



**House Select Committee on Services for Individuals
Eligible for Intermediate Care Facility Services**

August 22, 2008

**Adult Protective Services Response to the
State Auditor's Office (SAO) Report on State
Mental Retardation Facilities**

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Adult Protective Services**

Purpose of APS MH and MR Investigations

The role of APS in protecting MH and MR clients from abuse, neglect and exploitation is:

- Conducting unbiased, thorough investigations in response to reported allegations
- Providing objective findings to the provider to take appropriate action to protect their consumers

APS does not:

- Have operational authority over providers
- Proactively investigate or regulate providers

Overview of Findings and Response

- APS agrees with and will address all recommendations.
- Most of the findings are related to process, documentation and policy issues. No major weaknesses in the program operations were found.
- The SAO counted compliance metrics differently than APS. APS internal performance metrics indicate higher levels of compliance than identified by SAO.

DFPS Should Ensure That it Contacts Consumers and Facilities in a Timely Manner

Recommendation: “DFPS should clarify requirements for face-to-face contact in cases referred to the facility.”

SAO Finding: 16 of 82 (20%) cases were referred to the facility. In 13 of 16 cases, there was no contact with the consumer.

APS Response: Sound investigatory practice does not require face-to-face contact with consumers in all cases that are not accepted for investigation and are instead referred to the facility. For example, allegations involving “clinical issues” are referred back to the facility; duplicate intakes are closed without a contact.

DFPS will revise policy, already embodied in practice and performance management, that face-to-face contacts with alleged victims may not be necessary before making a referral.

DFPS Should Ensure That it Contacts Consumers and Facilities in a Timely Manner

Recommendation: “DFPS should record all face-to-face contacts made by investigators in IMPACT.”

SAO Finding: 6,622 of 7,592 (87%) cases had timely face-to-face contacts. Of the cases without timely contacts, 720 (74%) had no contacts recorded because they were cases that were not investigated but were referred to the facility.

APS Response: Because current policy is unclear regarding recording contacts in cases that are referred, not all contacts are recorded in the DFPS data management system, IMPACT. Even if the case is referred, if a contact is made, it should be recorded.

DFPS will revise policy and increase monitoring of timeliness and accuracy of documentation, especially of contacts closely related to client welfare.

DFPS Should Ensure That it Contacts Consumers and Facilities in a Timely Manner

Recommendation: “DFPS should record facility notification date and time in IMPACT.”

SAO Finding: 6,677 of 7,592 (88%) cases included a timely notification to the facility.

APS Response: Current policy does not state clearly that facility notification must be documented in cases that are referred. Excluding cases that were referred, the compliance rate is 96%.

DFPS will revise policy to state clearly that when notification to facilities occurs, it must be documented in IMPACT (the DFPS data management system).

DFPS Should Conduct Investigations in a Timely Manner

Recommendation: “DFPS should approve extensions to case investigation deadlines for an allowable reason in accordance with policy.”

SAO Finding: 6,605 of 7,592 (87%) investigations were completed in a timely manner. Of 104 cases reviewed by SAO, one case had an approved extension not allowable by policy, which was an extension approved based on “workload.”

APS Response: DFPS policy allows for extensions for certain reasons, but states clearly that “workload” is not justification for missing the 14 day deadline for completing the investigation or for seeking an extension.

DFPS will continue monitoring compliance with this policy and will explore monitoring enhancements to the APS quality assurance process.

DFPS Should Conduct Investigations in a Timely Manner

Recommendation: “DFPS should complete preliminary investigation reports in a timely manner.”

SAO Finding: 9 of 66 (14%) preliminary investigation reports were not completed in a timely manner or not completed at all.

APS Response: Internal case reading indicates that 91.7% of five day reports were submitted timely.

DFPS understands the importance of DADS meeting its obligations under ICF-MR regulations and will continue to monitor compliance for completion and timeliness of preliminary reports. DFPS will also seek to integrate the preliminary report in the agency’s data management system, which will allow DFPS to monitor timeliness and completion of report.

DFPS Should Ensure That it Makes Accurate Initial Assessment of Allegation Priorities

Recommendation: “DFPS should increase the number of reviews performed by the Statewide Intake QAT [Quality Assurance Team] for calls that are not investigated by DFPS and track these calls at the program level.”

SAO Finding: The priority assessment for 12 of 72 (17%) allegations received by Statewide Intake were incorrect. In addition, 2 of 21 (10%) were assessed as not meeting reportable conditions and were erroneously referred to the facility instead of investigated by DFPS.

DFPS Response: *Statewide Intake will require supervisors to complete call reviews when doing random reviews for their intake workers. This will be in addition to call reviews done by the QAT. Statewide intake is scheduled to add a position to the QAT in September 2008.*

DFPS Should Ensure That it Makes Accurate Initial Assessment of Allegation Priorities

Recommendation: “DFPS should forward all incorrect allegation assessments to the QAT for review.”

SAO Finding: The number of reviews performed on allegations related to the ICF-MR program is limited.

APS Response: APS expects that field staff will report incorrect allegation assessments to the QAT for review.

APS will communicate to all staff the importance of following established procedures to alert the QAT of incorrect priority assessments as well as other intake errors.

Questions