



An Audit Report on

**The Department of Family and
Protective Services' Adult Protective
Services Investigations**

August 2018

Report No. 18-041



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Overall Conclusion

The Department of Family and Protective Services' (Department) **did not consistently** follow its policies and procedures for performing in-home investigations related to Adult Protective Services (APS). This increases the risk that allegations of abuse, neglect, or financial exploitation may not be adequately investigated and addressed. Specifically, the Department did not always:

- Make regular contacts with clients to ensure their safety as required by its policies.
- Follow its policies and procedures related to supervisory approval of cases.
- Follow its policies and procedures when determining that clients were ineligible for services.

The Department made adequate efforts to address client needs that it identified. Additionally, the Department ensured that it provided purchased client services only to eligible individuals, and it authorized and monitored those services in accordance with most applicable requirements. However, it should improve its controls over user access to certain information systems that contain confidential information.

According to the Department's case management system, from September 1, 2016, through January 31, 2018, the Department closed (1) 142,472 investigations and (2) 22,747 cases in which a client was receiving ongoing services after the investigation was concluded. During that time, the Department spent \$9 million on purchased client services. Auditors tested a total of 240 unique cases and 25

Background Information

Adult Protective Services' (APS) In-Home Investigations and Services Program is responsible for investigating abuse, neglect, and financial exploitation and providing services to persons who are

- Aged 65 or older, or
- Aged 18-65 and (1) have mental, physical, or developmental disabilities that substantially impair their ability to live independently or provide for their own self-care or protection and (2) reside in the community (for example, private homes, unlicensed adult foster homes, and unlicensed board and care homes).

APS specialists investigate reports of alleged abuse, neglect, or financial exploitation to determine whether the reported situation exists and to what extent it adversely affects the alleged victim.

When specialists determine that protective services are appropriate, they document a service plan to provide or arrange for services to alleviate or prevent further maltreatment. If services are not available through other sources, APS may purchase them on a short-term, emergency basis (the Department refers to these as purchased client services).

Source: The Department.

purchased client services transactions in 13 different samples¹ for compliance with certain Department policies related to APS in-home investigations.

Auditors communicated other, less significant issues to the Department in writing.

Table 1 presents a summary of the findings in this report and the related issue ratings. (See Appendix 2 for more information about the issue rating classifications and descriptions.)

Table 1

Summary of Chapters/Subchapters and Related Issue Ratings		
Chapter/ Subchapter	Title	Issue Rating ^a
1-A	The Department Did Not Always Make Regular Contacts With Clients to Ensure Their Safety as Required By Its Policies	High
1-B	The Department Has a Control Requiring Supervisory Approval of Cases Prior to Closure; However, That Control Was Not Always Operating Effectively	High
1-C	The Department Generally Initiated Investigations in a Timely Manner, Performed Required Assessments of Client Safety, and Made Adequate Efforts to Address Identified Client Needs as Required	Medium
1-D	The Department Generally Followed Its Policies Related to Closing Certain Investigations	Low
2-A	The Department Did Not Always Follow Its Policies and Procedures When Determining That Clients Were Ineligible for APS Services	Medium
2-B	The Department Provided Purchased Client Services Only to Eligible Individuals and Ensured That Purchased Client Services Were for Allowable Goods and Services and Met a Documented Client Need	Low
3	The Department Should Improve Its Controls Over User Access	High

^a A subchapter is rated Priority if the issues identified present risks or effects that if not addressed could critically affect the audited **entity's ability to effectively administer the program(s)/function(s) audited. Immediate action is required to address the noted concern and reduce risks to the audited entity.**

A subchapter is rated High if the issues identified present risks or effects that if not addressed could substantially affect the audited **entity's ability to effectively administer the program(s)/function(s) audited. Prompt** action is essential to address the noted concern and reduce risks to the audited entity.

A subchapter is rated Medium if the issues identified present risks or effects that if not addressed could moderately affect the audited **entity's ability to effectively** administer program(s)/function(s) audited. Action is needed to address the noted concern and reduce risks to a more desirable level.

A subchapter is rated Low **if the audit identified strengths that support the audited entity's ability to administer the** program(s)/function(s) audited or the issues identified do not present significant risks or effects that would negatively affect the audited **entity's ability to effectively administer the program(s)/function(s) audited.**

¹ Certain cases were included in more than one sample.

Summary of Management's Response

At the end of each chapter in this report, auditors made recommendations to address the issues identified during this audit. The Department agreed with the recommendations in this report.

Audit Objective and Scope

The objective of this audit was **to determine whether the Department's** APS In-Home Investigations and Services Program has processes and related controls to help ensure that it:

- Conducts in-home investigations of allegations of maltreatment of certain adults in accordance with applicable statutes, rules, policies, and procedures.
- Provides emergency client services only to eligible persons, and that it authorizes and monitors those services in compliance with applicable laws, rules, policies, and procedures.

