

Office of the Auditor General
Performance Audit Report

**Michigan Statewide Automated Child Welfare
Information System (MiSACWIS)**

Michigan Department of Health and Human Services and
Department of Technology, Management, and Budget

June 2017

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Article IV, Section 53 of the Michigan Constitution



OAG

Office of the Auditor General

Report Summary

Performance Audit

Michigan Statewide Automated Child Welfare Information System (MiSACWIS) Michigan Department of Health and Human Services (MDHHS) and Department of Technology, Management, and Budget (DTMB)

Report Number:
431-0520-16

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June 2017

MiSACWIS is the Statewide case management system designed to automate the delivery of child welfare services in Michigan. MDHHS and DTMB implemented MiSACWIS in April 2014 to replace the Services Worker Support System (SWSS). MiSACWIS is used by MDHHS and private welfare agency providers to manage intake activities, perform case services and eligibility determinations, and process child welfare benefits. MiSACWIS has over 7,000 users and has processed over \$1 billion in child welfare payments since system implementation.

Audit Objective			Conclusion
Objective #1: To assess the effectiveness of MDHHS and DTMB's efforts to ensure the accuracy and completeness of selected data fields in MiSACWIS.			Moderately effective
Findings Related to This Audit Objective	Material Condition	Reportable Condition	Agency Preliminary Response
MDHHS, in conjunction with DTMB, did not fully implement procedures to identify and merge multiple records for the same person in MiSACWIS prior to system implementation. This duplicity can make it difficult for caseworkers to perform case reviews, conduct Central Registry checks, and determine child placement options, posing a risk to child and worker safety (Finding #1).	X		Agrees
MDHHS and DTMB did not ensure that, as of March 1, 2017, 208 open child welfare cases in MiSACWIS had a worker assigned as required. Without an assigned caseworker, necessary home visits, needs assessments, and payments may not occur, which could negatively affect a child's welfare (Finding #2).	X		Agrees

Audit Objective			Conclusion
Objective #2: To assess the sufficiency of MiSACWIS to accurately process child welfare cases.			Sufficient, with exceptions
Findings Related to This Audit Objective	Material Condition	Reportable Condition	Agency Preliminary Response
MDHHS did not establish a sufficient process in MiSACWIS to recoup overpayments made to service providers, which may cause financial hardship to the providers. MiSACWIS recoupment functionality identified overpayments totaling \$7.9 million (<u>Finding #3</u>).	X		Agrees
MDHHS and DTMB did not implement sufficient controls in MiSACWIS to prevent inaccurate payments to beneficiaries and service providers. We noted 3,932 potential duplicate payments totaling \$1.0 million generated by the automatic payroll processes or manually generated by users (<u>Finding #4</u>).	X		Partially agrees
MDHHS did not fully establish segregation of duties for the approval of MiSACWIS payments and payment-related activities to ensure that payments are accurate and that State and federal funds are properly spent (<u>Finding #5</u>).		X	Agrees

Audit Objective			Conclusion
Objective #3: To assess end user satisfaction with MiSACWIS.			Generally dissatisfied
Findings Related to This Audit Objective	Material Condition	Reportable Condition	Agency Preliminary Response
MDHHS should enhance its process for seeking feedback from users to better evaluate and improve user satisfaction with MiSACWIS and its mobile application (<u>Finding #6</u>).		X	Agrees
MDHHS did not fully formalize a process to classify the severity of help desk tickets and the allowable time frames for resolving each classification level (<u>Finding #7</u>).		X	Agrees

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June 27, 2017

Mr. Nick Lyon, Director
Michigan Department of Health and Human Services
South Grand Building
Lansing, Michigan
and
Mr. Brom Stibitz, Interim Director
Department of Technology, Management, and Budget
Lewis Cass Building
Lansing, Michigan

Dear Mr. Lyon and Mr. Stibitz:

I am pleased to provide this performance audit report on the Michigan Statewide Automated Child Welfare Information System (MiSACWIS), Michigan Department of Health and Human Services and Department of Technology, Management, and Budget.

We organize our findings and observations by audit objective. Your agency provided preliminary responses to the recommendations at the end of our fieldwork. The *Michigan Compiled Laws* and administrative procedures require an audited agency to develop a plan to comply with the recommendations and submit it within 60 days of the date above 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.

We appreciate the courtesy and cooperation extended to us during this audit.


Sincerely,

Doug Ringler
Auditor General

TABLE OF CONTENTS

MICHIGAN STATEWIDE AUTOMATED CHILD WELFARE INFORMATION SYSTEM (MiSACWIS)

	<u>Page</u>
Report Summary	1
Report Letter	3
Audit Objectives, Conclusions, Findings, and Observations	
Data Accuracy and Completeness	8
Findings:	
1. Improvement needed in identifying and merging duplicate records.	9
2. An MDHHS worker not assigned to all open cases.	11
Sufficiency of MiSACWIS to Accurately Process Child Welfare Cases	12
Findings:	
3. Sufficient process to recoup overpayments from service providers needed.	13
4. Controls to prevent inaccurate payments to beneficiaries and service providers needed.	15
5. Segregation of duties for payment and payment-related activities could be improved.	18
User Satisfaction With MiSACWIS	20
Findings:	
6. Better utilization of user feedback could improve satisfaction with MiSACWIS.	21
7. A more formalized classification process could result in improved time frames for prioritizing and resolving help desk tickets.	23
Supplemental Information	
Survey Description	25
Survey Response Summary	26
System Description	33
Audit Scope, Methodology, and Other Information	34
Glossary of Abbreviations and Terms	37

AUDIT OBJECTIVES, CONCLUSIONS, FINDINGS, AND OBSERVATIONS

DATA ACCURACY AND COMPLETENESS

BACKGROUND

The Michigan Statewide Automated Child Welfare Information System (MiSACWIS) is used by the Michigan Department of Health and Human Services (MDHHS) central office, local MDHHS offices, and private agencies to input and process data related to child protective services, adoption, foster care, and other child welfare programs. MiSACWIS allows users to share case information, manage workloads, and maintain data for decision making. MiSACWIS was developed for MDHHS to comply with federal and State reporting requirements.

AUDIT OBJECTIVE

To assess the effectiveness* of MDHHS and the Department of Technology, Management, and Budget's (DTMB's) efforts to ensure the accuracy and completeness of selected data fields in MiSACWIS.

