Table B.18: Supportive Residential: Referral and Discharge Follow-Up

Description	Number Applicable	Attribute Not Met	Missing/Not Found	Total Deficiencies	Error Percent
Referrals entered into CMBHS	15	5	0	5	33.3%
Discharge follow-up	11	4	0	4	36.4%
Current status or reason contact unsuccessful	11	1	0	1	9.1%

Source: *OIG Audit*

Table B.19: Outpatient: Referral and Discharge Follow-Up

Description	Number Applicable	Attribute Not Met	Missing/Not Found	Total Deficiencies	Error Percent
Referrals entered into CMBHS	32	21	0	21	65.6%
Discharge follow-up	64	19	0	19	29.7%
Current status or reason contact unsuccessful	64	3	0	3	4.7%

Source: *OIG Audit*

Appendix C: Cenikor's Management Response Letter



Cenikor Foundation **OIG Report No. AUD-21-00X** **Management Response**

Overall Management Response

For over 54 years, Cenikor Foundation has been committed to providing quality services and excellent care for the clients we serve. In the past 10 years, we expanded from 3 locations to 16 to provide a full continuum of care and program services. This growth was strategically planned to enable Cenikor to provide help to its clients in all phases of their recovery journey and to serve additional communities with its presence.

Approximately 4 years ago, during a time when Department of State Health Services (DSHS) staff considered us a vital partner in service to our communities, Cenikor Foundation was encouraged by DSHS to provide appropriate recovery services in communities where other providers had stopped providing such services. The communities in need included Austin, Tyler and Houston. Cenikor remains committed to providing quality services in compliance with the State of Texas Health and Human Services (HHSC) regulatory and contract requirements. HHSC is a vital partner in service to the communities in which Cenikor provides substance use disorder treatment and recovery services.

In the last 2 years, DSHS has merged into HHSC, and the integrated oversight agency is now applying regulations in a more stringent manner. We support the increased expectations as we continue to strive for excellence in all aspects of client care; however, there was no prior communication of the more demanding enforcement. Cenikor remains committed to our mission of service to provide much-needed substance use and recovery services to those individuals who have been historically underserved and forgotten. Cenikor looks forward to a continued partnership with the State of Texas to serve all individuals in need of behavioral health services.

Issue 1

Recommendation 1a - Management Response

Action Plan

- Compliance audits have been implemented; conducting daily samples reviewing documentation for:
 - Confirming that monitoring for detoxification clients occurs at least every 4 hours for the first 72 hours for residential.
 - Confirming that clients receive the required chemical dependency and additional counseling as determined by service level.
- All compliance audit results are available and provided daily to alert staff of immediate feedback and correction.
- Re-education and training with the nursing and clinical staff will be completed by March 31, 2021 including:
 - Ensuring monitoring for detoxification clients occurs at least every 4 hours for the first 72 hours for residential and is documented appropriately.

CENIKOR FOUNDATION Corporate 11931 Wickchester Lane, Suite 300 Houston, TX 77043 713.266.9944 fax: 713.780.3191

- Ensuring that clients receive the required chemical dependency and additional counseling as determined by service level and is documented in CMBHS appropriately.

Responsible Manager

- Angel Hull - AVP, Clinical Services

Target Implementation Date

- March 31, 2021

Recommendation 1b - Management Response

The calculation for overpayment is understood and will return the \$124,509.66 to the State of Texas.

Issue 2

Recommendation 2a - Management Response

Action Plan

- Compliance audits have been implemented; conducting daily samples reviewing documentation for:
 - Confirming the Medical Director or designee has authorized the admissions for detoxification services.
 - Confirming the Medical Director or designee conducts a face to face (in person or via telehealth platform) examination within 24 hours of admission.
 - Confirming the health assessment has been completed for residential clients within 96 hours of admission.
 - Ensuring the appropriate documentation is uploaded into CMBHS.
- All compliance audit results are available and provided daily to alert staff of immediate feedback and correction.
- Re-education and training with the nursing and clinical staff will be completed by March 31, 2021 including:
 - Ensuring the Medical Director or designee has authorized the admissions for detoxification services and is documenting appropriately.
 - Ensuring the Medical Director or designee conducts a face to face (in person or via telehealth platform) examination within 24 hours of admission and is documenting appropriately.
 - Ensuring the health assessment has been completed for residential clients within 96 hours of admission and is documented appropriately.
 - Ensuring the appropriate documentation is uploaded into CMBHS.
- The Compliance Department is developing additional compliance audit tools to conduct daily samples for admissions into the Ambulatory Detoxification and Supportive Residential Services

to ensure all appropriate documents are completed, done timely, and uploaded into CMBHS. Audit tools to be implemented by March 31, 2021.

