



Audit Report

## Homeward Bound, Inc.

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**Substance Use Disorder  
Treatment Provider**



**Inspector  
General**

Texas Health  
and Human Services

**November 13, 2020  
OIG Report No. AUD-21-001**

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## HHS OIG

TEXAS HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

November 13, 2020

Audit Report

# HOMeward BOUND, INC.

*Substance Use Disorder Treatment Provider*

## WHAT THE OIG FOUND

Homeward Bound ensured that clients met requirements to be eligible for its substance use disorder programs, including verifying that clients met financial requirements. Homeward Bound also conducted initial screenings and assessments, developed treatment plans for clients, and maintained records to support its claims.

However, Homeward Bound should strengthen controls related to its HIV and residential detox programs, because it did not meet certain Texas Administrative Code and contractual requirements related to treatment plan execution and discharge planning and follow-up that are important to support the recovery of clients. Specifically, Homeward Bound did not always:

- Conduct required individual counseling sessions. For 19 of 57 (33 percent) clients in detoxification, Homeward Bound could not provide support that required individual counseling sessions were provided or attempted for clients each day. When the client's treatment is not fully documented in the client record, individuals responsible for treatment decisions make such decisions with incomplete information, which can hinder the client's success.
- Provide required coinfection counseling. For all 20 clients tested that required coinfection counseling, Homeward Bound did not provide the two hours of counseling each month as required. When clients do not receive the required education through group counseling, there is an increased risk of community spread of the diseases.
- Conduct required discharge planning and follow-up. For a sample of 113 individual episodes of care:
  - Follow-up to referrals were not documented for 35 (31 percent).
  - Follow-up was not documented or was not completed within the required timeframe for 52 (46 percent).
  - Discharge summaries were not documented or were not completed within the required timeframe for 19 (17 percent).

Providing and documenting discharge and referral follow up services aids clients in successful long-term sobriety and mitigates the risk of clients relapsing resulting in further services and increased program cost.

## BACKGROUND

HHSC-contracted substance use disorder facilities provide substance use rehabilitation services to Texas residents who meet eligibility requirements. Clients must meet residency, financial, and medical eligibility 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. HHSC-contracted substance use disorder facilities are 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.

Homeward Bound provides a variety of substance use disorder programs through its contracts with HHSC, including residential detoxification and intensive residential services. In addition, Homeward Bound is the only provider in Texas contracted with HHSC to treat substance use disorders for clients with HIV.

## 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 Homeward Bound, Inc. (Homeward Bound), a substance use disorder treatment facility under contracts with the Health and Human Services Commission (HHSC). Homeward Bound was paid a total amount of \$1,655,548 by HHSC in 2019 for services evaluated in this audit.

The audit objective was to determine whether client eligibility determinations, treatment stays, discharge events, and corresponding paid claims to Homeward Bound's Dallas facilities were processed in accordance with rules, guidelines, and applicable requirements. The scope included paid claims through selected contracts during the period from September 1, 2018, through August 31, 2019.

## WHAT THE OIG RECOMMENDS

Homeward Bound should ensure:

- Individual counseling sessions are provided daily for clients in detoxification or unsuccessful attempts to do so are documented.
- The curriculum meets requirements for coinfection counseling and that counseling provided is documented.
- Required post-discharge activities are performed and documented.

## MANAGEMENT RESPONSE

OIG Audit presented preliminary audit results, issues, and recommendations to Homeward Bound in a draft report dated October 19, 2020. Homeward Bound indicated it will implement improvements to strengthen compliance with TAC and contractual requirements by November 2020. Homeward Bound's management responses are included in the report following each recommendation.

For more information, contact:

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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 Homeward Bound, Inc. (Homeward Bound), a substance use disorder treatment facility under contracts with the Health and Human Services Commission (HHSC).<sup>1</sup> Funds for the contracts are distributed from a federal block grant passed through the State of Texas 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, and medical 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. HHSC-contracted substance use disorder facilities are 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.<sup>2</sup>

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

- 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.
- Adult HIV residential:  
Intensive treatment services provided to people with Human

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<sup>1</sup> HHSC Contract #2016-048416-003, Amendment 5 (Sept. 1, 2018) and HHSC Contract #2016-048417-003, Amendment 6 (Sept. 1, 2018).

