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**Table 1**  
Recommendation Status Summary

<b>Assembly Budget Subcommittee 1 on Health and Human Services</b>		
<b>Report Number 2013-110</b>		
<i>Child Welfare Services: The County Child Welfare Services Agencies We Reviewed Must Provide Better Protection for Abused and Neglected Children (April 2014)</i>		
RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
1. To ensure that referral response decisions are accurate, the Butte County CWS agency should develop policies requiring a supervisory review of the hotline tool and a monitoring system to ensure that supervisory reviews are completed.	Fully Implemented	Butte County Department of Employment and Social Services
2. To ensure that referral response decisions are accurate, the San Francisco County CWS agency should develop policies requiring a supervisory review of the hotline tool and a monitoring system to ensure that supervisory reviews are completed.	Fully Implemented	City and County of San Francisco Human Services Agency
3. To ensure that referral response decisions are accurate, the Orange County CWS agency should ensure that all intake supervisors are trained on the use of the hotline tool and that they are regularly reviewing their staffs use of this tool.	Fully Implemented	Orange County Social Services Agency
4. To ensure that the statewide case management system contains accurate and complete information for each referral, the Butte County CWS agency should update its policies or otherwise provide clear guidance to social workers about the importance of ensuring that all alleged perpetrators, victims, and types of maltreatment are accurately recorded upon intake.	Fully Implemented	Butte County Department of Employment and Social Services
5. To ensure that the statewide case management system contains accurate and complete information for each referral, the Orange County CWS agency should update its policies or otherwise provide clear guidance to social workers about the importance of ensuring that all alleged perpetrators, victims, and types of maltreatment are accurately recorded upon intake.	Fully Implemented	Orange County Social Services Agency
6. To ensure that the statewide case management system contains accurate and complete information for each referral, the San Francisco County CWS agency should update its policies or otherwise provide clear guidance to social workers about the importance of ensuring that all alleged perpetrators, victims, and types of maltreatment are accurately recorded upon intake.	Fully Implemented	City and County of San Francisco Human Services Agency
7. To ensure that social workers are making reasonable and timely efforts to make in-person contact with children who are allegedly being maltreated, the Butte County CWS agency should develop clear policies for how frequently social workers must follow up with alleged victims in the event that initial attempts at contact are unsuccessful.	Fully Implemented	Butte County Department of Employment and Social Services
8. To ensure that social workers are making reasonable and timely efforts to make in-person contact with children who are allegedly being maltreated, the San Francisco County CWS agency should develop clear policies for how frequently social workers must follow up with alleged victims in the event that initial attempts at contact are unsuccessful.	Fully Implemented	City and County of San Francisco Human Services Agency
9. To ensure that social workers are making reasonable and timely efforts to make in-person contact with children who are allegedly being maltreated, the Butte County CWS agency should develop clear policies about the method and duration of social workers attempts at making contact with hard-to-reach families, and clearly state under what circumstances a referral may be closed for lack of contact.	Fully Implemented	Butte County Department of Employment and Social Services
10. To ensure that social workers are making reasonable and timely efforts to make in-person contact with children who are allegedly being maltreated, the San Francisco County CWS agency should develop clear policies about the method and duration of social workers attempts at making contact with hard-to-reach families, and clearly state under what circumstances a referral may be closed for lack of contact.	Fully Implemented	City and County of San Francisco Human Services Agency
11. To ensure that its social workers are following its policy regarding timely follow-up visits, the Orange County CWS agency should provide training or other clarification of its policy and have its supervisors regularly review whether their staff are complying with this requirement.	Fully Implemented	Orange County Social Services Agency

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
12. To ensure that all required SDM assessments are completed, the Butte County CWS agency should develop and implement clear guidance regarding which assessments are required in different situations.	Fully Implemented	Butte County Department of Employment and Social Services
13. To ensure that all required SDM assessments are completed, the San Francisco County CWS agency should develop and implement clear guidance regarding which assessments are required in different situations.	Fully Implemented	City and County of San Francisco Human Services Agency
14. To improve the timeliness and accuracy of SDM assessments, the Butte County CWS agency should ensure that its supervisors are promptly reviewing assessments.	Fully Implemented	Butte County Department of Employment and Social Services
15. To improve the timeliness and accuracy of SDM assessments, the Orange County CWS agency should ensure that its supervisors are promptly reviewing assessments.	Fully Implemented	Orange County Social Services Agency
16. To improve the timeliness and accuracy of SDM assessments, the San Francisco County CWS agency should ensure that its supervisors are promptly reviewing assessments.	Fully Implemented	City and County of San Francisco Human Services Agency
17. To improve the timeliness of its supervisors reviews, the Butte County CWS agency should develop time frames for supervisors review and approval of assessments and monitor supervisors compliance with those time frames.	Fully Implemented	Butte County Department of Employment and Social Services
18. To improve the timeliness of its supervisors reviews, the San Francisco County CWS agency should develop time frames for supervisors review and approval of assessments and monitor supervisors compliance with those time frames.	Fully Implemented	City and County of San Francisco Human Services Agency
19. To improve the timeliness of its supervisors reviews, the Orange County CWS agency should more closely monitor supervisors compliance with its existing policy setting a 30-day time frame for review and approval of assessments.	Fully Implemented	Orange County Social Services Agency
20. To improve the quality of the investigative information available to social workers, the Butte County CWS agency should expand on its investigative narrative templates to include fields such as relevant criminal history, substance abuse, or mental health concerns.	Fully Implemented	Butte County Department of Employment and Social Services
21. To improve the quality of the investigative information available to social workers the San Francisco County CWS agency should expand on its investigative narrative templates to include fields such as relevant criminal history, substance abuse, or mental health concerns.	Fully Implemented	City and County of San Francisco Human Services Agency
22. To ensure that required safety plans are created, the Butte County CWS agency should have supervisors review all safety assessments in a timely manner and verify that a written safety plan signed by the responsible parties accompanies any assessments designating the need for a safety plan.	Fully Implemented	Butte County Department of Employment and Social Services
23. To ensure that required safety plans are created, the Orange County CWS agency should have supervisors review all safety assessments in a timely manner and verify that a written safety plan signed by the responsible parties accompanies any assessments designating the need for a safety plan.	Fully Implemented	Orange County Social Services Agency
24. To ensure that required safety plans are created, the San Francisco County CWS agency should have supervisors review all safety assessments in a timely manner and verify that a written safety plan signed by the responsible parties accompanies any assessments designating the need for a safety plan.	Fully Implemented	City and County of San Francisco Human Services Agency
25. To help strengthen safety plans to effectively mitigate safety threats, the Butte County CWS agency should ensure that supervisors are reviewing and approving all safety plans.	Fully Implemented	Butte County Department of Employment and Social Services