The scope of this audit included APS in-home investigations cases that were active at any point from September 1, 2016, through January 31, 2018, and purchased client services transactions that occurred during that time period.

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Detailed Results

Chapter 1

The Department Did Not Always Make Regular Contacts With Clients or Follow Its Policies for Supervisory Review of Cases; However, It Made Required Efforts to Address Identified Client Needs

The Department of Family and Protective Services (Department) has written policies and procedures for its Adult Protective Services (APS) Program to provide guidance to its employees who conduct in-home investigations of allegations of maltreatment of certain adults. However, the Department did not consistently ensure that its staff followed those policies and procedures.

Auditors tested 10 different samples that included 191 unique cases (certain cases were included in more than one sample) for compliance with different Department policies and procedures for conducting in-home investigations. In testing those cases, auditors identified weaknesses related to the following requirements:

- Caseworkers making contact with clients at prescribed frequencies.
- Conducting supervisory review of cases for closure.

However, for all 15 cases tested in which the client was receiving ongoing services after the investigation was concluded, the Department made all required efforts to address identified client needs.

The Department Did Not Always Make Regular Contacts With Clients to Ensure Their Safety as Required By Its Policies

Chapter 1-A
Rating:
High ²

The Department has policies and procedures that require caseworkers to make periodic contacts to verify that the clients are safe both during investigations and when the clients continue to receive ongoing services after the Department closes an investigation. However, the Department did not always follow those procedures. Specifically:

- In 4 (33 percent) of 12 investigations tested, caseworkers did not contact clients to verify their safety at least 1 or more times every 30 days as required by the *APS In-Home Investigations Handbook*. For those four investigations, the caseworkers did not make any contacts with the clients for time periods ranging from 69 days to 266 days while the investigation was open. In each of the four of the cases, the caseworker performed an initial safety assessment and determined the client was safe with no immediate interventions needed.
- In 7 (47 percent) of 15 cases tested in which the client was receiving ongoing services after the investigation was complete, caseworkers did not make the required number of contacts. For those seven cases, the caseworkers did not make any contacts with the clients for time periods ranging from 34 days to 114 days. The *APS In-Home Investigations Handbook* requires caseworkers to make contact at specified frequencies with clients receiving ongoing services to help ensure client safety and verify that services are meeting client needs.

The Department asserted that high caseloads and high caseworker turnover contributed to the caseworkers' failure to consistently follow policy, as discussed above. Not consistently making contacts with clients at the required frequency increases the risk that a client could be left in a state of abuse, neglect, or exploitation.

Recommendation

The Department should implement a process to ensure that caseworkers make contacts with clients at the frequencies required by its policies.

² Chapter 1-A is rated as High because the issues identified present risks or effects that if not addressed could substantially affect the audited entity's ability to effectively administer the program(s)/function(s) audited. Prompt action is essential to address the noted concern and reduce risks to the audited entity.

Management's Response

In FY18, APS caseworker turnover rates are the highest of all DFPS divisions. In FY17, 60 APS caseworkers left during their first year of employment and it is projected that in FY18, 78 APS caseworkers will leave during their first year of employment. Turnover at this rate increases the likelihood that caseworkers will focus attention on immediate client safety at the time of intake rather than ongoing service and safety contacts during the life of the case.

The department agrees with the recommendation and prior to the audit had already begun implementing a system to improve compliance with contacts. In October 2017, APS initiated use of Insight, a tool that helps the caseworker manage their casework on a daily basis. The tool is linked to the case management system and is updated daily, allowing anyone to produce a color coded dashboard showing compliance with contacts and indicating which contacts are coming due. APS has begun to incorporate use of Insight into casework and management practice and has been reinforcing with all staff the importance of compliance. APS will continue to increase reliance on Insight by all staff in order to improve compliance with required contacts.

The department will also continue to identify and address retention concerns in order to stabilize the APS workforce and improve the ability to comply with contact requirements.

Responsible Person, Title: APS Director of Field

Implementation Date: Insight implementation: October 2017

Retention Improvement: LAR Request

The Department Has a Control Requiring Supervisory Approval of Cases Prior to Closure; However, That Control Was Not Always Operating Effectively

Chapter 1-B
Rating:
High ³

According to the *APS In-Home Investigations Handbook*, timely supervisory review prior to case closure is one of the Department's primary controls for ensuring that it performs in-home investigations in accordance with applicable requirements and that clients are not left in a state of abuse, neglect, or financial exploitation (see text box for more information on supervisory review). However, in 2,056 investigations closed from September 1, 2016, through January 31, 2018, the supervisor approving the investigation for closure was also assigned as the caseworker for the investigation. The Department asserted that due to high caseloads and high caseworker turnover, it has a business need to allow supervisors to both submit and approve a case for closure. In addition, the Department's case management system does not prevent supervisors from submitting cases to themselves for approval.

