

# Office of the Auditor General

## Follow-Up Report on Prior Audit Recommendations

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### **Adult Protective Services**

#### Michigan Department of Health and Human Services

September 2016

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**The auditor general shall conduct post audits of financial transactions and accounts of the state and of all branches, departments, offices, boards, commissions, agencies, authorities and institutions of the state established by this constitution or by law, and performance post audits thereof.**

*Article IV, Section 53 of the Michigan Constitution*

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### *Follow-Up Report*

### *Adult Protective Services (APS)*

### *Michigan Department of Health and Human Services (MDHHS)*

**Report Number:**  
**431-2601-13F**

**Released:**  
**September 2016**

We conducted this follow-up to determine whether MDHHS had taken appropriate corrective measures in response to the six material conditions noted in our July 2014 audit report.

In April 2015, after our performance audit, Executive Order No. 2015-4 created the Michigan Department of Health and Human Services (MDHHS) and abolished the Department of Human Services (DHS). The prior audit findings were addressed to DHS.

Prior Audit Information	Follow-Up Results		
	Conclusion	Finding	Agency Preliminary Response
<p>Finding #1 - Material condition</p> <p>Need to fully develop and implement a process to evaluate the effectiveness of APS intervention services.</p> <p>Agency agreed.</p>	Did not comply	Material condition still exists. See <u>Finding #1</u> .	Agrees
<p>Finding #2 - Material condition</p> <p>APS supervisors need to consistently review closed APS investigation cases, as required.</p> <p>Improvement needed in APS supervisor case reviews to ensure that the reviews detect unaddressed allegations, incomplete APS client service plans, and missed monthly face-to-face contacts.</p> <p>Agency agreed.</p>	Partially complied  Partially complied	Material condition still exists. See <u>Finding #2</u> .	Agrees

<b>Prior Audit Information</b>
<p><b>Finding #4 - Material condition</b></p> <p>APS needs to begin and conduct investigations in accordance with standards of promptness established by the <i>Michigan Compiled Laws</i> and DHS policies.</p> <p>Agency agreed.</p>
<p><b>Finding #5 - Material condition</b></p> <p>APS caseworkers need to conduct monthly face-to-face contacts with APS clients with open APS investigations, as required.</p> <p>Agency agreed.</p>
<p><b>Finding #6 - Material condition</b></p> <p>Improvement needed to ensure that APS caseworkers investigate all allegations identified in referrals assigned for an investigation.</p> <p>Agency agreed in part.</p>
<p><b>Finding #8 - Material condition</b></p> <p>Improvement needed to ensure that APS caseworkers consistently complete APS client service plans as required.</p> <p>Improvement needed to ensure that APS caseworkers consistently complete APS client service plans within the required time frames.</p> <p>Agency agreed.</p>

<b>Follow-Up Results</b>		
<b>Conclusion</b>	<b>Finding</b>	<b>Agency Preliminary Response</b>
Partially complied	Material condition still exists. See <u>Finding #4</u> .	Agrees
Partially complied	Material condition still exists. See <u>Finding #5</u> .	Agrees
Complied	Not applicable	Not applicable
Partially complied  Partially complied	Reportable condition exists. See <u>Finding #8</u> .	Agrees

A copy of the full report can be obtained by calling 517.334.8050 or by visiting our Web site at: [www.audgen.michigan.gov](http://www.audgen.michigan.gov)

Office of the Auditor General  
201 N. Washington Square, Sixth Floor  
Lansing, Michigan 48913

**Doug A. Ringler, CPA, CIA**  
Auditor General

**Laura J. Hirst, CPA**  
Deputy Auditor General



# OAG

Office of the Auditor General

201 N. Washington Square, Sixth Floor • Lansing, Michigan 48913 • Phone: (517) 334-8050 • [www.audgen.michigan.gov](http://www.audgen.michigan.gov)

**Doug A. Ringler, CPA, CIA**  
Auditor General

September 14, 2016

Mr. Nick Lyon, Director  
Michigan Department of Health and Human Services  
Capitol View Building  
Lansing, Michigan

Dear Mr. Lyon:

I am pleased to provide this follow-up report on the six material conditions (Findings #1, #2, #4, #5, #6, and #8) and the eight corresponding recommendations reported in the performance audit of Adult Protective Services, Department of Human Services. That audit report was issued and distributed in July 2014. Additional copies are available on request or at [www.audgen.michigan.gov](http://www.audgen.michigan.gov).

We appreciate the courtesy and cooperation extended to us during our follow-up. If you have any questions, please call me or Laura J. Hirst, CPA, Deputy Auditor General.