CONCLUSION

Moderately effective.

FACTORS IMPACTING CONCLUSION

- Establishment and implementation of data edits to ensure that required adoption and foster care data elements were completed as federally required.
- Two material conditions* related to fully implementing procedures to identify and merge multiple records for the same person and assigning a worker to all cases as required (Findings #1 and #2).

* See glossary at end of report for definition.

FINDING #1

Improvement needed in identifying and merging duplicate records.

MDHHS, in conjunction with DTMB, did not fully implement procedures to identify and merge multiple records for the same person in MiSACWIS prior to system implementation. This duplicity can make it difficult for caseworkers to perform case reviews, conduct Central Registry* checks, and determine child placement options, posing a risk to child and worker safety.

Before MiSACWIS was implemented in April 2014, MDHHS and DTMB were made aware that multiple records for the same person could pose a challenge in MiSACWIS. MDHHS and DTMB developed and performed a procedure to merge some child protective services duplicate person records. However, MDHHS did not merge records in other child welfare programs because of time constraints and other system priorities. In July 2015, 15 months after system implementation, MDHHS and DTMB implemented a daily automated process to identify records that could be merged using business rules and key data elements, including first name, last name, date of birth, gender, social security number, and recipient ID. MDHHS asserted that, as of October 17, 2016, MDHHS and DTMB had merged almost 3.5 million duplicate person records into approximately 1 million unique person records.

Multiple records for the same person impacted user ability to perform case work.

We surveyed users regarding the impact that multiple records for the same person have on their ability to perform case work, since MiSACWIS implementation. Of the users that responded:

- 73% indicated that they experienced difficulties determining the appropriate person to add to a case.
- 68% indicated that they spent excessive time cleaning up case information because of duplicate person records.
- 52% indicated that they called the help desk because of duplicate person records.
- 48% indicated that they experienced difficulties initiating a case.

See survey response summary, Question #19, for survey results related to multiple records for the same person.

This finding represents a material condition because duplicate records could create an incomplete view of case information by the caseworker when reviewing Central Registry status or managing a case and pose a risk to child and worker safety.

RECOMMENDATION

We recommend that MDHHS, in conjunction with DTMB, continue to identify and merge multiple records for the same person in MiSACWIS.

* See glossary at end of report for definition.

**AGENCY
PRELIMINARY
RESPONSE**

MDHHS and DTMB provided us with the following response:

MDHHS, in conjunction with DTMB, agree that they did not fully implement procedures to identify and merge all multiple records for the same person prior to implementation of MiSACWIS. MDHHS MiSACWIS project staff made significant efforts to provide as much direction to users through job aids on how to deactivate and manage the multiple records in MiSACWIS. These tasks were published as part of the required implementation activities, as well as ongoing case maintenance. MiSACWIS continues to identify, on a daily basis, records that can be potentially merged; however, business restrictions based on confidential data will prevent the merging of every instance of multiple records for the same person. Continued due diligence will be applied in making every assurance that the multiple records match on critical and key data elements before they are merged, so that important information is not overwritten. MDHHS MiSACWIS project staff will continue to analyze the records provided by DTMB that do not meet the merge criteria based on the business rules currently set within the application to determine if there are potential modifications that would allow additional merges to occur. In addition, staff will continue to examine the scenarios where users are creating a new record where one already exists. If a scenario becomes evident, appropriate action will be taken within the application to prevent this from continuing to occur. MDHHS believes that any remaining duplicity poses no risk to child or worker safety.

FINDING #2

An MDHHS worker not assigned to all open cases.

MDHHS and DTMB did not ensure that all open child welfare cases in MiSACWIS had a worker assigned as required. Without an assigned caseworker, necessary home visits, needs assessments, and payments may not occur, which could negatively affect a child's welfare.

MiSACWIS business rules require that at least one caseworker be assigned to an open MiSACWIS case with the exception of adoption subsidy cases. MiSACWIS was designed to remind workers of actions needed on child welfare cases, such as completion of a service plan, a face-to-face contact, an appointment, or a placement agreement. Without an assigned caseworker, these reminders will not occur and action necessary to ensure the child's welfare may not be taken.

208 cases without a worker assigned.

As of March 1, 2017, we identified 208 (0.3%) of 69,722 active cases without a worker assigned, including 92 guardianship, 60 child protective services, 35 adoption, 11 child abuse prevention, 9 foster care, and 1 juvenile justice cases.

Although 208 cases represent a relatively small percentage of the total 69,722 caseload, appropriate system controls are necessary to ensure that all cases are actively managed and all children and families receive necessary services. In addition, cases could continue to go unassigned in the future without these important control improvements.

We consider this finding to be a material condition because system programming allows for cases to not have a worker assigned, which could impact the care of a child.

RECOMMENDATION

We recommend that MDHHS and DTMB ensure that all open child welfare cases have a worker assigned as required.

AGENCY PRELIMINARY RESPONSE

MDHHS and DTMB provided us with the following response:

MDHHS and DTMB agree with the finding. MDHHS reviewed all 208 cases and determined that the cases were converted from SWSS and should have been closed; however, the cases remained open because of initial system defects at MiSACWIS implementation. This did not negatively impact any child's welfare. Subsequent system edits were implemented which reduce the risk of a case being opened without an assigned worker. In addition, MDHHS MiSACWIS project staff and DTMB are monitoring MiSACWIS for open cases that do not have an assigned caseworker. If any instances are noted, research will occur to ensure that there are no system defects preventing proper assignment.

SUFFICIENCY OF MiSACWIS TO ACCURATELY PROCESS CHILD WELFARE CASES

BACKGROUND

MDHHS central office uses MiSACWIS to improve services to families and children, comply with State and federal requirements, submit federal reports, and manage financial issues. MiSACWIS allows for the processing and disbursement of payments related to adoption subsidy, foster care, and other child welfare cases.

MiSACWIS is used by local MDHHS offices and private agencies to document intake and investigations, determine eligibility, perform needs assessments, perform home evaluations, maintain cases, and provide services.

AUDIT OBJECTIVE

To assess the sufficiency of MiSACWIS to accurately process child welfare cases.

CONCLUSION

Sufficient, with exceptions.

