

Office of the Auditor General
Performance Audit Report

Adult Protective Services
Michigan Department of Health and Human Services

February 2022

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.

The auditor general may make investigations pertinent to the conduct of audits.

Article IV, Section 53 of the Michigan Constitution



OAG

Office of the Auditor General

Report Summary

Performance Audit

Report Number:
431-2601-20

Adult Protective Services (APS)

Michigan Department of Health and Human Services (MDHHS)

Released:
February 2022

APS provides protection to vulnerable adults who are at risk of harm because of the presence or threat of abuse, neglect, or exploitation. APS's goal is to begin to investigate and assess situations referred to MDHHS within 24 hours. APS ensures, to the extent possible, adults in need of protection are living in a safe and stable situation, using legal intervention when needed, in the least intrusive and restrictive manner. Between October 1, 2017 and March 12, 2020, MDHHS received approximately 123,000 complaints of adult abuse, neglect, and/or exploitation and assigned approximately 70,000 for an APS investigation.

Audit Objective			Conclusion
Objective 1: To assess the effectiveness of MDHHS's Centralized Intake Division (CI) efforts to appropriately assign APS complaints for investigation and/or refer complaints to other agencies in accordance with applicable requirements.			Moderately effective
Findings Related to This Audit Objective	Material Condition	Reportable Condition	Agency Preliminary Response
Over 25% of APS complaints reviewed alleging criminal activity were not appropriately reported to law enforcement (Finding 1).	X		Agrees
About 8% of APS complaints reviewed were denied by CI, although the complaint information indicated an investigation may have been required and/or sufficient justification to warrant an investigation existed (Finding 2).		X	Disagrees
CI monitored less than 1% of the APS complaint calls received from October 2017 through September 2019 and discontinued monitoring as of September 30, 2019 (Finding 3).		X	Agrees
MDHHS did not have a process to reconcile APS complaint call and screening records, nor had it developed a tracking and reconciliation process for other APS complaint sources (Finding 4).		X	Agrees

Observations Related to This Audit Objective	Material Condition	Reportable Condition	Agency Preliminary Response
Legislative clarification is needed to help define MDHHS's responsibility for determining whether an adult is vulnerable when the reporting source cannot provide that information (<u>Observation 1</u>).			Not applicable for observations.

Audit Objective	Conclusion
Objective 2: To assess the effectiveness of MDHHS's efforts to appropriately investigate assigned complaints of adult abuse, neglect, and/or exploitation in accordance with applicable requirements.	Moderately effective

Findings Related to This Audit Objective	Material Condition	Reportable Condition	Agency Preliminary Response
See <u>Finding 1</u> .	X		Agrees
MDHHS did not require APS supervisors to review APS investigations at case closure; consequently, more than 25% remained unreviewed when closed. APS supervisors also did not conduct required reviews of: <ul style="list-style-type: none"> • 38% of APS investigations showing moderate or high risk in the assessment at the time the case was ready to close. • 37% of APS investigations open longer than 5 months. • 29% of APS investigations that were closed because of an adult's death (<u>Finding 5</u>). 	X		Agrees
Approximately 20% of the APS investigations reviewed were not properly commenced within 24 hours. This occurred most often because MDHHS did not obtain sufficient information to determine the adult's need for protective services and degree of risk within the 24-hour time frame required by State law (<u>Finding 6</u>).	X		Agrees
APS caseworkers did not verify or document the available referred services were in place for 9% of APS closed investigations reviewed (<u>Finding 7</u>).		X	Agrees
For 14% of investigations reviewed, MDHHS did not conduct an interview of an alleged perpetrator(s) or document the reasons why an interview did not occur (<u>Finding 8</u>).		X	Agrees
Observations Related to This Audit Objective	Material Condition	Reportable Condition	Agency Preliminary Response
Structured decision-making could improve MDHHS's APS risk assessment process (<u>Observation 2</u>).			Not applicable for observations.
Implementation of local investigative protocols could foster improvements in Michigan's APS activities; however, 75% of counties reviewed had not implemented a protocol (<u>Observation 3</u>).			

Audit Objective			Conclusion
Objective 3: To assess the sufficiency of MDHHS's efforts to provide appropriate training for the assignment and investigation of APS complaints in accordance with applicable requirements.			Not sufficient for CI staff Sufficient, with exceptions, for APS supervisors and caseworkers
Findings Related to This Audit Objective	Material Condition	Reportable Condition	Agency Preliminary Response
Over 40% of CI staff reviewed had not received APS policy or assignment decision training (<u>Finding 9</u>).	X		Agrees
APS supervisors were not required to complete training specifically related to their APS supervision responsibilities. In addition, 14% of APS caseworkers reviewed did not complete the full amount of in-service training required by MDHHS policy (<u>Finding 10</u>).		X	Agrees

Audit Objective			Conclusion
Objective 4: To assess the sufficiency of MDHHS's efforts to evaluate the effectiveness of APS activities to protect vulnerable adults.			Sufficient, with exceptions
Findings Related to This Audit Objective	Material Condition	Reportable Condition	Agency Preliminary Response
Further evaluating the overall effectiveness of APS activities would enhance MDHHS's ability to identify areas of needed APS program improvement and provide value-added information to decision-makers (<u>Finding 11</u>).		X	Agrees
Observations Related to This Audit Objective	Material Condition	Reportable Condition	Agency Preliminary Response
Expanded outreach and analysis could help ensure more consistent reporting of suspected adult abuse, neglect, and/or exploitation by mandated reporters (<u>Observation 4</u>).	Not applicable for observations.		

Audit Objective			Conclusion
Objective 5: To assess the effectiveness of selected MDHHS and Department of Technology, Management, and Budget (DTMB) security and access controls over the Michigan Adult Integrated Management System (MiAIMS).			Moderately effective
Findings Related to This Audit Objective	Material Condition	Reportable Condition	Agency Preliminary Response
Contract improvements and completion of a system security plan would help MDHHS and DTMB ensure MiAIMS confidentiality, integrity, and availability, in accordance with State of Michigan standards, for carrying out APS activities (<u>Finding 12</u>).		X	Agrees
Access to MiAIMS was not removed timely for 75% of users that had departed State employment (<u>Finding 13</u>).		X	Agrees

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Doug A. Ringler, CPA, CIA
Auditor General

February 18, 2022

Ms. Elizabeth Hertel, Director
Michigan Department of Health and Human Services
South Grand Building
Lansing, Michigan

Dear Ms. Hertel:

This is our performance audit report on Adult Protective Services, Michigan Department of Health and Human Services.

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 to submit it to the State Budget Office upon completion of an audit. Within 30 days of receipt, the Office of Internal Audit Services, State Budget Office, 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

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AUDIT OBJECTIVES, CONCLUSIONS, FINDINGS, AND OBSERVATIONS

ASSIGNMENT AND/OR REFERRAL OF APS COMPLAINTS

BACKGROUND

Adult Protective Services (APS) provides protection to vulnerable* adults who are at risk of harm because of the presence or threat of abuse*, neglect*, or exploitation*. The goal of APS is it will begin, within 24 hours, to investigate and assess situations referred to the Michigan Department of Health and Human Services (MDHHS) where a vulnerable adult is suspected of or believed to be abused, neglected, and/or exploited and ensure, to the extent possible, adults in need of protection are living in a safe and stable situation*, with legal intervention, where required, in the least intrusive and restrictive manner.

The complaint* intake process serves as one of the most important decision-making points within the APS program. State law establishes that certain individuals are mandated to report actual or suspected adult abuse, neglect, and/or exploitation; however, any person may make a report to MDHHS. The Administration for Community Living National Voluntary Consensus Guidelines for State APS Systems* (ACL Guidelines), published by the U.S. Department of Health and Human Services, indicate the APS intake process must be easy and fully accessible to those needing to make a report and must include collection of essential data to facilitate an appropriate, timely, and helpful response to the alleged victim.

MDHHS's Centralized Intake Division (CI) is responsible for the receipt, screening, assignment, and/or referral to another agency of all complaints alleging adult abuse, neglect, and/or exploitation. CI receives most APS complaints via telephone through the Statewide centralized hotline; however, complaints may also occur through in-person or written contact (e.g., facsimiles, e-mails, and mail).

CI intake specialists enter the complaint information received into the Michigan Adult Integrated Management System* (MiAIMS) for screening. All APS complaints are required to be reviewed by a CI supervisor or a lead specialist to help ensure the appropriate disposition, which may include:

- Assignment for an APS investigation when the subject of the complaint is an adult at risk of harm from abuse, neglect, and/or exploitation and there is a reasonable belief the person is vulnerable and in need of protective services*.
- Referral to another agency for investigation, such as to law enforcement for any complaint alleging criminal activity. Complaints referred to another agency may also be assigned for an APS investigation.

* See glossary at end of report for definition.

- Denial of further protective services or other agency involvement.

CI's goal is for intake specialists to submit APS complaints to CI supervision for the assignment decision and priority of MDHHS's initial response, within one hour for complaints alleging imminent danger to the adult and within three hours for all other complaints. CI supervision completes the screening decision as quickly as possible and transfers assigned APS complaints to the MDHHS local office* for an APS investigation of the allegations.

During the period October 1, 2017 through March 12, 2020, CI received approximately 123,000 complaints alleging abuse, neglect, and/or exploitation of vulnerable adults. CI assigned approximately 70,000 of the complaints for an APS investigation and denied approximately 53,000.

AUDIT OBJECTIVE

To assess the effectiveness* of MDHHS's CI efforts to appropriately assign APS complaints for investigation and/or refer complaints to other agencies in accordance with applicable requirements.

CONCLUSION

Moderately effective.

FACTORS IMPACTING CONCLUSION

- CI collected and entered into MiAIMS all information required by State law and MDHHS policy for 100% of the complaints reviewed.
- CI's initial assignment decisions were reasonably timely, occurring within 2 hours, on average, for the complaints reviewed.
- CI generally forwarded all APS complaints to local offices for investigation, as appropriate.
- CI appropriately assigned 92% of APS complaints for investigation.
- MDHHS's policies for documenting and assigning APS complaints generally aligned with statutory requirements and ACL Guidelines.
- The material condition* related to deficiencies in reporting actual or suspected criminal activity to law enforcement (Finding 1).

* See glossary at end of report for definition.

- Three reportable conditions* related to needed improvements in:
 - Assigning APS complaints for investigation (Finding 2).
 - Monitoring of APS complaint calls (Finding 3).
 - Tracking and reconciliation processes for APS complaints (Finding 4).
- One observation* related to determining vulnerability of adults for APS complaints (Observation 1).

* See glossary at end of report for definition.

FINDING 1

Improved reporting to law enforcement is needed for complaints alleging criminal activity.

MDHHS did not report to law enforcement 27% of the complaints reviewed alleging criminal activity.

MDHHS informed us that it believes the law is ambiguous and subjective; however, we disagree and contend that MDHHS's policy supports the law's language.

MDHHS did not always appropriately report APS complaints to law enforcement when actual or suspected criminal activity was alleged in the complaint. Appropriate reporting allows law enforcement to conduct a criminal investigation, if necessary, and pursue prosecution of crimes when warranted.

State law requires MDHHS to report to a police agency any criminal activity it believes to be occurring upon receipt of the APS complaint. In addition, MDHHS policy requires CI and APS staff report any actual criminal activity or any criminal activity it believes to be occurring, such as spouse abuse, domestic violence, other physical abuse, financial exploitation, and intentional neglect, to the appropriate law enforcement agency.

We reviewed 37 APS complaints with alleged criminal activity and noted neither CI nor APS staff reported 10 (27%) to law enforcement upon receipt of the complaint and/or during the open APS investigation, including:

- 7 complaints alleging financial exploitation.
- 2 complaints alleging physical abuse.
- 1 complaint alleging sexual abuse.

Examples of APS Complaints Alleging Criminal Activity Not Reported to Law Enforcement

A complainant asserted an adult's fiancé was writing bad checks and funds were also suspiciously withdrawn from the adult's bank account. In another complaint, the complainant asserted an adult was sexually abused while under the influence of medication.

MDHHS indicated it believes the law is ambiguous and subjective, leading to various interpretations of how the police agency reporting requirement should be applied, by whom, and at what point in the APS process. We disagree and contend the law's language clearly indicates MDHHS is to involve the police agency upon receipt of the complaint when criminal activity is suspected. Further, clarification provided in MDHHS policy clearly states CI and APS staff must immediately involve law enforcement agencies to report any actual criminal activity or any criminal activity they believe to be occurring.

We noted a similar condition in our 2014 performance audit* of APS (431-2601-13). In response, MDHHS stated it agreed in part with the finding and would implement measures to comply with our recommendation.

We consider this finding to be a material condition because of the considerable exception rate and the potential risk to the safety

* See glossary at end of report for definition.

and well-being of adults when instances of actual or suspected criminal activity are not reported to law enforcement.

RECOMMENDATIONS

We again recommend that MDHHS appropriately report APS complaints to law enforcement when actual or suspected criminal activity is alleged in the complaint.

We also recommend that MDHHS seek legislative clarification to validate its interpretation of, and compliance with, the Social Welfare Act, Section 400.11a(5) of the *Michigan Compiled Laws*.

