



JACKSON COUNTY

Oregon

Internal Audit Report

Developmental Disabilities

Monitoring controls are in place to ensure compliance with State billing and program requirements; however, enhancing monitoring of case outcomes would elevate the Program from a compliance focus to a client centered effectiveness focus.

September 5, 2014

Presented to the
Jackson County Board of Commissioners
by the
Internal Audit Program

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JACKSON COUNTY

Oregon

Internal Audit

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To: Board of Commissioners
From: Eric Spivak, County Auditor 
Subject: Performance Audit of the Developmental Disabilities Program
Date: 9/5/14

The attached report presents the results of a performance audit of the Developmental Disabilities (DD) Program. The audit was included in the fiscal year 2013-14 audit plan at the request of the Health and Human Services (HHS) Director.

The audit was performed with the objectives of:

- Determining if the Program is compliant with state regulations and
- Determining the extent to which the Program has achieved its performance goals and identifying any factors that inhibit goal achievement.

The audit team concluded that the Program is compliant with state regulations though there are opportunities to enhance documentation practices in order to better demonstrate compliance. The team found that compliance-related performance goals are being achieved. However, current data collection practices inhibit the ability to track and evaluate success at meeting goals relating to improving the quality of life of clients served by the Program.

This was a comprehensive audit and, as such, offers recommendations that address aspects of compliance, efficiency, and service effectiveness. Some recommendations should be implemented expediently while others need to be considered in concert with the Program's long term strategic outlook and State initiatives.

The report findings and recommendations were reviewed by the HHS Director and Program Manager. They agree with the suggested recommendations.

The Internal Audit Program appreciates the cooperation and assistance received from the HHS Director, DD Program Manager, and their staff throughout the course of the audit.

C: Audit Committee
Mark Orndoff, HHS Director
Moss Adams, Certified Public Accountants

Developmental Disabilities

Introduction and Background

As part of a statewide program, Jackson County provides services to assist children and adults with developmental and intellectual disabilities such as cerebral palsy, autism, epilepsy and other conditions. The Jackson County Developmental Disabilities Program (Program) is primarily funded by the State and managed at the County level. Services provided are based on the needs of the client and can range from respite care to placement in a group or foster home. Additional services include investigating allegations of abuse and neglect for adults living in provider agencies and family homes; crisis intervention; performing inspections on behalf of the state licensing agency, monitoring foster homes; administering family support for minor children living at home; and authorizing Medicaid support services for adults.

The primary role of the County is to coordinate and ensure applicable services are provided, this is also referred to as case management or service coordination. This involves assessing the needs of each client, designing and implementing an Individual Service Plan (ISP), authorizing services for adults and children who meet eligibility criteria, and monitoring service providers.

As of February 2014, the County was serving 1,085 individuals, which equate to about half of one percent of the County's population. About two-thirds of the clients are adults and one-third are children.

In serving these individuals, the County is attempting to help these individuals achieve the highest degree of independence, productivity, and integration into the community, as possible. County services involve the following:

- **Determining program eligibility.** An initial eligibility assessment is completed to determine if an applicant is eligible to receive services. Eligibility criteria are established by the State. Independent medical providers evaluate applicants and determine if they meet the medical criteria that guides eligibility. State regulations dictate that the County has 90 days to complete the assessment process. On an ongoing basis, clients diagnosed with intellectual disabilities must have their eligibility re-determined prior to ages seven and 18. Clients with developmental disabilities must have their eligibility re-determined prior to age 22.

Under the current funding system, the State reimburses the County for every individual who is determined to be eligible. Under proposed changes, the reimbursement will be made for completing the process, regardless of whether the applicant is deemed eligible or ineligible.

- **Assessing an individual's needs and then using the results to develop an Individual Service Plan (ISP).** The ISP is developed with the input and inclusion of the Services Coordinator, client, anyone else the client wants to have present, and guardian, foster provider, vocational staff, and/or residential staff if applicable. Per State rules, the ISP is to be updated annually.
- **Inspecting and recommending licensing or certification of foster homes.** Adult foster homes are licensed for a one year period and child foster homes are certified for a two year period. Inspections occur prior to initial licensing or certification, and prior to each renewal. The State is responsible for making licensing decisions. The County performs the inspection and provides results and recommendations to the State for its use in determining whether to issue or renew a license.
- **Investigating reports of abuse and neglect.** A two-step approach is used. First, the County must determine whether to investigate or not investigate based on the nature of the allegation and the availability of evidence. This involves a pre-investigative process. Second, a full investigation is conducted when warranted. Currently, the County is reimbursed by the State only when a full investigation is conducted. Changes in the funding formula are planned in recognition of the amount of work that can be expended when determining that an allegation is not appropriate for investigation.