Having a person who worked on a case also perform a supervisory review of that work increases the risk that instances in which the caseworker did not adequately investigate all allegations and make all required efforts to ensure client safety may not be identified and addressed. Because supervisory case file review is one of the Department's primary controls for ensuring compliance with requirements, implementing adequate segregation of duties between the person performing the investigation and the person reviewing that investigation would increase the Department's ability to ensure that clients are not left in a state of abuse, neglect, or financial exploitation.

In addition, the Department did not always conduct supervisory reviews within required timelines. Specifically, in 19 (31 percent) of 61 cases tested for compliance with timeliness requirements for supervisory review, the Department did not conduct a supervisory review within 10 days after the

Supervisory Review

When a caseworker submits an investigation for approval to close or to be progressed to ongoing services, the APS supervisor reviews the submitted investigation within 10 calendar days to ensure that the Department:

- Adequately investigated all allegations and
- Made all reasonable efforts to ensure that the alleged victim is not in a state of abuse, neglect, or financial exploitation because of a lack of APS effort.

When a caseworker submits a case in which the client is receiving ongoing services after the investigation has closed, the APS supervisor reviews the submitted case within 10 calendar days to verify that the Department has made all reasonable efforts to ensure that the client is not in a state of abuse, neglect, or financial exploitation.

Source: *APS In-Home Investigations Handbook*.

³ Chapter 1-B is rated as High because the issues identified present risks or effects that if not addressed could substantially affect the audited entity's ability to effectively administer the program(s)/function(s) audited. Prompt action is essential to address the noted concern and reduce risks to the audited entity.

cases were submitted for review, as required by its policies. The review timeframes for those 19 cases ranged from 11 days to 86 days after the cases were submitted for approval. Not conducting a supervisory review in a timely manner could delay the identification of issues that should be addressed to help protect clients.

Recommendations

The Department should ensure that:

- There is adequate segregation of duties in its process for reviewing case files to verify that investigations were conducted in accordance with applicable requirements.
- Its reviews of cases submitted for closure are in compliance with the timelines established by Department policy.

Management's Response

A: APS generally agrees with the recommendation and a similar concern was noted by DFPS Internal Audit in 2016. However, due to turnover and abandoned caseloads, there may be rare occasions when there is a business need for a supervisor, manager or designee to approve cases for closure that are assigned to their own workload.

APS currently has a report showing approvals across the state. District Management will review this report on a monthly basis for any self approvals that were not authorized to address a business need.

When necessary and approved by Program Administrator or District Director, APS will require that approving staff document in the comments section of the approval page when they are approving closure for cases assigned to themselves in the case management system.

Long term, APS will pursue IT changes to the case management system that were implemented for a former DFPS program, Provider Investigations. This would ensure segregation of approval and would allow for approvers to officially assign designees in the system. APS will explore opportunities to make these changes during modernization of the case management system or subsequently as part of routine programmatic changes, subject to available funding.

Responsible Person, Title: APS Program Support Manager

Implementation Date: *Monthly distribution of Approval Report beginning August 2018*

Case management system changes: With modernization of the case management system.

B: APS agrees with this recommendation, and current approval timeliness overall for the program is above 98 percent. APS will address the concern by:

- *Immediately (July 18, 2018) communicating with all management staff the importance of reviewing cases submitted for closure within the current timeframes.*
- *Reviewing policy to improve clarity of timeframes, particularly when a case is to be reviewed by more than one level of management.*

Responsible Person, Title: *APS Director of Policy and Performance*

Implementation Date: *Policy release memo by August 2018*

The Department Generally Initiated Investigations in a Timely Manner, Performed Required Assessments of Client Safety, and Made Adequate Efforts to Address Identified Client Needs as Required

Chapter 1-C
Rating:
Medium ⁴

The Department's policies and procedures require caseworkers to initiate investigations within certain timeframes, perform required assessments⁵ of client safety, and make adequate efforts to address client needs (see text box).

Initiating Investigations

For 25 (96 percent) of 26 investigations tested, the Department followed those policies and procedures. However, the Department did not initiate an investigation for one case until more than six months after receiving a complaint of medical self-neglect. The Department's policy requires investigations to be initiated within 24 hours of receiving a complaint of abuse, neglect, or exploitation.

Specifically, the Department received that complaint October 6, 2016. However, the Department did not initiate an investigation until April 18, 2017 (194 days later). As a result, the Department also did not make face-to-face contact with the client within the required timeframe or perform a safety assessment.