Sincerely,

Doug Ringler  
Auditor General



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# INTRODUCTION, PURPOSE OF FOLLOW-UP, AND AGENCY DESCRIPTION

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## INTRODUCTION

This report contains the results of our follow-up of the six material conditions\* (Findings #1, #2, #4, #5, #6, and #8) and eight corresponding recommendations reported in our performance audit\* of Adult Protective Services (APS), Department of Human Services (DHS), issued in July 2014.

Effective April 10, 2015, Executive Order No. 2015-4 created the Michigan Department of Health and Human Services (MDHHS) and abolished DHS. The prior audit findings were addressed to DHS.

## PURPOSE OF FOLLOW-UP

To determine whether MDHHS had taken appropriate corrective measures to address our corresponding recommendations.

## AGENCY DESCRIPTION

MDHHS's APS provides protection to vulnerable\* adults who are at risk of harm because of the presence or threat of abuse\*, neglect\*, and/or exploitation\*. APS's goal\* is that its services will:

1. Provide immediate (within 24 hours) investigation and assessment of situations referred to MDHHS when a vulnerable adult is suspected of being or believed to be abused, neglected, or exploited.
2. Assure that adults in need of protection are living in a safe and stable situation\* including legal intervention, where required, in the least intrusive or restrictive manner.

\* See glossary at end of report for definition.

# **PRIOR AUDIT FINDINGS AND RECOMMENDATIONS; AGENCY PLAN TO COMPLY; AND FOLLOW-UP CONCLUSIONS, RECOMMENDATIONS, AND AGENCY RESPONSES**

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## **FINDING #1**

Audit Finding Classification: Material condition.

Summary of the July 2014 Finding:

DHS limited its ability to determine the extent to which its APS intervention services effectively protected vulnerable adults who were at risk of harm because DHS had not fully developed or implemented a process to evaluate its APS intervention services.

Recommendation Reported in July 2014:

We recommended that DHS fully develop and implement a process to evaluate the effectiveness\* of APS intervention services.

## **AGENCY PLAN TO COMPLY\***

On June 1, 2015, MDHHS indicated that it needed to develop outcome\* and performance measures\* for APS intervention services so that it could determine the effectiveness of services and identify gaps or weaknesses in the services provided. MDHHS also indicated that, after it developed outcome and performance measures, a process to evaluate intervention services could be developed. MDHHS indicated a planned implementation date of October 1, 2015 for this corrective action.

## **FOLLOW-UP CONCLUSION**

MDHHS did not comply.

MDHHS informed us that although it had held meetings to discuss and review quality assurance processes across MDHHS, it had not yet developed outcome and performance measures for its APS intervention services or implemented a process to evaluate the effectiveness of APS intervention services.

## **FOLLOW-UP RECOMMENDATION**

We again recommend that MDHHS fully develop and implement a process to evaluate the effectiveness of APS intervention services.

## **FOLLOW-UP AGENCY RESPONSE**

MDHHS provided us with the following response:

*MDHHS agrees with the finding and recommendation.*

*MDHHS acknowledges that additional tasks need to be completed to fully develop and implement a process to evaluate*

\* See glossary at end of report for definition.

*the effectiveness of APS intervention services. MDHHS has completed or is in the process of completing the following:*

- *Met with existing staff within the Children's Services Agency to discuss and observe their continuous quality improvement (CQI) process.*
- *Discussed with the state of Florida their newly developed CQI process for closed APS cases.*
- *Met with MDHHS's workforce transformation to discuss development of a CQI process.*
- *Currently working with the MDHHS Building Options for Long-Term Supports & Services Decision Making Council (BOLD) using the LEAN process to look at:*
  - *What does a quality/effective APS investigation look like?*
  - *What are the quality metrics of an effective APS investigation?*
  - *What is the best process for measuring the metrics of an effective APS investigation?*
  - *What resources are needed (financial/staff/software, etc.) to implement and maintain a CQI process for APS.*

## **FINDING #2**

Audit Finding Classification: Material condition.

Summary of the July 2014 Finding:

APS supervisors did not consistently review closed APS investigation cases, as required, and APS supervisory case readings often did not effectively detect caseworker shortcomings such as unaddressed allegations, incomplete APS client\* service plans\*, and missed monthly face-to-face contacts.

Recommendations Reported in July 2014:

We recommended that APS supervisors consistently review closed APS investigation cases, as required.