**AGENCY
PRELIMINARY
RESPONSE**

MDHHS provided us with the following response:

MDHHS agrees.

MDHHS will conduct further review of the APS statute and policy to ensure that Centralized Intake (CI) and Adult Protective Services (APS) are referring reports of suspected criminal activity to law enforcement when necessary. The MCL language requires MDHHS to report any criminal activity it believes to be occurring to a police agency upon receipt of the oral report. Oral reports are allegations which are often incomplete or inaccurate, therefore, APS should do some verification activities to determine if MDHHS believes criminal activity is actually occurring prior to referral to a police agency. However, MDHHS agrees that a legislative clarification is necessary. Completing some verification of activities prior to referral enables APS to maintain the integrity of information provided and to work collaboratively with law enforcement during investigations. MDHHS has sought legal guidance on MCL 400.11b(5), once this clarification is received, MDHHS will determine the best course of action to ensure suspected criminal activity is reported to law enforcement when necessary.

The OAG example paraphrases their interpretation of the information from the original case format for greatest impact within the report, which when taken out of context or not read in its entirety within the case record can cause information to be misconstrued. MDHHS believes providing additional personal details in this response could compromise the identity of the adult in the APS investigation and/or the referral source.

**AUDITOR'S
COMMENTS TO
AGENCY
PRELIMINARY
RESPONSE***

The case examples within the finding are intended to provide readers with context regarding the types of situations that warrant referral to law enforcement. They are factual, brief, and actual circumstances, as documented in MDHHS's case records. No interpretation was needed on our part. Clearly, our examples are not selected "for the greatest impact." However, they are impactful because of the seriousness of the issue at hand and the potential ramifications if not handled appropriately.

* See glossary at end of report for definition.

Upon receipt of the agency preliminary response, we reexamined MDHHS's case file documentation for each illustrative example and reaffirmed the language used appropriately and sufficiently depicts the circumstances of the case that are relevant to the finding without the need for additional case information.

Therefore, our finding and recommendations remain unchanged.

FINDING 2

Improvement is needed to help ensure complaints of adult abuse, neglect, and/or exploitation are consistently assigned for an APS investigation when required or warranted.

CI did not assign 8% of the complaints reviewed for an APS investigation although the documented complaint information indicated an APS investigation was likely required and/or sufficient justification to warrant an investigation existed.

CI sometimes did not assign complaints for an APS investigation when required and/or when sufficient justification to warrant an investigation existed within the complaint information.

Appropriate assignment of complaints for investigation helps MDHHS ensure vulnerable adults who are at risk of abuse, neglect, and/or exploitation are timely assessed, provided protective services, and connected with community resources, when appropriate.

State law and MDHHS policy provide guidance regarding when an APS investigation is required to be conducted and/or whether there is sufficient justification to warrant an APS investigation.

We reviewed documentation for a sample of 235 complaints and determined CI denied 19 (8%) for an APS investigation when the complaint information indicated an investigation may have been required and/or sufficient justification to warrant an investigation existed. We noted MDHHS denied:

- 8 primarily because MDHHS concluded the adult subjects of the complaints had not been harmed or were not at risk of being harmed. Conversely, MDHHS's complaint documentation contained information indicating the adults associated with these complaints were harmed or at risk of harm from abuse, neglect, and/or exploitation.

Example of APS Complaint Inappropriately Denied Due to Lack of Harm

A complainant asserted an adult with dementia and various physical disabilities had been emotionally abused and financially exploited by their guardian*. The adult was being discharged from a rehabilitation facility and returning to the home where they resided with the guardian. The complainant asserted the adult feared returning to the residence. Based on the information documented in the complaint, we determined a reasonable belief existed that the adult was vulnerable because of the reported medical conditions and at risk because of the alleged emotional abuse and financial exploitation.

MDHHS policy affirms sufficient justification to warrant assignment of an investigation includes the subject of the complaint being an adult at risk of harm from abuse, neglect, and/or exploitation and a reasonable belief the person is vulnerable and in need of protective services.

- 6 primarily because MDHHS had reported the complaint to law enforcement for investigation of alleged criminal activities. Although MDHHS appropriately reported these to law enforcement, it did not complete any initial inquiries or other investigative activities to support APS services were not needed by the adult subjects of the complaints.

* See glossary at end of report for definition.

Example of APS Complaint Inappropriately Denied Due to a Report to Law Enforcement

A complainant asserted an autistic and cognitively impaired adult had been sexually abused by their teaching assistant's spouse and the adult was currently staying at the same hotel as the alleged perpetrator. Upon receipt of the complaint, APS appropriately reported the allegations to law enforcement but denied the complaint for an APS investigation, and it did not perform any initial inquiries or other activities to help determine the adult's need for APS services.

State law mandates MDHHS investigate complaints of abuse, neglect, and/or exploitation of vulnerable adults and does not waive this mandate when MDHHS reports a complaint to law enforcement for possible investigation of criminal activities.

- 5 which otherwise met the criteria for assignment of an investigation, primarily because APS had conducted a prior investigation of the reported allegations and/or because the adult had refused APS services in a prior investigation.

For these 5 complaints, we noted, on average, about 4 months had elapsed since APS had investigated the allegations, and APS caseworkers had substantiated* the allegations for 4 (80%) of the complaints during prior APS investigations. Consequently, these adults' circumstances may have changed and/or the previous APS interventions may not have alleviated their needs on a long-term basis.

Example of APS Complaint Inappropriately Denied Due to a Prior APS Investigation

A complainant asserted an adult with dementia had been verbally abused and financially exploited by their children. The complainant also asserted the adult resided alone against medical advice.

MDHHS policy indicates when a complaint contains allegations that have been previously investigated by APS, CI must review the complaint to determine whether a new investigation is warranted. The policy also states reasons for assignment of an investigation in these instances may include that the adult's circumstances may have changed and/or a previous intervention did not alleviate the adult's needs on a long-term basis. State law does not indicate complaints may be denied based on prior APS investigations of the reported allegations or the adult's

* See glossary at end of report for definition.

prior refusal of APS services when the adult otherwise meets the criteria for assignment.

We also reviewed two additional complaints that came to our attention ancillary to our sampled complaints, in which the alleged perpetrators were MDHHS employees. CI concluded neither of these complaints related to adult abuse, neglect, and/or exploitation, and they were solely related to MDHHS employee job performance issues. In both instances, CI forwarded the information to the applicable MDHHS local office management for consideration and did not assign the complaint for an APS investigation. We reviewed the available information for these two complaints and determined one likely met the criteria for assignment of an APS investigation pertaining to sexual abuse, and it was unclear whether the other complaint met the assignment criteria for an APS investigation. We were unable to determine the total number of similar complaints CI received during the audit period because of MDHHS's documentation practices for complaints it determines are solely related to MDHHS employee job performance issues.

MDHHS informed us the noted deficiencies were due to CI's inconsistent interpretation of APS policy.

We noted a similar condition in our 2014 performance audit of APS (431-2601-13). In response, MDHHS stated it agreed in part with the finding and would implement measures to comply with our recommendation.

RECOMMENDATION

We again recommend that CI assign all complaints for investigation when required and/or when sufficient justification to warrant an investigation exists within the complaint information.

AGENCY PRELIMINARY RESPONSE

MDHHS provided us with the following response:

MDHHS disagrees.

During the audit MDHHS completed an in-depth analysis on the nineteen cases identified by the OAG. MDHHS continues to believe that department policy and law did not allow for assignment in the majority of the specific cases cited by the OAG.

MDHHS agrees there are always opportunities for improvements in its processes for assigning complaints for investigation when sufficient evidence exists to warrant assignment based on department policies and governing laws. MDHHS takes its responsibility to protect vulnerable adults seriously and trains its staff on State law and MDHHS policy regarding when an APS investigation is required to be conducted and/or whether there is sufficient justification to warrant an APS investigation. Even with this training the centralized intake/referral process is very subjective and makes it difficult for someone with no training or experience in centralized intake to appropriately determine when

someone should and should not be referred for adult protective services.

The OAG examples paraphrase their interpretation of the information from the original case format for greatest impact within the report, which when taken out of context or not read in its entirety within the case record can cause information to be misconstrued. MDHHS believes providing additional personal details in this response could compromise the identity of the adult in the APS investigation and/or the referral source.

MDHHS does not agree that the 2 additional complaints involving MDHHS employees as alleged perpetrators met the criteria for APS assignment. CI staff added these additional complaints in error as these were not CI complaints warranting APS referral but were concerns regarding MDHHS staff performance that should have been sent to the local MDHHS office. For the one case noted, the case did not meet the definition of a vulnerable adult. Although MDHHS is sensitive to mental illness as a potential contributing factor to vulnerability, the auditors assumed that all individuals with a mental illness are vulnerable. A mental illness does not automatically make the individual vulnerable. Since the case involved a worker within another DHHS program the case was referred appropriately to the local office. CI appropriately forwarded the complaints to the applicable MDHHS local office management for further review and action if necessary. When complaints involving MDHHS employees as the alleged perpetrator meet the criteria for APS assignment, the process MDHHS follows is to assign the complaint, mark the case as confidential, and refer the case to a different county for investigation. This process ensures the investigation is completed by an impartial staff person. During the audit period, MDHHS identified additional assigned cases that included employees of MDHHS as alleged perpetrators, and these cases were all appropriately marked as confidential and referred to a different county for investigation.

MDHHS has implemented annual refresher training for CI staff on APS assignments. The first of these annual trainings occurred from July 26,2021 through August 2021 for all CI staff and supervisors. In addition, CI lead specialists have received the formal APS training material and will provide APS training to all newly hired CI employees.

**AUDITOR'S
COMMENTS TO
AGENCY
PRELIMINARY
RESPONSE**

Our evaluation of documentation for the 19 cases cited, compared to laws and MDHHS policy, supported the conclusion an investigation was not only allowed, but required or it was highly likely one should be initiated. Further, our Office's operating practice is to provide all auditees with supporting evidence for each exception and extending opportunities to provide any additional information available for our review and consideration. For these 19 cases, MDHHS agreed with our conclusions in some instances and in others, it did not or could not provide persuasive information that would cause us to change our conclusion.

The case examples within the finding are intended to provide readers with context regarding the types of situations in which APS complaints were, or may have been, inappropriately denied for an investigation. They are factual, brief, and actual circumstances, as documented in MDHHS's case records. No interpretation was needed on our part. Clearly, our examples are not selected "for the greatest impact." However, they are impactful because of the seriousness of the issue at hand and the potential ramifications if not handled appropriately.

Upon receipt of the agency preliminary response, we reexamined MDHHS's case file documentation for each illustrative example and reaffirmed the language used appropriately and sufficiently depicts the circumstances of the case that are relevant to the finding without the need for additional case information.

Regarding MDHHS's disagreement related to the two complaints involving its employees, one complaint likely met the criteria for assignment because the documentation provided indicated the adult was vulnerable and alleged sexual abuse by the MDHHS employee. MDHHS incorrectly asserts that the OAG assumes all individuals with a mental illness are vulnerable. Instead, we relied on State law and MDHHS policy for guidance in determining whether documentation supported an APS investigation was required and/or sufficient justification existed to warrant an APS investigation. For the second, we stated it was "unclear" if assignment criteria were met because MDHHS retained limited documentation.

Therefore, our finding and recommendation remain unchanged.

FINDING 3

Improved monitoring of APS complaint calls is needed.

CI needs to improve its monitoring of calls alleging adult abuse, neglect, and/or exploitation. Improvement would increase MDHHS's assurance that CI intake specialists are consistently collecting the information necessary to make appropriate assignment and/or referral decisions and help MDHHS identify trends in deficiencies and training needs.

CI's quality assurance goal is collection of information from the complaint source be detailed and thorough to ensure accurate decision-making. CI conducted call monitoring to evaluate the interaction between the CI intake specialist and the complaint source to measure performance with this goal.

We noted:

MDHHS discontinued its call monitoring in September 2019.

- a. CI discontinued call monitoring as of September 30, 2019. Between October 1, 2019 and March 12, 2020, CI received approximately 23,000 APS complaints that were not subject to call monitoring.

MDHHS informed us it discontinued its call monitoring to reevaluate its process.

CI monitored less than 1% of complaint calls received from October 1, 2017 through September 30, 2019.

- b. CI limited its call monitoring to less than 1% of calls received between October 1, 2017 and September 30, 2019, while noting deficiencies in the calls it monitored:

- (1) CI received approximately 97,000 APS complaints during this 24-month period and monitored 148 (0.15%) calls, which equates to approximately 1 APS call every 5 days.

- (2) Our review of 15 (10%) randomly sampled CI call monitoring evaluations noted CI identified the intake specialists did not:

- (a) Ask the caller for all required information for 13% of the call evaluations reviewed.

- (b) Accurately document information collected from the complaint source in MiAIMS for 7% of the evaluations reviewed.

Although MDHHS policy instructed CI supervisors to conduct meetings, counseling, or additional call monitoring of the individual CI specialists monitored, MDHHS had not established a policy requiring CI to monitor a minimum number of the complaint calls received to help MDHHS identify potential deficiency trends and training opportunities for CI intake specialists.