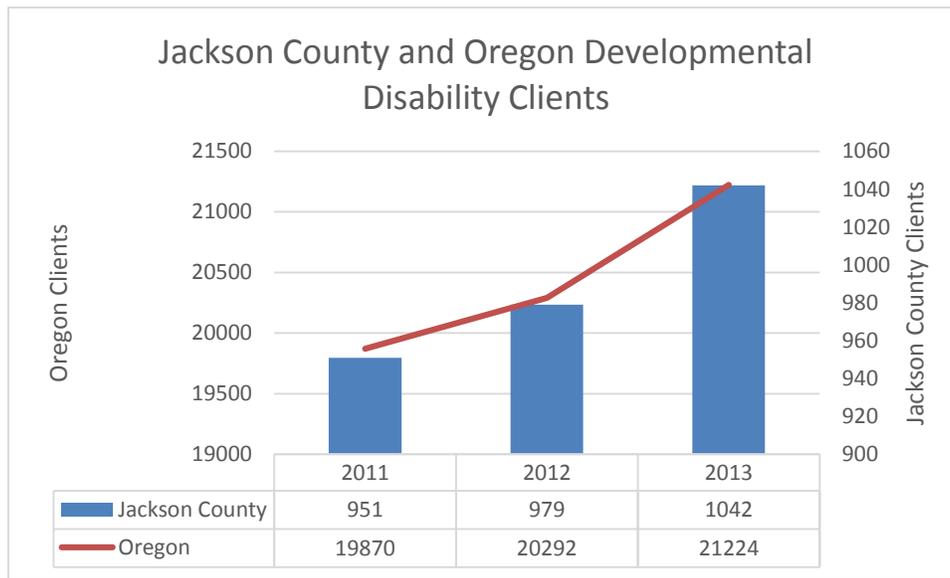
The Program operates with a staff of 17 full time equivalents (FTE). Service Coordinators account for 11 of the 17 FTE. In addition, one FTE is responsible for eligibility assessments, one for inspections, and one for investigations. A program manager, supervisor, and administrative assistant complete the staffing configuration. The Program Manager position had been vacant since May 2013, with the Service Coordinator Supervisor serving as interim manager during that time. A new Program Manager was hired in February 2014.

The Program's fiscal year 2014-15 operating budget is \$3,309,123. Personnel Services accounts for slightly less than half the budget (46%) and Materials & Services for slightly more than half (54%). The budget has experienced incremental growth during the past three years. It has risen approximately \$621,480 since the FY 2012-13 budget.

Budgetary growth is attributable to an increase in direct services provided to clients, which are funded by the state. During this period budgeted funds from the State to pay for client services increased by \$813,039. At the same time, administrative costs which include county central service chargebacks, self insurance expenses, facility costs, etc. decreased by \$143,157 and personnel expenses decreased by \$48,402.

For FY 2014-15 the Program will be funded solely from state and federal sources. In prior years, the County has contributed General Fund dollars to the budget. In FY 2013-14 the General Fund contribution was \$26,000. At the time, the State was matching county contributions but it is no longer doing so.

The Program’s caseload has also grown in recent years. The table that follows shows Jackson County’s client numbers compared to client numbers state wide. The Program’s growth is consistent with the growth in Oregon as a whole. Academic research indicates that the prevalence of developmental disabilities is increasing, though not all disabilities result in a need and eligibility for County services.



Other stakeholders in the Program’s system include:

- The State: The Department of Health and Human Services is the responsible state agency.
- Group Homes: There are 24 adult group homes and 4 supported living agencies in Jackson County. In supported living the individual lives in his/her own residence but a provider supports and monitors the individual.
- Foster Homes: There are 31 adult and 13 child foster homes in Jackson County.
- Brokerage – The term “brokerage” is used to represent an organization that works with developmentally disabled clients who live independently, or with their families, to ensure that services are provided. The role of the brokerage is similar to that of a general contractor. The brokerage does not provide the

services; the brokerage helps the client to find a caregiver to provide the needed services. There is one brokerage in Jackson County. Clients can choose to have the brokerage function in this role or to have County Service Coordinators serve in this role. As of June 2014 there were 363 brokerage clients and 670 non-brokerage clients.

- Families with developmentally disabled members

Audit Authority

We conducted our audit in accordance with Codified Ordinance 218 pertaining to the County Auditor. Our audit was included in the fiscal year 2013-14 Internal Audit Plan.

Compliance with Government Auditing Standards

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

Confidential or Sensitive Information

We withheld developmentally disabled client names from the report as this is confidential information.

Audit Objectives

The objectives of the audit were to determine:

- If the County is compliant with state regulations, and
- The extent to which the Program has achieved its performance goals, and to identify any factors that inhibit goal achievement.

Audit Conclusion

Compliance with state requirements appear to be high based on an audit recently completed by the State. We were not able to determine if goals are being achieved due to the lack of information available.

Audit Scope and Methodology

The scope of the audit will primarily focus on FY 2013-14 activity unless specified otherwise in the report.

Audit procedures included:

- Interviewing staff and accompanying staff on client visits.
- Conducting a phone survey of residential home managers and foster providers.
- Reviewing client files.

Audit Criteria

Criteria consisted of Oregon Administrative Rules 411-320 Community Development Disability Programs and the Program's Policies and Procedures.

Audit Findings

The following four sections each discuss one of the Program's four primary responsibilities: Intake, Service Coordination (Case Management), Provider Certification, and Investigations. Each section discusses the results of our work as it relates to matters of compliance, efficiency, effectiveness, and strategic objectives. A fifth section discusses workload tracking and equity, which pertains to the Program as a whole. A sixth section provides the results of a survey of group and foster home providers.

INTAKE ELIGIBILITY ASSESSMENT

We found the Intake Eligibility function to be in compliance with State requirements, based on the results of a State compliance audit conducted in September 2013 with a report issued in December 2013. Fifty-three case files, approximately 5% of the current caseload, were reviewed to determine if the County had complied with State regulations when completing the eligibility assessment process. We reviewed the State's audit work and found that it was comprehensive. The State tested compliance with all major applicable Oregon Administrative Regulations (OAR) and all but a few minor regulations.

