

Cabinet Agencies' Performance Audit Action Item(s) & Status**Complaint Resolution Unit at Department of Social and Health Services**

(See also [cabinet agency response](#) for full context to Washington State Auditor's Office (SAO) [report](#), November 2015)

Agencies included in the performance audit: the Department of Social and Health Services.

SAO Issues Summary:

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 Recommendations (Rec) Summary:

1. To ensure that the CRU is reasonably interpreting compliance with state law, we recommend that 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.
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.
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.
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.
5. Incorporate quality assurance review results into staff training procedures.

The table below shows the current status of action items the agency initiated to address issues identified in the performance audit report. Please see the [cabinet agency response](#) for additional context and any additional steps already taken.

For an explanation of the columns below, [see the legend](#).

Issue/ Rec	Status	Action Steps	Lead Agency	Due Date	Current Resources ?	Budget Impact?	Legislation Required?	Notes
Rec 1	Completed	Define the terms “knowledge” and “initiate a response” and include in CRU standard operating procedures.	DSHS	1/16	Y	N	N	
Rec 1	Completed	Educate CRU staff about use of these terms and the effects on standard operating procedures	DSHS	3/16	Y	N	N	Completed 2/17/16
Rec 2	Completed	Submit a TIVA change request to track “knowledge” and “initiate a response.	DSHS	12/15	Y	N	N	
Rec 2	Completed	Work with TIVA developers for the additional TIVA fields and follow the established process to triage and prioritize the change request.	DSHS	6/16	Y	N	N	New “Knowledge” and “Response Initiated” fields have been added to the CRU Intake
Rec 2	Completed	Develop written procedures to use the TIVA fields, and add to the CRU standard operating procedures and train CRU staff to expectations.	DSHS	6/16	Y	N	N	4/2016
Rec 2	Completed	Add the performance measures to the quality assurance process and begin analysis of CRU performance.	DSHS	6/16	Y	N	N	
Rec 3	Completed	Conduct outreach with providers. This activity began August 19, 2015, and will continue at least through February 2016.	DSHS	2/16	Y	N	N	Presentation at six WHCA training sessions across the state regarding online incident reporting. Completed November 19, 2015. Communications in provider association newsletters (WHCA, Leading Age, WSRCC). November and December 2015. CRU staff promote use of the online system when conducting live calls and when calling back providers for more information.

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Rec 3	Completed	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.	DSHS	2/16	Y	N	N	See Above: Dear Provider letters were sent out November 9, 2015 informing all provider types of the new online system.
Rec 3	Completed	Use weekly feedback from the “soft pilot” volunteers based on a form developed by the project team, beginning November 2, 2015.	DSHS	12/15	Y	N	N	Forms were reviewed by the project team weekly during the pilot. Additional feedback received via email and phone was provided to the project team. The system was updated to include feedback. Completed 11/23/2015.
Rec 3	Completed	Conduct assessment of provider satisfaction with the system through a survey mailed to all providers.	DSHS	4/16 2/17 8/17	Y	N	N	Redesign survey to include provider and public callers. Assistance with RDA to help design survey, roll out and analyze results. 7/17 update: Business Operations have contacted RDA twice for request to conduct survey. The plan is to have a survey out to providers by August 2017. 7/2018 update: Providers provide feedback regarding online reporting through the web portal. RCS and MSD respond as appropriate. RCS field staff discuss online reporting with providers and provide feedback. No issues reported and RCS field staff report providers find the online reporting easy to use and navigate.
Rec 3	Completed	Conduct a study of CRU staffing post implementation of online reporting.	DSHS	4/16 12/16 3/17	Y	N	N	Extending out study of CRU staffing to include public online complaint reporting scheduled to launch August 2016. 3/2017 update: Review of staffing was completed to determine need for non-

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								permanent transcriptionist. FY 2018 decision package updated to reflect results.
Rec 3	Completed	Integrate online reporting in TIVA.	DSHS	10/16	Y	N	N	Online reporting has been integrated in TIVA for Provider reporting only. Next phase will focus on Public Reporting integration in TIVA.
Rec 4	Complete	Begin a quarterly process for CRU supervisor QA reviews that will include randomly selected intakes created by CRU staff.	DSHS	9/15	Y	N	N	The QA review process was initiated in September and will be ongoing.
Rec 4	Complete	Develop a proficiency improvement plan process for findings identified during the CRU supervisor quarterly QA reviews that do not meet benchmark proficiencies.	DSHS	9/15	Y	N	N	The proficiency improvement plan process was initiated in September and will be ongoing.
Rec 4	Complete	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.	DSHS		Y	N	N	Completed and ongoing.
Rec 4	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).	DSHS	3/16	Y	N	N	QA conducted a process review of CRU in June 2016. CRU was first notified in April 2016, with entrance conference. Questions were developed prior to April.
Rec 4	Completed	Complete a statistically significant sample of CRU	DSHS	6/16	Y	N	N	Statistically significant sample was selected in April 2016.

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		intake audits using current auditing tools.						
Rec 4	Completed	Submit a request to programmers to modify the QA monitoring tool used by HCS for use by RCS.	DSHS	6/16	Y	N	N	QA unit working with MSD to develop electronic tool.
Rec 4	Completed	Complete programming for RCS QA monitoring tool which will be used by the RCS QA Unit and the CRU supervisors to complete CRU audits.	DSHS	11/16 1/17				
Rec 4	Completed	Complete a statistically significant sample of CRU intake audits in the RCS QA Monitoring tool by RCS QA Unit staff	DSHS	2/17 5/17				
Rec 4	Completed	CRU supervisors begin using the QA monitoring tool quarterly for randomly selected intake audits.	DSHS	2/17 7/17				7/17 update: Reviews will begin as part of PIP after results are finalized by RCS QA unit. 7/18 Update: Supervisor reviews are completed and ongoing. The QA tool does not give Supervisors information on specific patterns by certain staff, requiring a separate excel spreadsheet.