We noted a similar condition in our 2015 performance audit of the Protective Services Centralized Intake Unit (431-1287-14). In response, MDHHS stated it agreed with the finding and had implemented measures to comply.

RECOMMENDATION

We again recommend that CI improve its monitoring of calls alleging adult abuse, neglect, and/or exploitation.

**AGENCY
PRELIMINARY
RESPONSE**

MDHHS provided us with the following response:

MDHHS agrees.

Centralized Intake leadership has implemented a daily assigned and rejected intake peer review of random APS referrals. In September 2020, CI established a process where CI supervisors are assigned one APS referral daily for a quality assurance review (QAR). APS referrals make up 23% of the CI call volume. Currently, approximately 125 QARs are completed each week or 500 per month. A portion of these QARs will also be reviewed by second line management at CI.

The former system did not have the technology for call recording. This made it difficult for a supervisor to identify APS calls at the onset to conduct a comprehensive QAR while the call was taking place. New technology was implemented in December of 2020 which improved the functionality and quality assurance capabilities of CI's current phone system, including the ability for callers to distinguish the nature of their call, with the thought that supervisors may more easily identify APS calls to conduct a review. In addition, CI now has call recording and is now able to listen to recorded APS calls to monitor and identify deficiencies. CI has developed a process as of July 2021 that requires CI supervisors to live monitor or listen to a minimum number of recorded calls to help identify and correct any identified deficiencies. This is in conjunction with the daily APS quality assurance peer review to ensure APS referrals are being reviewed by both first- and second-line management.

FINDING 4

Improved tracking and reconciliation of APS complaints are needed.

CI needs to improve its tracking of the complaints received and establish a reconciliation process to help ensure all received complaints are addressed.

CI is responsible for the receipt, screening, and assignment of all complaints alleging adult abuse, neglect, and/or exploitation.

CI receives most complaints via telephone; however, CI also receives complaints via facsimiles, e-mails, and mail. CI specialists enter information from these complaint sources into MiAIMS for screening of the complaint and potential assignment to MDHHS local offices for investigation and/or referral to other agencies.

Although CI tracks all telephone calls exceeding 90 seconds in an internal tracking database, it had not established a process to reconcile call records with MiAIMS screening records to ensure all calls had been screened. In addition, CI had not developed a tracking mechanism and/or reconciliation process for its other complaint sources to help ensure CI had screened all complaints received from these sources.

MDHHS informed us it lacks the technological resources to track and reconcile all complaints it receives.

We noted a similar condition in our 2015 performance audit of the Protective Services Centralized Intake Unit (431-1287-14). In response, MDHHS stated it agreed with the finding and had implemented some measures to comply and was evaluating needed technological updates and available resources.

RECOMMENDATION

We again recommend that CI improve its tracking of the complaints received alleging adult abuse, neglect, and/or exploitation and establish a reconciliation process to help ensure all received complaints are addressed.

AGENCY PRELIMINARY RESPONSE

MDHHS provided us with the following response:

MDHHS agrees.

Although MDHHS believes that all received complaints were addressed, MDHHS does recognize that there is always room for improvement.

MDHHS determined it would be cost prohibitive to utilize the existing tool to address potential discrepancies, therefore, MDHHS chose to create both an interim and permanent solution. Beginning in January 2021 a daily manual query was pulled from the data warehouse to reconcile call records with APS screening records. As of September 2021, MiAIMS has a permanent report which CI pulls daily to reconcile call records with APS screening records.

OBSERVATION 1

Legislative clarification could help define MDHHS's responsibility for determining whether an adult is vulnerable.

Legislative clarification is needed to define MDHHS's responsibility for determining whether an adult is vulnerable when this information is not known by the complainant. Clarification would help MDHHS consistently meet its goal of ensuring adults in need of protection are living in a safe and stable situation.

The Social Welfare Act, Section 400.11 of the *Michigan Compiled Laws*:

- States an adult in need of protective services* is a vulnerable person not less than 18 years of age who is suspected of being or believed to be abused, neglected, or exploited.
- Defines vulnerable as "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."
- Indicates a reasonable belief on the part of the county department that the person is an adult in need of protective services is a sufficient basis for investigation.

MDHHS attempts to gather sufficient information from the complainant to determine whether an adult is vulnerable; however, the reporting source may not always possess the information necessary to make this determination and the Act does not define MDHHS's responsibility to establish a reasonable belief regarding the adult's vulnerability. Consequently, we noted MDHHS sometimes denied complaints for an APS investigation when the complainant could not provide information regarding the adult's vulnerability and took no further actions to help determine it and the need for protective services.

* See glossary at end of report for definition.

INVESTIGATION OF ASSIGNED APS COMPLAINTS

BACKGROUND

MDHHS's APS program is responsible for investigating allegations of abuse, neglect, and/or exploitation of vulnerable adults. State law and MDHHS policy provide the framework and requirements for APS investigations. During the APS investigation process, caseworkers are required to perform certain steps, as applicable, including but not limited to:

- Commencing the investigation within 24 hours of complaint receipt to assess the adult's degree of risk and determine the need for protective services.
- Conducting face-to-face interviews with the adult and alleged perpetrator.
- Completing risk assessments* to evaluate the adult's risk of harm.
- Making available the most appropriate and least restrictive protective services for the adult.
- Completing a plan of care* to monitor areas of concern and the status of services provided.

Based on the evidence obtained during the investigation, the APS caseworker determines whether the complaint will be substantiated or unsubstantiated*. Substantiated complaints indicate the subject of the complaint is an adult who is actually at risk of harm due to abuse, neglect, and/or exploitation and also is vulnerable. An unsubstantiated complaint indicates the subject of the complaint is an adult who is either not in danger of any harm or not vulnerable, or the complaint is one which is inappropriate for the APS program.

All APS investigations are directly overseen by an APS supervisor. The supervisor is responsible for reviewing the thoroughness, completeness, and accuracy of investigative activities. Supervisory review is required for APS investigations remaining open longer than 6 months and/or investigations indicating moderate or high risk in the risk assessment at case closure. APS supervisors are also required to review APS investigations through case reads under limited circumstances. Case reads are supervisory reviews conducted in MiAIMS meant to ensure:

- A comprehensive and complete investigation occurred.
- All allegations alleged at complaint, or discovered during the investigation, have been addressed appropriately.
- Service plan requirements have been completed.

* See glossary at end of report for definition.

- Appropriate services have been offered and/or provided.
- All steps possible have been taken to alleviate or reduce risk of harm and the adult is in a safe and stable environment.
- The investigation findings are supported.
- All other policy requirements have been met.

Between October 1, 2017 and March 12, 2020, MDHHS conducted investigations for approximately 70,000 assigned APS complaints.

AUDIT OBJECTIVE

To assess the effectiveness of MDHHS's efforts to appropriately investigate assigned complaints of adult abuse, neglect, and/or exploitation in accordance with applicable requirements.

CONCLUSION

Moderately effective.

FACTORS IMPACTING CONCLUSION

- In general, MDHHS appropriately completed investigative requirements, such as:
 - Conducting 72-hour face-to-face interviews with the adult.
 - Carrying out face-to-face interviews with the adult every 30 days.
 - Investigating all allegations reported on the complaint.
 - Preparing plans of care for adults.
- Payments for services provided to adults in conjunction with their APS investigation were generally allowable and provided in accordance with MDHHS policy.
- The material condition reported in Finding 1 related to needed improvement for appropriately reporting alleged criminal activity to law enforcement.
- Two material conditions related to needed improvements in:
 - Supervisory review of APS investigations (Finding 5).
 - Investigation commencement activities (Finding 6).

- Two reportable conditions related to:
 - Verifying and documenting APS services provided (Finding 7).
 - Conducting perpetrator interviews and/or documenting reasons why an interview was not conducted (Finding 8).
- Two observations related to structured decision-making for risk assessments and local investigative protocols (Observations 2 and 3).

FINDING 5

More consistent and effective supervisory review of APS investigations is needed.

MDHHS needs to improve its supervisory review of APS investigations. Doing so would help MDHHS ensure it consistently carries out APS investigations in compliance with policy requirements, identifies and corrects investigation deficiencies, and takes all steps possible to alleviate or reduce risk of harm and ensure the adult is in a safe and stable environment.

We used the following criteria to evaluate MDHHS's supervisory review of APS investigations:

- ACL Guidelines recommend APS systems create policies and protocols for supervisory case review at critical case junctures, including at case closure.
- MDHHS policy, which states an APS supervisor is required to:
 - Approve an APS investigation showing moderate or high risk in the risk assessment at the time the case is ready to close.
 - Conduct investigation case reads at a rate of 4 closed cases per worker per month.
 - Conduct case reads for all APS investigations that include, but are not limited to, cases involving the death of an adult and cases remaining open longer than 5 months.

Applying the above criteria, we noted:

- a. For 139 closed APS investigations, 37 (27%) were not reviewed and approved by an APS supervisor for closure.

ACL Guidelines recommend supervisory review of all APS investigation cases at closure. In April 2016, MDHHS implemented a policy requiring all APS investigation cases have a case read completed by the APS supervisor prior to closure. Subsequently, MDHHS informed us that in November 2017, it rescinded its policy and began requiring supervisory review and approval only for closed APS cases with moderate or high assessed risk and/or a supervisory case read in other limited circumstances (see parts b. and c.).

APS supervisors did not review and approve 27% of investigations at case closure.

- b. Of 37 closed investigations not reviewed by a supervisor at case closure, 14 (38%) were showing moderate or high risk in the risk assessment. Therefore, these investigation cases were required by existing MDHHS policy to be approved by the APS supervisor.

MDHHS informed us limited resources, supervisory oversight, and insufficient documentation contributed to the lack of required supervisory approvals.

Required case reads were not completed for 37% of investigations that were open beyond 5 months and 29% of investigations that were closed because of an adult's death.

- c. MDHHS had not completed the required APS investigation case reads for 328 (37%) of 890 APS investigations open longer than 5 months and 228 (29%) of 784 APS investigations reviewed that were closed because of an adult's death.

MDHHS management informed us it reviewed a quarterly case reading report for APS that indicated instances when required case reads had not been conducted; however, it did not routinely follow up to ensure the required case reads were ultimately completed.

Nearly 20% of the investigations supervisors reviewed contained unidentified errors related to appropriate reports to law enforcement, verification and documentation of services provided, and/or interviews with alleged perpetrators (see Findings 1, 7, and 8).

- d. Of the 124 investigations we reviewed that either had received supervisory approval to close the investigation or had a case read completed by APS supervisors, 23 (19%) contained errors that were not identified and/or corrected and related to the issues reported in Findings 1, 7, and 8.

MDHHS informed us APS supervisor resource limitations likely contributed to these deficiencies. In addition, MDHHS indicated lack of documentation requirements and varying interpretations of ambiguous statute and policy cited in Findings 1 and 8, respectively, led to some of the uncorrected deficiencies, while supervisory oversights and insufficient documentation contributed to others.

We noted similar conditions in our 2014 performance audit of APS (431-2601-13) and in our corresponding 2016 follow-up report (431-2601-13F). In response, MDHHS stated it agreed and would implement measures to comply with our recommendations.

We consider this finding to be a material condition because of:

- The critical role supervisory reviews serve to help ensure APS investigations are comprehensive and complete, all steps possible have been taken to alleviate or reduce risk of harm, and the adult is in a safe and stable environment.

- The pervasive and ongoing nature of the issues we noted and over an extended period.
- The considerable error rates noted.

RECOMMENDATION

We recommend that MDHHS improve its supervisory review of APS investigations.

**AGENCY
PRELIMINARY
RESPONSE**

MDHHS provided us with the following response:

MDHHS agrees.

MDHHS has reviewed policy and identified necessary improvements, some of which have already been implemented. MDHHS will continue to follow ASM 230, which requires management review of the Adult Services Death Report form for all client deaths. As of March 2021, a monthly report is used to monitor that there is an Adult Services Death Report for all APS client deaths which is reviewed by supervision. MDHHS will continue to follow ASM 205 which requires supervisory approval for cases showing moderate or high risk in the risk assessment at the time of case closing. Case monitoring tools will be used to monitor that moderate and high cases are reviewed upon closure, corrections identified in case reads are completed or reasons documented, and supervisors are following monthly case read requirements. The system will be updated in March 2022, to fix a defect that prevented some case reads from being corrected. MDHHS will continue to review identified areas of policy from this audit with supervisory staff to ensure understanding of policy requirements.

FINDING 6

Improvements are needed in APS investigation commencement activities.

MDHHS did not timely or appropriately commence over 20% of APS investigations reviewed.

MDHHS did not always commence APS investigations timely or obtain necessary information, as required by State law.

State law requires MDHHS to commence an investigation within 24 hours after receiving a complaint to determine whether the person suspected of being or believed to be abused, neglected, or exploited is an adult in need of protective services. To comply with the law, MDHHS policy requires, for all assigned APS investigation cases, one contact be made within 24 hours by telephone or in-person with either the adult or a collateral contact* to determine the adult's need for protective services and assess their degree of risk.