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
26. To help strengthen safety plans to effectively mitigate safety threats, the Orange County CWS agency should ensure that supervisors are reviewing and approving all safety plans.	Fully Implemented	Orange County Social Services Agency
27. To help strengthen safety plans to effectively mitigate safety threats, the San Francisco County CWS agency should ensure that supervisors are reviewing and approving all safety plans.	Fully Implemented	City and County of San Francisco Human Services Agency
28. As part of its responsibility to help children remain safe at all points during the investigation of a referral, the Butte County CWS agency should vet temporary living situations and caregivers to the extent allowable under the law, including a review of information contained within the statewide CWS database.	Fully Implemented	Butte County Department of Employment and Social Services
29. As part of its responsibility to help children remain safe at all points during the investigation of a referral, the Orange County CWS agency should vet temporary living situations and caregivers to the extent allowable under the law, including a review of information contained within the statewide CWS database.	Fully Implemented	Orange County Social Services Agency
30. As part of its responsibility to help children remain safe at all points during the investigation of a referral, the San Francisco County CWS agency should vet temporary living situations and caregivers to the extent allowable under the law, including a review of information contained within the statewide CWS database.	Fully Implemented	City and County of San Francisco Human Services Agency
31. As part of its responsibility to help children remain safe at all points during the investigation of a referral, the Butte County CWS agency should perform statutorily required background checks and inspections before allowing children to be placed in a home.	Fully Implemented	Butte County Department of Employment and Social Services
32. As part of its responsibility to help children remain safe at all points during the investigation of a referral, the Orange County CWS agency should perform statutorily required background checks and inspections before allowing children to be placed in a home.	Fully Implemented	Orange County Social Services Agency
33. As part of its responsibility to help children remain safe at all points during the investigation of a referral, the San Francisco County CWS agency should perform statutorily required background checks and inspections before allowing children to be placed in a home.	Fully Implemented	City and County of San Francisco Human Services Agency
34. To improve its coordination and communication with local law enforcement, the San Francisco County CWS agency should consider entering into a memorandum of understanding with the applicable law enforcement agency that delineates how the two agencies will share information and assist each other in responding to child maltreatment.	Fully Implemented	City and County of San Francisco Human Services Agency
35. To ensure that they provide clear, up-to-date guidance to its social workers, the Butte County CWS agency should designate specific personnel to stay informed of relevant statutory, regulatory, and needed practice changes and to ensure that corresponding updates are made to its policies and procedures.	Fully Implemented	Butte County Department of Employment and Social Services
36. To ensure that they provide clear, up-to-date guidance to its social workers, the San Francisco County CWS agency should designate specific personnel to stay informed of relevant statutory, regulatory, and needed practice changes and to ensure that corresponding updates are made to its policies and procedures.	Fully Implemented	City and County of San Francisco Human Services Agency
37. To ensure that its social workers and supervisors are performing required activities in a timely and effective manner, the San Francisco County CWS agency should follow through on its plans to develop a quality assurance unit. The unit should regularly review and report to management on the degree of compliance with, and effectiveness of, the agency's policies and procedures.	Fully Implemented	City and County of San Francisco Human Services Agency
38. To promote the consistent application of agency policies and procedures, and to provide a consistent framework for its reviews, the quality assurance unit that monitors the Orange County CWS agency should complete its plans to develop and regularly use tools for examining the quality of investigative and ongoing casework.	Fully Implemented	Orange County Social Services Agency
39. To be able to review regularly more referrals and cases, the Butte County CWS agency should consider adding additional staff to its quality assurance function.	Fully Implemented	Butte County Department of Employment and Social Services

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
40. To promote continued improvement in the CWS system, Social Services should encourage each county CWS agency to designate personnel to update regularly their policies and procedures, to include a detailed description of the need for ongoing supervisory reviews of key aspects of their respective service processes and incorporate that description into their policies and procedures, and to designate personnel to perform regular quality assurance reviews.	Partially Implemented	Department of Social Services
41. To promote continued improvement in the CWS system, Social Services should ask each county CWS agency to report to Social Services on the status of these efforts within 60 days, six months, and one year from the publication of this audit report.	Not Fully Implemented	Department of Social Services

**Report Number 2013-119***California Department of Health Care Services: Its Failure to Properly Administer the Drug Medi-Cal Treatment Program Created Opportunities for Fraud (August 2014)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
1. To ensure that the providers receive reimbursement for only valid services, Health Care Services should immediately coordinate with the appropriate counties to recover inappropriate payments to ineligible providers and for services purportedly rendered to deceased beneficiaries.	Pending	Department of Health Care Services
2. To ensure that the providers receive reimbursement for only valid services, Health Care Services should immediately develop and implement new procedures for routinely identifying and initiating recovery efforts for payments that it authorizes between the effective date of a provider's decertification and the date it became aware of the decertification, in addition to the payments it authorizes between a beneficiary's death date and its receipt of the death record.	Pending	Department of Health Care Services
3. To ensure that the providers receive reimbursement for only valid services, Health Care Services should immediately direct its investigations division to determine whether it authorized any improper payments to program providers for deceased beneficiaries outside of our audit period. It should also determine whether it authorized such payments through its other Medi-Cal programs. Health Care Services should initiate efforts to recover such payments as appropriate.	Pending	Department of Health Care Services
4. To ensure that the providers receive reimbursement for only valid services, Health Care Services should immediately direct its investigations division to determine whether it should recover any overpayments for the high-risk payments we identified in Table 7 on page 28 and Appendix A beginning on page 63. It should also take the appropriate disciplinary action against the affected providers, such as suspension or termination.	Pending	Department of Health Care Services
5. To ensure that the providers receive reimbursement for only valid services, Health Care Services should immediately direct its investigations division to further enhance its analysis of program claims data to identify the type of high-risk payments we identified on a monthly basis.	Fully Implemented	Department of Health Care Services
6. To ensure that the providers receive reimbursement for only valid services, Health Care Services should immediately direct its fiscal management and accountability branch to work with Fresno, Los Angeles, and Sacramento counties to recover the specific overpayments we identified during our visits.	Pending	Department of Health Care Services
7. To ensure that the providers receive reimbursement for only valid services, Health Care Services should immediately instruct the counties to remind their providers to adhere to the record retention policies stated in their contracts.	Fully Implemented	Department of Health Care Services
8. To ensure that the providers receive reimbursement for only valid services, Health Care Services should immediately ensure that each county has a process in place to follow up on their providers' implementation of corrective action plans aimed at resolving program deficiencies.	Fully Implemented	Department of Health Care Services
9. To ensure that the providers receive reimbursement for only valid services, Health Care Services should immediately ensure that Fresno County strengthens its provider contract monitoring process, including revising its report format and conducting follow-up visits to providers.	Fully Implemented	Department of Health Care Services
10. To ensure that the providers receive reimbursement for only valid services, Health Care Services should immediately ensure that Los Angeles County strengthens its provider contract monitoring process, including fully implementing its RATE system to track and respond to provider deficiencies, and that it imposes appropriate responses when warranted, such as withholding payment or suspending or terminating a contract.	Pending	Department of Health Care Services

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
11. To ensure that the providers receive reimbursement for only valid services, Health Care Services should immediately ensure that Sacramento County strengthens its provider contract monitoring process, including tracking provider deficiencies and conducting follow-up visits to providers.	Fully Implemented	Department of Health Care Services
12. To prevent the certification of ineligible providers, Health Care Services should immediately instruct its staff to compare the names of the managing employees whom applicant providers identify in their program applications to those whom they identify in their disclosure statements.	Fully Implemented	Department of Health Care Services
13. To prevent the certification of ineligible providers, Health Care Services should immediately train its staff regularly on the program requirements, including the certification standards and the federal Medicaid provider enrollment requirements.	Fully Implemented	Department of Health Care Services
14. To prevent the certification of ineligible providers, Health Care Services should immediately develop a provider agreement for program providers.	Fully Implemented	Department of Health Care Services
15. To prevent the certification of ineligible providers, Health Care Services should immediately update its procedures to include searches of the Social Security Death Master File.	Fully Implemented	Department of Health Care Services
16. To prevent the certification of ineligible providers, Health Care Services should immediately develop procedures on how to evaluate provider applicant license database searches.	Fully Implemented	Department of Health Care Services
17. To prevent the certification of ineligible providers, Health Care Services should immediately instruct its enrollment division to conduct all required database searches of individuals that provider applicants identify as their owners or managing employees.	Fully Implemented	Department of Health Care Services
18. To prevent the certification of ineligible providers, Health Care Services should immediately ensure that its enrollment division conducts LEIE and EPLS database searches of program providers at least monthly.	Partially Implemented	Department of Health Care Services
19. To prevent the certification of ineligible providers, Health Care Services should immediately designate provider applicants as moderate or high risk in accordance with federal regulations.	Fully Implemented	Department of Health Care Services
20. To prevent the certification of ineligible providers, Health Care Services should immediately establish a mechanism to identify the number of program sites the provider applicants' medical directors work at, and ensure that the physician ratio does not exceed 1-to-3 in accordance with state law and the certification standards.	Pending	Department of Health Care Services
21. To prevent the certification of ineligible providers, Health Care Services should immediately identify and perform an immediate recertification of providers that signed the Compliance Agreement to ensure that these providers are currently meeting all program requirements.	Pending	Department of Health Care Services
22. To prevent the certification of ineligible providers, Health Care Services should immediately use a risk-based approach for recertifying program providers.	Fully Implemented	Department of Health Care Services
23. To prevent the certification of ineligible providers, Health Care Services should immediately develop policies and procedures for its program recertification process.	Fully Implemented	Department of Health Care Services
24. To prevent the certification of ineligible providers, Health Care Services should immediately develop a schedule for recertifying all program providers every five years.	Pending	Department of Health Care Services
25. To prevent the certification of ineligible providers, Health Care Services should immediately continue its implementation of an automated provider enrollment system.	Pending	Department of Health Care Services
26. To prevent the certification of ineligible providers, Health Care Services should immediately complete its program recertification on or before March 24, 2016, as federal regulations require.	Pending	Department of Health Care Services
27. To prevent the certification of ineligible providers, Health Care Services should immediately establish a plan for eliminating its backlog of applications for new sites and services and changes to existing certifications.	Pending	Department of Health Care Services
28. To ensure that it appropriately and consistently reviews provider applications and conducts site visits, Health Care Services should update its program checklists to reflect the current federal and state laws and regulations.	Fully Implemented	Department of Health Care Services
29. To ensure that it appropriately and consistently reviews provider applications and conducts site visits, Health Care Services should retain the documentation, such as checklists, that it uses to support its certification decisions in accordance with its retention policy.	Fully Implemented	Department of Health Care Services
30. To ensure that it appropriately and consistently reviews provider applications and conducts site visits, Health Care Services should ensure that supervisors perform detailed reviews of all provider applicants' files, including the application, disclosure statement, and checklists, and that they evidence their reviews by signing off on the appropriate forms.	Fully Implemented	Department of Health Care Services