In reviewing the files, the State found just a few items. The items were:

- Three re-determinations occurred after the client reached the specified age at which re-determinations are required.
- One eligibility notice did not correctly state when the next re-determination would be due.
- Two applications were missing and one application was not dated.
- One file needed a case note to clarify eligibility, and one needed an update to the Notice of Eligibility.
- Three files had data inconsistencies between the eligibility determination notices and State forms (Title XIX and 0337).

The State also conducted a competency assessment of the individual serving as the County's Eligibility Specialist. She passed the review with a score of 100% and was commended for demonstrating "solid understanding of administering the OAR's for processing eligibility decisions" and because she "continues to seek out clarification as new processes are introduced." The State also noted that the County uses the best practice of meeting face-to-face with applicants to assist them in completing the application forms.

The Program has established one strategic objective related to eligibility, as documented in the FY 2014-15 Budget. It is to ensure that initial and age-specific redeterminations are completed within State-mandated timelines. The Program is meeting that requirement.

CASE MANAGEMENT

Monitoring controls are in place to ensure compliance with State billing and program requirements. Building upon this foundation, monitoring case outcomes in addition to compliance requirements would elevate the Program from a compliance focus to a client centered effectiveness focus.

The Program is to be commended for establishing a monitoring system. The Service Coordinator Supervisor monitors compliance and billing requirements such as whether Service Coordinators are conducting the required number of monitoring visits, meeting service level requirements, and completing annual Individual Service Plans (ISP) for all clients. However, there is no systematic process for tracking and reporting on the client quality of life metrics.

The Program has established strategic objectives, documented in the county budget, that focus both on compliance and performance aspects of case management. Tracking, monitoring, and reporting of the compliance objectives takes place but more can be done to track performance aspects. The strategic objectives are discussed below:

- *SERVICE COORDINATION - Complete an assessment of support needs and implement a plan for meeting those needs, for each client that is enrolled in case-management, at least one time a year.*

Completion of an annual Individual Service Plan (ISP) is a State mandate. The Program monitors this to ensure compliance, i.e. that there is a plan for every client. Each client's ISP contains a section that lists his/her goals and related information. For example, a client may have the goals of completing a particular household chore once a week, participating in a community activity x times per month, going shopping or attending a movie x times per month, etc.

There is no systematic manner by which progress towards meeting each client's goals are tracked by the Service Coordinator and monitored by the Supervisor. For example, one Service Coordinator may make entries regarding client goals in a case note; another may make notes on a monitoring checklist.

Ultimately, foster/group home providers and the brokerage play the primary role in helping their clients achieve the goals established in the ISP. They are the ones involved in the day to day life of the clients. That said, if the Program

were to formally track and monitor client goal achievements, that information could then be used for evaluative purposes in determining whether the goal of improving the quality of life of its clients is being achieved.

Compliance is mandated and time is typically in short supply. As such, we recognize that there are legitimate reasons for not saddling staff with additional tasks. We do, however, encourage the Program to, as able, initiate the process of developing and implementing a systematic means for monitoring and reporting on the achievement of client goals.

- *RESIDENTIAL GROUP HOMES, FOSTER HOMES, AND SUPPORTED LIVING*
Ensure the monitoring of services for each individual in a comprehensive service is completed quarterly, at a minimum.

This compliance requirement is being exceeded. In the past, the State had required 10 monitoring visits each calendar year, but currently requires a quarterly monitoring of each licensed/certified home. The Program made a decision to maintain a policy of requiring 10 monitoring visits for homes/residential sites with three or more individuals. This decision was made with the belief that maintaining a ten visit minimum would result in a higher standard of protection for the clients, especially in instances when there was a lack of confidence in a particular provider.

We recommend that the Program evaluate the 10-visit policy to determine if it is the most efficient and effective way to achieve the necessary protection of its clients. For example, the Program may find it more useful to establish a policy that requires the state mandated 4 visits while simultaneously requiring additional visits when certain conditions exist.

- *FAMILY SUPPORT - Decrease the likelihood of out-of-home placement by providing families of minor children individualized supports such as specialized equipment, consultation, training, and respite.*

The Program does not formally track data for this objective because very few children progress to the point where they need to be moved out of the home. Service Coordinators recalled 4 clients, or 1% of minor clients, that were moved to an out-of-home placement over the six month period ending May 2014. In reviewing the case details, it appears that needed supports had been provided and, unfortunately, the four moves could not have been prevented. While not a priority issue, we do recommend that the Program develop a process to track performance regarding this objective.

- EMPLOYMENT - *Provide developmentally disabled adults, in comprehensive services, with the opportunity to be employed in their community settings with supports, as necessary.*

The Program does not track performance of this objective. However, data is available in the Developmental Disability Access database to do so. We were able to determine that 51% of clients were either employed or in a day program that serves as an alternative to employment. Of the remaining 49%, some clients may have chosen not to be employed or in a day program. The database does not currently track this so we could not determine the percentage of willing clients who are actually employed or in a day program.

We recommend that the Program begin monitoring, reporting, and using this information.

Opportunities likely exist to increase the efficiency of documentation practices. We did not examine this in great detail, but several observations indicate that there is unnecessary duplication of efforts and documentation. The Program must collect and document information that relates both to clients and to group and foster home providers. Additionally, the same information may be needed by the Service Coordinator Supervisor, Service Coordinators, and Administrative Assistant.