FACTORS IMPACTING CONCLUSION

- Establishment and implementation of MiSACWIS electronic forms to perform eligibility determinations, needs assessments, and home evaluations.
- Establishment and implementation of some controls to ensure the accuracy of payment processing.
- Two material conditions related to the lack of a sufficient process in MiSACWIS to recoup overpayments made to service providers and the need for controls to prevent inaccurate payments (Findings #3 and #4).
- One reportable condition* related to improved segregation of duties in MiSACWIS (Finding #5).

* See glossary at end of report for definition.

FINDING #3

Sufficient process to recoup overpayments from service providers needed.

MDHHS did not establish a sufficient process in MiSACWIS to recoup overpayments made to service providers. Provider overpayments resulted in misspent State funds and the need to repay federal funds.

Recoupment action is needed when MDHHS overpays providers for services. Reasons for overpayment include payments for unauthorized services, incorrect provider information, and data entry errors. MDHHS central office employees review overpayments for accuracy and, if appropriate, process a repayment to the U.S. Department of Health and Human Services (HHS) and identify in MiSACWIS the need for a recoupment from the provider.

MiSACWIS did not include the required functionality to perform automated recoupments of provider overpayment upon system implementation in April 2014. In addition, MDHHS did not establish a sufficient process to manually perform recoupments until system functionality became available in June 2016.

As of January 19, 2017, MDHHS had not notified providers of the overpayments and, therefore, had not collected the amounts due. Lack of notification may cause financial hardship to the providers when MDHHS collects the overpayments. We noted:

MiSACWIS recoupment functionality identified overpayments totaling \$7.9 million.

- a. MDHHS used MiSACWIS recoupment functionality to identify the overpayment of 343 child welfare providers totaling \$7.9 million, ranging from \$17 to \$472,831 each, between March 24, 2014 and October 29, 2016. MDHHS asserted that a portion of these system-identified claims are not actually overpayments and that each claim will be reviewed for accuracy.
- b. MDHHS caseworkers and central office employees manually identified 1,059 foster care providers who were overpaid a total of \$4.0 million, ranging from \$5 to \$231,126 each, between March 20, 2014 and July 25, 2016. MDHHS has repaid these claims to HHS.
- c. MDHHS entered claims into MiSACWIS for 449 overpaid child welfare providers totaling \$2.4 million, ranging from \$17 to \$140,356 each, between May 31, 2011 and October 10, 2016. MDHHS has asserted that it is in the process of repaying these claims to HHS.

We also noted that 128 providers self-identified and voluntarily repaid MDHHS \$3.0 million, ranging from \$25 to \$500,000 each, between May 1, 2014 and October 21, 2016. MDHHS indicated that it has not repaid these overpayments to HHS.

The same overpayment may be counted in each population of unrecouped payments noted in parts a. through c., as well as voluntarily repaid overpayments. MDHHS should ensure that MiSACWIS functionality allows each claim to be reviewed to determine the validity of the claim and ensure that recoupment is not made from a provider more than once. In addition, MDHHS

should ensure that any repaid claim is identified and subtracted from the total overpayment owed to the State. MDHHS should also ensure that all claims are repaid to HHS.

We consider this finding to be a material condition because the system was implemented in April 2014 without a plan in place for incorporating recoupment functionality into the system and without transparency with providers of when and how recoupments would be processed.

RECOMMENDATION

We recommend that MDHHS establish a sufficient process in MiSACWIS to recoup overpayments made to service providers.

**AGENCY
PRELIMINARY
RESPONSE**

MDHHS provided us with the following response:

MDHHS agrees that a complete recoupment process has not yet been fully implemented. MiSACWIS recoupment functionality was implemented in June 2016; MiSACWIS project staff and the Bureau of Finance are working to make the functionality operational. Project staff are providing internal training and guidance on the MiSACWIS recoupment functionality. Program and accounting staff are working to enter all remaining necessary data into MiSACWIS and finalize the recoupment protocol. MDHHS MiSACWIS project staff will update the Provider Payment Handbook with the information on recoupment, including sample copies of the letters that will be sent to providers. MDHHS will communicate the recoupment process and provide the link to the updated handbook to all providers. Finally, MDHHS will return any applicable overpayments to the federal Department of Health and Human Services.

FINDING #4

Controls to prevent inaccurate payments to beneficiaries and service providers needed.

MDHHS and DTMB did not implement sufficient controls in MiSACWIS to prevent inaccurate payments to beneficiaries and service providers.

The Federal Information System Controls Audit Manual* (FISCAM) states that systems should include controls to ensure that data processing is complete, accurate, and valid.

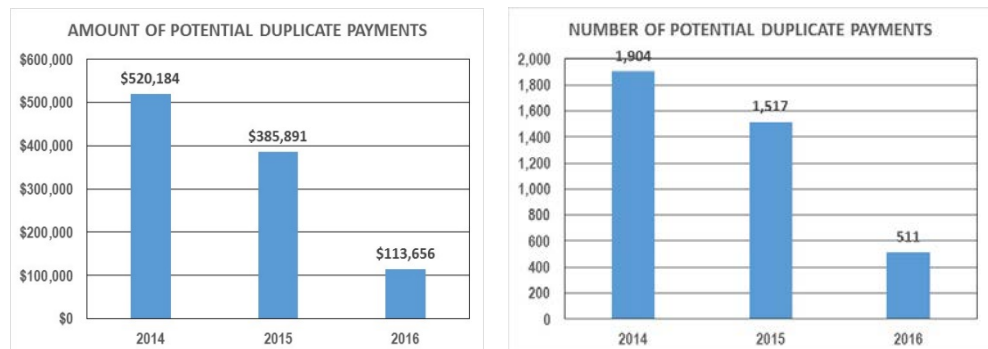
MDHHS, in conjunction with DTMB, did not implement controls to prevent:

- a. The issuance of potential duplicate payments.

The contract between DTMB and the system developer requires MiSACWIS to audit all claims to ensure that duplicate claims are not paid. We reviewed approximately 2 million payment records totaling \$1 billion that were processed by MiSACWIS between May 2014 and October 2016 to determine whether payments were issued for the same person, service, time period, and amount. Our review disclosed 3,932 potential duplicate payments totaling \$1.0 million (0.1%) that were generated by the automatic payroll processes or manually generated by users.

Although a portion of these potential duplicate payments may be appropriate, without sufficient controls in place to detect and validate duplicate payments, MDHHS cannot ensure that these duplicate payments were appropriate.