We reviewed MDHHS's commencement activities for 142 sampled APS investigation cases. MDHHS did not timely and appropriately commence 32 (23%) of the cases reviewed within the required 24-hour time frame. We noted:

- For 7, no investigation activities were initiated within 24 hours. APS did not begin these investigations until, on average, more than 3 days after MDHHS received the complaints.

Example of APS Complaint Not Commenced Within 24 Hours

MDHHS received a complaint alleging a physically disabled adult no longer had a caretaker to provide assistance with activities of daily living such as toileting and food preparation. No investigation commencement activities occurred until approximately 2.5 days after the complaint was received, when an APS caseworker conducted an in-person interview with the adult at their residence.

MDHHS informed us there was a breakdown in internal processes which impacted timely referral to aid in the completion of 24-hour contacts.

- For 25, MDHHS did not obtain sufficient information to determine the adult's need for protective services and degree of risk within 24 hours. In these instances, APS obtained the information, on average, approximately 3.7 days after MDHHS received the complaints.

* See glossary at end of report for definition.

Example of APS Complaint Commencement That Did Not Determine the Adult's Need for Protective Services or Degree of Risk

MDHHS received a complaint alleging a cognitively impaired and physically disabled adult had a significant plumbing issue within their home and may not be receiving necessary medical care. To commence this investigation, APS contacted the referral source and central dispatch*. The referral source confirmed the allegations and central dispatch indicated it had no record of any recent contact with anyone at the adult's address. APS's next actions occurred approximately two days later, when it conducted an in-person interview with the adult.

Although MDHHS's APS investigation commencement policy specified contact with the referral source does not meet the 24-hour requirement, policy did not provide additional guidance regarding collateral contacts or steps APS caseworkers should take to ensure the adult's risks and need for protective services are appropriately assessed.

We noted a similar condition in our 2014 performance audit of APS (431-2601-13) and in our corresponding 2016 follow-up report (431-2601-13F). In response, MDHHS stated it agreed with the finding and had or would implement measures to comply with our recommendation.

We consider this finding to be a material condition because of the:

- Substantial exception rate noted and the ongoing nature of this issue over an extended period.
- Significance of timely and appropriate commencement to assess an adult's degree of risk and determine their need for protective services.
- Importance of MDHHS complying with State laws designed to protect vulnerable adults.

RECOMMENDATION

We recommend that MDHHS commence APS investigations within 24 hours and obtain the information necessary to determine the need for protective services and the degree of risk to adults, as required.

**AGENCY
PRELIMINARY
RESPONSE**

MDHHS provided us with the following response:

MDHHS agrees.

* See glossary at end of report for definition.

MDHHS Adult Protective Services (APS), in coordination with Centralized Intake (CI), will review the APS referral assignment process and identify areas of improvement to ensure referrals are assigned timely.

MDHHS will clarify Adult Services Manual (ASM) 205 to state the 24 hour collateral contact must include sufficient information to determine the client's needs and/or risk level as it pertains to the allegation(s).

MDHHS provided staff with a mandatory refresher webinar for 24 hour collateral contacts on July 21, 2021, which was recorded and is available on the APS Home Page. A job aide was created along with a question and answer document from the webinar that has also been posted on the APS Home Page.

In addition, as of September 1, 2021, a 24-hour collateral contact question addressing quality was added to the Adult Protective Services case read requirement for supervisors. Responses to this case read question are pulled monthly beginning in October 2021 to review the compliance rate and identify trends. This report is shared with the managers for review and follow up.

The OAG examples paraphrase their interpretation of the information from the original case format for greatest impact within the report, which when taken out of context or not read in its entirety within the case record can cause information to be misconstrued. MDHHS believes providing additional personal details in this response could compromise the identity of the adult in the APS investigation and/or the referral source.

**AUDITOR'S
COMMENTS TO
AGENCY
PRELIMINARY
RESPONSE**

The case examples within the finding are intended to provide readers with context regarding the types of situations when APS investigations were not commenced timely, or necessary information was not obtained. They are factual, brief, and actual circumstances, as documented in MDHHS's case records. No interpretation was needed on our part. Clearly, our examples are not selected "for the greatest impact." However, they are impactful because of the seriousness of the issues at hand and the potential ramifications if not handled appropriately.

Upon receipt of the agency preliminary response, we reexamined MDHHS's case file documentation for each illustrative example and reaffirmed the language used appropriately and sufficiently depicts the circumstances of the case that are relevant to the finding without the need for additional case information.

Therefore, our finding and recommendation remain unchanged.

FINDING 7

Verification and documentation of services provided are needed prior to closing APS investigations.

MDHHS needs to ensure APS caseworkers verify and document the available services referred for an adult have been provided prior to closing an investigation. Doing so would increase MDHHS's assurance that adults in fact received the services intended to improve client safety, reduce the risk of future maltreatment, and/or improve the adult's quality of life.

MDHHS policy states an APS investigation can be closed only when "any available services referred have been verified as having been provided" to the adult. Further, MDHHS APS core training provided to all APS caseworkers instructs caseworkers must verify and document that services initiated were provided to the adult, how the provision of services was verified, and explicitly states it is only acceptable to see the service or item has been provided.

We reviewed MDHHS's documentation for 91 closed APS investigations with services referred for adults. MDHHS did not verify and/or document the referred services were provided for 8 (9%) of the closed investigations. The services referred for these 8 investigations included trash removal, home repair, substance abuse counseling, mental health services, nursing home placement, in-home care, meal delivery, and local area agency on aging services.

Example of APS Investigation Without Verification of Services Provided

A complainant asserted an adult with various physical disabilities was being harassed by their former spouse and family resulting in the adult's hospitalization. Through various interviews, APS learned the adult required assistance with receiving food and needed a referral to a mental health program. While the casefile documentation indicated APS took steps to initiate a food delivery service and provide a referral to the mental health program, the investigation was closed without confirmation the adult had received these services.

MDHHS informed us, in some instances, it was not feasible or efficient to verify services were provided to the adult and, for others, it believed it was the responsibility of the adult's caretaker to verify services were provided. However, this rationale was not documented in the APS investigation case files we reviewed and does not align with MDHHS policy requirements regarding service provision verification.

RECOMMENDATION

We recommend that MDHHS ensure APS caseworkers verify and document available services referred for an adult have been provided prior to closing an investigation.

**AGENCY
PRELIMINARY
RESPONSE**

MDHHS provided us with the following response:

MDHHS agrees.

MDHHS has identified and corrected the inconsistency between policy and core training regarding verification of provision and documentation of services initiated during an APS investigation. An Adult Services Notification (ASN) will be issued in January 2022 to clarify policy requirements related to verification of provision of services. A presentation will be given statewide in February 2022 to APS workers and supervisors to discuss policy requirements when verifying provision of services.

The OAG example paraphrases their interpretation of the information from the original case format for greatest impact within the report, which when taken out of context or not read in its entirety within the case record can cause information to be misconstrued. MDHHS believes providing additional personal details in this response could compromise the identity of the adult in the APS investigation and/or the referral source.

**AUDITOR'S
COMMENTS TO
AGENCY
PRELIMINARY
RESPONSE**

The case example within the finding is intended to provide readers with context regarding types of situations without verification and/or documentation that APS services were provided. It is a factual, brief, and actual circumstance, as documented in MDHHS's case record. No interpretation was needed on our part. Clearly, our example was not selected "for the greatest impact." However, it is impactful because of the seriousness of the issue at hand and the potential ramifications if not handled appropriately.

Upon receipt of the agency preliminary response, we reexamined MDHHS's case file documentation for each illustrative example and reaffirmed the language used appropriately and sufficiently depicts the circumstances of the case that are relevant to the finding without the need for additional case information.

Therefore, our finding and recommendation remain unchanged.

FINDING 8

Improvement is needed to ensure MDHHS interviews alleged perpetrator(s), when required, and/or properly documents the reason(s) an interview was not conducted.

APS caseworkers did not interview alleged perpetrator(s) or document why an interview was not conducted for 14% of investigations reviewed.

MDHHS needs to conduct interviews of the alleged perpetrator(s), when required for an APS investigation. MDHHS also needs to improve its documentation of the reason(s) why an alleged perpetrator(s) was not interviewed, when applicable. Doing so would help ensure APS caseworkers are consistently collecting and documenting relevant information to form and support conclusions regarding maltreatment of the vulnerable adult and the appropriate APS interventions offered to reduce the risk of harm.

MDHHS policy states the APS caseworker must interview the alleged perpetrator(s) during an APS investigation unless:

- The alleged perpetrator is unknown.
- Law enforcement requests MDHHS not interview the alleged perpetrator.
- There is reason to believe it will increase risk of harm to the vulnerable adult or create a caseworker safety issue.

ACL Guidelines recommend that APS caseworkers should interview alleged perpetrators as a means to gather information to determine whether maltreatment has occurred.

We reviewed MDHHS's perpetrator interview documentation for 83 selected APS investigations with reported alleged perpetrators. The APS caseworker did not conduct an interview of the alleged perpetrator(s) nor document the reason(s) why an interview was not conducted for 12 (14%) of the 83 selected APS investigations.

Example of APS Investigation Without All Perpetrator Interviews Conducted

A complainant asserted an adult under hospice care because of cancer was being neglected and having their pain management medications stolen. During the investigation, APS did not discuss the allegations with one of the alleged perpetrators nor document the reason why this interview did not occur.

MDHHS policy does not require APS caseworkers to document instances when an alleged perpetrator is not interviewed and/or the reason(s) why.

RECOMMENDATIONS

We recommend that MDHHS conduct interviews of the alleged perpetrator(s), when required for an APS investigation.

We also recommend that MDHHS improve its documentation of the reason(s) why an alleged perpetrator(s) was not interviewed, when applicable.

**AGENCY
PRELIMINARY
RESPONSE**

MDHHS provided us with the following response:

MDHHS agrees.

Interviews with alleged perpetrators should be conducted and that if an interview is not conducted, the reason should be documented. It is the APS workers responsibility to determine who the alleged perpetrator(s) are during the investigation. After the APS worker has determined who the alleged perpetrator (s) are, interviews are conducted, and the information is documented in MiAIMS.

MDHHS acknowledges that the Adult Services Manual (ASM) 205 needs to be updated to include a new procedure for documentation of alleged perpetrator interviews and a MiAIMS update. As of October 1, 2021, MiAIMS will prevent an APS investigation to be closed with a listed perpetrator without providing information in the Perpetrator Detail screen.

APS workers are required to list and document all alleged perpetrators as well as include comments in the Overall Perpetrator Comment box. Information to be documented includes: a summary to rule out the alleged person(s) as a perpetrator, the date of the alleged perpetrator(s) interview located in the case contact section, and the policy exception from ASM 205 if the alleged perpetrator is not interviewed. If the exception to not interview the alleged perpetrator is at the request of law enforcement, the department name and date of contact must also be included in the Overall Perpetrator Comment box as well as a corresponding contact in the Case Contact section.

An Adult Services Notification (ASN) was issued on October 1, 2021, ASN 2022-01. MDHHS will develop a case monitoring tool to monitor compliance with documentation.

The OAG example paraphrases their interpretation of the information from the original case format for greatest impact within the report, which when taken out of context or not read in its entirety within the case record can cause information to be misconstrued. MDHHS believes providing additional personal details in this response could compromise the identity of the adult in the APS investigation and/or the referral source.

**AUDITOR'S
COMMENTS TO
AGENCY
PRELIMINARY
RESPONSE**

The case example within the finding is intended to provide readers with context regarding the types of situations when not all perpetrators were interviewed and/or the interviews were not documented. It is a factual, brief, and actual circumstance, as documented in MDHHS's case record. No interpretation was needed on our part. Clearly, our example was not selected "for the greatest impact." However, it is impactful because of the seriousness of the issue at hand and the potential ramifications if not handled appropriately.

Upon receipt of the agency preliminary response, we reexamined MDHHS's case file documentation for each illustrative example and reaffirmed the language used appropriately and sufficiently depicts the circumstances of the case that are relevant to the finding without the need for additional case information.

Therefore, our finding and recommendations remain unchanged.

OBSERVATION 2

Use of a structured decision-making approach for APS risk assessments could help foster improvements in APS activities.

MDHHS should consider implementation of structured decision-making (SDM) for APS risk assessments. Risk assessments are key in assisting APS caseworkers with accurately determining an adult's risk of harm and effectively directing services and resources toward the adult's needs. SDM utilizes clearly defined and consistently applied decision-making criteria for identifying immediate threatened harm and estimating the risk of future abuse and neglect.

ACL Guidelines recommend APS systems create and apply systematic assessment methods to conduct and complete risk assessments that include evaluating the vulnerable adult's strengths and weaknesses. Further, a research study completed on a California county APS program determined SDM is an essential tool to assist caseworkers in accurately determining the severity and risk of abuse and the appropriate steps to take to work with APS clients most effectively.

In compliance with Michigan's Child Protection Law, MDHHS is required to use SDM tools for its Children's Protective Services (CPS) risk assessments to help promote consistent, reliable, and valid decisions from worker to worker and office to office. However, no similar statutory provision exists requiring an SDM approach for APS risk assessments, nor has MDHHS implemented such an approach.

