



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

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DIRECTOR

January 4, 2016

Mr. Jeffrey Bankowski, Director
Office of Internal Audit Services
Office of the State Budget
George W. Romney Building
111 S. Capitol, 6th Floor
Lansing, MI 48913

Dear Mr. Bankowski:

In accordance with the State of Michigan, Financial Management Guide, Part VII, attached are the summary table identifying our responses and corrective action plans to address recommendations contained within the Office of the Auditor General's Performance Audit of the Protective Services Centralized Intake Unit.

Questions regarding the summary table or corrective action plans should be directed to me at 517-373-1508 or MyersP3@michigan.gov.

Sincerely,

Signature Redacted

Pam Myers, Director
Bureau of Audit, Reimbursement, and Quality Assurance

Enclosure

c:	Office of the Auditor General	House Appropriations Committee
	House Fiscal Agency	House Standing Committee
	Senate Fiscal Agency	Senate Appropriations Committee
	Executive Office	Senate Standing Committee
	DHHS, Nick Lyon	DHHS, Steve Yager
	DHHS, Timothy Becker	DHHS, Mike Deerfield
	DHHS, GERALYN LASHER	DHHS, Cynthia Hedden
	DHHS, Farah Hanley	DHHS, Cindy Osga

PERFORMANCE AUDIT OF
PROTECTIVE SERVICES CENTRALIZED INTAKE UNIT

DEPARTMENT OF HEALTH AND HUMAN SERVICES

SEPTEMBER 10, 2015

AUDIT RESPONSE

Approved: Signature Redacted
Farah Hanley, Senior Deputy Director
Michigan Department of Health and Human Services

Date: 9/8/15



State of Michigan
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Response to the Auditor General's Report
Performance Audit of Protective Services Centralized Intake Unit
March 5, 2012 through April 24, 2014
Report Issued: June 25, 2015
OAG Reference No. 431-1287-14

1. Findings Agreed With – Corrective Action Implemented
2
2. Findings Agreed With – Corrective Action Will Be Implemented
1, 3
3. Findings Disagreed With – No Corrective Action Will be Implemented
None

Finding 1: Enhancements to Verify the Screening of Incoming Communications

CIU needs to enhance its screening process of incoming communications to help ensure that it addresses all complaints received alleging abuse, neglect, and/or exploitation of a child or vulnerable adult.

On March 5, 2012, MDHHS designated the CIU responsible to take, document, and screen all complaints alleging abuse, neglect, and/or exploitation of children or vulnerable adults.

CIU receives most incoming communications via telephone; however, CIU also receives mail, e-mails, and facsimiles. CIU must screen each incoming communication to determine if it is a complaint alleging abuse, neglect, and/or exploitation.

The OAG compared CIU's incoming telephone call records with CIU's screening information for 2,836 randomly selected incoming telephone calls. The review disclosed:

- a. CIU should develop a process to compare records of in-coming telephone calls to CIU's screening documentation. Performing such reconciliation would help CIU verify that it addressed all incoming calls. Our comparison of CIU's incoming call records and screening documentation disclosed that CIU could not document its screening of 139 (5%) of the 2,836 incoming calls. The average duration for these 139 calls was approximately 4 minutes, and 105 (76%) of the calls exceeded 1 minute. This is an indicator that there was an exchange of information between the caller and CIU intake specialist that likely required the specialist to document CIU's action related to the call; however, the specialists did not document the nature of the call.
- b. CIU had not developed a reconciliation process to track the receipt and screening of all mail, e-mails, and facsimiles it received. As a result, CIU could not determine the number received or if they were screened.

CIU stated that it believed its complaint receipt procedures sufficiently ensured that CIU screened and documented incoming communications. However, without further tracking and reconciliation processes, a risk existed that not all complaints were addressed.

Recommendation:

CIU enhance its screening process of incoming communications to help ensure that it addresses all complaints received alleging abuse, neglect, and/or exploitation of a child or vulnerable adult.

Response and Corrective Action Plan:

MDHHS agrees.