We observed that:

- ISPs, case notes, needs assessments and other information is kept both electronically and in hard copy files. Service Coordinators produce case notes electronically then print them out and place the copy in the case file. E-mails are also often printed and saved electronically.
- Documentation is not centrally located, and may be located in the case file, investigation file, email archive, or State databases.
- The Service Coordinator Supervisor has a monitoring system to track compliance with State requirements. At least one Service Coordinator has also developed her own tickler system that performs the same function.
- On a monthly basis, the Service Coordinators are each sent a spreadsheet listing his/her cases. The Service Coordinator reviews each case and indicates on the spreadsheet the date they provided a billable service. The Service Coordinator attaches copies of the case notes that document the services were provided. The Office Assistant then reviews the spreadsheet and supporting case notes to verify there is a case note for each service they will bill for.
- Copies of a case note pertaining to a visit to a home are placed in the individual files of each client residing in the home as well as in the file of the group or foster home.

Use of an Access database may help eliminate duplicative activities and allow for more efficient processes. Access takes Excel to the next level. Access is a relational database system, which means it allows for cross-referencing and reporting on any piece of data included in the database, or any combination of data points. Additionally, any document already stored in the computer can be attached to the records maintained in the database. For example, a Service Coordinator writing a case note using Word can simultaneously attach that document to a client record and a group home record in the database system.

We recommend that the Program examine whether the benefits of using Access as a simple case management system warrant the investment of time and energy in developing a database and the proficiency needed to use it.

Other Efficiency Improvements

Service Coordinators are often required to complete annual documents for various different programs for each client. For example, in addition to the annual ISP, some clients also require an annual Waiver, and Personal Care program documents. The due dates for these documents do not always coincide, but it would be more efficient if they did.

GROUP AND FOSTER HOME LICENSING INSPECTIONS

The Program Manager needs to work with the State to resolve discrepancies between State regulations and State guidance and resulting practices. The discrepancies were revealed in a State audit conducted in September 2013.

The State had not conducted audits of this function in 5 years, and Jackson County was one of the first to be reviewed in this cycle. Once the State completes its cycle of reviews, the statewide results may help initiate dialogue regarding OAR and current practices/guidelines.

The inspection files of nine foster care providers, which represents 20% of the current foster care providers, were reviewed. All aspects of OAR 411-320-0040 (6) pertaining to the licensing of foster homes were tested.

The paragraphs below summarize the five findings of the State audit, the reasons the finding occurred, and the actions we recommend that the Program Manager take.

1) 5 files did not have the initial or renewal application to be a foster home.

The OAR states that the Program must maintain copies of the initial and renewal applications. However, practice has been that the providers send renewal applications and required documents be returned directly to the State, which is the body that makes licensing decisions. As such, the County was not receiving copies. Subsequent to the State audit, the County began requesting that

applications be sent from the provider to the County. The County now receives the applications, copies the documents it is required to maintain, and then forwards the renewal packet to the State.

2) 4 files did not have copies of the financial records.

This finding echoes the conditions discussed in Finding 1 above. Statute requires the County to maintain copies of financial records but practice has been that providers send their renewal documents directly to the State. It should be noted that adult foster homes are required to submit financial records as part of the renewal process. There is more flexibility regarding juvenile foster homes; the requirement may be waived if the provider reports to the licensing inspector that there have been no significant changes to his/her financial situation.

3) 7 files did not have documentation of training for providers and sub-care providers.

This issue centers around the question of what constitutes “documentation of training” and the applicability to employees and others who serve as sub-care providers. OAR 411-320-0040(7)(d) states “the program must maintain copies of training for service providers and substitute caregivers.” All individuals working in the foster care environment are required to complete annual continuing education training.

According to Program staff, practice has been to review training documentation during inspection site visits and then, on the inspection checklist, check whether or not the training requirement was met. The training documentation of all sub-providers currently employed (as of the date of the inspection) were included in the review. Program staff did not retain any documentation, such as training attendance certificates or a list of trainings attended, to document the requirement was met.

Subsequent to the State audit, Program staff attempted to gain clarification from the State regarding the requirements. However, the e-mail response from the State did not provide definitive guidance or the detail necessary to clarify the concern.

Group and foster home employees can work in numerous homes and there is a high turnover rate, hence it would be burdensome for the County to maintain current training records. For example, the DD investigator may conduct an inspection on January 2nd and find that training records are current as of that date. If the provider submits a renewal application on May 2nd, the provider may have a completely different set of employees. In this scenario, assuming the DD inspector had obtained training records during the January 2nd inspection and assuming the State conducted a review in November, the

November State review would result in a finding that the County did not have training records for all current employees or even for all employees listed on the May 2nd renewal application.

We recommend that the Program Manager attempt to gain more specific guidance from the State regarding the nature of documentation to be maintained, whether the requirement pertains to all employees/care givers or just the provider, and whether employee training documentation (if required) must be current or reflect the point in time at which the annual inspection occurred.

4) 7 files did not have copies of the Adult Foster Home (AFH) training exams for care givers.

Passing a state exam is required in order to work in an adult foster home. The County administers the exam and sends the applicant's answer sheet to the State, which grades the exam and issues (upon passage) a non-expiring certificate of achievement stating that the individual "Has successfully met the requirements of the Adult Foster Care Basic Training Program." The County retains the original answer sheet and a copy of the certificate in the provider file.

There is some confusion as to whether the finding resulted because provider files lacked certificates of all care givers employed by the provider and/or whether the finding resulted if a file contained a certificate but not the original exam answer sheet. We recommended that the Program Manager work with the State to seek clarification as to whether it is sufficient to maintain a copy of the certificate or whether retention of the answer sheet is required. We also recommend that he work with other Counties to lobby the state to maintain a centralized database of individuals who passed the exam and possibly administer the exam online. This would be beneficial as many employees move from one employer to another and/or concurrently work for multiple employers and because some individuals operate more than one foster home.