We examined completed risk assessments for 133 APS complaints and determined that information in MDHHS's casefile documentation for 36 (27%) of the complaints may have indicated a different level of risk than what the APS caseworker judgmentally scored on the assessments based on their interpretation of the adult's situation.

We believe implementation of an SDM approach for APS risk assessments could foster improvement in MDHHS's APS activities.

OBSERVATION 3

Increased implementation of local adult abuse, neglect, and/or exploitation investigation model protocols could foster improvements in Michigan's APS activities.

The Social Welfare Act, Section 400.11(b) of the *Michigan Compiled Laws*, requires MDHHS, the Michigan Department of State Police, the Department of Attorney General, and a long-term care representative to develop a model protocol for investigating vulnerable adult abuse, neglect, and exploitation. In response, the Michigan Model Vulnerable Adult Protocol (MI-MVP) was developed. In 2021, the MI-MVP was replaced with the Michigan Vulnerable Adult Teams (Mi-VAT) Investigative Protocol and the Michigan Model Enhanced Multidisciplinary Teams (E-MDT) Community Engagement Protocol. The primary focus of the model protocol is to ensure coordination and collaboration of agencies to investigate, intervene, prosecute, and prevent abuse, neglect, and financial exploitation of older and vulnerable adults. These model protocols were developed following the approach proven for decades in child protection programs to improve case outcomes.

State Law requires each county, the prosecuting attorney, and MDHHS to *adopt and implement* standard child abuse and neglect investigation protocols. However, although State law required the *development* of the State model protocols for vulnerable adult abuse cases, it did not require *adoption* at the local level.

To help assess the implementation of the model protocols at the local level, we requested and reviewed protocols for 8 judgmentally selected Michigan counties. We noted 6 (75%) counties had not implemented an adult abuse, neglect, and exploitation protocol, and the remaining 2 (25%) had protocols that did not address the involvement of all recommended professionals, such as disability providers and financial institutions.

We believe consistent implementation of adult abuse, neglect, and/or exploitation investigation model protocols at the local level could foster improvements in the State's efforts to investigate, intervene, prosecute, and prevent abuse, neglect, and financial exploitation of older and vulnerable adults.

TRAINING FOR THE ASSIGNMENT AND INVESTIGATION OF APS COMPLAINTS

BACKGROUND

ACL Guidelines state structured, comprehensive, and standardized training promotes skillful, culturally competent, and consistent APS practice. Also, these guidelines indicate it is in the best interest of clients that APS caseworkers receive initial and on-the-job training in core competencies of their challenging jobs, and more educational preparation and longer training sessions lead to more staff effectiveness. Further, ACL Guidelines recommend APS supervisors be qualified by training to deliver their APS responsibilities. As such, ACL Guidelines provide recommendations to assist states in developing efficient, effective APS systems and specifically provide recommendations related to APS supervisor and caseworker training.

MDHHS policy outlines training requirements for APS supervisors and caseworkers related to the assignment and investigation of APS complaints. Specifically:

- APS supervisors and caseworkers must complete APS core training within the first 12 months of employment in APS. APS core training is a one-week course designed to address all competencies required to successfully administer an APS investigation.
- APS supervisors and caseworkers that have been employed in APS for 12 months or more must complete a minimum of 8 hours of in-service training each calendar year.

AUDIT OBJECTIVE

To assess the sufficiency of MDHHS's efforts to provide appropriate training for the assignment and investigation of APS complaints in accordance with applicable requirements.

CONCLUSION

Not sufficient for CI staff.

Sufficient, with exceptions, for APS supervisors and caseworkers.

FACTORS IMPACTING CONCLUSION

- 97% of APS supervisors and caseworkers reviewed completed MDHHS's required APS core training.
- Newly hired APS caseworkers completed APS core training in a timely manner, with training completion averaging 23 days from hire date for the 9 selected caseworkers reviewed.

- 100% of APS supervisors reviewed completed all of MDHHS's required annual in-service training hours.
- 96% of APS caseworkers reviewed completed some advanced or specialized training as recommended by ACL Guidelines.
- Material condition related to establishing requirements and consistently providing CI supervisors and intake specialists with APS training (Finding 9).
- Reportable condition related to strengthening training for APS supervisors and caseworkers and completion of required ongoing in-service training for APS caseworkers (Finding 10).

FINDING 9

Improvements are needed in MDHHS's APS training for CI supervisors and intake specialists.

MDHHS did not require, or consistently provide, APS training for CI supervisors and intake specialists. Establishing requirements and consistently providing CI staff with APS training would help ensure CI staff possess the necessary knowledge and skills to collect pertinent information from APS complainants and reach appropriate assignment and/or referral decisions for allegations received.

ACL Guidelines state structured, comprehensive, and standardized training promotes skillful, culturally competent, and consistent APS practice.

We reviewed MDHHS's APS training policy for CI staff and examined the training records for a random sample of 22 (9%) of the 238 CI supervisors and intake specialists that had processed APS complaints during the period October 1, 2017 through March 12, 2020. We noted:

- a. MDHHS has not established policy requiring CI supervisors and intake specialists adhere to similar APS program training requirements as those established for APS supervisors and caseworkers.

CI supervisors and intake specialists are responsible to carry out activities related to receiving, assigning, and referring complaints for both MDHHS's CPS and APS programs.

Accordingly, to help ensure CI staff have the broad overall knowledge and skills necessary to appropriately address CPS complaints, MDHHS has established policy that requires CI staff to adhere to training requirements similar to those established for its CPS supervisors and caseworkers. Specifically, MDHHS requires CI intake specialists complete a nine-week training course designed to prepare CI intake specialists for working with children and families and build knowledge and skills in CPS program specific policies and procedures. In addition, MDHHS requires CI supervisors complete an additional four-week training course targeted toward child welfare program policy, decision-making, and leadership.

On the contrary, MDHHS had no corresponding requirement for CI staff to complete APS program specific training similar to the one week required for APS supervisors and caseworkers targeted toward building APS program knowledge and skills. Consequently, the sampled CI staff we reviewed either had not been provided any or were provided with only limited training related to APS policy and/or complaint assignment decision-making (see part b.).

- b. MDHHS did not consistently provide CI supervisors and intake specialists with APS policy and assignment decision-making training. For the 22 CI staff reviewed, we determined:

MDHHS had not provided 41% of CI staff with training related to APS policy and assignment decisions.

- (1) MDHHS had not provided 9 (41%) with any training specifically related to APS policy and proper assignment decision-making:
 - o 8 had received only a one-time MiAIMS training session during its implementation in 2017. This training session primarily focused on instructing staff how to use the new MiAIMS to document APS complaints and assignment decisions.
 - o 1 had not received any APS-related training.
- (2) MDHHS had provided 13 (59%) with only limited training related to APS policy and assignment decisions. The training provided resulted in the completion of, on average, about 6 hours of APS specific training for these CI staff.

MDHHS informed us it did not require APS program specific training for CI supervisors and intake specialists because, unlike CPS, training is not mandated for the APS program.

We consider this finding to be a material condition because of the significant exception rate and the relative importance of appropriate complaint assignment decisions to the overall effectiveness of the APS program.

RECOMMENDATION

We recommend that MDHHS require, and consistently provide, APS training for CI supervisors and intake specialists.

AGENCY PRELIMINARY RESPONSE

MDHHS provided us with the following response:

MDHHS agrees.

Additional APS-specific training for Centralized Intake (CI) supervisors and intake specialists would be beneficial, and that training should be consistently documented for all staff.

CI will work with the Race, Equity, Diversity, and Inclusion (REDI), the APS program office, and CI managers to develop a more robust APS training, specific to the needs of CI supervisors and intake specialists. CI procedures will be updated accordingly to ensure that APS-specific training requirements for CI staff are outlined.

MDHHS recognizes the need for ongoing training and has implemented annual refresher training for CI staff on APS assignments. The first of these annual trainings occurred from July 26,2021 through August 2021 for all CI staff and supervisors. In addition, CI lead specialists have received the formal APS training material and provide APS training to all newly hired CI employees.

FINDING 10

Improvements are needed in MDHHS's training for APS supervisors and caseworkers.

MDHHS needs to strengthen its APS training program and ensure its APS caseworkers complete all required ongoing in-service training. Doing so would increase MDHHS's assurance that APS supervisors and caseworkers are appropriately equipped with the knowledge and skills necessary to direct and conduct investigations of alleged abuse, neglect, and/or exploitation of vulnerable adults.

MDHHS policy outlines the APS core and in-service training requirements for APS supervisors and caseworkers.

ACL Guidelines recommend:

- APS supervisors receive initial and ongoing training specific to their job responsibilities and the complex needs of APS clients and managing APS workers.
- APS workers complete training in 26 specified core competencies within the first 24 months of employment.

We reviewed MDHHS's Adult Services Manual training requirements, APS core training materials, ACL APS training guidelines, and MDHHS's training records for a random sample of 5 APS supervisors and 25 APS caseworkers selected from the population of APS supervisors and caseworkers assigned to APS investigations between October 1, 2017 and March 12, 2020. Although we noted 97% of the selected APS supervisors and caseworkers completed MDHHS's APS core training, we also noted:

- a. MDHHS should establish requirements for APS supervisors to participate in training specific to their supervisory responsibilities. Although MDHHS requires APS supervisors to complete APS core training, they are not required to complete additional training specifically related to their APS supervision responsibilities as a part of their initial or ongoing training.

APS supervisors provide a combination of case oversight, approval of key decisions, case direction, problem-solving, and support and encouragement to APS caseworkers. Accordingly, ACL Guidelines recommend all APS supervisors receive initial and ongoing training specific to their job responsibilities and new APS supervisors be trained on basic supervisory skills within the first year of assuming supervisory responsibilities, including topics such as understanding oneself as a supervisor, foundations of effective supervision, team building of APS professionals, and APS supervisor as a trainer.

We noted MDHHS had established policy requiring its CPS supervisors complete supervisory specific training, although it had not established a similar requirement for its APS supervisors.

MDHHS informed us it utilized on-the-job training, direct communication among new supervisors and their managers, and general training provided to new supervisors to educate APS supervisors.

- b. MDHHS should fully incorporate the competencies recommended by ACL Guidelines into its APS core training.

We compared MDHHS's January 2020 APS core training materials with the ACL Guidelines' 26 recommended core competencies. We noted MDHHS's training materials did not incorporate 2 of the core competencies recommended by ACL Guidelines and did not fully incorporate 3 other recommended core competencies.

MDHHS APS Core Training Materials

Did not incorporate the following core competencies:

1. APS ethical issues and dilemmas.
2. Emotional/psychological abuse.

Did not fully incorporate the following core competencies:

1. APS philosophy, values, and cultural competence.
2. Substance abuse.
3. Professional communication skills (written and verbal).

MDHHS did not incorporate emotional/psychological abuse into its core training materials; however, we noted that 15% of APS complaints reviewed included allegations of emotional abuse.

ACL Guidelines state it is in the best interest of clients for APS workers to receive initial and on-the-job training in the core competencies of their challenging jobs. For example, emotional/psychological abuse was a core competency training area recommended by ACL Guidelines; however, MDHHS did not incorporate this area into its core training materials, and we noted 22 (15%) of the 142 assigned APS complaints we reviewed included allegations of emotional abuse.

MDHHS informed us its training instructors verbally address some of the identified competencies during the in-person training course; however, these competencies were not reflected in MDHHS's APS training material provided for our review.

- c. MDHHS needs to ensure APS caseworkers complete all required ongoing in-service training intended to address identified training needs and enhance staff knowledge and skills in working with adults.

Our review disclosed 3 (14%) of 22 applicable APS caseworkers reviewed did not complete the required 8 hours of in-service training each calendar year after their first year of APS employment. The noted 3 caseworkers

completed only approximately 40% of required ongoing in-service training hours for the two-year period reviewed.

MDHHS informed us its internal control was not sufficient to ensure all APS supervisors and caseworkers completed required training.

RECOMMENDATION

We recommend that MDHHS strengthen its APS training program and ensure its APS caseworkers complete all required ongoing in-service training.

**AGENCY
PRELIMINARY
RESPONSE**

MDHHS provided us with the following response:

MDHHS agrees.

There are always opportunities for continuous review and improvement of APS supervisor and caseworker training.

For part a., MDHHS is evaluating options for additional APS supervisor training opportunities. Currently, new APS supervisors job shadow experienced APS supervisors and receive mentoring from their program managers or experienced supervisors.

For part b., The Final National Voluntary Consensus Guidelines state that recommendations should be viewed more as sub-regulatory recommendations concerning efficient APS practices rather than requirements for states to follow. MDHHS has fully incorporated 21 of the 26 recommended competencies within the APS Worker Core training, which is provided to all new APS staff within the first 12 months of employment. The competencies cited as not or not fully incorporated are not stand-alone training modules, however, the competencies are addressed during case scenario discussions, which are designed to address APS ethical issues, dilemmas the worker may encounter, and a variety of alleged abuse/neglect scenarios.

MDHHS will review APS training materials and case scenarios to confirm they cover a variety of potential maltreatment scenarios and ensure that each scenario is thoroughly explored during training discussion.

MDHHS has set aside dedicated funds to provide additional training to staff beyond what is provided in APS core and refresher training.