<sup>2</sup> HHSC Contract #2016-048416-003, Amendment 5, Attachment 3, "Adult Human Immunodeficiency Virus (HIV) Residential" § (C)(1)(b) (Sept. 1, 2018) and HHSC Contract #2016-048417-003, Amendment 6, Attachment 3, "Adult Residential Detoxification" § (C)(1)(b) and "Adult Intensive Residential" § (C)(1)(b) (Sept. 1, 2018).

Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) in a structured residential setting.

Homeward Bound maintains substance use disorder facilities in Dallas and El Paso. OIG Audit evaluated two contracts between HHSC and Homeward Bound for the Dallas service area. In 2019, Homeward Bound was paid \$853,464 under HHSC Contract 2016-048416-003, Amendment 5, for HIV residential services. Additionally, Homeward Bound was paid \$802,084 under HHSC Contract 2016-048417-003, Amendment 6, for multiple services, including adult intensive residential and adult residential detoxification services, which were tested during this audit.

OIG Audit evaluated Homeward Bound's compliance with the following contractual requirements:

- Client financial and medical eligibility
- Client diagnosis, treatment plans, and care
- Discharge and referral procedures
- Billing accuracy

### **Objective and Scope**

The audit objective was to determine whether client eligibility determinations, treatment stays, discharge events,<sup>3</sup> and corresponding paid claims to Homeward Bound's Dallas facilities for detoxification, intensive residential, and HIV residential services were processed in accordance with applicable rules, guidelines, and contractual requirements.

The scope included paid claims through selected contracts during the period from September 1, 2018, through August 31, 2019.

### **Methodology**

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

OIG Audit issued an engagement letter to Homeward Bound on May 22, 2020, providing information about the upcoming audit and conducted fieldwork from June 2020 through September 2020.

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<sup>3</sup> For purposes of this audit, discharge events included creation of discharge plans, providing referrals for continued services after discharge, conducting follow-ups with clients, and documenting a discharge summary.

#### OIG Audit reviewed:

- Initial screening and assessment documentation to determine whether the client was a resident of Texas and had (a) qualifying Medicaid coverage, (b) third-party insurance, and (c) a qualifying gross income that could have paid for services rendered.
- Treatment and discharge plans to determine whether Homeward Bound provided services required by the contract to support billing.

OIG Audit reviewed records supporting services delivered by Homeward Bound to selected clients for the period September 1, 2018, through August 31, 2019. OIG Audit selected a non-statistical risk-based sample of 60 clients who received at least one detoxification, intensive residential, or HIV residential service from Homeward Bound during the review period. These sample designs were chosen to address specific risk factors identified in the populations. The sample items were generally not representative of the populations for the entities; therefore, it would not be appropriate to project the test results to those populations.

The OIG Audit and Inspections Division presented preliminary audit results, issues, and recommendations to Homeward Bound in a draft report dated October 19, 2020. Homeward Bound provided management responses to the recommendations, indicating it will implement improvements to strengthen compliance with TAC and contractual requirements by November 2020. Homeward Bound's management responses are included in the report following each recommendation.

#### Criteria

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

- 25 Tex. Admin. Code §§ 448.805 and 448.902 (2004)
- HHSC Contract #2016-048416-003 (2016)
- HHSC Contract #2016-048417-003 (2016)

#### 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

OIG Audit tested all phases of a client's receipt of services at Homeward Bound, including reviewing:

- Relevant documentation to support financial eligibility
- Initial screening and assessment
- Treatment plan development and execution
- Discharge planning and follow-up
- Claims submitted to HHSC for payment

Overall, Homeward Bound met Texas Administrative Code (TAC) and contractual requirements related to:

- Ensuring clients met financial eligibility prerequisites for admittance into treatment programs.
- Providing appropriate services to clients that were supported by initial screening and assessment information, including conducting required monitoring visits for selected clients during the initial detoxification period.
- Developing treatment plans individualized to address clients' specific needs.
- Maintaining sufficient records to support paid claims.

However, Homeward Bound did not always conduct daily counseling sessions in accordance with treatment plans, provide monthly coinfection group counseling education, or perform required discharge planning and follow-up activities. These exceptions are detailed in the following issues.

OIG Audit communicated other less significant issues to Homeward Bound in writing.

### ***DAILY COUNSELING FOR RESIDENTIAL DETOXIFICATION CLIENTS***

The HHSC residential detoxification program requires Homeward Bound staff manage the withdrawal and intoxicated states of clients admitted to the program.<sup>4</sup> In addition, Homeward Bound must provide one individual counseling session to the client every day the client is in treatment.<sup>5</sup>

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<sup>4</sup> 25 Tex. Admin. Code § 448.902 (g) (Sept. 1, 2004).