5) 9 files did not have a copy of the annual agreement and contract.

Per the 1/16/14 email from the State, the Provider Enrollment Agreements (PEA) have replaced the use of annual agreements and/or contracts.

We recommend that the Program Manager work with other Counties and the State to eliminate the discrepancies discussed above by developing program guidelines that comply with OAR and meet the needs of all involved parties.

INVESTIGATIONS

In general, we found that the Program is compliant but that there are opportunities to strengthen documentation practices so that the Program can demonstrate its

compliance. We found that the Program's compliance is due to the efforts and diligence of its investigative staff and not because of a strong system of internal control. The audit team would like to commend the investigator for his thorough and well documented investigations that presented evidence and analysis in a clear, well written manner.

OAR establish many required actions regarding the investigative process. After receiving a report alleging abuse, the County must first determine whether an investigation is warranted, this is referred to as screening in or screening out a report. If a report is screened in, then an investigation must be conducted and then the results reported to the required parties. OAR establish who must be notified of each step in the process and the timelines for providing the notification.

Documentation practices have evolved and therefore for some requirements our review was limited to a small sample of six investigations completed in the last six months. For other matters, we reviewed a larger sample of 12 cases spanning fiscal year 2012-2013.

Specific OAR for which we found that stronger documentation practices are needed are as follows:

- **Upon receiving a report alleging abuse has occurred, the program must immediately notify the case manager** [OAR 407-045-0290(4)]. Per the investigator, service coordinators (case managers), are notified by e-mail unless the service coordinator is the one reporting the abuse (and notification is therefore not necessary). Documentation of service coordinator notification is not currently retained in either the case file or investigation file. However, all County emails are archived and retained per State law.

The audit team reviewed six cases and found that in 3 instances the service coordinator was the individual reporting the abuse. We did not review the email archives to confirm that service coordinator notification occurred in the other 3 cases.

Though archived e-mails could be accessed to satisfy a state reviewer that service coordinator notification is occurring, we recommend that the Program take a more pro-active approach and retain evidence of notification in the investigation file. For example, the Investigative Process section of the report could include a statement such as "On xx/xx/2014 I informed service coordinator John Doe via e-mail of the report alleging abuse." Alternatively, the service coordinator could print a copy of the outgoing e-mail and retain the copy in the investigative file.

- **Upon receiving a report alleging abuse has occurred, the program must also notify the guardian of the adult, unless doing so would undermine the integrity of the abuse investigation or a criminal investigation because the guardian or service coordinator is suspected of committing abuse.** [OAR 407-045-0290(12)]

Per the investigator, responsibility for guardian notification is often delegated to the service coordinator or provider as those individuals often have an ongoing relationship with the guardian. When this occurs, the investigator does not document that notification occurred. When the investigator provides notification to the guardian, he has recently started to include a case note in the case file to document that notification occurred. He stated that he also will often include details on guardian notification (if there is a guardian) in the Investigation Process section of the report.

Of the six cases reviewed by the audit team: 4 had no guardian, 1 guardian was notified via phone (per case note), and 1 guardian was the one reporting the abuse.

The Program is accountable for providing guardian notification and therefore should consider whether it is willing to rely on the provider to perform this task. Regardless of that decision, the Program should develop a consistent method for documenting compliance.

- **The program shall immediately, but no later than one working day, notify the Department that it has received a report of abuse, in the format provided by the Department. [OAR 407—45-0290(14)]**

Per the investigator, the State has requested that notification be postponed until the Program determines whether the report will be investigated (screened in) or not investigated (screened out). This pre-investigative process, at times, takes up to 3 days. Notification occurs via submittal of a Serious Event Review Team (SERT) report, which is a State form.

The SERT does not include the submitted date, so we were unable to determine the percentage of reported abuse cases that are/are not reported to the State within one working day. We did find that a SERT report was included in each case reviewed by the audit team.

We recommend that the Program obtain and retain written confirmation from the State expressing that notification should be postponed until the investigator completes the screening process.

After Screening the Report

- **If the program determines there is no reasonable cause to believe abuse occurred, the program shall notify the provider agency or brokerage within five working days that a protective services investigation shall not commence and explain the reasons for that decision. The program shall document the notice and maintain a record of all notices. [OAR 407-04500290(16)]**

We reviewed four 2013 case files and found that in each file a case note described receipt of the report of alleged abuse and contact with the provider

regarding the allegation. However, we could not always determine with certainty whether a listed date referred to receipt of the report, initial contact with a provider, date of the decision, and/or date that the provider was notified of the decision. For example, a case note might state something along the lines of, “on xx/xx/2014 I was notified of..... I spoke with house manager..... I determinednot to investigate... Service Coordinator was notified.”

We recommend that a consistent procedure be used when writing a case note to clarify the date each event discussed in the case note occurred.

- **If the program determines that a report will be assigned for investigation, the program must notify the provider agency, brokerage, guardian and any other individual with responsibility for providing services....The notice must be provided within five working days from the date the report was received. [OAR 407-04500290(15)]**

Investigative Reports list the individuals interviewed and the date/time the interviews occurred. Provider/brokerage notification can be inferred to have occurred from this information. Moreover, the provider/brokerage is often the one making the report of alleged abuse. Per the investigator, if the report comes from a different source, then he will document notification in a case note or the Investigative Process section of the Investigation Report.