Responsible Manager

- Angel Hull - AVP, Clinical Services

Target Implementation Date

- March 31, 2021

Recommendation 2b – Management Response

Action Plan

- Compliance audits have been implemented; conducting daily samples reviewing documentation for:
 - Confirming clients have participated in the development of their individual treatment program through verification, and that the client has signed and dated their clinical documentation detailing treatment.
 - Confirming changes to the treatment and discharge plans, and that the appropriate documentation is uploaded into CMBHS.
 - Confirming that the clinical service hours, and any unsuccessful attempts made have been documented, are provided by the appropriate licensed staff, and that all documentation is completed and uploaded into CMBHS timely.
- All compliance audit results are available and provided daily to alert staff of immediate feedback and correction.
- Re-education and training with the nursing and clinical staff will be completed by March 31, 2021 including:
 - Ensuring clients have participated in the development of their individual treatment program through verification, and that client has signed and dated their clinical documentation detailing treatment.
 - Ensuring changes to treatment and discharge plans, and that the appropriate documentation is uploaded into CMBHS.
 - Ensuring that the clinical service hours, and any unsuccessful attempts made have been documented, are provided by the appropriate licensed staff, and that all documentation is completed and uploaded into CMBHS timely.

Responsible Manager

- Angel Hull - AVP, Clinical Services

Target Implementation Date

- March 31, 2021

Recommendation 2c – Management Response

Action Plan

- Compliance audits have been implemented; conducting daily samples reviewing documentation for:
 - Confirming the consent-to-treat forms are completed, signed, and dated by the client and staff providing the information.
 - Confirming that the HHSC approved opioid informed consent is provided, signed, dated, and uploaded into CMBHS as applicable (individuals with Opioid Use Disorder).
- All compliance audit results are available and provided daily to alert staff of immediate feedback and correction.
- Re-education and training with the nursing and clinical staff will be completed by March 31, 2021 including:
 - Ensuring the consent-to-treat forms are completed, signed, and dated by the client and staff providing the information.
 - Ensuring that the HHSC approved opioid informed consent is provided, signed, dated, and uploaded into CMBHS as applicable (individuals with Opioid Use Disorder).

Responsible Manager

- Angel Hull - AVP, Clinical Services

Target Implementation Date

- March 31, 2021

Recommendation 2d – Management ResponseAction Plan

- Compliance audits have been implemented; conducting daily samples reviewing documentation for:
 - Confirming referrals have been discussed and entered into CMBHS.
- A new compliance audit tool will be implemented to conduct reviews of discharge follow-ups in CMBHS to ensure they are documented appropriately and completed timely. The audit tool will be completed by March 31, 2021.
- All compliance audit results are available and provided daily to alert staff of immediate feedback and correction.
- Re-education and training with the nursing and clinical staff will be completed by March 31, 2021 including:
 - Ensuring referrals are discussed and entered into CMBHS.
- Education and training with the Access Center staff will be completed by March 31, 2021 including:
 - Ensuring that the current status and reason contact was unsuccessful is documented into CMBHS.

Responsible Manager

- Angel Hull - AVP, Clinical Services
- Brian Reeves – Sr. Director of Marketing and Client Access

Target Implementation Date

- March 31, 2021

Issue 3

Recommendation 3a – Management Response

Action Plan

- Compliance audits have been implemented; conducting daily samples reviewing documentation for:
 - Confirming the client was admitted into the recommended service type and that the proper documentation is uploaded or entered into CMBHS for any exceptions to justify the client was admitted into another service type.
- All compliance audit results are available and provided daily to alert staff of immediate feedback and correction.
- Re-education and training with the nursing and clinical staff will be completed by March 31, 2021 including:
 - Ensuring the client was admitted into the recommended service type and that the proper documentation is uploaded or entered into CMBHS for any exceptions to justify the client was admitted into another service type.
- The Compliance Department is developing additional compliance audit tools to conduct daily samples for admissions into the Ambulatory Detoxification and Supportive Residential Services to ensure all clients are admitted into the recommended service types and justification of any exceptions are documented in CMBHS. Audit tools to be implemented by March 31, 2021.