<sup>5</sup> 25 Tex. Admin. Code § 448.902 (h)(5) (Sept. 1, 2004).

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**Issue 1: Detox Clients Did Not Always Receive Individual Counseling Sessions Each Day**

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OIG Audit reviewed client records for 57 clients admitted to the residential detoxification program at Homeward Bound between September 1, 2018, and August 31, 2019. For 19 of 57 (33 percent) clients in detoxification, information in CMBHS or other client records did not support that the client received an individual counseling session each day the client was in treatment as required. Based on the information provided, it was not clear whether a counseling session was attempted with the client on days counseling sessions were not held.

Detoxification is a vital first step in the client's recovery process and sets the tone for subsequent treatment. The absence of documentation supporting the delivery of counseling, or the attempt to deliver counseling and reason counseling could not be provided, indicates the client may not have received all necessary treatment. Not receiving all daily counseling could hinder the client's long-term recovery success.

During 2019, Homeward Bound did not have adequate policies and procedures in place to help ensure that staff document attempted counseling sessions in client records. In addition, during interviews, Homeward Bound management and staff indicated the clients they serve often experience physical symptoms that make it difficult for them to participate in individual counseling sessions. Specifically, Homeward Bound indicated that, during the early stage of detoxification, it is common for clients to not be in a mental state to best benefit from a counseling session.

**Recommendation 1**

As required by TAC and its contracts, Homeward Bound should:

- Ensure individual counseling sessions are provided daily or attempted for clients in detoxification.
- Document unsuccessful attempts to provide individual counseling sessions in CMBHS, including the reason a counseling session was not provided.

## **Management Response**

### Action Plan

- *Detox counselors will ensure individual notes are being entered daily on all clients, even if the client is unable to participate due to significant withdrawal symptoms. These notes will identify the reasoning behind why the client was unable to attend that day.*
- *Detox counselors will audit charts daily to verify that an individual session was completed and entered in CMBHS.*
- *Intake counselors will assist with individual sessions on days/times in which the lobby has cleared intakes.*
- *Unit manager and clinical director will audit client's CMBHS workspace daily to ensure that all clients received and documented individual sessions. Notice will be sent via e-mail to detox counselors in instances in which a client is in need of an individual session.*
- *Unit manager will audit 2 charts per month to verify daily individual counseling was completed and review findings during QA.*

### Responsible Manager

*Detoxification Clinical Manager*

### Target Implementation Date

*November 2020*

## **ADULT HIV RESIDENTIAL PROGRAM COINFECTION GROUP COUNSELING**

The HHSC HIV residential program requires Homeward Bound staff facilitate two hours per month of HIV and hepatitis C coinfection group counseling with each client admitted to the program.<sup>6</sup>

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### **Issue 2: Homeward Bound Did Not Meet Monthly Coinfection Group Counseling Requirements**

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OIG Audit reviewed documentation in CMBHS and other records for 20 of 35 clients who were (a) admitted to the HIV residential program from September 1, 2018, to August 31, 2019, and (b) were in the residential program for at least one month. Of the 20 records reviewed, 15 indicated the clients did not receive the required two hours of HIV and hepatitis C coinfection group counseling while in the HIV residential program. The remaining five received one of the two required hours of counseling.

The goals of coinfection group counseling include client education to assist in reducing spread of HIV and hepatitis C in the community, ensuring clients have the tools necessary to lead healthy productive lives with coinfection, and assisting clients by providing them with education and tools necessary to help avoid coinfection if the client has HIV but not hepatitis C. Client education through group counseling may help (a) prevent clients from suffering unnecessarily with the progression of diseases that are manageable, (b) reduce the risk of community spread of the diseases, and (c) lessen the long-term costs associated with treating and managing the diseases over a client's lifetime.

Homeward Bound management indicated it contracted with third-party education providers to deliver HIV and hepatitis C group counseling to clients in the HIV residential program. The documentation in the client records supports the education provided to clients for each topic were independent of one another and did not address topics of coinfection. Homeward Bound management could not locate documentation to support coinfection topics were covered during additional group counseling sessions.

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<sup>6</sup> HHSC Contract #2016-048416-003, Amendment 5, Attachment 3, "Adult Human Immunodeficiency Virus (HIV) Residential" § (C)(2)(n) (Sept. 1, 2018).