Of the six cases reviewed, 4 had case notes indicating that the provider had been notified within 5 working days. In the 5th case, the alleged abuse was reported by the provider. The remaining case had no case note or report note indicating the provider was notified, but the provider was interviewed on the 6th day after the abuse was reported.

Guardians are notified when a report of alleged abuse occurs and this concurrently serves as notification that the report will be assigned for investigation. Notification of the guardian was discussed above. In the one case reviewed where guardian notification was required, a case note documented that the notification occurred within one working day of the reported abuse.

We recommend that the Program establish a procedure for documenting provider and guardian notification to ensure consistency.

Completing the Investigative Report

- **In cases where, for good cause shown, the protective services investigator cannot complete the report within 45 days, the investigator shall submit a request for time extension to the Office of Investigation and Training (OIT). [OAR 407-045-0320(3)]**

In 7 of the 12 cases we reviewed, the investigation was not completed in 45 days.

Six of the seven files contained the standardized form that is used for submitting and documenting approval of extension requests. In one case there was no documentation that an extension was requested. Law enforcement was involved in this case, which generally causes the investigation to take longer and results in an extension. The investigator may have forgotten to request an extension or the approved extension form may have been misplaced. As this was a sole exception and documentation was retained for all other extension requests, the audit team did not ask the investigator to spend time going through emails in an attempt to find documentation of the extension approval. Extensions were not necessary for the remaining 5 cases, as they were completed within 45 days.

- **The program shall notify the provider agency, brokerage and guardian when an extension is granted and advise them of the new report due date.** [OAR 407-045-0320(3)(E)(c)]

Per the investigator, providers/brokerages and guardians are normally notified of extensions via a phone call, but the communication may not always be documented in a case note or in the investigative report.

We recommend that the Program implement a practice that will document compliance with the requirement that providers/brokerages and guardians be notified when an investigative extension is granted.

Communicating the Results

- **If the program has reasonable cause to believe abuse occurred, it must immediately notify the appropriate public licensing or certifying agency and provide a copy of the abuse investigation and completed protective services report.** [OAR 407-045-0290(4)]

Per the investigator, he does not notify licensing or certifying agencies. Instead, the State Office of Adult Abuse Prevention and Investigation (OAAPI) provides notification. The Program submits its investigation reports to OAAPI and the report template includes a statement that OAPPI will notify the licensing agencies. The Investigative Report file contains a signature page documenting that OAPPI received and reviewed the report. Thus, it is presumed that OAPPI has agreed to and will provide a copy of the report to the applicable licensing/certifying agency.

All six investigation reports reviewed contained this statement. We noted this statement was present in all reports regardless of whether abuse was substantiated. We did not verify that OAPPI performed the required notification.

We recommend that the Program obtain confirmation that OAPPI is performing the required notifications.

- **A copy of the final abuse investigation and protective services report shall be provided to the Department within five working days of the report's completion and approval by Office of Investigation and Training (OIT).** [OAR 407-045-0320(4)]

The investigator stated that providing the final report to OIT constitutes providing the report to the Department (State). Therefore, we could not test compliance with the requirement that the Department received a copy of the report within five working days of OIT's approval. We did find that OIT's signatures were dated within 5 days of the report being completed in nine of 12 cases reviewed. Two reports were signed by OIT more than 5 days after report completion, but the report may have been received but not reviewed within the 5 days. In the final case, OIT failed to date its signature.

- **The program must provide notice of the outcome of the investigation or assure that notice is provided to the alleged victim, guardian, provider agency and brokerage, accused person and to any law enforcement agency which previously received notice of the initial report. Notice of outcome shall be provided to a reporter upon the reporter's request. Notice of outcome must be made within five working days after the date the case is completed and approved by OIT. The community program must document how the notice was provided.** [OAR 407-045-0320(5)]

The Investigation report has a distribution section noting who will receive a copy of the report. The investigator indicated that this is a new requirement and that he is documenting notifications in the case notes.

The reports for all six cases reviewed indicated that the report would be given to the State and provider. One case file contained a certified letter to the accused that had been returned as undeliverable. The envelope was unopened, but it is assumed that it contained the case outcome. One file had a case note indicating the provider and guardian were notified via mail, and another had a case note stating that "all notifications" were sent. Other investigation files reviewed by the audit team contained documentation and correspondence from providers that indicated an awareness of the outcome and resulting required actions.

We recommend that the Program review this requirement and develop a procedure for documenting that notification occurred and the method by which it occurred (e.g., notified provider by letter mailed on xx/xx/2014, left e-mail message for House Supervisor, etc).

WORKLOAD TRACKING AND EQUITY

The Program does not currently track the time associated with major tasks. As such, it does not have the data needed to plan for future changes in the number of applicants, homes, and/or clients or to ensure the Program's workload is distributed equitably.

Assuming the number of applicants begins to change over time, this information would be useful in determining if additional intake eligibility specialists are needed or, conversely, whether the existing one FTE can begin to take on other responsibilities within the Program. Similarly, there is one individual assigned to perform licensing inspections and one to conduct investigations. There is no data regarding the average amount of time needed to complete an inspection or investigation, or any of the primary tasks associated with those position.

We recommend that time studies be completed for these positions.

We could not determine whether the workload is distributed equitably among the Service Coordinators as there are no time studies regarding the many tasks involved in case management. Service Coordinators have to complete ISPs, conduct facility monitoring visits and client monitoring visits, write case notes, and resolve individual case issues.

Typically, the Program tries to keep all clients in the same group or foster home assigned to one Service Coordinator. Providers we spoke with reported that they like having to deal with just one Service Coordinator.