Responsible Manager

- Angel Hull - AVP, Clinical Services

Target Implementation Date

- March 31, 2021

Recommendation 3b – Management Response

Action plan

- Compliance audits have been implemented; conducting daily samples reviewing documentation for:
 - Confirming that any client that is admitted into Ambulatory Detox services are also concurrently enrolled in and receiving outpatient services.

- Re-education and training with the nursing and clinical staff will be completed by March 31, 2021 including:
 - Ensuring that clients admitted into Ambulatory Detox services are also concurrently enrolled in and receive outpatient services.
- The Compliance Department is developing additional compliance audit tools to conduct daily samples for admissions into the Ambulatory Detoxification Services, which will ensure the appropriate concurrent enrollment into outpatient services is completed. Audit tool to be implemented by March 31, 2021.

Responsible Manager

- Angel Hull - AVP, Clinical Services

Target Implementation Date

- March 31, 2021

Recommendation 3c – Management Response

Action Plan

- Compliance audits have been implemented; conducting daily samples reviewing documentation for:
 - Confirming clients are admitted into the service type that is consistent with the signed opiate consent.
- All compliance audit results are available and provided daily to alert staff of immediate feedback and correction.
- Re-education and training with the nursing and clinical staff will be completed by March 31, 2021 including:
 - Ensuring clients are admitted into the service type that is consistent with the signed opiate consent.

Responsible Manager

- Angel Hull - AVP, Clinical Services

Target Implementation Date

- March 31, 2021

Recommendation 3d – Management Response

Action Plan

- Compliance audits have been implemented; conducting daily samples reviewing documentation for:
 - Confirming clients are transferred timely in CMBHS to the appropriate service type when stepping down the level of care.

- All compliance audit results are available and provided daily to alert staff of immediate feedback and correction.
- Re-education and training with the nursing and clinical staff will be completed by March 31, 2021 including:
 - Ensuring clients are transferred timely in CMBHS to the appropriate service type when stepping down the level of care.
- The calculation for overpayment is understood and will return the \$1,856.00 to the State of Texas.

Responsible Manager

- Angel Hull - AVP, Clinical Services

Target Implementation Date

- March 31, 2021

Issue 4

Recommendation 4a – Management Response

Action Plan

- Compliance audits have been implemented; conducting daily samples reviewing documentation for:
 - Confirming that screening activities and diagnosis information is only completed by the appropriate credentialed staff.
- All compliance audit results are available and provided daily to alert staff of immediate feedback and correction.
- Re-education and training with the nursing and clinical staff will be completed by March 31, 2021 including:
 - Ensure that screening activities and diagnosis information is only completed by the appropriate credentialed staff.

Responsible Manager

- Angel Hull - AVP, Clinical Services

Target Implementation Date

- March 31, 2021

Recommendation 4b – Management Response

Action Plan

- Compliance audits have been implemented; conducting daily samples reviewing documentation for:

- Confirming staff are receiving and acknowledging applicable statements of work per HHSC contract.
 - Confirming direct care staff are receiving required detoxification training.
 - Confirming clinical staff and subcontractors are completing required training within 90 days of hire and as required for annual renewals.
 - Confirming documentation of supervisory discussion of video, manual or computer-based training.
- Policies and procedures will be updated to ensure all required training and education is provided and received within the required timeframe to include subcontracted staff and any training and education that has annual updates by March 15, 2021.
 - Re-education and training with the facility leadership staff will be completed to ensure compliance to these updated policies and procedures by March 31, 2021.