## **Recommendation 2**

As required by TAC and its contracts, Homeward Bound should provide HIV and hepatitis C coinfection group counseling and document that counseling in CMBHS.

## **Management Response**

### Action Plan

- *The following curriculum will be utilized for coinfection counseling - HIV / HCV Co-infection: An AETC National Curriculum presented by AIDS Education and Training Center Program. <https://aidsetc.org/hivhcv>*
- *Counseling staff on the HIV Residential will be trained on the curriculum before facilitation.*
- *The HIV Residential unit schedule will include the co-infection group twice monthly for 2 hours per session to ensure all clients receive the appropriate HIV/ HCV education.*

### Responsible Manager

*Statewide Clinical Manager*

### Target Implementation Date

*November 2020*

## **RESIDENTIAL TREATMENT PROGRAMS' DISCHARGE ACTIVITIES**

The HHSC adult residential detoxification, intensive residential, and HIV residential programs require Homeward Bound to perform the following activities:

- Complete a discharge summary for each client within 30 days of client discharge from the facility.<sup>7</sup>
- Complete a referral follow-up for each referral entered into CMBHS.<sup>8</sup>
- Contact each client no sooner than 60 days and no later than 90 days after discharge from the facility to perform a discharge follow-up and document in the client record the individual's current status, abstinence from drugs and alcohol within the past 30 days, or the reason the attempted contact was unsuccessful.<sup>9</sup>

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### **Issue 3: Homeward Bound Did Not Always Perform Discharge Summaries and Discharge and Referral Follow-Ups According to Requirements**

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OIG Audit reviewed client records for 113 individual episodes of care for clients admitted to the adult residential detoxification, intensive residential, and HIV residential programs at Homeward Bound between September 1, 2018, and August 31, 2019. Homeward Bound did not consistently document required discharge and follow-up activities.

Specifically, Homeward Bound did not:

- Document in CMBHS that it followed up on referrals for continued treatment as required for 35 of 113 (31 percent) episodes of care.
- Document follow-up within 60-to-90-days as required for 52 of 113 (46 percent) episodes of care tested. The 52 client records containing errors

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<sup>7</sup> 25 Tex. Admin. Code § 448.805 (i) (Sept. 1, 2004).

<sup>8</sup> HHSC Contract #2016-048417-003, Amendment 6, Attachment 3, "Adult Residential Detoxification" § (C)(2)(w) and "Adult Intensive Residential" § (C)(2)(o) (Sept. 1, 2018), and HHSC Contract #2016-048416-003, Amendment 5, Attachment 3, "Adult Human Immunodeficiency Virus (HIV) Residential" § (C)(2)(x) (Sept. 1, 2018).

<sup>9</sup> Tex. Admin. Code § 448.805 (j) (Sept. 1, 2004), HHSC Contract #2016-048416-003, Amendment 5, Attachment 3, "Adult Human Immunodeficiency Virus (HIV) Residential" § (C)(2)(cc) (Sept. 1, 2018), and HHSC Contract #2016-048417-003, Amendment 6, Attachment 3, "Adult Intensive Residential" § (C)(2)(r) (Sept. 1, 2018).

were missing documentation to support the discharge follow-up was performed.

- Document discharge summaries as required for 19 of 113 (17 percent) episodes of care tested. Of the 19 client records containing errors 3 (16 percent) were missing the discharge summary and 16 (84 percent) contained a completed discharge summary that was completed more than 30 days after the client was discharged from the facility.

During 2019, Homeward Bound did not have adequate policies and procedures in place to ensure required discharge and referral follow up activities were completed and documented in CMBHS. Discharge and referral follow-up activities are intended to ensure the client receives continued support during the initial stages of sobriety, availability of continued care and treatment, and access to an individual to assist in overcoming the challenges of new sobriety. Providing and documenting discharge and referral follow up services aids clients in successful long-term sobriety and mitigates the risk of clients relapsing resulting in further services and increased program cost.