We also recommended that DHS ensure that APS supervisors conduct reviews of closed APS investigation cases that effectively detect unaddressed allegations, incomplete APS client service plans, and missed monthly face-to-face contacts with APS clients.

## **AGENCY PLAN TO COMPLY**

On June 1, 2015, MDHHS's plan to comply indicated that DHS issued Field Operations Administration (FOA) memorandum\* 2014-20 to county/district offices to highlight the requirement that supervisors must complete a case read\* for all closed cases and included its expectations for APS staff. In addition, MDHHS changed its APS case reading report to capture additional information.

MDHHS indicated that monitoring county/district office case read activity was difficult because the case reading report is a paper document. MDHHS was considering using its Children's Services Agency case read system to facilitate automated monitoring of APS case reading activity. MDHHS did not identify an implementation date for any needed system modifications.

## **FOLLOW-UP CONCLUSION**

MDHHS partially complied.

Our follow-up for the first recommendation noted:

- a. APS supervisors did not complete case readings for 44 (22%) of 196 closed APS investigation cases we reviewed. This reflected some improvement from the 27% error rate that we reported in our July 2014 audit report; however, a significant error rate still persisted (see Exhibit #1).
- b. DHS issued FOA memorandum 2014-20 on June 2, 2014, indicating that new policy would be forthcoming requiring APS supervisors to complete the case reading report prior to closure of APS investigation cases rather than a goal of completing a case reading within 30 days of the date of

\* See glossary at end of report for definition.

closure. MDHHS formalized the new policy on April 1, 2016.

We reviewed 152 closed APS investigation cases with a case reading completed by an APS supervisor during the period March 1, 2015 through February 29, 2016 and determined:

- (1) A case reading was not completed prior to case closure for 103 (68%) of the 152 cases.
- (2) A case reading was not completed within 30 days from the date of case closure for 72 (47%) of 152 cases.

Our follow-up for the second recommendation noted that DHS revised the supervisor case reading form and issued FOA memorandum 2014-20 on June 2, 2014, which instructed APS supervisors that their case reads must ensure that:

- A comprehensive and complete investigation occurred.
- All allegations alleged at referral\* or discovered during investigation were addressed appropriately.
- Completion of service plan requirements were met.
- Appropriate services had been offered and/or provided.
- To the extent possible, all steps were taken to alleviate risk of harm and that the client was in a safe and stable environment.
- Timeliness of all standards of promptness were met.

We also noted:

- a. APS supervisor case reading forms for 150 (99%) of the 152 closed APS investigation cases tested demonstrated significant improvement that the supervisors ensured that all allegations of harm were addressed.
- b. APS supervisors did not detect incomplete APS client service plans in 30 (22%) of the 135 closed APS investigation cases tested that required a service plan. This was an improvement from the 61% error rate we previously reported; however, further improvement in supervisory review of service plans is needed to help MDHHS ensure that caseworkers consistently complete required service plans and obtain all appropriate signatures (see Finding #8, parts a. and d.).

\* See glossary at end of report for definition.

- c. APS supervisors detected instances when the caseworker missed monthly face-to-face meetings with the APS client in 101 (99%) of the 102 closed APS investigation cases tested that required at least one monthly face-to-face meeting with the APS client. This was a significant improvement from the 60% error rate we noted in our July 2014 report.

**FOLLOW-UP  
RECOMMENDATIONS**

We again recommend that APS supervisors consistently review closed APS investigation cases, as required.

We also recommend that MDHHS continue to improve the quality of APS supervisory reviews of closed APS investigation cases to help ensure that the reviews consistently detect incomplete APS client service plans.

**FOLLOW-UP  
AGENCY RESPONSE**

MDHHS provided us with the following response:

*MDHHS agrees with the finding and recommendations.*

*MDHHS acknowledges that additional improvements in the closed case review process are necessary. MDHHS has made significant improvements towards quality supervisory reviews of closed APS investigative cases; however, MDHHS acknowledges that additional improvements are necessary to increase detection of missing signatures on the APS service plans.*

*As noted in the finding, MDHHS implemented a new policy in April 2016 which states that all cases must have a case read completed by the APS supervisor prior to closure. Prior to this time, workers were required to complete a case read utilizing the DHS-4479; however, there were no specifics within this policy delineating how quickly the case reads needed to be completed. One county had established its own goal of completing these reads within 30 days. In addition to the issuance of this new policy in April 2016, MDHHS has completed or is in the process of doing the following:*