The following charts summarize the amount and number of potential duplicate payments per calendar year:



- b. The issuance of payments for service authorizations flagged as "created in error."

Users can flag a service authorization as "created in error" in MiSACWIS when the service authorization

* See glossary at end of report for definition.

contains incorrect information such as an inaccurate service period, provider, or funding source. MiSACWIS does not track the reason for the error. MiSACWIS has edits in place that should prevent payments from generating on service authorizations flagged as "created in error." However, these edits were not applied to all payments made outside the normal payment process.

We identified 2,825 payments between August 2014 and October 2016 totaling \$111,591 that were made after a service authorization was flagged as "created in error." MDHHS and DTMB should implement controls to prevent payments on such service authorizations and establish a process to track the reason for the error to streamline the process of determining whether recoupment is needed.

We noted that 2,806 (99%) of the 2,825 payments, totaling \$108,360, were related to an administrative rate increase of \$3. MDHHS asserted that these payments were temporarily generated when it amended provider contracts to reflect the rate increase.

c. Provider payments for unauthorized service periods.

Our review of 13,291 payments processed by MiSACWIS on August 26, 2016 disclosed:

- (1) 47 payments were processed for unlicensed service periods. A licensed service provider must have a valid license for the service periods during which the child is in the care of the service provider.
- (2) 7 payments were processed for a service period after the service authorization end date. The service period is the time period in which a provider or beneficiary may receive payment for authorized services.
- (3) 2 payments were issued to the wrong service provider.

Although the number of exceptions is low, this test was conducted on only one biweekly pay period. Incorrect payments could continue to occur without sufficient controls.

MiSACWIS negatively impacted user ability to make payments.

In our user survey, 538 users indicated that, in the last six months, MiSACWIS negatively impacted their ability to make payments, citing the following reasons:

- 65% of users cited system defects.
- 43% of users cited inadequate system design.

- 22% of users cited lack of MiSACWIS training.
- 11% of users cited data conversion errors.

See survey response summary, Questions #7 and #8, for survey results related to payments.

We consider this finding to be a material condition because properly processing payments to beneficiaries and service providers is an integral function of MiSACWIS. The control deficiencies noted allowed and could continue to allow improper payments to be made.

RECOMMENDATION

We recommend that MDHHS and DTMB continue to implement controls in MiSACWIS to prevent inaccurate payments to beneficiaries and service providers.

AGENCY PRELIMINARY RESPONSE

MDHHS and DTMB provided us with the following response:

MDHHS and DTMB partially agree with the finding. The system-generated duplicate payment scenarios identified in the finding are no longer an issue. These were caused by system defects identified after system implementation and DTMB project staff have subsequently fixed them. MDHHS MiSACWIS project staff will implement a requirement for secondary approval for federal compliance division users who are adding manual payments. If this new process requires system changes, MDHHS will work with DTMB to develop/implement this new process. This will ensure that only appropriate payments that are flagged by MiSACWIS as potential duplicates are made only after the internal review process has been completed, and identify possible recoupment when appropriate.

MDHHS MiSACWIS project staff and DTMB will continue to monitor MiSACWIS payroll and other data reports to analyze any anomalies in payments to prevent inaccurate payments to beneficiaries and providers.

FINDING #5

Segregation of duties for payment and payment-related activities could be improved.

MDHHS did not fully establish segregation of duties for the approval of MiSACWIS payments and payment-related activities to ensure that payments are accurate and that State and federal funds are properly spent.

FISCAM states that work responsibilities should be segregated so that one individual does not control all critical stages of a process. The contract between DTMB and the system developer indicates that MiSACWIS shall require approval of all service authorizations by a user in an appropriate role and approval level. In addition, the system shall require more than one approval for certain service types.

MiSACWIS processes adoption subsidy, foster care, and other child welfare payments to beneficiaries and service providers. Service authorizations identifying the service provider, payment rate, and service period are used by MiSACWIS to generate payments. Service authorizations also contain per diem rates for additional or special care. Service authorizations and per diem rates require caseworkers to obtain supervisor approval before the payments are disbursed.

We obtained MiSACWIS payment records for the August 26, 2016 payroll, consisting of 13,291 payments of which 857 payments were manually created. Also, we reviewed the 5,977 related service authorizations and the 8,139 related per diem records.

Our review disclosed:

- a. MiSACWIS did not require approval by a second employee for:
 - (1) 768 (13%) of the 5,977 service authorizations.
 - (2) 688 (8%) of the 8,139 per diem payments.

Supervisor approval is required when a caseworker completes a new service authorization. However, privileged users inappropriately had the ability to both create and approve service authorizations and per diem costs.

- b. MiSACWIS did not require secondary review and approval for 41 (5%) of the 857 manual payments. These payments were for services not associated with a service authorization and were automatically approved in MiSACWIS. Manual payments without a service authorization do not require supporting documentation in MiSACWIS.

Privileged users have the ability to create and approve manual payments, service authorizations, and per diem records resulting in payments being generated without secondary review and approval. Proper segregation of

duties should prevent one individual from creating and approving payments in MiSACWIS.

c. MiSACWIS did not maintain an audit trail of the approval of:

(1) 4 (0.07%) of the 5,977 service authorizations.

(2) 11 (0.14%) of the 8,139 per diem rates.

Unapproved service authorizations and per diem rates should not be used to generate payments. Payments generated to beneficiaries and service providers using these service authorizations may not be properly authorized.

RECOMMENDATION

We recommend that MDHHS fully establish segregation of duties for the approval of MiSACWIS payments and payment-related activities to ensure that payments are accurate and that State and federal funds are properly spent.

**AGENCY
PRELIMINARY
RESPONSE**

MDHHS provided us with the following response:

MDHHS agrees with the finding. MDHHS MiSACWIS project staff will be entering a change control request which will require a second user to review and approve payment records to ensure that no user is able to create and approve the same payment record.

The MDHHS Federal Compliance Division is working with MiSACWIS project staff and field operations staff and expects to establish an interim protocol pending system changes that help monitor for instances of this occurring.

USER SATISFACTION WITH MiSACWIS

BACKGROUND

In April 2014, MDHHS and DTMB implemented MiSACWIS and the MiSACWIS mobile application (app). MiSACWIS is the mission-critical information system that supports case management for child protective services, adoption, foster care, juvenile justice, and child abuse prevention services provided to children and families.