We noted that among the adult Service Coordinators, the number of clients ranged from 39 to 62, excluding cases previously assigned to a now-vacant position. The Service Coordinators with child clients had caseloads ranging from 76 to 91 with an additional coordinator assigned 40 cases as this Service Coordinator deals with most of the child foster homes, which require more annual visits than minor clients living with their biological or adoptive family.

GROUP AND FOSTER HOME PROVIDER INPUT

Group and foster home providers provided favorable feedback regarding the Program. As part of our assessment, we surveyed a sample of 15 group and foster home providers to gain their perspective on the Program's operations and to identify any areas warranting attention. Overall, results were very positive. However, several did comment that the Protective Service Investigation process is very lengthy and that additional communication would be appreciated, such as communicating where the investigator is in the process and when they can expect an outcome. Additionally, one respondent commented that they would like to have guidance on what they should do when they need to report a possible abuse after

hours, but no Program staff is available to take their call, and the situation is serious enough that they should not wait through the weekend for a return call. Another commented that it is hard to obtain the required training, and they wondered if there was anything the Program could do to help.

We recommend that the Program develop a policy for ensuring that providers are kept appropriately informed of the process of ongoing investigations.

We also recommend that the Program develop guidance for providers regarding the reporting of alleged abuse during non-working hours.

Summary of Audit Recommendations

The audit report contains twenty recommendations that address aspects of compliance, efficiency, and service effectiveness. While some recommendations should be implemented expediently, others should be considered in concert with the Program's long term strategic outlook and, as such, will require a longer time frame to implement. Still others can be characterized as "food for thought" and the Program may understandably choose not to implement these recommendations.

In order to ensure compliance is achieved and well documented, we recommend that the Developmental Disabilities Program:

Licensing Inspections

1. Work with other counties and the State to eliminate the discrepancy between annual agreements or contracts and Provider Enrollment Agreement documentation requirements by developing program guidelines that comply with OAR and meet the needs of all involved parties.
2. Gain more specific guidance from the State regarding the nature of training documentation to be maintained, whether the requirement pertains to all employees/care givers or just the provider, and whether employee training documentation (if required) must be current or reflect the point in time at which the annual inspection occurred.
3. Work with the State to seek clarification as to whether it is sufficient to maintain a copy of the Adult Foster Home training certificate or whether retention of the answer sheet is required as well.

Protective Service Investigations

4. Retain evidence that the Service Coordinator was notified of a Protective Service Investigation in the investigation file.
5. Consider whether the Program should rely on the provider to notify the guardian of Protective Service Investigations. Regardless of that decision, the Program should develop a consistent method for documenting that the guardian was notified.
6. Obtain and retain written confirmation from the State confirming that notification of the Department of Human Services of a Protective Service Investigation should be postponed until the investigator completes the screening process.

7. Develop a consistent case note procedure that clarifies the date each event discussed in the case note occurred.
8. Establish a procedure for documenting provider and guardian notification of Protective Service Investigations to ensure consistency.
9. Establish a procedure for documenting provider and guardian notification of Protective Service Investigation extensions.
10. Obtain confirmation that OAPPI is notifying appropriate licensing or certifying agencies if an abuse is substantiated.
11. Develop a procedure for documenting notification of investigation outcome and method of notification for the alleged victim, guardian, provider agency, brokerage, accused person, and any law enforcement agency involved.

In order to better assist group and foster home providers:

12. Develop a policy for ensuring that providers are kept appropriately informed of the process of ongoing investigations.
13. Develop guidance for providers regarding the reporting of alleged abuse during non-working hours.

In order to increase operational efficiency, we recommend that the Developmental Disabilities Program:

14. Evaluate the 10-visit policy to determine if it is the most efficient and effective way to achieve the necessary protection of clients.
15. Examine whether the benefits of using Access as a simple case management system warrants the investment of time and energy in developing a database and the proficiency needed to use it.
16. Work with other counties to lobby the State to maintain a centralized database of individuals who have passed the Adult Foster Home training exam and to possibly administer the exam online.
17. Complete time studies for the Developmental Disability Service Coordinator, Eligibility Specialist, Protective Service Investigator, and Licensing Specialist positions.

In order to improve program effectiveness, we recommend that the Developmental Disabilities Program:

18. Initiate the process of developing and implementing a systemic means for monitoring and reporting on the achievement of client goals.
19. Consider developing a process to track out-of-home placement of minors.
20. Monitor, report, and use client employment information.



JACKSON COUNTY

Health & Human Services

**Health and Human Services
Developmental Disabilities Services**

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To: Eric Spivak, County Auditor & Tanya Baize, Senior Auditor
From: Rick Hammel, MSW
Subject: Internal Audit Report - JCDDS
Date: September 2, 2014

I have reviewed your 2014 internal audit of JCDDS. We concur with the recommendations noted and will weave these into our ongoing 2013 CDDP Review's Plan of Improvement work. We will utilize the attached Recommendations Summary Worksheet in achieving that goal. Please note, the recommendation re: FTE Time Studies was a task recently performed by ODDS. Please advise if you have concerns regarding our notes on that recommendation in lieu of the State's Time Study efforts.

We appreciate the time and effort the Auditor's Office took in this venture and look forward to improving JCDD services by way of these recommendations. It was a pleasure working with you two.

Sincerely,

Rick Hammel, MSW
Jackson County DD Services – Division Manager

Enclosures:

Narrative copy of "2014 JCDDS Audit Recommendations Summary Worksheet" / original document attached to email.