- *Supervisors are actively participating in detailed case conferences with staff prior to case closure to review any unaddressed allegations, dates missing from service plans, or missing 30-day contacts. This helps to ensure that quality investigations and appropriate services are provided.*
- *Program Managers created an APS Case Read proposal to modify the policy implemented in April 2016, which is currently under review by FOA management.*

- *Supervisors in some Business Service Center (BSC) regions are doing pre-reads before case closure to ensure that all allegations are addressed and 30-day contacts were made.*
- *Supervisors in some counties have developed a team process to provide support to address overdue reads and assist counties with high volume reads. This has afforded more consistent case readings and provided a means for supervisors to stay abreast of policy and operational protocols.*
- *BSC's have continued to help managers get caught up on case reads with additional case read projects occurring in select counties.*
- *An APS refresher training was conducted by one BSC Analyst and Program Manager in the Winter 2016 with all BSC-3 managers and staff to review APS policy related to errors seen in case reads. The BSC Analyst and Program Manager are now completing case reads for staff and case re-reads for managers to see if the training had an impact on the quality of case work being done and the accuracy of case reads being completed by managers.*

*MDHHS continues to strive to ensure that case reads are conducted within the applicable timelines and that supervisory reviews are qualitative and detect any incomplete service plans. In addition, during quarterly BSC meetings, BSC staff and FOA management discuss best practices across the state and continue to look for additional areas for improvement.*

## **FINDING #4**

Audit Finding Classification: Material condition.

Summary of the July 2014 Finding:

DHS did not always ensure that it met the standards of promptness for beginning the APS investigation, making a collateral contact within 24 hours of case assignment, and making face-to-face contact within 72 hours with the adult who was alleged to be abused, neglected, or exploited. These standards of promptness for beginning the APS investigation and making relevant contacts are critical to help ensure the protection of the vulnerable adult.

Recommendation Reported in July 2014:

We recommended that DHS county/district offices begin and conduct APS investigations in accordance with standards of promptness established by the *Michigan Compiled Laws* and DHS policies.

### **AGENCY PLAN TO COMPLY**

MDHHS's June 1, 2015 plan to comply indicated that DHS issued FOA memorandum 2014-22 to highlight the standard of promptness requirements included in policy and law and the expectation that staff would meet all APS standards of promptness, as required. MDHHS also indicated that all APS staff had completed mandatory training as of September 30, 2014 that included investigation standards of promptness. In addition, MDHHS indicated that management generated and monitored monthly case activity reports for standard of promptness compliance.

### **FOLLOW-UP CONCLUSION**

MDHHS partially complied.

We determined that DHS issued FOA memorandum 2014-22 on June 2, 2014 to county/district offices to emphasize the importance of meeting the required APS standards of promptness. In addition, MDHHS implemented monthly exception reporting designed to identify and track APS investigations that did not meet the required standards of promptness.

We reviewed 296 closed APS investigation cases and determined that, although MDHHS made considerable improvement in meeting required standard of promptness time frames, MDHHS did not begin the APS investigation and make an initial collateral contact within the 24-hour requirement for 19 (6%) of the investigations. This was an improvement from the 19% error rate we noted in our July 2014 report. In addition, MDHHS did not conduct an initial face-to-face interview with the affected adult within the 72-hour requirement for 35 (12%) of the investigations (see Exhibit #2). This was an improvement from the 30% error rate we noted in our July 2014 report. Continued improvement is needed in meeting the standard of promptness requirements for these critical contacts to ensure the safety of vulnerable adults.

**FOLLOW-UP  
RECOMMENDATION**

We again recommend that MDHHS county/district offices begin and conduct APS investigations in accordance with standards of promptness established by the *Michigan Compiled Laws* and MDHHS policy.

**FOLLOW-UP  
AGENCY RESPONSE**

MDHHS provided us with the following response:

*MDHHS agrees with the finding and recommendation.*

*MDHHS acknowledges that additional improvements are necessary to meet standards of promptness (SOPs). MDHHS believes that it has made significant progress since the original audit when error rates were more than double what was noted in this audit. However, MDHHS continues to work towards further improvements in meeting SOPs and has completed or is in the process of completing the following:*

- *Supervisors monitor the AS-010 report to ensure that 24/72-hour SOPs are being met each month. However, this is a point-in-time report and does not reflect additional data that is entered after the report is generated. In addition to this report, some counties have also developed databases or spreadsheets to further track SOPs.*
- *Supervisors are reviewing missed contacts to determine barriers and have educated staff on policy requirements as well as appropriate collateral contacts to meet the 24-hour requirement.*
- *Staff make diligent efforts to locate the client within the 72-hour SOP and clearly document their multiple attempts in doing so. Unfortunately, the AS-010 report does not reflect good faith effort/attempts of APS Specialists who are unable to locate clients because of incorrect addresses provided by central intake or clients who purposely avoid contact with APS staff.*

*MDHHS will continue to strive to meet applicable standards of promptness requirements and to determine if there are other enhancements that can be done to further document worker attempts to contact the client. In addition, during quarterly BSC meetings, BSC staff and FOA management discuss best practices across the state and continue to look for additional areas for improvement.*

## **FINDING #5**

Audit Finding Classification: Material condition.