For part c., MDHHS reviewed all Learning Management System (LMS) 2021 transcripts to confirm required trainings were completed or the reason was documented that a worker or supervisor was not available to complete trainings.

MDHHS evaluated the current monitoring process and will continue to identify process improvements to ensure APS supervisors and caseworkers complete all required training in the future.

EVALUATING THE EFFECTIVENESS OF APS ACTIVITIES

BACKGROUND

Evaluation helps provide information necessary to examine how well a program or initiative is being implemented and determine whether the program is achieving the desired results. Periodic and well-designed evaluations and practices help inform and improve program design, implementation, collaboration, service delivery, and effectiveness. When evaluation data is available, program administrators can direct limited resources to where they are needed the most.

AUDIT OBJECTIVE

To assess the sufficiency of MDHHS's efforts to evaluate the effectiveness of APS activities to protect vulnerable adults.

CONCLUSION

Sufficient, with exceptions.

FACTORS IMPACTING CONCLUSION

- MDHHS developed reports to measure compliance with APS investigative requirements such as 24-hour investigation commencement, 72-hour face-to-face contact with adults, and 30-day plan of care completion.
- MDHHS had developed a risk assessment tool and contracted with the Michigan Public Health Institute (MPHI) to complete a limited evaluation of APS intervention effectiveness based on APS investigation risk assessment results.
- Reportable condition related to continued improvements needed in MDHHS's process to evaluate the effectiveness of APS activities (Finding 11).
- Observation related to mandated reporter* outreach (Observation 4).

* See glossary at end of report for definition.

FINDING 11

Further improvements are needed in evaluating APS program effectiveness.

Further evaluation of the effectiveness of APS activities would help MDHHS identify areas for APS program improvement.

MDHHS needs to continue to develop and implement its process to evaluate the effectiveness of APS activities. Improvements would help MDHHS more accurately determine the impact its services had in helping adults, identify areas for APS program enhancement and/or improvement, and provide value-added information to decision-makers and other stakeholders regarding APS program inputs, outputs, and achievement of desired results.

We used the following criteria to evaluate MDHHS's efforts:

- A sound evaluation process should include determining the inputs, outputs, and desired outcomes of the program; identifying data sources and gathering credible evidence; creating program standards of performance; and evaluating program results and identifying areas of improvement.
- ACL Guidelines state APS agencies should evaluate APS activities to determine whether interventions were executed timely, services met clients' needs, clients were satisfied with the services, and goals specific to the clients were attained; Guidelines suggest the APS agency compile and publish a written report on APS program's performance on a regular basis.
- The goal of MDHHS's APS is that it will begin, within 24 hours, to investigate and assess situations referred to MDHHS when a vulnerable adult is suspected of being or believed to be abused, neglected, and/or exploited and ensure, to the extent possible, adults in need of protection are living in a safe and stable situation with legal intervention, where required, in the least intrusive and restrictive manner.

We noted MDHHS had implemented some evaluation measures as noted in the factors impacting conclusion section for this objective; however, it had not fully developed and implemented a process to evaluate its overall achievement of APS program goals and results of APS activities. For example, MDHHS could consider evaluating the extent to which APS interventions help reduce the severity and occurrence of repeat complaints for adults by evaluating and comparing the substantiated allegations from the investigations, the adult's progress in achieving service plan goals, and the appropriateness of services previously provided.

MDHHS informed us it had not conducted further evaluations of APS program effectiveness because it had not formally defined a successful APS intervention or established desired outcomes and performance measures for its APS activities.

We noted a similar condition in our 2014 performance audit of APS (431-2601-13) and in our corresponding 2016 follow-up report (431-2601-13F). In response, MDHHS stated it agreed

with the finding and had and/or would implement measures to comply with our recommendation.

RECOMMENDATION

We recommend that MDHHS continue to develop and implement its process to evaluate the effectiveness of APS activities to protect vulnerable adults.

**AGENCY
PRELIMINARY
RESPONSE**

MDHHS provided us with the following response:

MDHHS agrees.

MDHHS will develop a formal evaluation process for APS program effectiveness. This process will include an evaluation of the effectiveness of APS activities and different options to define successful APS intervention.

OBSERVATION 4

Expanded outreach may help ensure mandated reporters consistently report adult abuse, neglect, and/or exploitation, as required by State law.

MDHHS should consider evaluating the effectiveness of its mandated reporter outreach activities.

State law mandates the following individuals to make immediately, by telephone or otherwise, an oral report to the county department of social services when they suspect or have reasonable cause to believe an adult has been abused, neglected, or exploited:

- Persons employed, licensed, registered, or certified to provide health care, educational, social welfare, mental health, or other human services.
- Employees of an agency licensed to provide health care, educational, social welfare, mental health, or other human services.
- Law enforcement officers.
- Employees of the office of the county medical examiner.

According to ACL Guidelines, data suggests at least 10% of older adults experience maltreatment each year. However, it is believed the prevalence of adult maltreatment is likely underreported. For example, according to the Michigan Elder Justice Coordinating Council, only 10% of elder abuse cases are reported.

To help evaluate whether potential cases of adult abuse and/or neglect were potentially underreported to MDHHS by health care professionals, we compared approximately 11,000 Medicaid claims that occurred from October 1, 2017 through March 12, 2020 with MDHHS APS complaint data. The 11,000 claims reviewed all had corresponding diagnosis codes indicative of adult abuse or neglect, such as adult physical abuse, confirmed, initial encounter; adult sexual abuse, confirmed, initial encounter; adult maltreatment, unspecified; and adult neglect or abandonment, suspected, initial encounter. Through this comparison, we determined only about 6% of these Medicaid claims resulted in a corresponding APS complaint reported to MDHHS, likely suggesting some level of underreporting exists.

In addition, because MDHHS is responsible for investigating complaints only when there is a reasonable belief the adult is vulnerable and in need of protective services, we also examined beneficiary information from the State's eligibility determination system for the approximately 10,000 Medicaid claims without a corresponding APS complaint to help assess whether these adults were also potentially vulnerable. We noted approximately 50% of the claims were for a beneficiary with a disability and about 25% were for a beneficiary with a physical disability/mental health condition that limited their ability to work, attend school, or take care of daily needs or was medically frail, likely suggesting a significant number of the adults associated with these claims may have also been potentially vulnerable.

MDHHS informed us it participates in various community outreach programs related to mandated reporters; however, it has not specifically tracked or measured APS complaints received from mandated reporters or considered using available data sources to assess the effectiveness of its outreach activities. We encourage MDHHS to begin doing so.

SELECTED MIAIMS SECURITY AND ACCESS CONTROLS

BACKGROUND

Security controls* are the management, operational, and technical controls designed to protect the availability*, confidentiality*, and integrity* of a system and its information.

Access controls* limit or detect inappropriate access to computer resources, thereby protecting the resources from unauthorized modification, loss, and disclosure. For access controls to be effective, they should be properly authorized, implemented, and maintained.

MDHHS acquired MiAIMS through a third-party service organization (TPSO) and implemented the system in October 2017. MiAIMS serves as the automated management tool for documentation of all APS functions, such as:

- Collection of complaint information and associated assignment decisions.
- Completion of risk assessments.
- Completion and monitoring of the plan of care.
- Issuance and approval of payments for services.
- Tracking of all contacts completed throughout the investigation.

MiAIMS security and access controls are the responsibility of MDHHS in conjunction with the Department of Technology, Management, and Budget (DTMB).

AUDIT OBJECTIVE

To assess the effectiveness of selected MDHHS and DTMB security and access controls over MiAIMS.

CONCLUSION

Moderately effective.

FACTORS IMPACTING CONCLUSION

- Selected MiAIMS security controls, access controls, and user roles operated as intended.
- MiAIMS access and login configurations were set in accordance with State of Michigan (SOM) technical standards.
- Two reportable conditions related to needed improvements in MiAIMS security and access controls (Findings 12 and 13).

* See glossary at end of report for definition.

FINDING 12

MiAIMS security controls evaluation is needed.

MDHHS, in conjunction with DTMB, needs to ensure a system security plan (SSP) is completed for MiAIMS. An SSP would help MDHHS and DTMB evaluate the TPSO's security controls and ensure the confidentiality, integrity, and availability of MiAIMS when carrying out APS activities.

SOM Technical Standard 1340.00.150.01 requires IT security controls be documented and evaluated through an SSP. Also, the State of Michigan Financial Management Guide (Part VII, Chapter 1, Section 1000) requires MDHHS to assess and manage risks associated with TPSOs by implementing compensating controls, monitoring processes, or obtaining third-party assurance reports for those services material to its operations.

MDHHS subcontracted with MPHI for the acquisition and ongoing support of MiAIMS through a TPSO. The TPSO's contractual responsibilities included application issue troubleshooting, release management, system enhancements, and job monitoring. However, the contract did not require the TPSO to adhere to SOM standards, and neither MDHHS nor DTMB completed an SSP to evaluate the TPSO's security controls.

DTMB was not a party to the contract with the TPSO, as required, which likely contributed to the deficiency noted. MDHHS and DTMB informed us they are in the process of completing a MiAIMS SSP according to MDHHS's assigned prioritization.

RECOMMENDATION

We recommend that MDHHS, in conjunction with DTMB, ensure an SSP is completed for MiAIMS.

AGENCY PRELIMINARY RESPONSE

MDHHS provided us with the following response:

MDHHS agrees.

The MiAIMS System Security Plan (SSP) was completed and Authority to Operate (ATO) was granted on December 9, 2021. The SSP resides within the State of Michigan's security repository system.

The MiAIMS contract with HTC Global was re-negotiated and has been shifted to DTMB in the first quarter of fiscal year 2022.

FINDING 13

Improvement is needed in MiAIMS user access controls.

MDHHS needs to strengthen access controls over MiAIMS. Doing so would increase MDHHS's assurance that only properly approved individuals can access and/or edit MiAIMS APS data.

SOM Technical Standard 1340.00.020.01 requires MDHHS to establish DTMB-approved and National Institute of Standards and Technology* (NIST) compliant processes to create, enable, modify, disable, and remove information system accounts.

MiAIMS had 924 active users as of March 5, 2020. Our review of selected MiAIMS access controls disclosed:

- a. MDHHS did not always timely remove or appropriately disable MiAIMS access for users who had departed or temporarily separated from State employment.

SOM Technical Standard 1340.00.020.01 requires MDHHS to remove user access within 72 hours when accounts are no longer required, users are terminated or transferred, or user privileges change. SOM Technical Standard 1340.00.140.01 requires information system access be disabled within 24 hours when employees temporarily separate from the organization for a leave of absence.

We sampled 8 of 44 individuals who had access to MiAIMS and departed State employment during the period October 1, 2017 through March 21, 2020. In addition, we reviewed records for the 924 active users. We noted:

- (1) MDHHS did not timely remove access for 6 (75%) of the sampled departed users. Access to MiAIMS was not removed for these users for periods ranging from 6 days to over 2 years after departing State employment.
- (2) MDHHS had not removed or disabled access for 20 active MiAIMS users who had permanently departed or temporarily separated from State employment. Of these 20 users, 10 had left State employment and 10 had temporarily separated from the State for a leave of absence.

Access for 75% of sampled users that had departed State employment was not removed timely. Removal did not occur from 6 days to over 2 years after the employees' departures.

- b. MDHHS did not always grant access to MiAIMS based on the principle of least privilege*.

SOM Technical Standard 1340.00.020.01 states access should only be granted to users which is necessary to accomplish assigned tasks in accordance with roles and responsibilities of job functions.

We randomly and judgmentally sampled 43 active MiAIMS users and determined MDHHS granted access to 1 (2%)

* See glossary at end of report for definition.

sampled user that did not align with their assigned job responsibilities. This employee was classified as an executive secretary; however, MDHHS granted this employee the MiAIMS super-user role which allowed activities such as making assignment decisions on APS complaints, approving payments for services, and viewing confidential case records.

- c. MDHHS had not established an automated process to identify and disable inactive MiAIMS user accounts, as required.

SOM Technical Standard 1340.00.020.01 requires an information system to automatically disable inactive user accounts after 60 days.

Our review of the 924 MiAIMS active users determined 17 had not accessed the system within 60 days. MDHHS informed us it monitored user inactivity by manually reviewing last login timestamps to identify and disable users who had not accessed MiAIMS in 60 days; however, it had not established an automated process.

- d. MDHHS did not always sufficiently document proper approval for the creation and removal of MiAIMS user accounts.

SOM Technical Standard 1340.00.020.01 requires approval for the creation and removal of information system accounts by an authorized requestor.

We randomly and judgmentally sampled 43 of the 924 active MiAIMS users and 8 of 44 users that had departed State employment. We noted:

- (1) For MiAIMS user account creations, MDHHS did not maintain access forms for 4 (9%) of the sampled users and 16 (41%) of the 39 existing forms did not have the proper approval.
- (2) For MiAIMS user account removals, MDHHS did not maintain access forms for 1 (13%) of the 8 sampled users and 5 (71%) of the 7 existing forms did not have the proper approval.

RECOMMENDATION

We recommend that MDHHS strengthen access controls over MiAIMS.

