Official State Cabinet Agency Response to the Performance Audit on Complaint Resolution Unit at Department of Social and Health Services – November 4, 2015

This coordinated management response to the State Auditor's Office (SAO) performance audit report received October 13, 2015, is provided by the Office of Financial Management and the Department of Social and Health Services.

SAO Performance Audit Objectives:

The SAO sought to answer these questions:

1. Are complaints processed and referred in a timely manner and if not, why not? Can improvements be made?
2. Are complaint severity assessments accurate and consistent and if not, why not? Can any improvements be made?

SAO Findings:

1. The Complaint Resolution Unit's (CRU) reliance on an inefficient voicemail system contributed to delays in meeting federal requirements in early fiscal year 2015.
2. The CRU cannot measure whether it meets the timeframes required by state law.
3. CRU staff prioritized intakes accurately most of the time, but inaccurate and inconsistent prioritizations could put residents at greater risk.
4. The CRU does not have a formal quality assurance process to ensure staff assign priorities consistently and accurately.

SAO Recommendation 1: To ensure that the CRU is reasonably interpreting compliance with state law, we recommend that the Department of Social and Health Services (DSHS) work with the Legislature to provide clarity on the definitions of when "knowledge" and "initiate a response" occur.

STATE RESPONSE: DSHS' Residential Care Services (RCS) in the Aging and Long-Term Support Administration is responsible for the CRU. RCS will clarify the definitions of "knowledge" and "initiate a response" to ensure they are consistent with statute.

Action Steps and Time Frame

- Define the terms "knowledge" and "initiate a response" and include in CRU standard operating procedures. *By January 1, 2016.*
- Educate CRU staff about use of these terms and the effects on standard operating procedures. *By March 1, 2016.*

SAO Recommendation 2: To ensure that the CRU begins measuring its performance in meeting the requirements of state law, we recommend DSHS:

a) Add fields to Tracking Investigations of Vulnerable Adults (TIVA) that will allow the CRU to track "knowledge" and "initiate a response."

b) Develop written procedures that define when these key steps occur and what activities are included.

c) Develop performance measures for the CRU that measure compliance with the state law, the federal requirements, the time it takes for the entire complaint process, and each major step in the process.

STATE RESPONSE: RCS will work with TIVA software developers to determine the best way to input and track "knowledge" and "initiate a response" in TIVA, develop written procedures and ensure the standards are incorporated into its quality management system.

Action Steps and Time Frame

- Submit a TIVA change request to track "knowledge" and "initiate a response." *By December 31, 2015.*
- Work with TIVA developers for the additional TIVA fields and follow the established process to triage and prioritize the change request. *By June 1, 2016.*
- Develop written procedures to use the TIVA fields, and add to the CRU standard operating procedures and train CRU staff to expectations. *By June 1, 2016.*
- Add the performance measures to the quality assurance process and begin analysis of CRU performance. *By June 1, 2016.*

SAO Recommendation 3: In order to ensure the successful implementation of the online reporting system, scheduled for implementation in November 2015, we recommend that DSHS:

a) Conduct outreach with providers to educate them on the new online reporting system.

b) Assess provider satisfaction with the system.

c) Develop a long-range plan for the next steps of the online reporting with planned implementation dates.

d) Given that DSHS has requested additional staff for the CRU in the past, it should conduct a staffing study after the online reporting system is implemented to determine if additional staff is warranted.

STATE RESPONSE: The Online Incident Reporting project includes education of providers' pre- and post-implementation and assessment of provider satisfaction to ensure success. The next steps of the long-range plan for online reporting include integration in TIVA.

Action Steps and Time Frame

- Conduct outreach with providers. This activity began August 19, 2015, and will continue at least through February 2016. *By February 28, 2016.*
- Include phone calls, website updates, presentation at training sessions, "Dear Provider" letters, emails and provider association newsletter in pre-and post-implementation outreach. These activities have begun and will continue for 90 days post-implementation. *By February 28, 2016.*
- Use weekly feedback from the "soft pilot" volunteers based on a form developed by the project team, beginning November 2, 2015. *By December 4, 2015.*
- Conduct assessment of provider satisfaction with the system through a survey mailed to all providers. *By April 1, 2016.*
- Conduct a study of CRU staffing post implementation of online reporting. *By April 1, 2016.*
- Integrate online reporting in TIVA. *By October 31, 2016.*

SAO Recommendation 4: In order to ensure that CRU workers are accurate and consistent when prioritizing intake severity, we recommend that DSHS:

a) Establish a quality assurance process to routinely review a portion of completed intakes for accuracy and consistency.

b) Incorporate quality assurance review results into staff training procedures.

STATE RESPONSE: The CRU has developed a quality assurance (QA) review process that will analyze the CRU intake staff performance on timeliness and accuracy of prioritization in addition to other key components until a more formalized RCS quality management system can be developed. All data and information gathered during the quality review process will be incorporated in staff training procedures.

Action Steps and Time Frame

- Begin a quarterly process for CRU supervisor QA reviews that will include randomly selected intakes created by CRU staff. The QA review process was initiated in September and will be ongoing. *Completed.*
- Develop a proficiency improvement plan process for findings identified during the CRU supervisor quarterly QA reviews that do not meet benchmark proficiencies. The proficiency improvement plan process was initiated in September and will be ongoing. *Completed.*

- Establish a daily review and documentation process for CRU supervisors of all reports where no intake is indicated to verify the report was assessed correctly by the intake staff. *Completed.*
- Develop QA questions with proficiency expectations based on policy, federal requirements and state guidelines. These questions will be included in a QA monitoring tool modeled after a tool used by DSHS' Home and Community Services (HCS). *By March 31, 2016.*
- Complete a statistically significant sample of CRU intake audits using current auditing tools. *By June 30, 2016.*
- Submit a request to programmers to modify the QA monitoring tool used by HCS for use by RCS. *By June 30, 2016.*
- Complete programming for RCS QA monitoring tool which will be used by the RCS QA Unit and the CRU supervisors to complete CRU audits. *By November 30, 2016.*
- Complete a statistically significant sample of CRU intake audits in the RCS QA Monitoring tool by RCS QA Unit staff. *By February 1, 2017.*
- CRU supervisors begin using the QA monitoring tool quarterly for randomly selected intake audits. *By February 1, 2017.*