Summary of the July 2014 Finding:

APS caseworkers did not conduct monthly face-to-face contacts with APS clients as required by policy and, therefore, DHS could not ensure that APS clients remained in a safe and stable environment.

Recommendation Reported in July 2014:

We recommended that APS caseworkers conduct monthly face-to-face contacts with APS clients with open APS investigations, as required.

## **AGENCY PLAN TO COMPLY**

MDHHS's June 1, 2015 plan to comply indicated that DHS issued FOA memorandum 2014-23 on June 2, 2014, which highlighted monthly face-to-face contact requirements and the expectation that APS staff would conduct monthly face-to-face contacts. Also, MDHHS indicated that all APS staff had completed mandatory training by September 30, 2014 that included requirements of monthly face-to-face visits. In addition, MDHHS indicated that management monitors a monthly case activity report that provides the number of face-to-face contacts made and the percentage of compliance with face-to-face contact requirements.

## **FOLLOW-UP CONCLUSION**

MDHHS partially complied.

We determined that DHS issued FOA memorandum 2014-23 on June 2, 2014 to county/district offices to underscore policy requirements and reasons for monthly face-to-face contact with APS clients. MDHHS also implemented monthly monitoring reports designed to identify and track investigations in which APS caseworkers did not conduct required monthly face-to-face contacts.

We reviewed 198 closed APS investigation cases that required monthly face-to-face contact and determined that MDHHS did not conduct a face-to-face contact with the APS client during each month an APS investigation was open for 75 (38%) of the 198 APS investigations. This was an improvement from the 69% error rate we noted in our July 2014 report; however, a significant error rate still existed in this critical APS activity. Approximately 64% of the total missed face-to-face contacts were attributable to one of the six counties reviewed (see Exhibit #3). This county experienced a significant increase in APS complaint investigations beginning in August 2014 when MDHHS's Centralized Intake Unit started making decisions regarding APS complaints to be investigated.

The percentage of the total number of missed monthly face-to-face contacts with individual APS clients within the 3 ranges shown below remained largely unchanged from our July 2014 report:

- a. APS caseworkers did not conduct from 1 to 3 required monthly face-to-face contacts with the APS client for 42 (56%) of the 75 investigations.
- b. APS caseworkers did not conduct from 4 to 6 required monthly face-to-face contacts with APS clients for 17 (23%) of the 75 investigations.
- c. APS caseworkers did not conduct 7 or more required monthly face-to-face contacts with APS client for 16 (21%) of the 75 investigations.

**FOLLOW-UP  
RECOMMENDATION**

We again recommend that APS caseworkers conduct monthly face-to-face contacts with APS clients with open APS investigations, as required.

**FOLLOW-UP  
AGENCY RESPONSE**

MDHHS provided us with the following response:

*MDHHS agrees with the finding and recommendation.*

*MDHHS acknowledges that additional improvements are necessary to ensure that monthly face-to-face contacts are conducted for all open APS cases. In April 2016, new policy was implemented to change the face-to-face frequency from monthly to an every 30 days requirement to align with requirements already in effect within the Children's Services Agency. A new report was created which shows real time data and has been an effective tool for supervisors and staff to track their progress. In addition, some BSCs have created additional monitoring tools such as:*

- *Establishment of a database to assist with monthly face-to-face contacts with APS clients with open APS investigations.*
- *Some supervisors generate reports for their staff each Monday notifying them which cases have face-to-face contacts due for the week.*
- *Some supervisors are requiring blocked time on Monday mornings for data entry of notes from all contacts held the previous week.*

*MDHHS will continue to strive to meet applicable 30-day contact requirements and to determine if there are other enhancements that can be implemented to further ensure that APS clients*

*remain in a safe and stable environment. In addition, during quarterly BSC meetings, BSC staff and FOA management discuss best practices across the state and continue to look for additional areas for improvement.*

**FINDING #6**

Audit Finding Classification: Material condition.