MDHHS and DTMB provide formal training, on-site technical assistance, job aids, online help, and other reference materials to assist users in effectively and efficiently utilizing MiSACWIS as a tool for managing case work. MDHHS has also established a help desk to assist users.

AUDIT OBJECTIVE

To assess end user satisfaction with MiSACWIS.

CONCLUSION

Generally dissatisfied.

FACTORS IMPACTING CONCLUSION

- 56% of user survey respondents were not satisfied with MiSACWIS, indicating that, in the last six months, the system had negatively impacted their ability to document case work in a timely manner (54%), close a case in a timely manner (48%), and process payments (32%).
- 77% of survey respondents were not satisfied with the mobile app, and only 32% of the respondents use the mobile app.
- Two reportable conditions related to improved end user satisfaction and to a fully formalized process to classify the severity of help desk tickets (Findings #6 and #7).
- 80% of user survey respondents were satisfied with the timeliness of help desk assistance.

FINDING #6

Better utilization of user feedback could improve satisfaction with MiSACWIS.

MDHHS should enhance its process for seeking feedback from users to better evaluate and improve user satisfaction with MiSACWIS and its mobile app.

We surveyed 7,226 users to assess their satisfaction with MiSACWIS, the mobile app, the help desk, and training. We received responses from 2,782 (38%) users.

Our user survey disclosed:

- a. 56% of respondents indicated that they were not satisfied with MiSACWIS.

Users indicated that, for the six-month period from April through September 2016, MiSACWIS negatively impacted their ability to document case work in a timely manner (54%), close a case in a timely manner (48%), and process payments (32%).

- b. Only 32% of the respondents use the mobile app.

Reasons for not using the app included preferring to use a computer, limited capabilities of the app, lack of mobile device, and incorrect functioning of the app. Of those who use the mobile app, 77% indicated that they were not satisfied with it.

See survey response summary for survey results.

MDHHS asserted that, since April 2014, it has visited 26 local MDHHS offices and 15 private agencies, conducted monthly telephone calls with local office liaisons, and established an e-mail address and help desk for daily communications. These actions have helped provide user input and ideas for system enhancements.

Enhancing user feedback by conducting periodic surveys and identifying the root cause of user dissatisfaction could help MDHHS correct MiSACWIS deficiencies, train personnel, and improve the overall quality of the child welfare case management process.

RECOMMENDATION

We recommend that MDHHS enhance its process for seeking feedback from users to better evaluate and improve user satisfaction with MiSACWIS and its mobile app.

AGENCY PRELIMINARY RESPONSE

MDHHS provided us with the following response:

MDHHS agrees with the finding and acknowledges that there are always opportunities to evaluate and improve user satisfaction. However, MiSACWIS project staff have implemented a significant number of system enhancements and defect fixes in the application since the OAG's survey. MiSACWIS project staff also have ongoing processes in place

to seek user feedback including the onsite pre- and post-surveys, onsite feedback in person during the visit, and MiSACWIS liaisons for each MDHHS office and contracted private agencies and child care institutions.

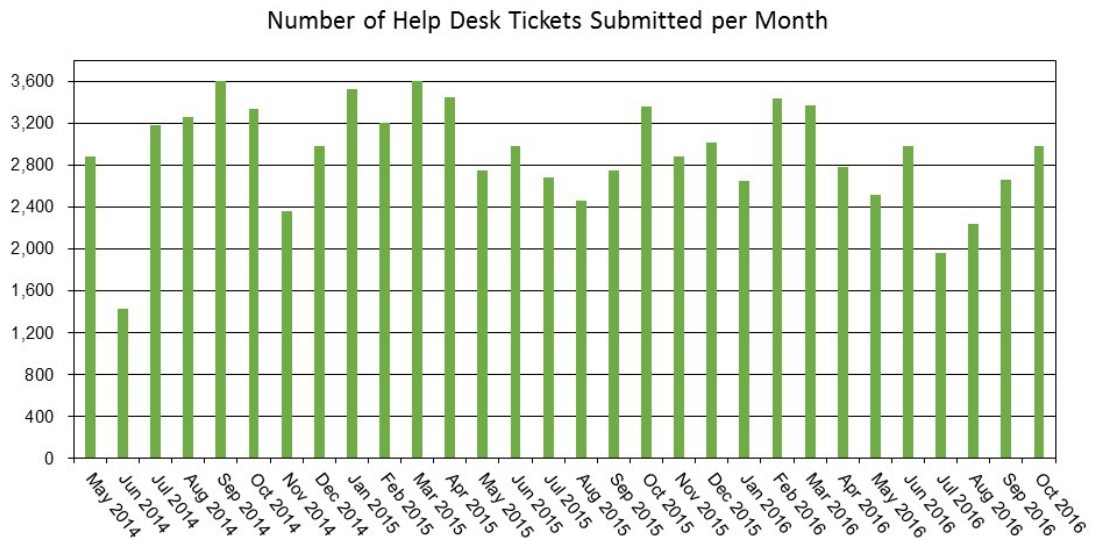
MDHHS will continue to seek feedback from MiSACWIS end users. This feedback can provide valuable insight into areas of dissatisfaction as well as areas that, if improved, would enhance the capacity of MiSACWIS in meeting its goals to monitor, track, and improve the outcomes of services provided by the Children's Services Agency.

Finding #7

A more formalized classification process could result in improved time frames for prioritizing and resolving help desk tickets.

MDHHS did not fully formalize a process to classify the severity of help desk tickets and the allowable time frames for resolving each classification level. Delays in resolving help desk tickets could affect caseworkers' ability to properly and timely perform their job duties and could negatively affect child welfare.

From May 2014 through October 2016, MDHHS resolved 87,189 help desk tickets. As of November 2016, there were 1,016 outstanding tickets. The number of tickets submitted each month has not significantly decreased since MiSACWIS implementation. As illustrated in the following chart, the number of tickets submitted per month ranged from 1,421 to 3,604:



MDHHS tier one help desk staff classify help desk tickets as low, medium, or high severity based upon the information received from the caller. As of November 7, 2016, 980 (96%) of the 1,016 open tickets were classified as medium severity. If the ticket cannot be addressed via the telephone, the help desk staff forward the ticket to the tier two help desk staff for resolution.