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
31. To improve the coordination between its divisions, branches, and units and ensure that it addresses allegations of fraud in a timely manner, Health Care Services should continue its efforts to develop its provider risk assessment model for the PSPP unit.	Fully Implemented	Department of Health Care Services
32. To improve the coordination between its divisions, branches, and units and ensure that it addresses allegations of fraud in a timely manner, Health Care Services should continue its efforts to establish a mechanism for its PSPP unit to report the status of fraud referrals to SUD management and its investigations division.	Fully Implemented	Department of Health Care Services
33. To improve the coordination between its divisions, branches, and units and ensure that it addresses allegations of fraud in a timely manner, Health Care Services should fully implement the investigations division's recommendations shown in Appendix B. If it chooses not to implement a recommendation, it should document sufficiently the reasons for its decision.	Pending	Department of Health Care Services
34. To strengthen the coordination between the State and the counties, Health Care Services should amend the State-county contract to address any gaps in their collective monitoring efforts.	Fully Implemented	Department of Health Care Services
35. To ensure that beneficiaries have safe and reliable access to program services, Health Care Services should amend the State-county contract to allow a process for counties to notify their key partners of the providers that it has suspended.	Fully Implemented	Department of Health Care Services

**Report Number 2014-111**

*California Department of Public Health: It Has Not Effectively Managed Investigations of Complaints Related to Long-Term Health Care Facilities (October 2014)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
1. To protect the health, safety, and well-being of residents in long-term health care facilities, Public Health should improve its oversight of complaint processing. Specifically, by January 1, 2015, Public Health should establish and implement a formal process for monitoring the status and progress in resolving open facility-related complaints and ERIs at all district offices. This process should include periodically reviewing a report of open complaints and ERIs to ensure that all complaints and ERIs are addressed promptly.	Fully Implemented	Department of Public Health
2. To protect the health, safety, and well-being of residents in long-term health care facilities, Public Health should improve its oversight of complaint processing. Specifically, by January 1, 2015, Public Health should improve the accuracy of information in the spreadsheet that PCB uses to track the status of complaints against individuals and review the reports of open complaints to ensure that all complaints are addressed promptly.	Pending	Department of Public Health
3. To protect the health, safety, and well-being of residents in long-term health care facilities, Public Health should improve its oversight of complaint processing. Specifically, by May 1, 2015, Public Health should establish a specific time frame for completing facility-related complaint investigations and ERI investigations and inform staff of the expectation that they will meet the time frame. Public Health should also require district offices to provide adequate, documented justification whenever they fail to meet this time frame.	Partially Implemented	Department of Public Health
4. To protect the health, safety, and well-being of residents in long-term health care facilities, Public Health should improve its oversight of complaint processing. Specifically, by May 1, 2015, Public Health should develop formal written policies and procedures for PCB to process complaints about certified individuals in a timely manner. These policies and procedures should include specific time frames for prioritizing and assigning complaints to investigators, for initiating investigations, and for completing the investigations. Public Health should also inform staff of the expectation that they will meet these time frames. It should require PCB to provide adequate, documented justification whenever PCB fails to meet the time frames.	Partially Implemented	Department of Public Health
5. To ensure that district offices address ERIs consistently and to ensure that they investigate ERIs in the most efficient manner, Public Health should assess whether each district office is appropriately prioritizing ERIs. Specifically, it should determine, on a district-by-district basis, whether district offices' assigning ERIs a priority level that requires an on-site visit is justified. This assessment should also determine whether each district office is prioritizing ERIs appropriately when determining that on-site investigations are not necessary.	Fully Implemented	Department of Public Health

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
6. To ensure that district offices address ERIs consistently and to ensure that they investigate ERIs in the most efficient manner, Public Health should use the information from its assessment to provide guidance to district offices by October 1, 2015, on best practices for consistent and efficient processing of ERIs.	Pending	Department of Public Health
7. To ensure that district offices address ERIs consistently and to ensure that they investigate ERIs in the most efficient manner, Public Health should review periodically a sample of the priorities that district offices assign to ERIs to ensure compliance with best practices.	Pending	Department of Public Health
8. To protect the residents in long-term health care facilities from potential harm, Public Health should ensure that its district offices have adequate staffing levels for its licensing and certification responsibilities, including staffing levels that allow prompt investigations of complaints. Specifically, Public Health should continue working with CalHR to complete the reclassification of district offices' investigator supervisor and manager positions and then quickly fill the vacant positions at district offices.	Partially Implemented	Department of Public Health
9. To protect the residents in long-term health care facilities from potential harm, Public Health should ensure that its district offices have adequate staffing levels for its licensing and certification responsibilities, including staffing levels that allow prompt investigations of complaints. Specifically, Public Health should complete by May 1, 2015, a staffing assessment to identify the resources necessary for district offices to investigate open complaints and ERIs and to promptly address new complaints on an ongoing basis. Public Health should use this assessment to request additional resources, if necessary.	Fully Implemented	Department of Public Health
10. To protect the residents in long-term health care facilities from potential harm, Public Health should ensure that its district offices have adequate staffing levels for its licensing and certification responsibilities, including staffing levels that allow prompt investigations of complaints. Specifically, by January 1, 2015, Public Health should establish a time frame for fully implementing the recommendations that its consultant identified related to the processing of complaints about long-term health care facilities.	Fully Implemented	Department of Public Health
11. Public Health should take steps to ensure that PCB has the resources necessary on an ongoing basis to complete investigations of complaints against individuals. Specifically, Public Health should assess whether the temporary resources it has received are adequate to reduce the number of open complaints to a manageable level. This assessment should also determine whether permanent resources assigned to PCB are adequate to address future complaints. Public Health should use this assessment to request additional resources, if necessary.	Pending	Department of Public Health
12. To ensure that its district offices properly investigate complaints and ERIs, Public Health should make certain that all district offices follow procedures requiring supervisory review and approval of complaint and ERI investigations. If the district offices do not have a sufficient number of supervisors to review investigations they did not conduct, Public Health should arrange to assist the districts until such time that they do have a sufficient number of supervisors.	Pending	Department of Public Health
13. To make certain that its district offices comply with federal requirements regarding corrective action plans, Public Health should establish a process for its headquarters or regional management to inspect district office records periodically to confirm that they are obtaining corrective action plans according to the required time frame and verifying that facilities have performed the corrective actions described in the plans when required.	Pending	Department of Public Health
14. To ensure that it has closed complaints and ERIs appropriately, Public Health should take steps by April 2015 to verify that complaints that its field operations branch closed administratively were closed appropriately. For example, it could request the district offices to verify that the closures were appropriate.	Pending	Department of Public Health
15. To improve oversight of its district offices' complaint and ERI investigation process, Public Health should increase its monitoring of the district offices' compliance with federal and state laws as well as with its policies. For example, Public Health could accomplish this by directing its regional managers to spend more time at the district offices to enforce district office compliance with policies, or by directing its quality improvement section to review a random sample of investigations for quality and adherence to policy. Public Health should further establish a formal process to review periodically LA County's compliance with the terms of its contract, including compliance with the terms for investigating complaints.	Fully Implemented	Department of Public Health