### **Recommendation 3**

As required by TAC and its contracts, Homeward Bound should ensure that post-discharge activities are performed and documented in CMBHS, including:

- Conducting follow-ups on client referrals to external providers
- Completing discharge follow-ups and summaries within required timeframes

### **Management Response**

#### **Action Plan**

- *Referrals for Continued Treatment:*
  - *Counselors will audit client charts weekly to ensure referral follow ups have been completed regarding connection with services while in the residential programs.*
  - *Unit clerks will audit client charts within 1 week after discharge from the program and follow up on referrals in CMBHS.*
  - *Unit manager will audit 2 charts per month and review in QA to ensure referral follow ups are being completed in CMBHS and documented correctly.*
- *Discharge Follow Ups:*
  - *Unit clerks will complete discharge follows up with the allotted time frames (30 days for detox, 60-90 days for residential) and document*

- correctly in CMBHS. Unit clerks will also document attempts to contact in an administrative note labeled 'follow up.'*
- *Unit clerks will make 2 attempts to reach client for discharge follow up before closing out the follow up documentation in CMBHS. Per guidance from CMBHS helpdesk, discharge follow ups will be placed in 'closed incomplete' status if the follow up was not able to be completed.*
  - *Unit manager will audit 2 charts per month and review in QA to ensure discharge follow ups are being completed in CMBHS and documented correctly.*
- *Discharge Summaries:*
    - *Counselors will discharge clients from CMBHS within 30 days of leaving the program.*
    - *Homeward Bound management sought technical assistance from HHSC Program staff regarding proper processes for clients placed on the Wait List for admission into the Intensive Residential Program. Pending final guidance, Detoxification staff will complete a Discharge of all clients within the 30 day timeframe.*
    - *Unit manager will audit 2 charts per month and review in QA to ensure discharges and discharge summaries are being completed in CMBHS in a timely manner.*

#### Responsible Managers

- *Detox Clinical Manager*
- *Women's Residential Clinical Manager*
- *Men's Residential Clinical Manager*
- *Statewide Clinical Manager*
- *SUD Clinical Director*

#### Target Implementation Date

*November 2020*

## CONCLUSION

OIG Audit completed an audit of Homeward Bound's activity for services rendered from September 1, 2018, through August 31, 2019. The audit evaluated whether evidence to support the payment of claims associated with client episodes of care was present and completed in accordance with applicable rules, guidelines, and contractual requirements.

Overall, Homeward Bound ensured clients met financial eligibility requirements for treatment programs, provided services supported by initial screening assessment information, developed treatment plans for clients, and maintained sufficient records to support paid claims.

However, Homeward Bound did not always meet all TAC and contractual requirements when providing services. Specifically, Homeward Bound did not:

- Provide daily individual counseling sessions for clients in detoxification. For 19 of 57 (33 percent) clients in detoxification, documentation was not available to support an individual counseling session was provided to the client each day the client was in treatment.
- Provide required monthly coinfection group counseling for clients in HIV residential services. For the 20 clients in HIV residential services for at least one month, records reviewed indicated none received the required two hours of HIV and hepatitis C coinfection group counseling.
- Perform discharge summaries and discharge and referral follow-ups according to requirements, specifically:
  - Follow-up to referrals were not documented in CMBHS for 35 of 113 (31 percent) episodes of care.
  - Follow-up was not documented for 52 of 113 (46 percent) episodes of care.
  - Discharge summaries were not documented or were not completed within the required 30-day timeframe for 19 of 113 (17 percent) episodes of care.

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

Audit issues identified in this report may be subject to OIG administrative enforcement measures,<sup>10</sup> including administrative penalties.<sup>11</sup>

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<sup>10</sup> 1 Tex. Admin. Code § 371.1603 (May 1, 2016).

<sup>11</sup> Tex. Hum. Res. Code § 32.039 (Apr. 2, 2015).

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

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## Appendix A: Report Team and Distribution

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### Report Team

OIG staff members who contributed to this audit report include:

- Audrey O’Neill, CIA, CFE, CGAP, Chief of Audit and Inspections
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- Steve Sizemore, CIA, CISA, CGAP, Audit Director
- Priscilla Suggs, CPA, CIA, CFE, Audit Manager
- Patrick Smith, CIA, CRMA, Audit Project Manager
- Julia Youssefnia, CPA, Audit Project Manager
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- Errol Baugh, MSA, Staff Auditor
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- Mo Brantley, Senior Audit Operations Analyst

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- Melissa Cade, Clinical Director for Residential Substance Use Disorder Programs and Recovery Support Services
- Wendy Cohen, Statewide Clinical Manager
- Ron Burnom, Detoxification Clinical Manager
- Stephanie Morillos, Women's Residential Clinical Manager
- Tish Young, Men's Residential Clinical Manager

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## **Appendix B: OIG Mission, Leadership, and Contact Information**

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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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