Summary of the July 2014 Finding:

DHS did not ensure that APS caseworkers addressed all allegations identified in referrals or during the investigation. As a result, APS clients may have been left vulnerable to harm or exploitation.

Recommendation Reported in July 2014:

We recommended that DHS investigate all allegations identified in referrals assigned for an APS investigation.

**AGENCY PLAN TO COMPLY**

MDHHS's June 1, 2015 plan to comply indicated that DHS issued FOA memorandum 2014-24 on June 2, 2014, which highlighted the expectation that APS workers would ensure that investigations addressed all harm allegations. In addition, MDHHS changed the APS case reading report to include an area for the supervisor to indicate that the case was reviewed to ensure that all allegations of harm were addressed.

**FOLLOW-UP CONCLUSION**

MDHHS complied.

We determined that DHS reemphasized to county/district offices the need to investigate all allegations and document that the investigation addressed all alleged harm identified in the referral or uncovered during the investigation in its FOA memorandum 2014-24 issued on June 2, 2014.

We reviewed 196 closed APS investigation cases and determined that MDHHS addressed all allegations identified during its investigation for 192 (98%) of the investigations.

## **FINDING #8**

Audit Finding Classification: Material condition.

Summary of the July 2014 Finding:

DHS did not ensure that APS caseworkers completed APS client service plans as required. Therefore, DHS could not ensure that APS services were consistently focused on protecting APS clients from abuse, neglect, and/or exploitation and that it provided the most beneficial services for meeting the APS clients' needs in a timely and effective manner.

Recommendations Reported in July 2014:

We recommended that APS caseworkers consistently complete APS client service plans as required.

We also recommended that APS caseworkers consistently complete APS client service plans within the required time frames.

### **AGENCY PLAN TO COMPLY**

MDHHS's June 1, 2015 plan to comply indicated that DHS issued FOA memorandum 2014-25, which emphasized to APS workers the importance of completing required APS client service plans. Also, MDHHS indicated that it had developed monthly case activity reports that MDHHS management and APS supervisors generate to monitor for standard of promptness compliance related to the requirement that APS workers complete a service plan within 30 days. In addition, MDHHS changed the APS case reading report to require the supervisor to document if the service plan was completed within the required 30-day time frame.

### **FOLLOW-UP CONCLUSION**

MDHHS partially complied.

We determined that DHS issued FOA memorandum 2014-25 to county/district offices reiterating the importance of and requirement for completing APS client service plans. DHS also updated the APS case reading report to require the supervisor to document that the caseworker completed the service plan within the required 30-day time frame. In addition, MDHHS implemented a monthly case activity report to monitor APS caseworker completion of service plans within 30 days.

We reviewed 135 selected APS cases that required an APS client service plan and determined:

- a. APS completed a service plan for 131 (97%) of the cases we reviewed. This was a substantial improvement from the 18% error rate we noted in our July 2014 report.
- b. APS caseworkers addressed in the service plan all of the allegations identified in the referral or investigation for 129 (98%) of the 131 cases reviewed with a service plan. This was a substantial improvement from the 17% error rate we noted in our July 2014 report.

- c. APS caseworkers did not complete the service plan within 30 days for 28 (21%) of the 131 cases we reviewed with a service plan. This error rate remained largely unchanged from the 22% error rate we noted in our July 2014 report.
- d. APS caseworkers did not obtain the required signatures of the applicable parties to the service plan for 44 (34%) of the 131 cases we reviewed with a service plan. This was an improvement from the 58% error rate we noted in our July 2014 report.
- e. APS caseworkers did not update the service plans for 19 (63%) of the 30 cases we reviewed with investigations open longer than 90 days, as required. This was an improvement from the 100% error rate we noted in our July 2014 report.

**FOLLOW-UP  
RECOMMENDATION**

We again recommend that APS caseworkers consistently complete APS client service plans as required.

We also again recommend that APS caseworkers consistently complete APS client service plans within the required time frames.