**AGENCY
PRELIMINARY
RESPONSE**

MDHHS provided us with the following response:

MDHHS agrees.

There are always opportunities to strengthen access controls over its applications, including the Michigan Adult Integrated Management System (MiAIMS).

- a. *Controls will be strengthened to timely remove and appropriately disable MIAIMS users. Leave of absences for employees is often difficult to track as the employee's supervisor is not always notified immediately of an extended leave of their staff and the length of time can frequently change, especially with medical conditions.*

In September 2020, MiAIMS transitioned to MiLogin. Now, when a State of Michigan account has been inactive for 60 days or when an employee leaves state service, Active Directory access is disabled, and the user can no longer access MiLogin applications. DTMB revised their policy in March 2021 regarding users on a leave of absence, which was shared with the local office security coordinators.

- b. *Only one individual's access did not correspond to their assigned job responsibilities. MDHHS has transitioned to the Database Security Application (DSA) as of September 2020 which mitigates someone being inadvertently granted higher access than what is needed for his/her job duties.*

SAM 103 MiAIMS Access Control Management manual item was published May 1, 2021, which provides clarification on enrolling, modifying, and terminating users in MiAIMS. Effective August 2021, the annual review process is now completed through DSA which automatically sends notices to users to complete the process.

- c. *Starting in the fall of 2019 MDHHS implemented a manual process for periodically reviewing inactive users. System automation of this process has not been possible due to a lack of technical funding. Funding will be explored to update the system.*

Since December 2020, DSA Administration Security produces a weekly report of user registrations that need review. This report is sent to the local office security coordinators for follow-up. DSA Administration Security sends a weekly email reminder to inactive users over 30 days to log in. Users inactive after 59 days are terminated.

Application Security Policy item SAM 103 was created and released May 1, 2021, which details the MiAIMS access control management process.

- d. *MDHHS transitioned to an electronic request and approval process with the transition of MiAIMS to the Data Security*

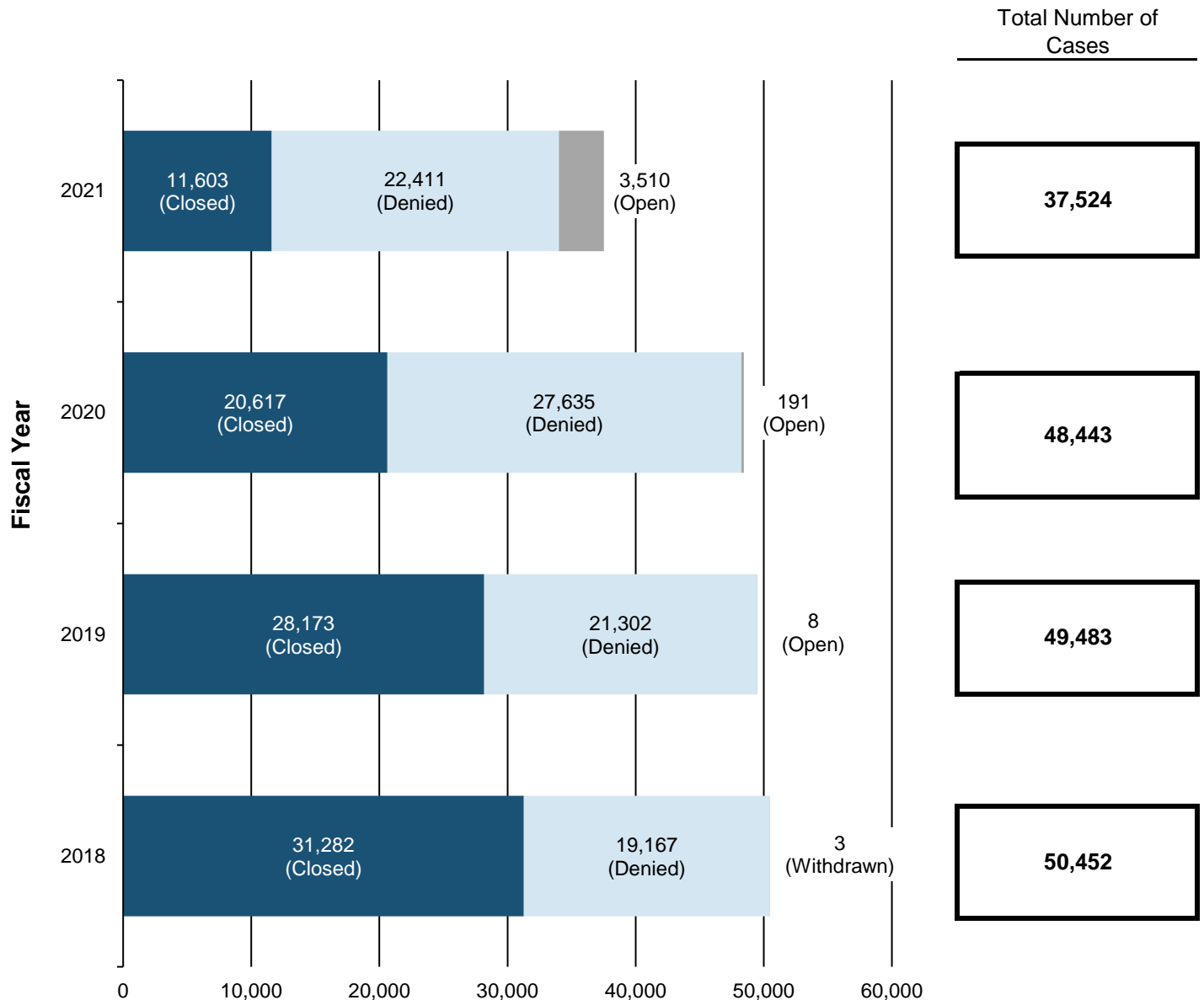
Application (DSA) in September 2020. DSA application security has advised that other documentation is acceptable, if it meets the criteria identified in policy.

SUPPLEMENTAL INFORMATION

UNAUDITED
Exhibit 1

ADULT PROTECTIVE SERVICES Michigan Department of Health and Human Services

APS Complaints by Disposition Status
From October 1, 2017 Through June 30, 2021



Source: The OAG prepared this exhibit using data obtained from MiAIMS.

PROGRAM DESCRIPTION

APS provides protection to vulnerable adults who are at risk of harm because of the presence or threat of abuse, neglect, or exploitation.

MDHHS's Economic Stability Administration is responsible for the overall administration of APS, including development of policy. MDHHS's Business Service Center (BSC) oversees the implementation of APS policy at local offices throughout the State.

APS's goal is that it will:

- Begin, within 24 hours, to investigate and assess situations referred to MDHHS where a vulnerable adult is suspected of or believed to be abused, neglected, and/or exploited.
- Ensure, to the extent possible, adults in need of protection are living in a safe and stable situation, with legal intervention where required, in the least intrusive and restrictive manner.

CI receives and reviews all complaints of adult abuse, neglect, or exploitation to determine whether a complaint meets the requirements for an APS investigation. Local offices evaluate and investigate the complaints CI assigns for an APS investigation.

Between October 1, 2017 and March 12, 2020, MDHHS received approximately 123,000 complaints of adult abuse, neglect, and/or exploitation.

From October 1, 2017 through March 12, 2020, MDHHS expended approximately \$58.8 million on APS, including \$2.6 million in services provided to adults.

AUDIT SCOPE, METHODOLOGY, AND OTHER INFORMATION

AUDIT SCOPE

To examine the records and processes related to MDHHS's APS program. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require 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 the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

As part of the audit, we considered the five components of internal control (control environment, risk assessment, control activities, information and communication, and monitoring activities) relative to the audit objectives and determined all components were significant.

PERIOD

Our audit procedures, which included a preliminary survey, audit fieldwork, report preparation, analysis of agency responses, and quality assurance, generally covered October 1, 2017 through March 12, 2020. We updated certain data when possible to reflect current information.

METHODOLOGY

We conducted a preliminary survey to gain an understanding of MDHHS's APS operations to establish our audit objectives, scope, and methodology. During our preliminary survey, we:

- Interviewed MDHHS central office management and staff, local office APS supervisors and caseworkers, CI supervisors and intake specialists, and DTMB management to obtain an understanding of APS complaint assignment and investigation practices, including relevant MiAIMS controls.
- Reviewed applicable laws, policies, and procedures.
- Reviewed the Administration for Community Living National Voluntary Consensus Guidelines for State APS Systems published by the U.S. Department of Health and Human Services.
- Performed preliminary data analysis of APS expenditure, complaint, and investigation information.
- Performed preliminary testing of selected APS complaints and investigations to identify potential risk areas for review.
- Obtained an understanding of MiAIMS security and access controls and reviewed the MiAIMS vendor contract.
- Obtained an understanding of APS training requirements.

OBJECTIVE 1

To assess the effectiveness of MDHHS's CI efforts to appropriately assign APS complaints for investigation and/or refer complaints to other agencies in accordance with applicable requirements.

To accomplish this objective, we:

- Judgmentally sampled 8 counties with a total of 43,743 APS complaints from the Statewide population of 122,783 APS complaints. The Statewide population included 119,654 APS complaints received by MDHHS during the period October 1, 2017 through March 12, 2020 and 3,129 complaints received prior to October 1, 2017 and remained open for investigation as of that date. We:

- Randomly and judgmentally sampled 235 of the 43,743 APS complaints from the 8 sampled counties.

We reviewed the applicable casefile documentation for the selected APS complaints and performed the following audit procedures to assess MDHHS's compliance with applicable requirements:

- Evaluated the complaint information to determine whether the CI intake worker collected or attempted to collect all required information from the complainant as required by State law and MDHHS policy and procedure.
 - Determined whether CI's assignment decision was supported by complaint information and aligned with State law and MDHHS policy guidance.
 - Compared the complaint receipt time with the assignment decision time to assess the timeliness of CI's assignment decisions.
 - Assessed whether CI referred complaints to other agencies, as required.
 - Determined whether information from prior APS investigations was appropriately linked to complaints received for the same adult.
- Randomly sampled 40 of the 1,085 APS complaint reconsiderations (included in the Statewide population of 4,112 APS complaint reconsiderations) from 7 of the 8 sampled counties to determine the overall appropriateness and timeliness of assignment of the complaint.

- Performed analytical review procedures for the population of 122,783 APS complaints to verify that all complaints were appropriately assigned to a local office for investigation.
- Compared MDHHS APS policies related to CI with State law and federal APS guidelines to determine whether MDHHS's policies conformed with legal requirements and aligned with industry best practices related to documenting and assigning APS complaints.
- Evaluated the sufficiency of CI's call monitoring process used to monitor the interaction between the CI intake specialist and the complainant. Also, we reviewed a random sample of 15 APS complaints from the population of 148 APS complaints CI monitored during the period October 1, 2017 through September 30, 2019 to determine CI's call monitoring results.
- Interviewed CI management regarding its process to track and reconcile APS complaints to help ensure all received complaints are screened.

Our random samples were selected to eliminate bias and enable us to project the results to the population. We selected other samples judgmentally and, therefore, could not project those results to the respective populations.

OBJECTIVE 2

To assess the effectiveness of MDHHS's efforts to appropriately investigate assigned complaints of adult abuse, neglect, and/or exploitation in accordance with applicable requirements.

To accomplish this objective, we:

- Judgmentally sampled 8 counties with a total of 43,743 APS complaints from the Statewide population of 122,783 APS complaints. The Statewide population included 119,654 APS complaints received by MDHHS during the period October 1, 2017 through March 12, 2020, and 3,129 complaints received prior to October 1, 2017 and remained open for investigation as of that date. We:
 - Randomly and judgmentally sampled 235 of the 43,743 APS complaints related to the 8 sampled counties.

We reviewed the electronic and hard-copy casefile documentation for 142 of the 24,821 APS complaints that were assigned for investigation from the 8 sampled counties to

determine whether the following requirements were met, as applicable:

- Investigation standards of promptness were achieved including appropriate commencement of the investigation within 24 hours and performance of a face-to-face interview with the adult within 72 hours.
- Face-to-face contact occurred with the adult at a minimum of every 30 days, as applicable.
- The adult's degree of risk and need for protective services were determined during commencement contacts.
- Referrals to other agencies were completed, as required.
- All of the allegations reported in the complaint were investigated.
- The plan of care was:
 - Completed within 30 days from the complaint receipt, updated as necessary, and adequately addressed for the adult.
 - Monitored to ensure verification of services provided to the adult.
 - Signed by the appropriate parties.
- The risk assessment was completed, updated as required, and accurately scored based on the complaint allegations.
- The adult's capacity was evaluated.
- The perpetrator was identified and interviewed.
- Legal intervention steps were completed, as appropriate.
- The names and conditions of individuals in the adult's residence were gathered and an evaluation of the adult's caretaker was completed.