Certain Requirements for Investigations and Services

The *APS In-Home Investigations Handbook* requires the Department:

- To initiate investigations by making contact with a person who has current and reliable information about the client's **situation** within 24 hours of the Department receiving an allegation of abuse, neglect, or exploitation.
- To make face-to-face contact with the client within 24 hours to 14 days of the receipt of the allegation, depending on the severity of the situation.
- To perform one or more of three assessments (safety, risk of recidivism, and strength and needs) depending on the circumstances of each case.
- To make all reasonable efforts to resolve the **client's problems**.

Source: *APS In-Home Investigations Handbook*.

⁴ Chapter 1-C is rated as Medium because the issues identified present risks or effects that if not addressed could moderately affect the audited entity's ability to effectively administer program(s)/function(s) audited. Action is needed to address the noted concern and reduce risks to a more desirable level.

⁵ The Department has three types of assessments it may be required to perform depending on the case. Those are safety assessments, strength and needs assessments, and risk of recidivism (used in certain investigations to identify clients who have low, moderate, or high probabilities of a recurrence of self-neglect, abuse, neglect, or financial exploitation in the next 6 to 12 months) assessments.

Investigating Allegations

Auditors tested an additional sample of 15 investigations to determine whether the Department addressed allegations in accordance with its policies and procedures. For all 15 investigations, the Department ensured that it reached a conclusion for all allegations associated with those investigations and that those conclusions were supported. In addition, the Department provided notifications of case closure to all required parties.

Interviews

In addition to interviewing the alleged victims of abuse (clients), the *APS In-Home Investigations Handbook* requires caseworkers to interview the alleged perpetrator unless certain conditions apply, including: the caseworker believes interviewing the alleged perpetrator places the client in danger, the alleged perpetrator cannot be located or refuses to be interviewed, or law enforcement requests that the caseworker not interview the alleged perpetrator. Caseworkers are required to document a supervisory consultation if the alleged perpetrator is not interviewed.

Caseworkers are also required to interview persons who make reports of abuse, neglect, or financial exploitation of persons age 65 or older and adults with disabilities or document that the reporter was not interviewed due to having no firsthand knowledge or other relevant information.

Source: *APS In-Home Investigations Handbook*.

For a separate sample of 15 investigations tested, the Department interviewed the clients (alleged victims of abuse) in all 15 of those investigations (see text box for more information on certain interview requirements). However, it should strengthen its process to ensure that all key parties are interviewed during investigations as required by the *APS In-Home Investigations Handbook*. Specifically, the Department did not interview the alleged perpetrator for 1 (7 percent) investigation tested and did not interview the person reporting an allegation in 3 (20 percent) investigations tested; additionally, there was no documentation supporting why these parties were not interviewed. Not interviewing all required parties during an investigation increases the risk that the Department will not obtain sufficient information to resolve the investigation appropriately.

Addressing Client Needs

For all 15 cases tested in which the client was receiving ongoing services after the investigation, the Department made reasonable efforts⁶ as required to address client needs as identified in the service plan prior to closing the case.

⁶ The *APS In-Home Investigations Handbook* describes “reasonable efforts” as including searching for a solution among available regional resources; using purchased client services when appropriate; evaluating services continually to ensure effectiveness; recognizing that some problems cannot be solved if the resources are not available; recognizing that some clients are not willing to change their circumstances; and performing other actions depending on the circumstances of the case.

Recommendations

The Department should:

- Ensure that it initiates investigations within the required timelines and conducts assessments in accordance with applicable policies and procedures.
- Ensure that it interviews all required parties during an investigation.

Management's Response

The Department agrees with the recommendations.

A: As noted in response to Chapter 1-A, APS has implemented Insight (October 2017). Insight provides daily updated information on Recidivism Review, Case Initiation, IFTF, Safety Assessment, Date of Last Safety Contact, Safety Contacts, RORA Completion, Strength and Needs Assessment, Date of Last Service Contact. APS will continue to increase staff and management reliance on Insight to ensure compliance with required contacts and timeframes.

Responsible Person, Title: APS Director of Field

Implementation Date: Insight implementation October 2017

B: APS has sent out a routine "Did you know" communication from the Director of Field reminding staff that it is best practice to make the reporter one of the first contacts on any case.

APS will review current policy to ensure clarity of the requirement to interview the reporter and all other critical collaterals, or document the approved reason why this was not done, during every investigation. APS will reinforce this requirement through training and Quality Assurance reviews.

Responsible Person, Title: APS Director of Policy and Performance

Implementation Dates: "Did you know" communication July 2018 and Policy memo release August 2018

The Department Generally Followed Its Policies Related to Closing Certain Investigations

Chapter 1-D
Rating:

Low⁷

The Department has documented policies and procedures for closing investigations, and closure requirements vary depending on the circumstances of each investigation (see text box). In certain situations, the Department can close an investigation without completing all requirements, and the Department generally followed its policies and procedures for closing those types of investigations. However, it did not always make all efforts that its policies and procedures require in investigations closed due to a client's refusal to cooperate.