**FOLLOW-UP  
AGENCY RESPONSE**

MDHHS provided us with the following response:

*MDHHS agrees with the finding and recommendations.*

*MDHHS acknowledges that additional improvements are necessary to ensure that caseworkers consistently complete and update service plans within the necessary time frames and with all applicable signatures. MDHHS believes that it has made significant progress since the original audit in regards to completion of service plans and ensuring that all allegations were identified. However, MDHHS continues to work towards further improvements in completing the service plans within the mandated timelines with all applicable information and towards ensuring that cases open longer than 90 days are updated if necessary. MDHHS has completed or is in the process of completing the following:*

- *One BSC has developed a best practice for workers to take the service plan with them on the initial face-to-face visit and complete it with the information that is known at the time to best devise a plan of service that provides the most beneficial services for the client at that point in time.*
- *For each of the prior three months, one BSC has held monthly discussions with supervisors to review performance statistics, discuss policy requirements, and share best practices from supervisors who have teams*

*that are successfully completing service plans timely with their clients.*

- *Since July 2016, one BSC's supervisors proactively monitor service plans that are coming due each Monday with staff.*
- *One BSC analyst sends a caseload listing biweekly for managers to address overdue service plans and to ensure that service plans coming due are completed timely.*
- *One BSC's counties have remained consistent for meeting SOP for 30-day service plans due to the availability of viable reports. Supervisors and staff utilize the ASCAP reports to monitor and track service plan due dates.*

*During quarterly BSC meetings, BSC staff and FOA management discuss best practices across the state and continue to look for additional areas for improvement.*

## SUPPLEMENTAL INFORMATION

Exhibit #1

ADULT PROTECTIVE SERVICES  
Michigan Department of Health and Human Services

APS Supervisor Review Status of Closed APS Investigation Cases  
For the Period March 1, 2015 Through February 29, 2016

MDHHS County/ District Office	Files Tested	Number of Closed Cases		Average Number of Days APS Supervisors Conducted Reviews After Case Closure
		Not Reviewed by an APS Supervisor	Reviewed After Case Closure	
Genesee	28	0	28	113
Kent	29	4	24	107
Macomb	37	0	12	7
Saginaw	31	1	12	27
Washtenaw	34	10	20	67
Wayne	37	29	7	28
	<u>196</u>	<u>44</u>	<u>103</u>	58

Source: Prepared by the Office of the Auditor General based on information obtained from our testing results.

ADULT PROTECTIVE SERVICES  
Michigan Department of Health and Human Services

APS Investigation Standards of Promptness  
For the Period March 1, 2015 Through February 29, 2016

MDHHS County/ District Office	Total APS Investigations Reviewed	APS Investigations in Which Collateral Contact Not Made Within the 24-Hour Requirement		APS Investigations in Which Initial Face-to- Face Contact Not Made Within the 72-Hour Requirement	
		Number	Percentage	Number	Percentage
Genesee	49	7	14%	10	20%
Kent	50	8	16%	11	22%
Macomb	48	1	2%	3	6%
Saginaw	50	1	2%	2	4%
Washtenaw	49	2	4%	6	12%
Wayne	50	0	0%	3	6%
	<u>296</u>	<u>19</u>	6%	<u>35</u>	12%

Source: Prepared by the Office of the Auditor General based on information obtained from our testing results.

ADULT PROTECTIVE SERVICES  
Michigan Department of Health and Human Services

APS Investigation Monthly Face-to-Face Contacts  
For the Period March 1, 2015 Through February 29, 2016

<u>MDHHS County/ District Office</u>	<u>Number of APS Investigations/Cases Reviewed That Required Monthly Face-to-Face Contacts</u>	<u>APS Investigations That Did Not Meet the Monthly Face-to-Face Contact Requirement</u>	
		<u>Number</u>	<u>Percentage</u>
Genesee	35	31	89%
Kent	36	11	31%
Macomb	34	2	6%
Saginaw	37	12	32%
Washtenaw	23	14	61%
Wayne	33	5	15%
	<u>198</u>	<u>75</u>	<u>38%</u>

Source: Prepared by the Office of the Auditor General based on information obtained from our testing results.

## **FOLLOW-UP SCOPE AND PERIOD**

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### **FOLLOW-UP SCOPE**

We interviewed MDHHS personnel and reviewed the results of MDHHS's corrective action plans to determine the status of MDHHS's compliance with the recommendations related to the six material conditions.

We reviewed the applicable APS policies and FOA memorandums that MDHHS or DHS revised or issued to address our recommendations.

We judgmentally selected and visited six MDHHS county/district offices for on-site reviews. We randomly selected 296 of the 11,220 APS investigation cases that MDHHS closed during the period March 1, 2015 through February 29, 2016 for the six selected county/district offices. We reviewed:

- 196 investigation files to determine if supervisors consistently conducted case reviews that timely and effectively detected unaddressed allegations, incomplete APS client service plans, and missed monthly face-to-face contacts with APS clients.
- 296 investigation files to determine if MDHHS met standards of promptness requirements for:
  - Beginning the APS investigation.
  - Making a collateral contact within 24 hours.
  - Making face-to-face contact within 72 hours with the adult subject of the investigation.
- 198 investigation files to determine if MDHHS conducted monthly face-to-face contacts with the APS client during each month the APS case was open, as required.
- 196 investigation files to determine if MDHHS addressed all allegations identified in the referral and/or identified during the investigation.
- 135 investigation files to determine if MDHHS consistently completed client service plans as required and completed them in a timely manner.