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
16. To better protect the safety of residents in long-term health care facilities, Public Health should direct its district offices to comply with required time frames for initiating and closing completed investigations. If a district office lacks sufficient resources to initiate or close investigations within those time frames, Public Health should arrange to assist that district until such time that the district complies with the statute.	Fully Implemented	Department of Public Health
17. To make certain that it complies with statutory time frames for adjudicating appeals related to individuals, Public Health should establish a process to monitor its contractor's performance with contract terms.	Fully Implemented	Department of Public Health
18. To ensure that the Legislature promptly receives information about the timeliness of Public Health's complaint processing related to long-term health care facilities, Public Health should continue to include all of the statutorily required information in its annual report and submit it by the due date.	Fully Implemented	Department of Public Health

## Report Number 2013-125

## California Department of Health Care Services: Weaknesses in Its Medi-Cal Dental Program Limit Children's Access to Dental Care (December 2014)

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
1. To ensure that child beneficiaries throughout California can reasonably access dental services under Medi-Cal and to increase child beneficiary utilization and provider participation, Health Care Services should establish criteria for assessing beneficiary utilization of dental services for the fee-for-service delivery system by May 2015.	Fully Implemented	Department of Health Care Services
2. To ensure that child beneficiaries throughout California can reasonably access dental services under Medi-Cal and to increase child beneficiary utilization and provider participation, Health Care Services should establish criteria for assessing provider participation in the program for the fee-for-service delivery system by May 2015.	Fully Implemented	Department of Health Care Services
3. To ensure that child beneficiaries throughout California can reasonably access dental services under Medi-Cal and to increase child beneficiary utilization and provider participation, Health Care Services should develop procedures for identifying periodically counties or other geographic areas in which the utilization rate for child beneficiaries and the participation rate for providers fail to meet applicable criteria for the fee-for-service delivery system by May 2015.	Fully Implemented	Department of Health Care Services
4. To ensure that child beneficiaries throughout California can reasonably access dental services under Medi-Cal and to increase child beneficiary utilization and provider participation, Health Care Services should immediately take action to resolve any declining trends identified during its monitoring efforts for the fee-for-service delivery system by May 2015.	Pending	Department of Health Care Services
5. To help increase the number of providers participating in the program's fee-for-service delivery system, Health Care Services should improve its identification and implementation of changes that minimize or simplify administrative processes for providers. These changes should include revising its processes pertaining to dental procedures that require radiographs or photographs.	Pending	Department of Health Care Services
6. To ensure that the influx of beneficiaries resulting from recent changes to federal and state law is able to access Medi-Cal's dental services, Health Care Services should continuously monitor beneficiary utilization, the number of beneficiaries having difficulty accessing appointments with providers, and the number of providers enrolling in and leaving the program.	Partially Implemented	Department of Health Care Services
7. To ensure that the influx of beneficiaries resulting from recent changes to federal and state law is able to access Medi-Cal's dental services, Health Care Services should immediately take action to resolve any declining trends identified during its monitoring efforts.	Pending	Department of Health Care Services
8. To ensure that Medi-Cal's child beneficiaries have reasonable access to dental services, Health Care Services should immediately resume performing its annual reimbursement rate reviews, as state law requires.	Fully Implemented	Department of Health Care Services
9. To make certain that access to dental services for child beneficiaries is comparable to the access available to the general population in the same geographic areas, Health Care Services should immediately adhere to its monitoring plan.	Partially Implemented	Department of Health Care Services

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
10. To make certain that access to dental services for child beneficiaries is comparable to the access available to the general population in the same geographic areas, Health Care Services should also compare its results for measuring the percentage of child beneficiaries who had at least one dental visit in the past 12 months with the results from the three surveys conducted by other entities, as its state plan requires.	Pending	Department of Health Care Services
11. To improve beneficiary utilization rates and provider participation under the program's fee-for-service delivery system, Health Care Services should immediately direct Delta Dental to submit annually a plan that describes how it will remedy the dental access problems in the State's underserved areas and in California's border communities.	Fully Implemented	Department of Health Care Services
12. To improve beneficiary utilization rates and provider participation under the program's fee-for-service delivery system, Health Care Services should immediately direct Delta Dental to contract with one or more entities to provide additional dental services in either fixed facilities or mobile clinics in underserved areas, as its contract requires.	Fully Implemented	Department of Health Care Services
13. To improve beneficiary utilization rates and provider participation under the program's fee-for-service delivery system, Health Care Services should immediately increase Delta Dental's access to beneficiary address information and require it to contact beneficiaries residing in underserved areas directly to make them aware of the program's benefits.	Fully Implemented	Department of Health Care Services
14. To improve beneficiary utilization rates and provider participation under the program's fee-for-service delivery system, Health Care Services should immediately review Delta Dental's outreach activities and implement measurable objectives for its outreach unit.	Partially Implemented	Department of Health Care Services
15. To improve beneficiary utilization rates and provider participation under the program's fee-for-service delivery system, Health Care Services should immediately require Delta Dental to develop a dental outreach and education program and to submit an annual plan by the end of each calendar year.	Fully Implemented	Department of Health Care Services
16. To ensure that the State pays only for deliverables performed by Delta Dental under the terms of its contract, Health Care Services should immediately ensure that the financial manual and invoices are consistent with contract language.	Fully Implemented	Department of Health Care Services
17. To ensure that the State pays only for deliverables performed by Delta Dental under the terms of its contract, Health Care Services should immediately develop and implement tangible measurements to evaluate Delta Dental's performance of all functions under the contract.	Partially Implemented	Department of Health Care Services
18. To comply with state contracting laws that protect the State's interests, Health Care services should implement future contract amendments via appropriate channels, including state contracting procedures.	Fully Implemented	Department of Health Care Services
19. To ensure that it reports in the CMS-416 an accurate number of child beneficiaries who received specific types of dental services from the centers and clinics, Health Care Services should continue working on a solution to capture the details necessary to identify the specific dental services rendered.	Pending	Department of Health Care Services
20. To make certain that it meets the requirements of the new state law and that its performance measures are accurate, Health Care Services should establish the provider-to-beneficiary ratio statewide and by county as performance measures designed to evaluate access and availability of dental services and include this measure in its October 2015 report to the Legislature.	Will Not Implement	Department of Health Care Services
21. To make certain that it meets the requirements of the new state law and that its performance measures are accurate, Health Care Services should require that the provider field in its data systems be populated in all circumstances.	Pending	Department of Health Care Services
22. To make certain that it meets the requirements of the new state law and that its performance measures are accurate, Health Care Services should correct the erroneous data currently in its data warehouse and fix its process for transferring data from its mainframe to its data warehouse.	Fully Implemented	Department of Health Care Services
23. To ensure that Health Care Services and its fiscal intermediaries reimburse providers only for services rendered to eligible beneficiaries, Health Care Services should obtain Social Security's Death Master File and update monthly its beneficiary eligibility system with death information.	Pending	Department of Health Care Services
24. To ensure that Health Care Services and its fiscal intermediaries reimburse providers only for services rendered to eligible beneficiaries, Health Care Services should coordinate with the appropriate fiscal intermediaries to recover inappropriate payments made for services purportedly rendered to deceased beneficiaries, if necessary.	Pending	Department of Health Care Services

**Report Number 2014-113**

*California Department of Public Health: Even With a Recent Increase in Federal Funding, Its Efforts to Prevent Diabetes Are Focused on a Limited Number of Counties (January 2015)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
2. To increase its efforts to prevent and control diabetes, Public Health should develop a process for identifying and applying for federal funding opportunities, including routinely and proactively searching for grants. In addition, Public Health should seek funding for a grants specialist position to identify and apply for federal and other grants.	Will Not Implement	Department of Public Health
3. To ensure that staff responsible for diabetes prevention have adequate knowledge and skills, Public Health should ensure that it follows its recently developed process to track training related to diabetes prevention for all employees participating in this effort.	Fully Implemented	Department of Public Health