- Appropriate supervisory approval was obtained and all investigative requirements were met prior to closure of the investigation.
 - A supervisory case read was completed for the selected investigations that were completed during the period October 1, 2017 through May 8, 2019 and open longer than 5 months and/or closed because of an adult's death.
 - The casefile contained all required forms and the hard-copy and electronic casefile information were in alignment.
- Randomly and judgmentally sampled 40 of the 2,807 case reads (included in the Statewide population of 11,893 initiated case reads) from the 8 sampled counties. We reviewed the electronic documentation for each sampled case read to determine the timeliness of the case read completion, assess whether an appropriate APS supervisor conducted the case read, and evaluate whether the supervisor identified selected investigation deficiencies and verified necessary corrections.
- Performed data analysis of MiAIMS case read completion information to determine whether case reads were completed for all APS investigations open for longer than 5 months and/or closed because of an adult's death from May 9, 2019 through March 12, 2020.
- Randomly sampled 40 of the 1,241 payments for services related to APS complaints (included in the Statewide population of 6,240 payments for services related to APS complaints) from the 8 sampled counties. We reviewed MDHHS's documentation for each sampled payment to determine whether:
 - The payment was for an allowable service under MDHHS policy, sufficiently supported, and properly approved.
 - The service provided addressed the needs of the adult identified in the plan of care.
 - MDHHS verified the service had been provided to the adult.

- Performed data analysis on the population payments for services related to APS complaints to determine whether adults were limited to a maximum of \$1,000 in services in a 12-month period, in accordance with MDHHS policy.
- Reviewed APS investigation policies to determine whether the policies aligned with statutory requirements and ACL Guidelines.
- Judgmentally sampled 8 counties and requested and evaluated each county's local investigation protocol for compliance with the Mi-MVP and ACL Guidelines.

Our random samples were selected to eliminate any bias and enable us to project the results to the population. We selected other samples judgmentally and, therefore, could not project those results to the respective populations.

OBJECTIVE 3

To assess the sufficiency of MDHHS's efforts to provide appropriate training for the assignment and investigation of APS complaints in accordance with applicable requirements.

To accomplish this objective, we:

- Compared MDHHS's APS training policy and APS core training materials with federal APS training guidelines to determine whether MDHHS's policy and materials aligned with industry best practices for training frequency and content.
- Compared MDHHS's CI training policy with the training requirements of APS supervisors and caseworkers for training frequency and content.
- Randomly sampled 5 APS supervisors and 25 APS caseworkers from the population of 52 APS supervisors and 437 APS caseworkers, respectively, that were assigned to APS investigations during the period October 1, 2017 through March 12, 2020 and reviewed the selected individual's training records to determine whether the individual completed APS training as required by MDHHS APS training policy and as recommended by federal ACL Guidelines.
- Randomly and judgmentally sampled 9 APS caseworkers from the population of 90 APS caseworkers and supervisors hired between October 1, 2017 and March 12, 2020 and reviewed the employees' training records to determine whether APS core training was provided timely and prior to being assigned to APS investigations.

- Randomly sampled 22 CI supervisors and intake specialists from the population of 238 CI supervisors and intake specialists that processed APS complaints during the period October 1, 2017 through March 12, 2020 and reviewed the selected individuals' training records to determine the extent of any APS-related training provided to the individuals.

Our random samples were selected to eliminate any bias and enable us to project the results to the population. We selected other samples judgmentally and, therefore, could not project those results to the respective populations.

OBJECTIVE 4

To assess the sufficiency of MDHHS's efforts to evaluate the effectiveness of APS activities to protect vulnerable adults.

To accomplish this objective, we:

- Conducted interviews with MDHHS central office management to understand MDHHS's process to evaluate achievement of overall APS program goals or APS activity performance, including efforts to:
 - Identify, establish, and evaluate desired outcomes and performance measures for APS activities.
 - Collect APS data to measure program effectiveness, including MDHHS's use of case read reports and standard of promptness reports to monitor compliance with APS investigative requirements.
- Reviewed the December 2018 report prepared by MDHHS's contractor, MPHI, titled *Evaluating the Impact of Adult Protective Services Intervention on Risk Status*, to understand the scope of the contractor's evaluation.
- Reviewed APS investigation monitoring and legislative report queries for reasonableness.

OBJECTIVE 5

To assess the effectiveness of selected MDHHS and DTMB security and access controls over MiAIMS.

To accomplish this objective, we:

- Performed walkthroughs of:
 - MiAIMS access and login configurations with DTMB and evaluated these configurations to determine compliance with SOM technical standards.

- Selected MiAIMS security and access controls with MDHHS, including APS user access roles, to determine whether the controls operated as intended.
- Conducted interviews with MDHHS and DTMB management to determine whether an SSP or evaluation of vendor security controls had been completed for MiAIMS.
- Compared all 924 active MiAIMS users as of March 5, 2020 with the State's Human Resources Management Network* (HRMN) employment records to determine whether all active users were current State employees or contractors.
- Randomly and judgmentally selected 43 users from the population of 924 active MiAIMS users as of March 5, 2020 and reviewed employment records and access request forms to determine whether the users' MiAIMS access was properly approved and based on the principle of least privilege.
- Randomly and judgmentally selected 8 users from the population of 44 MiAIMS users that had departed State employment during the period October 1, 2017 through March 21, 2020 to determine whether the users' MiAIMS access removal occurred timely and was properly approved.

Our random samples were selected to eliminate any bias and enable us to project the results to the population. We selected other samples judgmentally and, therefore, could not project those results to the respective populations.

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 13 findings and 15 corresponding recommendations. MDHHS's preliminary response indicates that it agrees with 14 of the recommendations and disagrees with 1 recommendation.

The agency preliminary response following each recommendation in our report was taken from the agency's written comments and oral discussion at the end of our 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

* See glossary at end of report for definition.

audited agency to develop a plan to comply with the recommendations and to submit it to the State Budget Office upon completion of an audit. Within 30 days of receipt, the Office of Internal Audit Services, State Budget Office, 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.

PRIOR AUDIT FOLLOW-UP

Following is the status of the reported findings from our July 2014 performance audit of Adult Protective Services, Department of Human Services (431-2601-13), from our September 2016 follow-up report on prior audit recommendations (431-2601-13F), and from our June 2015 performance audit of the Protective Services Centralized Intake Unit, Michigan Department of Health and Human Services (431-1287-14):

Prior Audit Project Number	Prior Audit Finding Number	Topic Area	Current Status	Current Finding Number
431-2601-13	1	Evaluation of APS Effectiveness	Rewritten*	11
431-2601-13	2	Review of Closed Investigation Cases	Rewritten	5
431-2601-13	3a	Denied or Withdrawn Referrals	Repeated*	2
431-2601-13	3b	Law Enforcement Referrals	Repeated	1
431-2601-13	4	Investigation Standards of Promptness	Rewritten	6
431-2601-13	5	Monthly Face-to-Face Contacts	Complied	Not applicable
431-2601-13	6	Investigation of Allegations	Complied	Not applicable
431-2601-13	7	Continuing Education Training	Complied	Not applicable
431-2601-13	8	APS Client Service Plans	Complied	Not applicable
431-2601-13F	1	Evaluation of APS Effectiveness	Rewritten	11
431-2601-13F	2	Supervisor Review of Closed Investigation Cases	Rewritten	5
431-2601-13F	4	Investigation Standards of Promptness	Rewritten	6

Table continued on next page.

** See glossary at end of report for definition.*

<u>Prior Audit Project Number</u>	<u>Prior Audit Finding Number</u>	<u>Topic Area</u>	<u>Current Status</u>	<u>Current Finding Number</u>
431-2601-13F	5	Monthly Face-to-Face Contacts	Complied	Not applicable
431-2601-13F	6	Investigation of Allegations	Complied	Not applicable
431-2601-13F	8	APS Client Service Plans	Complied	Not applicable
431-1287-14	1	Reconciliation Processes Needed of All Incoming Communications (As Related to APS Complaints Only)	Repeated	4
431-1287-14	2b	Improved Complaint Documentation Needed	Complied	Not applicable
431-1287-14	3a	Monitoring Processes Need to be Strengthened (As Related to APS Complaints Only)	Repeated	3

SUPPLEMENTAL INFORMATION

Our audit report includes supplemental information presented as Exhibits 1 and 2. Our audit was not directed toward expressing a conclusion on this information.

GLOSSARY OF ABBREVIATIONS AND TERMS

abuse	Harm or threatened harm to an adult's health or welfare cause by another person. Abuse includes, but is not limited to, nonaccidental physical or mental injury, sexual abuse, or maltreatment.
access controls	Controls that protect data from unauthorized modification, loss, or disclosure by restricting access and detecting inappropriate access attempts.
Administration for Community Living National Voluntary Consensus Guidelines for State Adult Protective Services Systems (ACL Guidelines)	Guidelines published by the U.S. Department of Health and Human Services designed to promote an effective APS response across the country so all older adults have similar protections and service delivery from APS systems. The Guidelines are based on published research and input from APS stakeholders and subject matter experts and provide a core set of principles and common expectations to encourage consistency in the policies and practices of APS programs across the country. These guidelines are informational in content and intended to assist states in developing efficient and effective APS systems. They do not constitute a standard or regulation, create new legal obligations, or impose mandates or requirements.
adult in need of protective services	A vulnerable person not less than 18 years of age who is suspected of being or believed to be abused, neglected, or exploited.
APS	Adult Protective Services.
auditor's comments to agency preliminary response	Comments the OAG includes in an audit report to comply with <i>Government Auditing Standards</i> . Auditors are required to evaluate the validity of the audited entity's response when it is inconsistent or in conflict with the findings, conclusions, or recommendations. If the auditors disagree with the response, they should explain in the report their reasons for disagreement.
availability	Timely and reliable access to data and information systems.
BSC	Business Service Center.
central dispatch	The central communications center designated to receive, route, and otherwise handle all incoming police, fire, or other emergency service communications traffic.

CI	Centralized Intake Division.
collateral contact	Contacts with extended family, a relative, support persons, any service providers, or other agencies. These contacts may be face-to-face, by telephone, or by e-mail, among others.
complaint	An allegation, referral, report, or other information which contains information about known or suspected adult abuse, neglect, or exploitation to vulnerable adults.
confidentiality	Protection of data from unauthorized disclosure.
CPS	Children's Protective Services.
DTMB	Department of Technology, Management, and Budget.
effectiveness	Success in achieving mission and goals.
efficiency	Achieving the most outputs and the most outcomes practical with the minimum amount of resources.
exploitation	An action that involves the misuse of an adult's funds, property, or personal dignity by another person.
guardian	A person or other entity appointed by the probate court to provide necessary supervision and care of a legally incapacitated person.
Human Resources Management Network (HRMN)	The State's integrated human resources system that processes personnel, payroll, and employee benefits data.
integrity	Accuracy, completeness, and timeliness of data in an information system.
local office	Designated office responsible for the investigation of APS complaints. One local office may serve multiple counties or multiple local offices may serve one county.
mandated reporter	Certain persons, required by State law, to report suspected abuse, neglect, and/or exploitation of adults to MDHHS.

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. Our assessment of materiality is in relation to the respective audit objective.
MDHHS	Michigan Department of Health and Human Services.
Michigan Adult Integrated Management System (MiAIMS)	The automated workload management tool for APS that includes documentation of all APS functions.
MI-MVP	Michigan Model Vulnerable Adult Protocol.
MPHI	Michigan Public Health Institute.
National Institute of Standards and Technology (NIST)	An agency of the Technology Administration, U.S. Department of Commerce. NIST's Computer Security Division develops standards, security metrics, and minimum security requirements for federal programs.
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.
observation	A commentary highlighting certain details or events that may be of interest to users of the report. An observation may not include all of the attributes (condition, effect, criteria, cause, and recommendation) that are presented in an audit finding.
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.
plan of care	An APS tool used to document any issues and/or areas of concern identified during the APS investigation and action steps to reduce risk of identified issues, identify parties responsible, track the status of action items, and note any resources or services offered.

principle of least privilege	Giving people the lowest level of user access rights that they can have and still do their jobs.
protective services	Includes, but is not limited to, remedial, social, legal, health, mental health, and referral services provided in response to a report of alleged harm or threatened harm because of abuse, neglect, or exploitation.
repeated	The same problem was noted in the current audit, and the wording of the current recommendation remains essentially the same as the prior audit recommendation.
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: a deficiency in internal control; noncompliance with provisions of laws, regulations, contracts, or grant agreements; opportunities to improve programs and operations; or fraud.
rewritten	The recurrence of similar conditions reported in a prior audit in combination with current conditions that warrant the prior audit recommendation to be revised for the circumstances.
risk assessment	An evaluation of an adult's risk of harm based on the case factors: client, environment, support network, caregiver(s), and perpetrator(s).
safe and stable situation	A situation in which the adult is not in any immediate threat to life, health, or welfare from self or others, and there is reason to believe this status will continue for the foreseeable future.
security controls	The management, operational, and technical controls designed to protect the availability, confidentiality, and integrity of a system and its information.
SDM	structured decision-making.
SOM	State of Michigan.
SSP	system security plan.
substantiated	A situation in which the APS caseworker determines the subject of the complaint is an adult who is actually at risk of harm because of abuse, neglect, or exploitation and also is vulnerable.

TPSO	third-party service organization.
unsubstantiated	A situation in which the worker determines the subject of the complaint is an adult who is either not in danger of any harm or not vulnerable, or that the complaint is one which is inappropriate for the APS program.
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.



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