### **PERIOD**

Our follow-up was primarily performed during February through June 2016.

## GLOSSARY OF ABBREVIATIONS AND TERMS

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abuse	Harm or threatened harm to an adult's health or welfare caused by another person. Abuse includes, but is not limited to, nonaccidental physical or mental injury, sexual abuse, or maltreatment (Section 400.11(a) of the <i>Michigan Compiled Laws</i> ).
agency plan to comply	The response required by Section 18.1462 of the <i>Michigan Compiled Laws</i> and the State of Michigan Financial Management Guide (Part VII, Chapter 4, Section 100). The audited agency is required to develop a plan to comply with Office of the Auditor General audit recommendations and submit the plan within 60 days after release of the audit report to the Office of Internal Audit Services, State Budget Office. Within 30 days of receipt, the Office of Internal Audit Services is required to review the plan and either accept the plan as final or contact the agency to take additional steps to finalize the plan.
APS	Adult Protective Services.
BSC	Business Service Center.
case read	A form utilized by an APS supervisor, known as the DHS-4479, which has three distinct sections for the supervisor to indicate review of an APS case file. The first section focuses on standards of promptness and referral processing. The second section indicates the supervisor's review of an APS investigation and its required elements. The final section allows for the supervisor to indicate if an investigation has been completed.
client	A vulnerable adult in need of protection.
CQI	continuous quality improvement.
DHS	Department of Human Services.
effectiveness	Success in achieving mission and goals.
exploitation	An action that involves the misuse of an adult's funds, property, or personal dignity by another person (Section 400.11(c) of the <i>Michigan Compiled Laws</i> ).

FOA	Field Operations Administration.
FOA memorandum	A memorandum that is utilized to communicate program updates and changes to APS staff.
goal	An intended outcome of a program or an entity to accomplish its mission.
material condition	A matter that, in the auditor's judgment, is more severe than a reportable condition and could impair the ability of management to operate a program in an effective and efficient manner and/or could adversely affect the judgment of an interested person concerning the effectiveness and efficiency of the program.
MDHHS	Michigan Department of Health and Human Services.
neglect	Harm to an adult's health or welfare caused by the inability of the adult to respond to a harmful situation or by the conduct of a person who assumes responsibility for a significant aspect of the adult's health or welfare. Neglect includes the failure to provide adequate food, clothing, shelter, or medical care (Section 400.11(d) of the <i>Michigan Compiled Laws</i> ).
outcome	An actual impact of a program or an entity.
performance audit	An audit that provides findings or conclusions based on an evaluation of sufficient, appropriate evidence against criteria. Performance audits provide objective analysis to assist management and those charged with governance and oversight in using the information to improve program performance and operation, reduce costs, facilitate decision making by parties with responsibility to oversee or initiate corrective action, and contribute to public accountability.
performance measure	A composite of key indicators of a program's or an activity's inputs, outputs, outcomes, productivity, timeliness, and/or quality. Performance measures are a means of evaluating policies and programs by measuring results against agreed upon program goals or standards.
referral	An allegation, report, or other communication that contains information about known or suspected abuse, neglect, or exploitation of vulnerable adults.

reportable condition	A matter that, in the auditor's judgment, is less severe than a material condition and falls within any of the following categories: an opportunity for improvement within the context of the audit objectives; a deficiency in internal control that is significant within the context of the audit objectives; all instances of fraud; illegal acts unless they are inconsequential within the context of the audit objectives; significant violations of provisions of contracts or grant agreements; and significant abuse that has occurred or is likely to have occurred.
safe and stable living situation	An environment in which there is no immediate threat to the life, health, or welfare of an adult from self or others and there is reason to believe that this status will continue for the foreseeable future.
service plan	Plan of action, based on the information from the investigation, indicating what the caseworker will do to remedy the identified problems, how the plan will be accomplished, time frames, resources needed, and documentation of the client's consent to services.
SOP	standard of promptness.
vulnerable	A condition in which an adult is unable to protect himself or herself from abuse, neglect, or exploitation because of a mental or physical impairment or because of advanced age (Section 400.11(f) of the <i>Michigan Compiled Laws</i> ).