- a. Effective September 20, 2014, CIU specialists are required to document informational calls over 90 seconds on the database. This change in practice was to address concerns identified in the finding. All calls which generate a complaint will continue to be documented in the database.
- a. A work request (DHS-911) for Microsoft Dynamics-CRM was submitted on May 4, 2015. CIU completed an extensive cost analysis which was approved by the CSA executive director on July 27, 2015. The next phase is to have CIU work with the CRM developers and DHHS technical staff to evaluate the processes and develop the software to meet CIU's needs. Approval for Microsoft Dynamics-CRM has been received and the project assigned for DTMB for completion. DTMB is developing an enterprise plan which will be presented to the Executive Leadership Committee on October 26, 2015. At this time, Centralized Intake does not have a completion date identified for this project. Multiple organizational units within MDHHS are involved in the enterprise plan and completion of the project is contingent

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Response to the Auditor General's Report
Performance Audit of Protective Services Centralized Intake Unit
March 5, 2012 through April 24, 2014

upon DTMB's coordination not only with Centralized Intake but these other organizational units.

- b. CIU implemented a FEDx database on May 8, 2014, to assist in the tracking and reconciliation of FEDx assignments. On September 16, 2014, a tracking spreadsheet was implemented to track documents received via fax. On November 12, 2014, an updated FEDx protocol was implemented to include a tracking spreadsheet for incoming mail and a reconciliation process for items that are received through fax and mail. CIU continues to utilize the FEDx process and the FEDx database for the reconciliation of emails received. Completed

Finding 2: Improved Complaint Documentation Needed

CIU should continue to improve its complaint documentation to help ensure that supervisors and complaint coordinators make the most informed decision possible when deciding to accept or reject a complaint alleging abuse, neglect, and/or exploitation of children or vulnerable adults.

During the audit period CIU received approximately 315,600 complaints alleging child abuse and/or neglect. During the period August 1, 2012 through April 24, 2014, CIU received approximately 59,300 complaints alleging abuse, neglect, or exploitation of vulnerable adults. The OAG reviewed CIU's complaint documentation for 149 randomly selected child abuse and/or neglect complaints and 50 randomly selected complaints involving a vulnerable adult. The review disclosed:

- a. Complaint documentation for 23 (15%) of 149 child abuse and/or neglect complaints did not include one or more items of information that MDHHS instructed specialists to document or to indicate that the information was unknown. For example:
 1. Contact information for individuals that could provide additional details regarding the complaint.
 2. Whether the reporting source was aware of any other CPS complaints involving the child or family.
 3. Whether anyone affiliated with the complaint was a licensed foster care provider, licensed day-care provider, or relative provider.

CIU accepted 17 of the 23 complaints for a CPS investigation, and the OAG did not identify any instances in the 6 sampled rejected complaints in which it appeared that CIU's determination to reject the complaint would have differed based solely on the missing information. However, incomplete complaint documentation increases the risk that an incorrect decision could occur.

The CIU Procedure Manual instructs intake specialists to document complaint information for numerous specified questions and/or areas of inquiry. Beginning March 13, 2013, the Procedure Manual instructs intake specialists to indicate "unknown" when information for child abuse and/or neglect complaints is not known, such as the examples provided above.

- b. Complaint documentation for 11 (22%) of 50 complaints involving a vulnerable adult did not contain one or more items of information included within the template that CIU required specialists to use. For example:
 1. Whether or not the reporting source was aware if the alleged victim had any health conditions.
 2. Contact information for other individuals that could provide additional details regarding the complaint.

3. Information related to previous or ongoing APS complaints involving the vulnerable adult.

MDHHS's APS Manual and CIU Procedure Manual require the intake specialist to gather specific information from the reporting source, to obtain as much information as possible to help determine if the adult is vulnerable and in need of protective services, and to utilize a pre-defined template for documentation of the complaint.

Recommendation:

CIU continue to improve its complaint documentation to help ensure that supervisors and complaint coordinators make the most informed decision possible when deciding to accept or reject complaints.

Response and Corrective Action Plan:

MDHHS agrees.

CIU updated the Children's Protective Services and Adult Protective Services job aids to instruct the intake specialist to complete all questions in the complaint template, even when no information is provided by the referral source. Completed

Finding 3: Monitoring Processes to Help Ensure Quality of Services Needs to be Strengthened

CIU needs to strengthen its monitoring processes to help ensure that CIU meets its quality of services goals and enhances its ability to improve protective services.