We noted that 58% of resolved help desk tickets were closed within one day by tier one staff. Calls related to access and security were primarily resolved by tier one staff in an average of 2 days. More complex calls related to court questions, case intake, and funding were primarily resolved by tier two staff in an average of 45 days. Tier two tickets are more complicated and can result in a system change needed in a future release. Overall, the help desk took an average of 23 days to resolve a help desk ticket.

We surveyed MiSACWIS users regarding their experience with the help desk. Of the users that responded:

- 80% were satisfied with the timeliness of help desk assistance.

- 78% were satisfied with the assistance they received from the help desk agents.
- 78% were satisfied with the help desk agents' knowledge of MiSACWIS.
- 68% were satisfied with their ticket resolution.
- 56% were satisfied with the timeliness of issue resolution.

See survey response summary, Question #22, for survey results related to the help desk.

MDHHS should further formalize its process for classifying the severity of help desk tickets and the expected amount of time needed to address each classification level.

RECOMMENDATION

We recommend that MDHHS fully formalize a process to classify the severity of help desk tickets and the allowable time frames for resolving each classification level.

AGENCY PRELIMINARY RESPONSE

MDHHS provided us with the following response:

MDHHS agrees with the finding. MiSACWIS project staff will develop a process for categorizing help desk tickets, along with the expected timeframes for responding to tickets, based on the category.

SUPPLEMENTAL INFORMATION

Survey Description

We sent an online survey to the 7,226 active MiSACWIS users as of September 28, 2016. We received responses from 2,782 (38%) of the users. The survey focused on overall user satisfaction, MiSACWIS effectiveness and efficiency, experience with the MiSACWIS help desk, and the sufficiency and availability of training. Following is a summary of survey results, including the number and percentage of responses received for each question.

MICHIGAN STATEWIDE AUTOMATED CHILD WELFARE INFORMATION SYSTEM (MiSACWIS)
Michigan Department of Health and Human Services and
Department of Technology, Management, and Budget

Survey Response Summary

Q1 Overall, how satisfied are you with MiSACWIS:

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	I Do Not Use	Total
59 (2%)	1,105 (42%)	971 (37%)	518 (20%)	1 (0%)	2,654

Q2 Overall, how satisfied are you with the MiSACWIS mobile application:

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	I Do Not Use	Total
12 (0%)	189 (7%)	283 (11%)	377 (14%)	1,790 (68%)	2,651
1%	22%	33%	44%		861

Q3 What are the primary reasons why you do not use the MiSACWIS mobile application (please select all that apply)?

	Responses	
I am unaware of the mobile application.	131	(7%)
It is difficult to use.	155	(9%)
It does not work correctly.	176	(10%)
It is more efficient to access MiSACWIS on my computer.	732	(41%)
The mobile application does not have the capabilities that are applicable to my job.	281	(16%)
I do not have a mobile device.	193	(11%)
I do not have a work-issued mobile device and do not want to use the mobile application on my personal mobile device.	433	(24%)
Other	137	(8%)

Q4 Please rate your agreement with the following statements about MiSACWIS. MiSACWIS has improved the:

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Total Responses
Accuracy of case documentation.	168 (8%)	1,177 (56%)	585 (28%)	186 (9%)	2,116
Amount of information available for case management and decision making.	216 (10%)	1,179 (57%)	510 (25%)	154 (7%)	2,059
Completeness of case documentation.	186 (9%)	1,061 (51%)	656 (32%)	175 (8%)	2,078
Ease of documenting case information.	119 (5%)	644 (30%)	782 (36%)	622 (29%)	2,167
Ease of reviewing case information.	139 (6%)	785 (35%)	792 (35%)	524 (23%)	2,240
Ease of preparing reports.	133 (7%)	647 (32%)	688 (34%)	542 (27%)	2,010
Monitoring of case status.	149 (8%)	1,031 (52%)	543 (27%)	260 (13%)	1,983
Monitoring of due dates for required activities.	197 (10%)	783 (40%)	561 (29%)	417 (21%)	1,958

Q5 Within the last 6 months, has MiSACWIS negatively impacted your ability to make or change a placement?

	Responses	
Yes	709	(38%)
No	1,159	(62%)
Total	1,868	

Q6 You stated that MiSACWIS negatively impacted your ability to make or change a placement. What do you believe is the cause (please select any that apply)?

	Responses	
Errors in converting data from SWSS to MiSACWIS	115	(16%)
Inadequate system design	328	(46%)
Lack of training on the use of MiSACWIS	123	(17%)
Lack of understanding of MDHHS policy	35	(5%)
System defects	505	(71%)
Other	141	(19%)

Q7 Within the last 6 months, has MiSACWIS negatively impacted your ability to make a payment?

	Responses	
Yes	538	(32%)
No	1,118	(68%)
Total	1,656	

Q8 You stated that MiSACWIS negatively impacted your ability to make a payment. What do you believe is the cause (please select any that apply)?

	Responses	
Errors in converting data from SWSS to MiSACWIS	58	(11%)
Inadequate system design	233	(43%)
Lack of training on the use of MiSACWIS	119	(22%)
Lack of understanding of MDHHS policy	31	(6%)
System defects	348	(65%)
Other	139	(26%)

Q9 Within the last 6 months, has MiSACWIS negatively impacted your ability to document case work in a timely manner?

	Responses	
Yes	1,181	(54%)
No	995	(46%)
Total	2,176	

Q10 You stated that MiSACWIS negatively impacted your ability to document case work in a timely manner. What do you believe is the cause (please select any that apply)?

	Responses	
Errors in converting data from SWSS to MiSACWIS	131	(11%)
Inadequate system design	510	(43%)
Lack of training on the use of MiSACWIS	115	(10%)
Lack of understanding of MDHHS policy	31	(3%)
System defects	918	(78%)
Other	294	(25%)

Q11 Within the last 6 months, has MiSACWIS negatively impacted your ability to close a case in a timely manner?

	Responses	
Yes	944	(48%)
No	1,034	(52%)
Total	1,978	

Q12 You stated that MiSACWIS negatively impacted your ability to close a case in a timely manner. What do you believe is the cause (please select any that apply)?