**Report Number 2014-118**

*California Department of Developmental Services: Its Process for Assessing Fees Paid by Parents of Children Living in Residential Facilities Is Woefully Inefficient and Inconsistent (January 2015)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
2. To ensure timelier fee assessments, Developmental Services should hold regional centers accountable for providing the monthly placement reports and copies of information letters required by state regulations. To encourage compliance, Developmental Services should specify in its regional center contracts that noncompliant regional centers will pay financial penalties equal to the amount of revenue lost because of their inaction.	Pending	Department of Developmental Services
3. To make the initial parental fee assessment and annual redetermination processes more efficient, consistent, and transparent, Developmental Services should determine, as part of a formal policy development process, what family expenses it will consider in its determination of parental fees and what components of the fee determination require documentation from the parents. Developmental Services should then clearly communicate these policies to parents and staff and should reinforce these policies with regular management review of fee assessments.	Pending	Department of Developmental Services
4. To ensure that the parental fee remains appropriate for each family's current financial condition, Developmental Services should complete annual redeterminations as specified in state regulations. To this end, department management should create a mechanism to determine which accounts have not had a redetermination as required and should follow up with staff to ensure that this work is completed.	Pending	Department of Developmental Services
5. Developmental Services should eliminate inconsistency between the information it accepts and analyzes as part of the initial fee determination and the information it reviews as part of the appeals process. The fees reassessed during the appeals process should be based on an established fee schedule and should not be based solely on staff judgment. Any exceptions to the fee schedule should be justified in writing and approved by the program manager after thorough review.	Pending	Department of Developmental Services
6. To decrease the risk of determining appeal outcomes based on inaccurate information, Developmental Services should require management oversight and review of appeals. This review should include a review of appeal worksheets for accuracy prior to appeals committee meetings. To allow for a thorough management review, Developmental Services should require staff to note the reasoning for any adjustments to the calculation of parents' income and expenses.	Fully Implemented	Department of Developmental Services
7. Developmental Services should review its appeals process to ensure that it follows appeal-related timelines and follows a consistent process for accepting requests for appeals. As part of this effort, Developmental Services should add a date field to the appeals log for when parents are notified of the outcome of their appeal and should ensure that existing data fields contain accurate information.	Fully Implemented	Department of Developmental Services

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
8. Developmental Services should review and update its process for collecting on delinquent accounts. This update should include a revision to the policies and procedures manual, training for field agents, and regular management review to ensure consistent adherence to the policy. As part of the update, Developmental Services should clarify when to designate an account as uncollectible.	Pending	Department of Developmental Services
9. To improve its administration of the Parental Fee Program, Developmental Services should engage in a formal policy development process that results in an updated policies and procedures manual by July 2015. The manual should clarify management expectations, describe regular program manager oversight, and include summary-level performance indicators that must be shared with department officials on an ongoing basis.	Pending	Department of Developmental Services
10. To efficiently locate records pertinent to the Parental Fee Program, Developmental Services should update its retention policy and centralize all the files and records supporting the program.	Pending	Department of Developmental Services
11. To improve management oversight of the Parental Fee Program, Developmental Services should establish performance measures related to the timeliness of placement identification, information sharing with parents, a review of financial information and determination of fees, the billing of subsequent fees, and the completion of the appeals process when applicable.	Pending	Department of Developmental Services
12. To improve accuracy and identify areas for initial and ongoing staff training, Developmental Services should increase management oversight of the initial fee assessment and redetermination processes to include a review of assessment worksheets for accuracy, proper support, and timeliness.	Partially Implemented	Department of Developmental Services

**Report Number 2014-125**

*California Department of State Hospitals: It Could Increase the Consistency of Its Evaluations of Sex Offenders by Improving Its Assessment Protocol and Training (March 2015)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
2. To improve the consistency of its evaluations, by June 2015, State Hospitals should create a written policy that requires its evaluators to include the following documentation in their evaluations: detail describing all the documentation they reviewed, the offender's psychosexual history, a description of the risk assessment instruments the evaluator used and the scoring tool for those risk assessments, and acknowledgement of the evaluator's review of the DECS report.	Fully Implemented	Department of State Hospitals
3. To promote consistency and ensure that it provides sufficient guidance to evaluators, State Hospitals should update its assessment protocol by March 2016 to include more specific instructions on how to conduct evaluations, such as what assessment instruments evaluators may use and what documents they should consider. State Hospitals should also develop a timeline for periodically reviewing and making any necessary updates to the assessment protocol.	Pending	Department of State Hospitals
4. To comply with state law, State Hospitals should ensure that it follows the Administrative Procedures Act for future changes to its standardized assessment protocol.	Pending	Department of State Hospitals
5. To improve the consistency and completeness of its evaluations, by December 2015 State Hospitals should develop a plan for the formal, supervisory review of evaluations from a clinical perspective that balances the needs of the program with its resource limitations. For example, rather than attempting to review every evaluation, State Hospitals could focus its review efforts on those evaluations most at risk of error or inconsistency, such as those completed by the newest evaluators. If State Hospitals adopts this or a similar approach, it should review the remaining evaluations on a sample basis.	Fully Implemented	Department of State Hospitals
6. To ensure that it can demonstrate the consistency of Coalinga's supervisory review of annual evaluations, by June 2015 State Hospitals should direct Coalinga to formally adopt its checklist for reviewing evaluations, provide the checklist to its evaluators, and include the checklist as part of its evaluation process. State Hospitals should also develop a checklist for the evaluations it performs at its headquarters and adopt it as part of its standardized assessment protocol by March 2016.	Partially Implemented	Department of State Hospitals

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
7. To ensure that it has the data necessary to inform its training and supervision of evaluators, State Hospitals should identify the most efficient means for obtaining the outcomes of past trials—at least the outcomes of three years of past trials if possible—and should ensure that it includes such outcomes in its database by March 2016. Additionally, by June 2015 it should establish procedures to ensure that it promptly collects the outcomes from current and future trials. Finally, State Hospitals should develop procedures to analyze these data at least twice annually to identify any trends in cases in which the courts' determinations differed from the State Hospitals evaluators' recommendations. It should use this information to provide training and supervision where they are most needed.	Fully Implemented	Department of State Hospitals
8. To ensure that its evaluators, including those at Coalinga, have the necessary training to conduct evaluations effectively and consistently, State Hospitals should complete development of comprehensive training plans for all evaluators by June 2015. In addition, by September 2015 State Hospitals should provide training on the Static-99R and dynamic risk assessment instruments to all new evaluators and those who have not yet received such training.	Fully Implemented	Department of State Hospitals
9. To ensure that all its evaluators are aware of changes in forensic evaluations, State Hospitals should provide annual training on updates to risk assessment instruments.	Fully Implemented	Department of State Hospitals
10. To demonstrate that it has provided appropriate training and that its employees have received that training, State Hospitals should immediately begin maintaining training records for all employee and contract evaluators.	Pending	Department of State Hospitals
11. By June 2015 State Hospitals should establish a formal process for consistently documenting that it has verified that the individuals it hires as evaluators meet all the minimum qualifications for their positions. State Hospitals should ensure that staff at Coalinga follow the process established in Coalinga's checklist for validating the past employment of employee and contract evaluators.	Partially Implemented	Department of State Hospitals
12. To improve its overall effectiveness, by December 2015 State Hospitals should further analyze the rate at which its evaluators determine that offenders meet the SVP criteria. State Hospitals should focus its analysis on evaluations it performed in the most recent three fiscal years because of its transition to civil service evaluators and because of changes to state law have affected how it performs evaluations. State Hospitals should establish what the normal acceptable ranges for commitment rates are and work with evaluators whose findings consistently fall outside that range.	Pending	Department of State Hospitals
13. To ensure that it has an effective method for assigning and tracking evaluator workload, by September 2015 State Hospitals should establish a formal process for periodically reviewing its workload matrices. This process should include periodic assessments of how well evaluators are meeting their workload expectations and whether adjustments would be appropriate. The process should also include input from key stakeholders.	Pending	Department of State Hospitals
14. State Hospitals should explore options for tracking the time evaluators spend on each evaluation activity to increase the accuracy of the workload equivalencies it includes in its workload matrix and should implement such options by September 2015.	Pending	Department of State Hospitals
15. To reduce its backlog of annual evaluations at Coalinga and reduce the number of days these evaluations are overdue, State Hospitals should immediately determine the extent to which its evaluators who work at headquarters can provide assistance to Coalinga. To ensure that it does not develop a similar backlog in the future, State Hospitals should continue its efforts to hire evaluators sufficient to meet its workload.	Fully Implemented	Department of State Hospitals