A review of CIU's call monitoring, complainant surveys, and management reviews disclosed:

- a. CIU did not consistently conduct remote monitoring of intake specialist calls. CIU supervisors monitored only 380 (11%) of approximately 3,450 calls required to be monitored from October 1, 2012 through April 15, 2014. The CIU Procedure Manual states that supervisors will remotely monitor 2 to 3 complaint calls monthly for each intake specialist to evaluate the quality of the interaction between the caller and the intake specialist.

CIU established a goal that 90% of intake specialists would meet expectations based on the results of CIU supervisors' remote monitoring.

The MDHHS DCQI's May through August 2013 review noted opportunities for improvement in CIU intake specialists' quality of interaction with callers. DCQI noted instances in which the intake specialists did not ask the caller for required information and instances in which the specialists did not accurately document information obtained from callers.

- b. CIU had not completed a survey of individuals reporting abuse, neglect, and/or exploitation of children or vulnerable adults to identify areas for improvement in the complaint intake process.

The CIU Procedure Manual indicates that CIU will periodically complete surveys with both mandated and non-mandated reporters and meet expectations of quality in 80% of the surveys. CIU's surveys help identify areas in which CIU could better serve complainants and CIU staff might need additional training.

- c. CIU did not track and utilize the results from second line reviews to evaluate if CIU was meeting its 95% screening decision accuracy goal.

The CIU Procedure Manual states that CIU managers are to complete random, targeted, and local MDHHS office requested reviews of complaints to determine the accuracy of CIU screening decisions (second line reviews). A review determined that CIU managers completed the required second line reviews; however, CIU did not compile the results to determine if CIU met its goal of 95% screening decision accuracy.

Recommendation:

CIU strengthen its monitoring processes to help ensure that CIU meets its quality of services goals and enhances its ability to improve protective services.

Response and Corrective Action Plan:

MDHHS agrees.

- a. Effective September 10, 2014, the following actions were implemented by CIU.
 1. The monitoring process was updated to ensure that each specialist is monitored by a CIU manager at least once per quarter for quality assurance purposes. Each monitoring session is recorded when possible. A specialist may not be monitored during a quarter for the following reasons: the specialist is newly hired and in training during the quarter; the specialist is on extended leave; the specialist is no longer employed at CIU; or a circumstance that prevents monitoring of a specialist and an exemption is approved by the CIU director. If a specialist is not monitored, an explanation is documented in the Remote Monitoring Log.
 2. New monitoring criteria were established. A detailed production monitoring tool was developed at CIU for use in assessing and scoring the intake adherence to policy requirements and Centralized Intake procedures. If a monitoring session identifies performance or quality concerns that may require informal or formal counseling or an investigatory conference, the monitoring form and recording will be reviewed by CIU administration and a course of action will be discussed with the monitor and the specialist's supervisor. The need for additional monitoring sessions will occur in consultation with CIU administration.

CIU had a software upgrade on December 9, 2014, and has been able to monitor all specialists.

A work request (DHS-911) for NICE was submitted on May 4, 2015. A cost analysis for NICE started but subsequently suspended in order to coordinate with other organizational units within MDHHS to create an enterprise solution rather than only a Centralized Intake solution. Collaboration with the other organizational units within the department is occurring and a meeting has been scheduled for November 3, 2015, to discuss planning and the submission of a new DHS-911. At this time, Centralized Intake does not have a completion date identified for this project. CIU's interest in this package will proceed in coordination with MDHHS's Bureau of Technology and Project Services. A date for implementation of NICE or other alternative solution will be determined when the analysis and approvals have been completed. Compliance to be determined after a review of technical solutions has been completed.

- b. A customer experience survey was created and administered through Survey Monkey for a ten-day period from January 22 through February 1, 2015. The survey was designed to capture self-reported information pertaining to wait time and various measures of satisfaction related the caller's recent experience with Centralized Intake. Survey results showed that 97% of the respondents expressed an overall satisfaction with their recent experience with Centralized Intake. Completed
- c. Effective February 25, 2015, CIU implemented the following:
 1. A reconsideration tracking process was put into place to facilitate full utilization of the reconsideration process in quality improvement and as a resource for tracking policy compliance in managerial decision making.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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2. The inclusion of a summary review and discussion of second line complaint reviews and reconsiderations became a standing item on the agenda for each supervisor staff meeting at CIU. This additional measure is intended to further facilitate full utilization of the results of the second line reviews and reconsiderations at CIU. Completed