Investigations Closed Without Completion of All Requirements

The Department's policies and procedures allow the Department to close investigations without completing all requirements when circumstances make completing those requirements unfeasible or unnecessary. Examples of circumstances in which this may apply include: (1) when the Department cannot locate the client, (2) when the investigation is a duplicate of another case that the Department has already investigated or is currently investigating, or (3) when the case belongs under the jurisdiction of another state or agency or the purview of another program.

Auditors tested 29 investigations that were closed without completing all requirements and determined that the Department followed its policies and procedures for all of those investigations. Specifically:

- In all 13 investigations tested that the Department closed due to the client moving or the Department being unable to locate the client, the

Requirements for Closing Certain Investigations

The Department's *APS In-Home Investigations Handbook* requires that:

- Prior to closing an investigation due to the client moving or the caseworker being unable to locate the client, the caseworker make reasonable efforts to locate the client.
- Investigations be closed administratively if all reasonable efforts have been made to resolve a **client's problem but the problem is not resolved**, and the client is no longer in danger.
- New cases that are duplicates of an existing or a previous case be merged with that existing/previous case and the new case be closed as a duplicate.
- Investigations that fall under the jurisdiction of another state agency or another state be closed.
- Investigations that fall under the purview of another program in the Department be referred back to the Department's Statewide Intake staff. Statewide Intake is the contact center for the Department; it determines the correct Department program with jurisdiction to investigate and routes allegations to the correct Department program and field office.

Source: *APS In-Home Investigations Handbook*.

⁷ Chapter 1-D is rated Low because the audit identified strengths that support the audited entity's ability to administer the program(s)/function(s) audited or the issues identified do not present significant risks or effects that would negatively affect the audited entity's ability to effectively administer the program(s)/function(s) audited.

Department complied with applicable requirements, including making reasonable efforts to locate the client.

- In all 16 investigations tested for compliance with certain case closing requirements, the Department followed its policies for closing investigations: (1) administratively, (2) as a duplicate referral, or (3) as falling under the jurisdiction of another agency or another program at the Department.

Investigations Closed When Clients Refuse to Cooperate

Because the Department's clients are adults, they can refuse to cooperate with the Department during an investigation. The Department has policies and procedures for closing investigations in which the client refuses to cooperate with an investigation (see text box). Auditors tested 12 investigations that the Department closed because the client refused services and identified instances in which the Department did not follow its policies and procedures for 5 of those investigations. Specifically:

- For 2 investigations, the clients did not refuse services and the Department should have continued to investigate. For both of these cases, the Department had provided some services to the clients. However, information in the case file and confirmed by the Department indicates that the clients may have required additional assistance.
- For 3 investigations, the Department did not comply with all requirements for closing investigations when a client refuses to cooperate. For example, in two of those investigations, the caseworkers did not consult with their supervisors prior to closing the investigations.

In addition, the supervisory reviews of those five investigations did not identify and correct the instances of noncompliance with the Department's policies.

Recommendation

The Department should ensure that its caseworkers and supervisors follow its policies and procedures for cases in which the client refuses to cooperate with an investigation.

Department Policy When Clients Refuse to Cooperate

When clients refuse to cooperate with an investigation, Department policy requires that caseworkers:

- Attempt to make two additional contacts to build rapport and encourage the client to accept services.
- Consult with their supervisors regarding the client's refusal to cooperate.

Source: *APS In-Home Investigations Handbook*.

Management's Response

The Department agrees with the recommendation. APS will provide training to management and caseworkers on the requirements for cases in which the client refuses to cooperate. APS will monitor compliance through Quality Assurance casereading process and improved Supervisory approval process (see responses to 1-A and 1-B).

Responsible Person, Title: *APS Program Support Manager*

Implementation Date: *Training for staff completed by June 2019*

The Department Did Not Always Follow Its Policies and Procedures When Determining That Clients Were Ineligible for APS Services; However, the Department Ensured That Clients Receiving Purchased Client Services Were Eligible

The Department did not always follow its policies when determining that clients were ineligible for services. Prior to providing services, the Department must assess a client’s eligibility for Adult Protective Services (APS). Auditors tested a total of 25 transactions and 50 cases in 3 different samples to determine whether the Department complied with applicable requirements related to client eligibility and purchased client services. Auditors determined the Department provided purchased client services only to eligible persons, and it authorized and monitored those services in compliance with most applicable requirements.

