



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

October 18, 2022

Rick Lowe, Chief Internal Auditor
Office of Internal Audit Services
111 South Capitol Avenue
8th Floor, Romney Building
Lansing, Michigan 48933

Dear Mr. Lowe:

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

Questions regarding the summary table or corrective action plans should be directed to me at 517-241-4237 or MyersP3@michigan.gov.

Sincerely,

Pam Myers

Pam Myers, Director
Bureau of Audit

PM:wb

Enclosure (1)

c: Office of the Auditor General
House Fiscal Agency
Senate Fiscal Agency
Executive Office
DHHS, David Knezek
DHHS, Farah Hanley

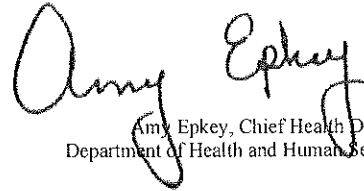
House Appropriations Committee
House Standing Committee
Senate Appropriations Committee
Senate Standing Committee
DHHS, Amy Epkey
DHHS, Lewis Roubal

PERFORMANCE AUDIT OF 2020 OAG
ADULT PROTECTIVE SERVICES

DEPARTMENT OF HEALTH AND HUMAN
SERVICES

AUDIT RESPONSE

Approved:



Amy Epkey, Chief Health Director
Department of Health and Human Services

Date: October 18, 2022



AUDIT REPORT SUMMARY

DEPARTMENT: Economic Stability Administration

AUDIT PERIOD: October 1, 2017 through March 12, 2020

REPORT DATED: February 18, 2022

DISPOSITION OF AUDIT RECOMMENDATIONS

CITATIONS COMPLIED WITH	CITATIONS TO BE COMPLIED WITH	CITATIONS DHHS DID NOT AGREE WITH
	Finding 1	
		Finding 2
Finding 3		
Finding 4		
	Finding 5 (01/01/2023)	
	Finding 6	
Finding 7		
	Finding 8	
	Finding 9	
	Finding 10 (10/01/2023)	
	Finding 11	
Finding 12		
	Finding 13 (08/31/2023)	

Audit Response
Performance Audit
2020 OAG Adult Protective Services
Department of Health and Human Services
October 1, 2017 through March 12, 2020

Recommendation 1: Improved reporting to law enforcement is needed for complaints alleging criminal activity

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.

Response

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) and is in the process of developing draft language to pursue a change in statute. MDHHS has also conducted training to re-educate their workforce on the law as it is currently written.

Recommendation 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

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.

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 Centralized Intake should or should not assign referrals to Adult Protective Services.

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.

Recommendation 3: Improved monitoring of APS complaint calls is needed

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

Response

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.

Recommendation 4: Improved tracking and reconciliation of APS complaints are needed

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.

Response

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 March 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.

Recommendation 5: More consistent and effective supervisory review of APS investigations is needed

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

Response

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 was updated in March 2022, to fix a defect that prevented some case reads from being corrected. Additional funds have been approved to develop system enhancements which will further strengthen the supervisor review process. MDHHS will continue to review identified areas of policy from this audit with supervisory staff to ensure understanding of policy requirements.

Recommendation 6: Improvements are needed in APS investigation commencement activities

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.

Response

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

MDHHS issued an Adult Services Notification in September 2021 to help clarify Adult Services Manual 205 and provide guidance on how and where to document the results of the 24-hour collateral contact indicating the client's need for protective services and their degree of risk in MiAIMS.

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.

Recommendation 7: Verification and documentation of services provided are needed prior to closing APS investigations

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

Response

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) was issued in February 2022 to clarify policy requirements related to verification of provision of services. A presentation was also provided statewide in February 2022 to APS workers and supervisors to discuss policy requirements when verifying provision of services.

Recommendation 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

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.

Response

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 is in the process of developing a case monitoring tool to monitor compliance with documentation.

Recommendation 9: Improvements are needed in MDHHS's APS training for CI supervisors and intake specialists

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

Response

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.

Recommendation 10: Improvements are needed in MDHHS's training for APS supervisors and caseworkers

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

Response

For part a., MDHHS is in the process of developing an Adult Services Supervisor specific training, with the assistance of the REDI office, and anticipates completion by October 2023. 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 reviewed APS training materials and case scenarios in September 2021 and confirmed they cover a variety of potential maltreatment scenarios, and 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. The funds will be available in August 2022.

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.

Recommendation 11: Further improvements are needed in evaluating APS program effectiveness

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

Response

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.

Recommendation 12: MiAIMS security controls evaluation is needed

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

Response

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.

Recommendation 13: Improvement is needed in MiAIMS user access controls

We recommend that MDHHS strengthen access controls over MiAIMS.

Response

- 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. Funds have been approved to develop an automated process. The anticipated completion date is August 2023.

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.