	Responses	
Errors in converting data from SWSS to MiSACWIS	103	(11%)
Inadequate system design	419	(44%)
Lack of training on the use of MiSACWIS	104	(11%)
Lack of understanding of MDHHS policy	35	(4%)
System defects	698	(74%)
Other	218	(23%)

Q13 Within the last 6 months, has MiSACWIS negatively impacted your ability to create documents for meetings, court, review, etc.?

	Responses	
Yes	514	(27%)
No	1,397	(73%)
Total	1,911	

Q14 You stated that MiSACWIS negatively impacted your ability to create documents for meetings, court, review, etc. What do you believe is the cause (please select any that apply)?

	Responses	
Errors in converting data from SWSS to MiSACWIS	46	(9%)
Inadequate system design	292	(57%)
Lack of training on the use of MiSACWIS	48	(9%)
Lack of understanding of MDHHS policy	8	(2%)
System defects	332	(65%)
Other	123	(24%)

Q15 Does MiSACWIS:

	Yes		No		Responses
Accurately calculate payments?	1,175	(80%)	298	(20%)	1,473
Accurately determine due dates of required reports and other required activities?	1,161	(58%)	852	(42%)	2,013
Accurately prefill prepopulated forms and screens?	963	(46%)	1,116	(54%)	2,079
Accurately populate pick lists for routing or approval?	1,669	(82%)	357	(18%)	2,026
Contain accurate Central Registry information?	1,284	(68%)	616	(32%)	1,900

Q16 Are you aware of any case information that converted incorrectly from SWSS?

	Responses	
Yes	558	(28%)
No	1,428	(72%)
Total	1,986	

Q17 Do you create any documents (court documents, meeting documents, etc.) using Word or other software because it is easier or more concise than a document generated by MiSACWIS?

	Responses	
Yes	1,397	(68%)
No	651	(32%)
Total	2,048	

Q18 Have you encountered the following issues with MiSACWIS:

	Yes		No		Responses
Information input incorrectly that you are unable to correct	1,432	(66%)	725	(34%)	2,157
Lack of reminder messages of due dates for required reports and/or activities	869	(45%)	1,076	(55%)	1,945
Another user removed necessary information from one of your cases	548	(28%)	1,417	(72%)	1,965
Redundant data input (having to enter the same information in multiple screens, cases, etc.)	1,442	(69%)	652	(31%)	2,094

Q19 Have multiple person IDs for the same person caused you:

	Yes		No		Responses
Difficulty in initiating a case?	894	(48%)	978	(52%)	1,872
Difficulty in determining the appropriate person to add to a case?	1,470	(73%)	533	(27%)	2,003
Excessive time cleaning up case information?	1,315	(68%)	628	(32%)	1,943
To call in a help desk ticket?	1,040	(52%)	945	(48%)	1,985
Any other issues?	603	(32%)	1,289	(68%)	1,892

Q20 In the last 6 months, how often has the timeliness of your work been impacted by MiSACWIS outages?

	Responses	
Several times a week	321	(13%)
Several times a month	797	(33%)
Less than once a month	837	(35%)
Never	469	(19%)
Total	<u>2,424</u>	

Q21 Approximately how many times in the last 6 months have you had an issue that required assistance from the help desk for unique tickets whether called in by you or someone else?

	Responses	
Daily	20	(1%)
Several times a week	115	(5%)
Several times a month	746	(31%)
Less than once a month	1,145	(47%)
Never	394	(16%)
Total	<u>2,420</u>	

Q22 Please rate your experience with the MiSACWIS help desk:

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Responses
How satisfied are you with the timeliness of assistance you receive from the help desk?	347 (17%)	1,272 (63%)	307 (15%)	91 (5%)	2,017
How satisfied are you with the timeliness of your issue being resolved?	206 (10%)	928 (46%)	645 (32%)	238 (12%)	2,017
How satisfied are you with the help desk agents' knowledge of MiSACWIS?	316 (16%)	1,248 (62%)	366 (18%)	87 (4%)	2,017
How satisfied are you with the assistance received from the help desk?	321 (16%)	1,261 (63%)	358 (18%)	77 (4%)	2,017
How satisfied are you with the information you receive about the resolution of your help desk tickets (i.e., is it sufficient enough to identify the original issue and know that it was corrected)?	263 (13%)	1,113 (55%)	484 (24%)	157 (8%)	2,017

Q23 How much formal training have you received on MiSACWIS? (Please consider any formal training received when MiSACWIS was implemented, as a new worker, and on an ongoing basis. Formal training includes computer-based training and Webinars.)

	Responses	
None	187	(8%)
Half a day	240	(10%)
1 day	283	(12%)
2 days	441	(18%)
3 to 5 days	648	(27%)
More than 5 days	601	(25%)
Total	<u>2,400</u>	

Q24 Please rate your agreement with each of the following statements about MiSACWIS:

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Total Responses
The amount of training provided is sufficient for me to use MiSACWIS effectively.	232 (12%)	644 (34%)	549 (29%)	459 (24%)	1,884
Job aids and other training and reference materials are helpful and accurate.	244 (14%)	890 (50%)	441 (25%)	210 (12%)	1,785
Job aids and other training and reference materials are easy to use.	216 (12%)	770 (44%)	528 (30%)	229 (13%)	1,743
I am kept informed about system updates relevant to my job through training, release notes, quick notes, etc.	367 (21%)	1,002 (56%)	270 (15%)	135 (8%)	1,774

Q25 Have you attempted to attend MiSACWIS training and were unable to because insufficient seats were available?

	Responses	
Yes	164	(7%)
No	2,236	(93%)
Total	2,400	

Q26 How often do you use the screen level help feature within MiSACWIS (the help hyperlink that is on each screen)?

	Responses	
Daily	50	(2%)
Weekly	263	(11%)
Monthly	614	(26%)
Yearly	266	(11%)
I do not use the screen level help feature.	1,207	(50%)
Total	2,400	

Q27 What are the primary reasons why you do not use the screen level help feature (check all that apply)?

	Responses	
MiSACWIS is easy to use. I don't need to use the screen level help feature.	177	(15%)
I prefer to obtain help from coworkers.	461	(38%)
I prefer to call the help desk.	187	(15%)
It is difficult to find what I am looking for in the screen level help feature.	285	(24%)
The screen level help feature guidance is not helpful.	273	(23%)
I am not aware of this feature in MiSACWIS.	302	(25%)

Q28 How often do you use the help & training feature within MiSACWIS, which includes job aids, the MiSACWIS communications Web site, etc. (accessed through the "help & training" link at the top of the screen or the "Help & Trng" link at the bottom of the screen)?