Responsible Manager

- Kellee Webb - VP, Chief Human Resources Officer

Target Implementation Date

- March 31, 2021

Recommendation 4c – Management Response

Action Plan

- Compliance audits have been implemented; conducting daily samples reviewing documentation for:
 - Confirming that supervising qualified credentialed counselor will have three hours of continuing education in clinical supervision within the last two years.
 - Confirming that supervising qualified credential counselor is documenting weekly supervision on counselor interns and submitting information into a central repository monthly at the corporate office to maintain complete file for counselor interns.
 - Confirming that a complete file for each counselor intern is maintained for five years from the end of the counselor intern's employment.
- Policies and procedures will be updated to ensure all required counselor intern documentation for a registered CTI is uploaded and maintained in a central repository at the corporate office each month by March 15, 2021.
- Re-education and training with the QCC's will be completed to ensure compliance to these policies and procedures by March 31, 2021.
 - Ensuring that supervising qualified credentialed counselor will have three hours of continuing education in clinical supervision within the last two years.
 - Ensuring that supervising qualified credential counselor is documenting weekly supervision on counselor interns and submitting information into a central repository monthly at the corporate office to maintain complete file for counselor interns.

- Ensuring that a complete file for each counselor intern is maintained for five years from the end of the counselor intern's employment.

Responsible Manager

- Angel Hull - AVP, Clinical Services

Target Implementation Date

- March 31, 2021

Appendix D: Report Team and Distribution

Report Team

OIG staff members who contributed to this audit report include:

- Audrey O’Neill, CIA, CFE, CGAP, Chief of Audit and Inspections
- Kacy J. VerColen, CPA, Assistant Deputy Inspector General of Audit and Inspections
- Steve Sizemore, CIA, CISA, CGAP, Audit Director
- Melissa Larson, CFE, CIA, CISA, HCISPP, Audit Manager
- Susan Parker, CPA, Audit Project Manager
- Keven Holst, CPA, Senior Auditor
- Lorraine Chavanna, CFS, CFE, Senior Auditor
- JoNell Abrams, CIGA, Staff Auditor
- Michael Martinez, Staff Auditor
- Marycarmen Ramirez, Associate Auditor
- Anthony Felder, Associate Auditor
- Raquel Cortez, Associate Auditor
- Karen Mullen, CGAP, Quality Assurance Reviewer
- Mo Brantley, Senior Audit Operations Analyst

Report Distribution

Health and Human Services

- Cecile Erwin Young, Executive Commissioner
- Kate Hendrix, Chief of Staff
- Maurice McCreary, Jr., Chief Operating Officer
- Victoria Ford, Chief Policy and Regulatory Officer
- Karen Ray, Chief Counsel
- Michelle Alletto, Chief Program and Services Officer
- Nicole Guerrero, Director of Internal Audit
- Sonja Gaines, Deputy Executive Commissioner, Intellectual and Developmental Disability and Behavioral Health Services

- Roderick Swan, Associate Commissioner, Intellectual and Developmental Disability and Behavioral Health Services, Contract Services
- Trina Ita, Associate Commissioner, Intellectual and Developmental Disability and Behavioral Health Services, Medical and Social Services
- David Kostroun, Deputy Executive Commissioner for Regulatory Services
- Kristi D. Jordan, Associate Commissioner, Regulatory Services, Health Care Quality
- Stephanie Stephens, Deputy Executive Commissioner, Medicaid and CHIP Services

Cenikor, Inc.

- Rick Grinnan, Chairman of the Board of Directors
- Bill Bailey, President and Chief Executive Officer
- Matt Kuhlman, Vice President and Chief Financial Officer
- Kellee Webb, Vice President and Chief Human Resources Officer
- Angel Hull, Assistant Vice President of Clinical Services
- Brian Reeves, Senior Director of Marketing and Client Access

Appendix E: 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
- Susan Biles, Chief of Staff
- Dirk Johnson, Chief Counsel
- Christine Maldonado, Chief of Operations and Workforce Leadership
- Juliet Charron, Chief of Strategy
- Steve Johnson, Chief of Investigations and Reviews

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- OIG website: [ReportTexasFraud.com](https://www.reporttexasfraud.com)

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

- Online: <https://oig.hhsc.texas.gov/report-fraud>
- Phone: 1-800-436-6184

To Contact OIG

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