**Report Number 2015-608**

*High Risk: State Departments Need to Improve Their Workforce and Succession Planning Efforts to Mitigate the Risks of Increasing Retirements (May 2015)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
13. Social Services should identify a key resource, such as a unit, by June 30, 2015, to track the results of workforce and succession planning activities across the department to ensure that the workforce and succession planning activities it implements are monitored on a departmentwide level.	Partially Implemented	Department of Social Services

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
15. Social Services should update its existing workforce and succession plan by December 2015 to ensure that the department is adequately prepared for the retirement of a significant number of its highly experienced employees. The plan should include current best practices that meet its organizational needs.	Pending	Department of Social Services

**Report Number 2015-503**
*Follow-Up—California Department of Social Services: It Has Not Corrected Previously Recognized Deficiencies in Its Oversight of Counties' Antifraud Efforts for the CalWORKs and CalFresh Programs (June 2015)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
1. To ensure that staff monitor both counties' processing of match lists and counties' reporting of investigation activity in a consistent and effective manner, Social Services should develop and document formal procedures for the IEVS and SIU review processes.	Pending	Department of Social Services
4. To ensure that all counties consistently gauge the cost-effectiveness of their early fraud detection activities and ongoing investigation efforts for the CalWORKs and CalFresh programs, Social Services should develop a formula to regularly perform a cost-effectiveness analysis using information that the counties currently submit. Specifically, this formula should measure the savings that a county achieves for each dollar spent on antifraud efforts.	Pending	Department of Social Services
5. To make certain that counties receive the greatest benefit from the resources they spend on antifraud efforts related to CalWORKs and CalFresh cases, Social Services should, using the results from the recommended cost-effectiveness analysis, determine why some counties' efforts to combat welfare fraud are more cost-effective than others.	Pending	Department of Social Services
6. To make certain that counties receive the greatest benefit from the resources they spend on antifraud efforts related to CalWORKs and CalFresh cases, Social Services should seek to replicate the most cost-effective practices among all counties. Social Services should work with its legal counsel to determine whether to withhold information about these practices from public disclosure.	Pending	Department of Social Services
7. Social Services should track counties' prosecution thresholds for welfare fraud cases and determine whether they affect counties' decisions to investigate potential fraud, with a focus on determining best practices and cost-effective thresholds. If Social Services' analysis determines that varying prosecution thresholds do affect counties' decisions, it should then work with counties to implement the consistent use of these cost-effective prosecution thresholds.	Will Not Implement	Department of Social Services
8. Social Services should continue its efforts to ensure that counties follow state regulations regarding the use of the administrative disqualification hearings process until all counties have adopted the process.	Pending	Department of Social Services
9. To make certain that counties receive the greatest benefit from the resources they spend on antifraud efforts related to CalWORKs and CalFresh cases, Social Services should address and promptly act on the four remaining recommendations that its steering committee provided in 2008.	Partially Implemented	Department of Social Services
10. To ensure that counties are consistently following up on all match lists, Social Services should better enforce the counties' implementation of its recommendations from the IEVS reviews and verify implementation of the corrective action plans that counties submit.	Pending	Department of Social Services
11. To ensure that counties are consistently following up on all match lists, Social Services should remind counties of their responsibility under state regulations to follow up diligently on all match lists. Further, it should work with counties to determine why poor follow-up exists and address those reasons.	Pending	Department of Social Services
12. To make counties' review of match lists more efficient, Social Services should revive its efforts to work with the state and federal agencies that prepare the match lists to address the counties' concerns about match list formats, content, and criteria.	Partially Implemented	Department of Social Services
13. To ensure the accuracy of the overpayments that counties collect and report for the CalFresh program, Social Services should create a process to verify on a rotational basis the counties' overpayment collection reports.	Pending	Department of Social Services

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
14. To ensure the accuracy and consistency of the information on welfare fraud activities that counties report and that Social Services subsequently reports to the federal government, the Legislature, and internal users, Social Services should perform more diligent reviews of the counties' investigation activity reports to verify the accuracy of the information submitted.	Pending	Department of Social Services
15. To ensure the accuracy and consistency of the information on welfare fraud activities that counties report and that Social Services subsequently reports to the federal government, the Legislature, and internal users, Social Services should provide counties with feedback on how to correct and prevent errors that it detects while reviewing counties' investigation activity reports.	Pending	Department of Social Services
16. To ensure the accuracy and consistency of the information on welfare fraud activities that counties report and that Social Services subsequently reports to the federal government, the Legislature, and internal users, Social Services should incorporate the upcoming federal changes to the revision of its instructions for completing the counties' investigation activity reports. In the interim, Social Services should issue clarifications for the most common errors Social Services observes counties make in reporting their investigation activities.	Pending	Department of Social Services

**Report Number 2014-134**

*California Department of Health Care Services: Improved Monitoring of Medi-Cal Managed Care Health Plans Is Necessary to Better Ensure Access to Care (June 2015)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
1. To ensure that Health Care Services accurately analyzes the adequacy of provider networks when initially certifying a health plan and when new beneficiary populations are added, it should establish by September 2015 a process to verify the accuracy of the provider network data that it uses to determine if a health plan meets adequacy standards for provider networks.	Pending	Department of Health Care Services
2. To make certain that it can provide support for its review process related to the adequacy of provider networks, Health Care Services should maintain for three years all documentation that supports its provider network certifications.	Pending	Department of Health Care Services
3. To ensure that Managed Health Care reaches accurate conclusions during its quarterly assessments of the adequacy of provider networks, Health Care Services should establish by September 2015 a process to verify the accuracy of the provider network data it receives from health plans and forwards to Managed Health Care. For example, Health Care Services could verify, for a sample of physicians claimed as part of the health plans' provider networks, that health plans have current written agreements with the providers.	Pending	Department of Health Care Services
4. To improve the accuracy of provider directories, by December 2015 Health Care Services should revise its processes for monitoring health plans' provider directories. Specifically, Health Care Services should review how each health plan updates and verifies the accuracy of the directory. In addition, Health Care Services should identify best practices and require the plans to adopt those practices.	Pending	Department of Health Care Services
5. To ensure that its review of provider directories is effective in identifying inaccurate information before it approves them for publication, Health Care Services should establish by September 2015 more detailed written policies and procedures for staff to follow that will provide evidence that staff are verifying the accuracy of provider directories. This verification process should include, at a minimum, the following elements: <ul style="list-style-type: none"> <li>• Developing a standard process for selecting a random sample, including procedures for selecting a sample size that is sufficient to identify errors in a provider directory and to enable Health Care Services to understand the accuracy of the entire directory. Health Care Services should then ensure that staff follow this process.</li> <li>• Requiring staff to maintain for at least three years the documentation of their reviews and the verifications of the accuracy of provider directories.</li> <li>• Retaining for three years Health Care Services' communications with the health plans about any errors found in the directories or about the approvals of the directories.</li> </ul>	Pending	Department of Health Care Services

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
6. If Health Care Services finds significant errors in a health plan's provider directory, it should work with that health plan to identify reasons for the inaccuracies and require the health plan to develop processes to eliminate the inaccuracies.	Pending	Department of Health Care Services
7. To ensure that it can handle adequately the volume of calls from Medi-Cal beneficiaries, Health Care Services should implement an effective plan to upgrade or replace its telephone system and database to make certain that its ombudsman office can handle the volume of calls and maintain complete data to make informed management decisions.	Pending	Department of Health Care Services
8. To further ensure that it can handle adequately the volume of calls from Medi-Cal beneficiaries, after upgrading or replacing its systems, if Health Care Services believes that it does not have adequate staffing to address workload, it should justify its need and request additional staff.	Pending	Department of Health Care Services
9. To make certain that Health Care Services complies with state law requiring it to conduct annual medical audits, it should finish developing and begin adhering to its schedule for auditing all health plans in fiscal year 2015–16.	Pending	Department of Health Care Services
10. To ensure that Health Care Services complies with state law, it should increase its oversight of Managed Health Care to ensure that it completes the quarterly assessments required under the agreements.	Will Not Implement	Department of Health Care Services
11. To make certain that Managed Health Care complies with its contractual obligations, it should continue its plan to perform quarterly reviews of the adequacy of provider networks beginning with the first quarter of 2015.	Fully Implemented	Department of Managed Health Care
12. To make certain that Managed Health Care complies with its contractual obligations, it should monitor workload closely, and it should justify and request additional staff if it determines it does not have adequate staffing to perform quarterly reviews.	Fully Implemented	Department of Managed Health Care
13. To increase the efficiency of statutorily required reviews by eliminating duplicative work, Managed Health Care should complete by September 2015 its planned assessment of the extent to which it can rely on Health Care Services' annual audits.	Pending	Department of Managed Health Care
14. To increase the efficiency of statutorily required reviews by eliminating duplicative work, if Managed Health Care determines that Health Care Services' work is sufficient to meet Managed Health Care's responsibility under the Knox-Keene Act, it should coordinate with Health Care Services to eliminate the duplication of work.	Pending	Department of Managed Health Care