	Responses	
Daily	68	(3%)
Weekly	308	(13%)
Monthly	716	(30%)
Yearly	322	(13%)
I do not use the help & training feature.	976	(41%)
Total	<u>2,390</u>	

Q29 What are the primary reasons why you do not use the help & training feature (check all that apply)?

	Responses	
MiSACWIS is easy to use. I don't need to use the help & training feature.	147	(15%)
I prefer to obtain help from coworkers.	404	(41%)
I prefer to call the help desk.	151	(15%)
It is difficult to find what I am looking for in the help & training feature.	216	(22%)
The help & training feature guidance is not helpful.	202	(21%)
I am not aware of this feature in MiSACWIS.	239	(24%)

SYSTEM DESCRIPTION

In April 2014, MDHHS and DTMB implemented MiSACWIS and the MiSACWIS mobile application. MiSACWIS is a mission-critical information system that supports case management for child protective services, adoption, foster care, juvenile justice, and child abuse prevention services provided to children and families. MiSACWIS generates weekly payroll files for processing payments to private foster care providers, service providers, and foster homes. As of October 31, 2016, MDHHS had processed \$1.022 billion in child welfare payments since system implementation.

MiSACWIS users include:

- 4,700 MDHHS central and local office employees.
- 2,400 contracted child placement and child care institution employees.
- 350 court and tribal employees.

MiSACWIS is used by over 7,000 people employed at all levels of MDHHS. Central office employees use MiSACWIS to monitor and report on case management activities on a Statewide basis.

The goals of MiSACWIS are to monitor, track, and improve the outcomes of services to children and families to foster safety, permanency, and well-being.

Since April 2014, MiSACWIS has been used to manage:

- 251,831 child protective services investigations.
- 39,116 ongoing child protective services cases.
- 27,068 foster care cases.
- 8,655 adoption cases.

In July 2011, a United States district court mandated that MDHHS have an operational SACWIS in place by October 2013 in all counties. On October 22, 2013, MDHHS was granted a six-month extension until April 30, 2014.

AUDIT SCOPE, METHODOLOGY, AND OTHER INFORMATION

AUDIT SCOPE

To examine the program and other records related to MiSACWIS. We conducted this performance audit* in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Our audit scope did not include the processing of child protective services investigation records, which is included in the scope of another Office of the Auditor General audit.

PERIOD

Our audit procedures, which included a preliminary survey, audit fieldwork, report preparation, analysis of agency responses, and quality assurance, generally covered April 1, 2014 through February 28, 2017.

METHODOLOGY

We conducted a preliminary survey of MiSACWIS to formulate a basis for defining our audit objectives and scope. During our preliminary survey, we:

- Conducted interviews with caseworkers to obtain an understanding of MDHHS and DTMB's operations and activities related to MiSACWIS.
- Reviewed MiSACWIS-related policies and procedures.
- Analyzed available MiSACWIS data and statistics.

OBJECTIVE #1

To assess the effectiveness of MDHHS and DTMB's efforts to ensure the accuracy and completeness of selected data fields in MiSACWIS.

To accomplish this objective, we:

- Interviewed MDHHS management to obtain an understanding of MiSACWIS and the procedures for monitoring user activity.
- Reviewed federal reporting requirements to identify and test 42 critical data elements related to children and families with foster care and adoption cases.

* See glossary at end of report for definition.

- Tested MiSACWIS for missing and inaccurate data.
- Performed reviews of duplicate persons, unassigned cases, and Central Registry records merged from the legacy system.

OBJECTIVE #2

To assess the sufficiency of MiSACWIS to accurately process child welfare cases.

To accomplish this objective, we:

- Gained an understanding of MiSACWIS payments and payment-related activities processed.
- Judgmentally selected and reviewed payroll data for the payroll processed on August 26, 2016 to review system processing and controls in place.
- Obtained the population of payments for the payrolls processed in MiSACWIS from May 2014 through October 2016.
- Developed tests to determine the accuracy of the payments and payment-related activities in MiSACWIS.
- Identified the MiSACWIS forms and screens containing auto-populated elements and tested the accuracy of the elements.

OBJECTIVE #3

To assess end user satisfaction with MiSACWIS.

To accomplish this objective, we:

- Surveyed 7,226 MiSACWIS users to determine their overall satisfaction with the system.
- Met with MDHHS and DTMB to discuss the help desk and the process for resolving help desk tickets.
- Performed a review of all help desk tickets.

CONCLUSIONS

We base our conclusions on our audit efforts and any resulting material conditions or reportable conditions.

When selecting activities or programs for audit, we direct our efforts based on risk and opportunities to improve State government operations. Consequently, we prepare our performance audit reports on an exception basis.

**AGENCY
RESPONSES**

Our audit report contains 7 findings and 7 corresponding recommendations. MDHHS and DTMB's preliminary response indicates that they agree with 6 of the recommendations and partially agree with 1 of the recommendations.

The agency preliminary response that follows each recommendation in our report was taken from the agencies' written comments and oral discussion at the end of our audit fieldwork. Section 18.1462 of the *Michigan Compiled Laws* and the State of Michigan Financial Management Guide (Part VII, Chapter 4, Section 100) require an audited agency to develop a plan to comply with the recommendations and submit it 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.

**SUPPLEMENTAL
INFORMATION**

Our audit report includes supplemental information that supports our conclusion for Objective #3.

GLOSSARY OF ABBREVIATIONS AND TERMS

app	application.
Central Registry	A registry that lists verified offenders of child abuse and neglect.
DTMB	Department of Technology, Management, and Budget.
effectiveness	Success in achieving mission and goals.
Federal Information System Controls Audit Manual (FISCAM)	A methodology published by the U.S. Government Accountability Office (GAO) for performing information system control audits of federal and other governmental entities in accordance with <i>Government Auditing Standards</i> .
HHS	U.S. Department of Health and Human Services.
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.
MiSACWIS	Michigan Statewide Automated Child Welfare Information System.
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 operations, reduce costs, facilitate decision making by parties with responsibility to oversee or initiate corrective action, and contribute to public accountability.
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.
SWSS	Services Worker Support System.



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