2014 JCDDS Audit Recommendations Summary Worksheet

- *SERVICE COORDINATION - Complete an assessment of support needs and implement a plan for meeting those needs, for each client that is enrolled in case-management, at least one time a year.*
 1. We do, however, encourage the Program to, as able, initiate the process of developing and implementing a systematic means for monitoring and reporting on the achievement of client goals.

- *RESIDENTIAL GROUP HOMES, FOSTER HOMES, AND SUPPORTED LIVING*
 2. We recommend that the Program evaluate the 10-visit policy to determine if it is the most efficient and effective way to achieve the necessary protection of its clients. For example, the Program may find it more useful to establish a policy that requires the state mandated 4 visits while simultaneously requiring additional visits when certain conditions exist.

- **EMPLOYMENT**

Provide developmentally disabled adults, in comprehensive services, with the opportunity to be employed in their community settings with supports, as necessary.

The Program does not track performance of this objective. However, data is available in the Developmental Disability Access database to do so. We were able to determine that 51% of clients were either employed or in a day program that serves as an alternative to employment¹. Of the remaining 49%, some clients may have chosen not to be employed or in a day program. The database does not currently track this so we could not determine the percentage of willing clients who are actually employed or in a day program.

 3. We recommend that Jackson CDDP begin monitoring, reporting, and using this information.

- **Case Notes and TCMs / Annual Docs**

Use of an Access database may help eliminate duplicative activities and allow for more efficient processes. Access takes Excel to the next level. Access is a relational database system, which means it allows for cross-referencing and reporting on any piece of data included in the database, or any combination of data points. Additionally, any document already stored in the computer can be attached to the records maintained in the database. For example, a Service Coordinator writing a case note using Word can simultaneously attach that document to a client record and a group home record in the database system.

 4. We recommend that the Program examine whether the benefits of using Access as a simple case management system warrant the investment of time and energy in developing a database and the proficiency needed to use it.

Service Coordinators are often required to complete annual documents for various different programs for each client. For example, in addition to the annual ISP, some clients also require

an annual Waiver, and Personal Care Program documents. The due dates for these documents do not always coincide, but it would be more efficient if they did.

- **GROUP AND FOSTER HOME LICENSING INSPECTIONS**

5. We recommend that the DD Program Manager attempt to gain more specific guidance from the State regarding the nature of documentation to be maintained, whether the requirement pertains to all employees/care givers or just the provider, and whether employee training documentation (if required) must be current or reflect the point in time at which the annual inspection occurred.
6. We recommended that the DD Program Manager work with the State to seek clarification as to whether it is sufficient to maintain a copy of the certificate or whether retention of the answer sheet is required. We also recommend that he work with other Counties to lobby the state to maintain a centralized database of individuals who passed the exam and possibly administer the exam online. This would be beneficial as many employees move from one employer to another and/or concurrently work for multiple employers and because some individuals operate more than one foster home.

- **INVESTIGATIONS**

7. Though archived e-mails could be accessed to satisfy a state reviewer that service coordinator notification is occurring, we recommend that the program take a more pro-active approach and retain evidence of notification in the investigation file. For example, the Investigative Process section of the report could include a statement such as “On xx/xx/2014 I informed service coordinator John Doe via e-mail of the report alleging abuse.” Alternatively, the service coordinator could print a copy of the outgoing e-mail and retain the copy in the investigative file.
8. The program is accountable for providing guardian notification and therefore should consider whether it is willing to rely on the provider to perform this task. Regardless of that decision, the program should develop a consistent method for documenting compliance.
9. We recommend that the program obtain and retain written confirmation from the State expressing that notification should be postponed until the investigator completes the screening process.
10. **Post Screening Allegation:** We reviewed four 2013 case files and found that in each file a case note described receipt of the report of alleged abuse and contact with the provider regarding the allegation. However, we could not always determine with certainty whether a listed date referred to receipt of the report, initial contact with a provider, date of the decision, and/or date that the provider was notified of the decision. For example, a case note might state something along the lines of, “on xx/xx/2014 I was notified of..... I spoke with house manager..... I determinednot to investigate... Case manager was notified.” We recommend that a consistent procedure be used when writing a case note to clarify the date each event discussed in the case note occurred.

11. Investigation to be opened: We recommend that the program establish a procedure for documenting provider and guardian notification to ensure consistency. We recommend that the program implement a practice that will document compliance with the requirement that providers/brokerages and guardians be notified when an investigative extension is granted.
12. Licensing / Certification Agency Notification: We recommend that the program obtain confirmation that OAPPI is performing the required notifications.
13. Investigation Outcome Notification: We recommend that the Program review this requirement and develop a procedure for documenting that notification occurred and the method by which it occurred (e.g., notified provider by letter mailed on xx/xx/2014, left e-mail message for House Supervisor, etc).

- **FTE Allocation**

14. FTE Time Studies for equitable caseloads among CMs as well as Investigator, Licensor and Eligibility Specialist. **ODDS performed a time study of all noted FTE statewide from late 2013 thru May 2014. I don't believe a Division as small as DD could match the breadth and depth of such a time study given our time and resources. I do believe that after 1 full year of actual K Plan Case Management, we could do a time study for those CM FTE: 6 of 7 Kid Team FTE and 1 – 2 FTE on Adult Team affected by the K Plan.

- **Group Home and Foster Provider Input**

15. We recommend that the Program develop a policy for ensuring that providers are kept appropriately informed of the process of ongoing investigations.
16. We also recommend that the Program develop guidance for providers regarding the reporting of alleged abuse during non-working hours.