**Report Number 2014-131**

*California State Government Websites: Departments Must Improve Website Accessibility So That Persons With Disabilities Have Comparable Access to State Services Online (June 2015)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
4. To ensure that it addresses barriers to the accessibility of its website for persons with disabilities, Covered California should, no later than December 1, 2015, correct the accessibility violations we found during our review.	Partially Implemented	Covered California
8. No later than December 1, 2015, Covered California should develop a plan to determine whether the accessibility violations we identified exist on other portions of its online presence that we did not include in the scope of our review. Once this plan is executed, it should correct violations wherever it finds them and do so no later than June 1, 2016.	Partially Implemented	Covered California
15. To ensure that updates to its website are tested for accessibility, by July 31, 2015, Covered California should develop and follow a written test approach that describes how and when changes to its website will be reviewed. This plan should describe how the department will include both automated and manual forms of accessibility testing.	Pending	Covered California
20. To ensure that individuals have a wider variety of contact information available to them for reporting problems with website accessibility, by July 31, 2015, Covered California should update its accessibility page to include all methods of communication that state requirements mandate for other departments.	Fully Implemented	Covered California
21. To ensure that it appropriately addresses any complaints it receives related to web accessibility, Covered California should develop procedures to regularly review the complaints it receives at its accessibility email address and address any web accessibility complaints in a timely fashion.	Fully Implemented	Covered California

**Report Number 2015-502**

*Follow-Up—California Department of Social Services: Although Making Progress, It Could Do More to Ensure the Protection and Appropriate Placement of Foster Children (July 2015)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
1. To ensure that all address matches of registered sex offenders who potentially reside or work at a licensed facility or foster home are reviewed, Social Services should improve its current mechanism to track and monitor the outcome of each address match it identifies. This tracking mechanism should allow Social Services to actively reconcile the number of address matches identified through its address comparison process with the number of completed reviews to ensure that it appropriately reviewed each match. Further, this mechanism should allow Social Services to actively monitor and report on any overdue investigations.	Partially Implemented	Department of Social Services
2. To improve its review process, preserve institutional knowledge, and ensure that staff consistently implement registered sex offender reviews in the future, Social Services should better document its review procedures. For example, Social Services should better document its screening process by identifying criteria for determining when it is acceptable to exclude certain address matches from investigation and by providing an explanation to staff for why it is safe to remove address matches that meet those particular criteria.	Partially Implemented	Department of Social Services
3. To ensure that counties' use of foster family agency placements is justified, Social Services should take action to implement the recommendation we previously made in our 2011 audit. Specifically, Social Services should continue working to revise its rates paid to foster family agencies and to ensure that it has reasonable support to justify each rate component, especially the administrative fee it currently pays these agencies.	Partially Implemented	Department of Social Services
4. To ensure that counties' use of foster family agency placements is justified, Social Services should take action to implement the recommendation we previously made in our 2011 audit. Specifically, Social Services should require counties to give licensed foster homes a higher priority than foster family agencies for children that do not have identified treatment needs.	No Action Taken	Department of Social Services
5. To ensure that counties' use of foster family agency placements is justified, Social Services should take action to implement the recommendation we previously made in our 2011 audit. Specifically, Social Services should require counties to prepare a detailed justification for any child placed with a foster family agency.	Partially Implemented	Department of Social Services

**Report Number 2014-130**

*California Department of Health Care Services: It Should Improve Its Administration and Oversight of School-Based Medi-Cal Programs (August 2015)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
1. To ensure that Health Care Services provides claiming units with reasonable opportunities to address concerns with its decisions or actions, it should, within three months, begin preparing regulations to establish and implement a formal appeals process that allows claiming units to directly appeal Health Care Services' decisions.	Will Not Implement	Department of Health Care Services
2. To ensure that Health Care Services provides claiming units with reasonable opportunities to address concerns with its decisions or actions, it should, within three months, inform all stakeholders, including claiming units, of the existence of this appeals process.	Will Not Implement	Department of Health Care Services

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
<p>3. Until the Legislature implements our recommendation in Chapter 2, Health Care Services should immediately resolve weaknesses in its oversight of local educational consortia and local governmental agencies to ensure that these entities sufficiently meet their responsibilities under the administrative activities program and meet the terms of their contracts with Health Care Services. Actions to take include updating its site review and desk review procedures to include the following steps:</p> <ul style="list-style-type: none"> <li>• A risk-based approach to selecting entities for review.</li> <li>• Verification that local educational consortia and local governmental agencies are adequately meeting the oversight and administrative responsibilities described in their contracts with Health Care Services.</li> <li>• Verification that contracts between local educational consortia or local governmental agencies and their claiming units do not include provisions that could result in disallowed costs, such as allowing Health Care Services' participation fee to be included in the claim calculations.</li> <li>• Examination of local educational consortia and local governmental agencies' records to ensure that: <ul style="list-style-type: none"> <li>– Costs they claim for federal reimbursement are necessary and reasonable.</li> <li>– The entities are not inappropriately earning a profit based on the fees they collect from claiming units.</li> <li>– The coding performed by local educational consortia that charge claiming units a percentage of their federal reimbursement is reasonably accurate.</li> </ul> </li> </ul>	Pending	Department of Health Care Services
<p>4. Until the Legislature implements our recommendation in Chapter 2, Health Care Services should immediately resolve weaknesses in its oversight of local educational consortia and local governmental agencies to ensure that these entities sufficiently meet their responsibilities under the administrative activities program and meet the terms of their contracts with Health Care Services. Actions to take include completing the oversight reviews for at least three high-risk local educational consortia or local governmental agencies by December 31, 2015, and post the results to its website.</p>	Pending	Department of Health Care Services
<p>5. Until the Legislature implements our recommendation in Chapter 2, Health Care Services should immediately resolve weaknesses in its oversight of local educational consortia and local governmental agencies to ensure that these entities sufficiently meet their responsibilities under the administrative activities program and meet the terms of their contracts with Health Care Services. Actions to take include completing the oversight reviews for any remaining high-risk local educational consortia or local governmental agencies by June 30, 2016, and post the results to its website.</p>	Pending	Department of Health Care Services
<p>6. To minimize the risk that claiming units could include unallowable costs when calculating their reimbursement claims, Health Care Services should immediately encourage the Los Angeles County Office of Education (Los Angeles County) to revise its contracts with its claiming units to make it clear that claiming units cannot include Health Care Services' participation fee as part of their claims.</p>	Pending	Department of Health Care Services
<p>7. To minimize the risk that claiming units could include unallowable costs when calculating their reimbursement claims, Health Care Services should immediately, for all claims that Los Angeles County received and reviewed under its current contracts with its claiming units, do the following:</p> <ul style="list-style-type: none"> <li>• Determine whether claiming units included Health Care Services' participation fee as part of the claim.</li> <li>• For those paid claims that included the participation fee, identify the inappropriate amount paid and take appropriate action to resolve the improper payment including, if necessary, obtaining a refund from the claiming unit.</li> <li>• For those submitted claims that have not yet been paid, instruct Los Angeles County to reject the claims and direct claiming units to revise the claims to omit Health Care Services' participation fee.</li> </ul>	Pending	Department of Health Care Services