Chapter 2-A

The Department Did Not Always Follow Its Policies and Procedures When Determining That Clients Were Ineligible for APS Services

Chapter 2-A
Rating:
Medium⁸

The Department did not follow its policies and procedures when determining that clients were ineligible for APS in-home services in 3 (12 percent) of 25 cases tested. Specifically:

- In two cases, the Department did not document a valid reason for not investigating an allegation(s) or providing services prior to closing the case as ineligible. Department policies require APS to investigate all allegations related to eligible individuals (see text box for eligibility criteria). After auditors brought the two cases to its attention, the Department stated that its caseworkers should have investigated further prior to closing the cases. Determining that a client is ineligible for

Eligibility for APS Services

The Department’s APS program investigates allegations of abuse, neglect, and financial exploitation and provides protective services, regardless of race, creed, color, or national origin to people who are:

- Aged 65 or older;
- Aged 18-64 with a mental, physical, or developmental disability that substantially impairs their ability to live independently or provide for their own self-care or protection; or
- Emancipated minors with a mental, physical, or developmental disability that substantially impairs their ability to live independently or provide for their own self-care or protection.

Source: APS In-Home Investigations Handbook.

⁸ Chapter 2-A is rated as Medium because the issues identified present risks or effects that if not addressed could moderately affect the audited entity’s ability to effectively administer program(s)/function(s) audited. Action is needed to address the noted concern and reduce risks to a more desirable level.

services without a valid reason could leave eligible clients at risk of abuse, neglect, or exploitation.

- One case should have been referred to a different division for investigation; however, because the case was closed as ineligible, it was not. According to Department documentation, the case would have been within the jurisdiction of APS Provider Investigations, which investigates allegations of abuse, neglect, and exploitation of individuals receiving services from certain providers. While information in the case file indicated that the client's needs were met and the service provider was changed, the allegation against a service provider was not investigated because the Department did not refer this case back to Statewide Intake⁹ so that it could be re-routed to APS Provider Investigations.

Recommendations

The Department should ensure that:

- Determinations of ineligibility are adequately supported and made in accordance with its policies and procedures.
- Cases that are not within the jurisdiction of APS are referred to the appropriate programs.

Management's Response

A: APS will review its policy on eligibility, particularly regarding definitions of disability and will clarify as needed. APS will train all personnel on the policy utilizing a "Policy-in-a-Box" format to ensure that definitions and requirements are reinforced.

Responsible Person, Title: APS Director of Policy and Performance

Implementation Date: Policy release and training by December 2018

B: APS will provide training to all staff to improve their ability to identify and refer cases that do not meet APS definitions or jurisdiction to the appropriate investigating agencies.

Responsible Person, Title: APS Program Support Manager

Implementation Date: Training completed by February 2019

⁹ Statewide Intake is the contact center for the Department. Among its responsibilities, it determines the correct Department program with jurisdiction to investigate and routes allegations to the correct Department program and field office.

The Department Provided Purchased Client Services Only to Eligible Individuals and Ensured That Purchased Client Services Were for Allowable Goods and Services and Met a Documented Client Need

Chapter 2-B
Rating:
Low ¹⁰

The Department ensured that all 25 clients tested who received purchased client services were eligible, and it documented the basis for the clients' eligibility for services in the case files (see text box for more information about purchased client services).

Additionally, the Department had controls and processes in place to ensure that purchased client services transactions were for allowable goods and services, met a documented need, and had the required approvals. The Department spent more than \$9 million on purchased client services from September 1, 2016, to January 31, 2018. Auditors tested 25 purchased client services transactions, totaling \$65,267 for compliance with certain requirements and determined that the Department generally followed its policies. Specifically, all 25 transactions tested:

- Were for allowable goods or services.
- Met a documented client need.
- Were approved by a supervisor and Department contracting staff.

However, the Department should strengthen its processes to ensure that transactions for more than \$750 receive all required approvals. Five (28 percent) of the 18 transactions tested that were more than \$750 did not have documented approval from both a supervisor and a district director, as required by the Department's policies (see text box for more information about the required approvals). While, as noted above, all transactions had at least one level of approval, not obtaining and documenting a secondary review for higher-value transactions increases the risk that a purchased client services transaction might not comply with applicable requirements.

Purchased Client Services

APS purchases emergency goods and services to resolve clients' short-term needs. The Department categorizes its approved client services by type of assistance. For example: medical, residential, environmental, legal, and other categories.

Required Approvals for Purchased Client Services

An APS specialist must obtain verbal or written approval from a supervisor, district director, or designee before committing to any expenditure.

Two levels of approval are required for a purchase that exceeds \$750. An APS specialist must obtain prior verbal or written approval from a supervisor or designee and the district director or designee.

While not documented in the *APS In-Home Investigations Handbook*, the Department's processes also require all purchases to be approved by staff in the Department's contracting section.

Sources: *APS In-Home Investigations Handbook* and the Department.

¹⁰ Chapter 2-B is rated Low because the audit identified strengths that support the audited entity's ability to administer the program(s)/function(s) audited or the issues identified do not present significant risks or effects that would negatively affect the audited entity's ability to effectively administer the program(s)/function(s) audited.

Recommendation

The Department should ensure that purchased client services transactions for more than \$750 receive all approvals required by its policies and that those approvals are documented.