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
8. To minimize the risk that claiming units could include unallowable costs when calculating their reimbursement claims, Health Care Services should immediately remind all local educational consortia and local governmental agencies that contracts with their claiming units should prohibit claiming units from seeking federal reimbursement of Health Care Services' participation fee.	Pending	Department of Health Care Services
10. To streamline the organizational structure of its administrative activities program and to improve the program's cost-effectiveness, Health Care Services should take the following actions to implement a single statewide quarterly random moment time survey: Develop and implement a plan to take over responsibility for conducting quarterly time surveys and performing related activities as soon as reasonably possible.	Pending	Department of Health Care Services
11. To streamline the organizational structure of its administrative activities program and to improve the program's cost-effectiveness, Health Care Services should take the following actions to implement a single statewide quarterly random moment time survey: Develop and issue a request for proposals to identify a responsible vendor to assist in implementing a statewide quarterly random moment time survey.	Pending	Department of Health Care Services
12. To streamline the organizational structure of its administrative activities program and to improve the program's cost-effectiveness, Health Care Services should take the following actions to implement a single statewide quarterly random moment time survey: Draft revisions to regulations as appropriate and to applicable documents, including the manual, oversight strategies and plans, and policy and procedure letters.	Pending	Department of Health Care Services
13. In addition to our earlier recommendation related to streamlining, Health Care Services should take the following actions: To the extent that local educational consortia and local governmental agencies are no longer involved in the administrative activities program, Health Care Services should develop and issue a standard contract for claiming units to sign to participate in the program.	Will Not Implement	Department of Health Care Services
14. In addition to our earlier recommendation related to streamlining, Health Care Services should take the following actions: To improve the clarity and effectiveness of program communication, Health Care Services should develop and implement feedback mechanisms, such as organized, up-to-date FAQs, through which it can communicate results of relevant inquiries to other stakeholders, including claiming units.	Pending	Department of Health Care Services
15. In addition to our earlier recommendation related to streamlining, Health Care Services should take the following actions: To better ensure that some claiming units do not unfairly disadvantage other claiming units in the receipt of interim payments, Health Care Services should explore opportunities to expedite consistent, timely, and fair interim payments to those claiming units with no overpayments. Health Care Services should involve representatives of local educational consortia, local governmental agencies, and claiming units in these efforts and communicate the results to interested stakeholders.	Pending	Department of Health Care Services
17. To better maximize federal reimbursements for the administrative activities program, Health Care Services should complete the following actions within six months: Develop and implement a method to oversee and track the outreach efforts that local educational consortia and local governmental agencies use for ensuring that nonparticipating claiming units understand the benefits and consider participating in the administrative activities program.	Pending	Department of Health Care Services
18. To better maximize federal reimbursements for the administrative activities program, Health Care Services should complete the following actions within six months: Revise reimbursement rates to authorize claiming units to claim the 75 percent reimbursement rate for translation activities as federal law allows.	Pending	Department of Health Care Services
19. To better maximize federal reimbursements for the administrative activities program, Health Care Services should complete the following actions within six months: Determine the extent to which claiming units can claim the unreimbursed difference between the 50 percent and 75 percent reimbursement rates for translation activities for past years and inform claiming units of the findings.	Pending	Department of Health Care Services
20. Should the Legislature implement our recommendation in Chapter 2 to allow claiming units to submit reimbursement claims directly to it, Health Care Services should develop and implement its own outreach functions to ensure that claiming units that do not currently participate understand the benefits and consider participating in the administrative activities program.	Pending	Department of Health Care Services

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
21. To provide the public with the ability to participate fully in developing the rules governing the administrative activities program, Health Care Services should, in accordance with California's Administrative Procedure Act, immediately develop and adopt the regulations cited in the four subdivisions of Section 14132.47 of the California Welfare and Institutions Code.	Pending	Department of Health Care Services
22. To ensure that it provides stakeholders with timely access to information regarding the billing option program, Health Care Services should do the following: Issue the required annual report covering April 2012 to May 2013 immediately.	Pending	Department of Health Care Services
23. To ensure that it provides stakeholders with timely access to information regarding the billing option program, Health Care Services should do the following: Issue the required annual report covering April 2013 to May 2015 by December 2015 as promised.	Pending	Department of Health Care Services
24. To ensure that it provides stakeholders with timely access to information regarding the billing option program, Health Care Services should do the following: Issue all future annual reports in a timely manner.	Pending	Department of Health Care Services

**Report Number 2015-507**

*Follow-Up—California Department of Public Health: Laboratory Field Services Is Unable to Oversee Clinical Laboratories Effectively, but a Feasible Alternative Exists (September 2015)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
1. While the Legislature considers eliminating the requirement that labs obtain state-issued licenses or registrations and receive oversight from Laboratory Services, Laboratory Services should begin taking action to address its deficiencies by developing a corrective action plan by December 31, 2015. The corrective action plan should address its plans for implementing the recommendations from our 2008 audit and from this follow-up audit. For each item in its corrective action plan, Laboratory Services should identify the individuals responsible for ensuring it takes the corrective action, the resources it needs to carry out the corrective action, and the time frame in which it expects to successfully complete the corrective action.	Pending	Department of Public Health
2. To ensure it can provide effective oversight of labs as state law requires, Laboratory Services should inspect all in-state and out-of-state labs it has licensed every two years.	Pending	Department of Public Health
3. To ensure it can provide effective oversight of labs as state law requires, Laboratory Services should develop and implement proficiency testing policy and procedures for ensuring that it can promptly identify out-of-state labs that fail proficiency testing.	Pending	Department of Public Health
4. To ensure it can provide effective oversight of labs as state law requires, Laboratory Services should improve its complaints policy and procedures to ensure that it either investigates allegations promptly or clearly documents its management's rationale for not investigating. It should also establish clear expectations for when staff must visit a lab to verify successful corrective action.	Pending	Department of Public Health
5. To ensure it can provide effective oversight of labs as state law requires, Laboratory Services should dedicate multiple staff to sanctioning efforts and update its sanctioning policy and procedures, including identifying steps to ensure that labs adhere to sanctions and that it collect civil money penalties. In addition, it should develop a single sanctions tracking system that multiple managers can monitor and that will allow it to periodically reconcile the monetary penalties it receives with Public Health's accounting records.	Pending	Department of Public Health
6. To ensure it can provide effective oversight of labs as state law requires, Laboratory Services should work with Public Health's budget section and other appropriate parties in developing a process to assess the budget act annually and to adjust its fees accordingly. The process should include its management's review and approval of fee adjustments before it posts those fees publicly.	Pending	Department of Public Health
7. To ensure it can provide effective oversight of labs as state law requires, Laboratory Services should maximize the opportunity to partner with accreditation organizations by developing an accreditation organization program and issuing an All Clinical Laboratories Letter detailing the program's components. In addition, it should consult with legal counsel and draft an agreement outlining the role and the responsibilities that Laboratory Services and the accreditation organizations will assume.	Pending	Department of Public Health

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
8. To ensure it can provide effective oversight of labs as state law requires, Laboratory Services should address staffing issues by preparing and resubmitting to Public Health a recruitment and retention proposal, developing a succession plan, and taking necessary steps to implement its planned reorganization.	Pending	Department of Public Health
9. To ensure it can provide effective oversight of labs as state law requires, Laboratory Services should ensure that its information technology data systems have necessary safeguards, contain accurate and complete data, and support its program needs.	Pending	Department of Public Health
10. To ensure it can provide effective oversight of labs as state law requires, Laboratory Services should update and develop its regulations as necessary to ensure consistency with existing state law.	Pending	Department of Public Health

**Report Number 2015-042**

*Children's Hospital Program: The California Health Facilities Financing Authority Has Generally Complied With Laws and Regulations and Resolved Its Issue Related to High Fund Balances (September 2015)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
1. The California Health Facilities Financing Authority should amend its regulations to bring them into accord with the 2004 act, thus allowing any eligible hospital to apply for the 2004 act's funds that remained as of June 30, 2014.	Will Not Implement	California Health Facilities Financing Authority

\* The status of recommendations for audits issued between November and December 2015 is based on the entity's initial response, which is included in the original audit report, available on the California State Auditor's (state auditor) website: [www.auditor.ca.gov](http://www.auditor.ca.gov)