Management's Response

DFPS management recognizes and agrees that processes should be strengthened to ensure that required approvals for transactions over \$750 are adequately documented. Section 3650 of the APS Handbook will be revised to indicate that one second-line management approval is required for transactions that exceed \$750. This policy change retains the higher level approval and allows for approval documentation to be captured in the case management system. A policy memo is currently being drafted and scheduled to be released in July. In addition, management will provide a refresher training to APS staff regarding purchased client services via webinar on July 26, 2018. The webinar will include a review of the audit results for purchased client services and inform staff of the policy change to Section 3650 of the APS Handbook.

Responsible Person, Title: APS Contracts Program Director

Implementation Dates: PCS webinar July 2018
Policy change memo August 2018

The Department Should Improve Its Controls Over User Access

Chapter 3
Rating:
High ¹¹

Auditors identified weaknesses in the Department’s user access management and access control processes for certain information systems that contain sensitive and confidential information. Specifically, auditors identified weaknesses in the following areas:

- Ensuring that access is restricted to only users who need that access to perform their assigned duties.
- Disabling accounts when employees separate from the Department. For example, auditors identified an account that was not disabled until 132 days after the employee separated from the Department.
- Monitoring access of external users to ensure that accounts are disabled when that access is no longer needed.

The Department asserted that there are additional controls in place to mitigate some of the risks identified. However, because of a lack of sufficient documentation and system limitations, auditors could not determine whether all those controls were operating effectively.

To minimize security risks, auditors communicated details about the identified weaknesses directly to Department management in writing. Inadequate management of user access increases the risk of unintentional or unauthorized modification to data, disclosure of sensitive or confidential information, and misuse of the organization’s information assets.

Recommendations

The Department should:

- Improve its controls and processes to ensure that access to its information systems is appropriately restricted.
- Strengthen its controls and processes over user accounts to ensure that access is disabled when users no longer need it for their current job responsibilities.

¹¹ Chapter 3 is rated as High because the issues identified present risks or effects that if not addressed could substantially affect the audited entity’s ability to effectively administer the program(s)/function(s) audited. Prompt action is essential to address the noted concern and reduce risks to the audited entity.

Management's Response

DFPS has implemented a series of controls to mitigate the risk of unauthorized user access to sensitive data within its systems. The agency maintains that with these controls in place no instances of unauthorized access were identified during the scope of this particular audit.

DFPS acknowledges that improvements can be made in maintaining sufficient documentation and addressing system limitations to managing user access controls to DFPS systems'. The agency has identified both short-term and long-term solutions to address controls over internal and external user access identified during this audit.

Internal User Access

In the short term, for all new hires where an account is activated and a selected candidate terminates the employment relationship prior to their start date, DFPS hiring staff will submit a "Remove" request immediately upon learning the candidate's decision. This will ensure that every candidate that has an information systems account activated will have one "Add" request to gain access to information systems and one subsequent "Remove" request upon separation from the agency to disable access when no longer required.

Staff will work to identify accounts which appear to be abandoned and subsequently disable all accounts where a "Remove" request has not yet been submitted. Doing so will disable the accounts in question and ensure that access to information systems accounts are appropriately restricted. This change will be in place effective July 27, 2018.

Further, as part of DFPS's long term strategy to improve access controls, DFPS will implement a process which will regularly evaluate DFPS Human Resources separation dates against all user accounts.

This automated process aims to control for human errors with the DFPS off-boarding process and will be in place by August 31, 2018.

External User Access

For all users, including staff augmentation vendors, as an additional access control, DFPS IT will implement a process to disable the account of any user that has not accessed their account for a specified period. This process will be in place by October 31, 2018.

Responsible Person, Title: IRM Field Operations Director

Implementation Dates:

Periodic review of accounts – July 27, 2018

Evaluate DFPS HR separation dates and accounts - August 31, 2018

Implement a process to disable the account of any user that has not accessed their account for a specified period. - October 31, 2018

Appendices

Appendix 1

Objective, Scope, and Methodology

Objective

The objective of this audit was to determine whether the Department of Family and Protective Services' (Department) Adult Protective Services (APS) In-Home Investigations and Services Program has processes and related controls to help ensure that it:

- Conducts in-home investigations of allegations of maltreatment of certain adults in accordance with applicable statutes, rules, policies, and procedures.
- Provides emergency client services only to eligible persons, and that it authorizes and monitors those services in compliance with applicable laws, rules, policies, and procedures.

Scope

The scope of this audit included APS in-home investigations cases that were active at any point from September 1, 2016, through January 31, 2018, and purchased client services transactions that occurred during that time period.

Methodology

The audit methodology included reviewing case files and other information in the Department's case management system; analyzing data from the Department's case management system; reviewing statutes and Department policies and procedures; conducting interviews with Department staff; and performing selected tests and other procedures.

Data Reliability and Completeness

Auditors reviewed the data sets from the Department's case management system for validity and completeness by (1) reviewing user access; (2) reviewing data query language; (3) performing an analysis of the data; and (4) testing application controls over data accuracy. Because of the weaknesses identified related to user access (see Chapter 3), the data is of undetermined reliability. Therefore, all findings and recommendations in this report are based on and/or corroborated by evidence such as auditors' review of case files and authorization requests for client services.

Sampling Methodology

Auditors selected 13 different risk-based samples of cases and transactions to test for compliance with certain Department policies and processes for conducting in-home investigations, determining client eligibility, or providing and monitoring purchased client services. In selecting these samples, auditors analyzed data from the Department's case management system to identify higher-risk cases for testing. The sample items were not necessarily representative of the population. Therefore, it would not be appropriate to project those test results to the population.

Information collected and reviewed included the following:

- APS in-home investigation case files.
- Event logs and approvals documented in the Department's case management system.
- The Department's APS In-Home Investigations Handbook.
- Payment transaction data from the Department's case management system related to purchased client services.
- APS case data from the Department's case management system.
- Service authorizations, invoices, and receipts for purchased client services.
- List of active user accounts in the Department's case management system.
- The Department's information technology policies and procedures.

Procedures and tests conducted included the following:

- Interviewed Department staff.
- Tested samples of case files for compliance with applicable requirements.
- Tested supporting documentation for a sample of purchased client services transactions for compliance with applicable requirements.
- Reviewed user access and application controls in the Department's case management system.

Criteria used included the following:

- The Department's APS In-Home Investigations Handbook.
- Texas Human Resources Code, Chapter 48.
- Title 1, Texas Administrative Code, Chapter 202.

Project Information

Audit fieldwork was conducted from December 2017 through June 2018. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The following members of the State Auditor's staff performed the audit:

- Matthew M. Owens, CFE, CGAP (Project Manager)
- Serra Tamur, MPAff, CISA, CIA (Assistant Project Manager)
- Adam Berry
- Michael Gieringer, CFE
- Minhaz Khan
- Taylor Sams
- Nakeesa Shahparasti, CPA, CFE, CISA
- Eddie Valls
- Damian Zorrilla, CPA, CFE, CIA, CGAP
- Dennis Ray Bushnell, CPA (Quality Control Reviewer)
- Michael Simon, MBA, CGAP (Audit Manager)

Issue Rating Classifications and Descriptions

Auditors used professional judgement and rated the audit findings identified in this report. Those issue ratings are summarized in the report chapters/sub-chapters. The issue ratings were determined based on the degree of risk or effect of the findings in relation to the audit objective(s).

In determining the ratings of audit findings, auditors considered factors such as financial impact; potential failure to meet program/function objectives; noncompliance with state statute(s), rules, regulations, and other requirements or criteria; and the inadequacy of the design and/or operating effectiveness of internal controls. In addition, evidence of potential fraud, waste, or abuse; significant control environment issues; and little to no corrective action for issues previously identified could increase the ratings for audit findings. Auditors also identified and considered other factors when appropriate.

Table 2 provides a description of the issue ratings presented in this report.

Table 2

Summary of Issue Ratings	
Issue Rating	Description of Rating
Low	The audit identified strengths that support the audited entity's ability to administer the program(s)/function(s) audited <u>or</u> the issues identified do not present significant risks or effects that would negatively affect the audited entity's ability to effectively administer the program(s)/function(s) audited.
Medium	Issues identified present risks or effects that if not addressed could <u>moderately affect</u> the audited entity's ability to effectively administer program(s)/function(s) audited. Action is needed to address the noted concern(s) and reduce risks to a more desirable level.
High	Issues identified present risks or effects that if not addressed could <u>substantially affect</u> the audited entity's ability to effectively administer the program(s)/function(s) audited. Prompt action is essential to address the noted concern(s) and reduce risks to the audited entity.
Priority	Issues identified present risks or effects that if not addressed could <u>critically affect</u> the audited entity's ability to effectively administer the program(s)/function(s) audited. Immediate action is required to address the noted concern(s) and reduce risks to the audited entity.

Copies of this report have been distributed to the following:

Legislative Audit Committee

The Honorable Dan Patrick, Lieutenant Governor, Joint Chair

The Honorable Joe Straus III, Speaker of the House, Joint Chair

The Honorable Jane Nelson, Senate Finance Committee

The Honorable Robert Nichols, Member, Texas Senate

The Honorable John Zerwas, House Appropriations Committee

The Honorable Dennis Bonnen, House Ways and Means Committee

Office of the Governor

The Honorable Greg Abbott, Governor

Department of Family and Protective Services

Mr. Henry "Hank" Whitman, Jr., Commissioner



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