Washington State Auditor's Office

Independence • Respect • Integrity

Performance Audit

Complaint Resolution Unit at the Department of Social and Health Services

November 16, 2015

The Department of Social and Health Services' Complaint Resolution Unit (CRU) receives and processes complaints regarding provider practice issues and allegations of abuse, neglect and exploitation of vulnerable adults living in residential care settings. The CRU struggled to process complaints within required federal time frames in early fiscal year 2015, in part due to its reliance on an inefficient voicemail system. Timeliness improved after it hired temporary staff to transcribe voicemails.

The CRU is implementing online reporting to reduce the use of the voicemail system and the need for transcriptionists. However, the CRU does not track whether it meets time requirements outlined in state law. A further complication in its efforts to measure and manage its process is a lack of clarity in state law regarding the required activities and timeliness.

While CRU staff were reasonably accurate when prioritizing complaint severity, high priority cases were at risk of being assigned a lower priority than they warranted. We found inconsistent assessments in a quarter of test cases, which may be attributed in part to the CRU's lack of a quality assurance process.

Audit Number: 1015480

Table of Contents

Executive Summary	3
Introduction	8
Background	9
Glossary	11
Scope and methodology	12
Audit Results	15
Agency Response	24
Appendix A: Initiative 900	29
Appendix B: Complaint Resolution Unit Prioritization Levels	30

The mission of the Washington State Auditor's Office

The State Auditor's Office holds state and local governments accountable for the use of public resources.

The results of our work are widely distributed through a variety of reports, which are available on our website and through our free, electronic **subscription service**.

We take our role as partners in accountability seriously. We provide training and technical assistance to governments and have an extensive quality assurance program.

For more information about the State Auditor's Office, visit **www.sao.wa.gov**.

Americans with Disabilities

In accordance with the Americans with Disabilities Act, this document will be made available in alternative formats. Please email Communications@sao.wa.gov for more information.

State Auditor's Office contacts

Jan M. Jutte, CPA, CGFM – Acting State Auditor
360-902-0360, Auditor@sao.wa.gov

Chuck Pfeil, CPA – Director of State & Performance Audit
360-902-0366, Chuck.Pfeil@sao.wa.gov

Lou Adams, CPA – Deputy Director of Performance Audit
360-725-9741, Louella.Adams@sao.wa.gov

Nancy Dufoe – Principal Performance Auditor
360-725-5588, Nancy.Dufoe@sao.wa.gov

Thomas Shapley – Deputy Director for Communications
360-902-0367, Thomas.Shapley@sao.wa.gov

To request public records

Public Records Officer
360-725-5617, PublicRecords@sao.wa.gov

Executive Summary

Elderly, disabled or otherwise vulnerable adults living in a residential setting such as a nursing home, assisted living or similar long-term care facilities are at risk of abuse, neglect and exploitation. In recent years, several reports by outside organizations and stories in the news media have raised concerns about how well the Department of Social and Health Services (DSHS) protects these vulnerable individuals. The topic of residential client safety has also been a priority of the Joint Legislative Executive Committee on Aging and Disability Issues. Delays in processing complaints will delay investigations, which can compromise residents' safety.

The Complaint Resolution Unit (CRU) in the DSHS Residential Care Services Division receives and prioritizes for action all complaints of provider practice issues and allegations of abuse, neglect, and exploitation of vulnerable adults living in residential settings statewide. Complaints that are appropriate for the CRU to address are referred to as "intakes." Staff must assign the intake to a Residential Care Services field office for an investigation within two working days. By state law, it "shall initiate a response" to a report "no later than twenty-four hours after knowledge of the report."

CRU intake staff assign a priority to each intake based on the severity of the allegations and other factors. These priorities determine how quickly a field investigation is required. The highest priority timeframe is two working days ("Immediate Jeopardy") and the lowest is 45 working days.

The Complaint Resolution Unit's priority scale determines when an investigation should begin

Response time to start an investigation	Urgency
Immediate Jeopardy (2 working days)	Higher priority
10 working days	↕
20 working days	
45 working days	
Quality review*	Lower priority

** Quality review does not require an onsite investigation, but allegations in these intakes may be reviewed during other inspections/visits if the field office determines it is warranted.*

The CRU struggled to meet time standards in the past. The 2014 State Auditor's Office Medicaid audit found that in 24 percent of the cases, the CRU did not initiate a response to a complaint within 24 hours, as required by law.

This audit examines whether the CRU processes intakes in a timely manner and whether it prioritizes them accurately and consistently. It also identifies improvements DSHS could make in these areas.

The CRU's reliance on an inefficient voicemail system contributed to delays in meeting federal requirements in early fiscal year 2015

In the first three months of the 2015 fiscal year (July 1 – September 30, 2014), the CRU failed to process 4,568 (62 percent) of the almost 7,400 intakes within two working days as required under federal regulation; almost two-thirds of these took more than five days to process.

The CRU was the slowest in processing intakes alleging abuse, neglect or exploitation in nursing homes compared to other facilities. Moreover, the CRU took more than two working days to refer one-fourth of the highest priority cases to the Residential Care Services field offices. The field offices cannot start an investigation within the required two working days of receipt of these high-priority cases if the CRU takes more than two days to refer it to them.

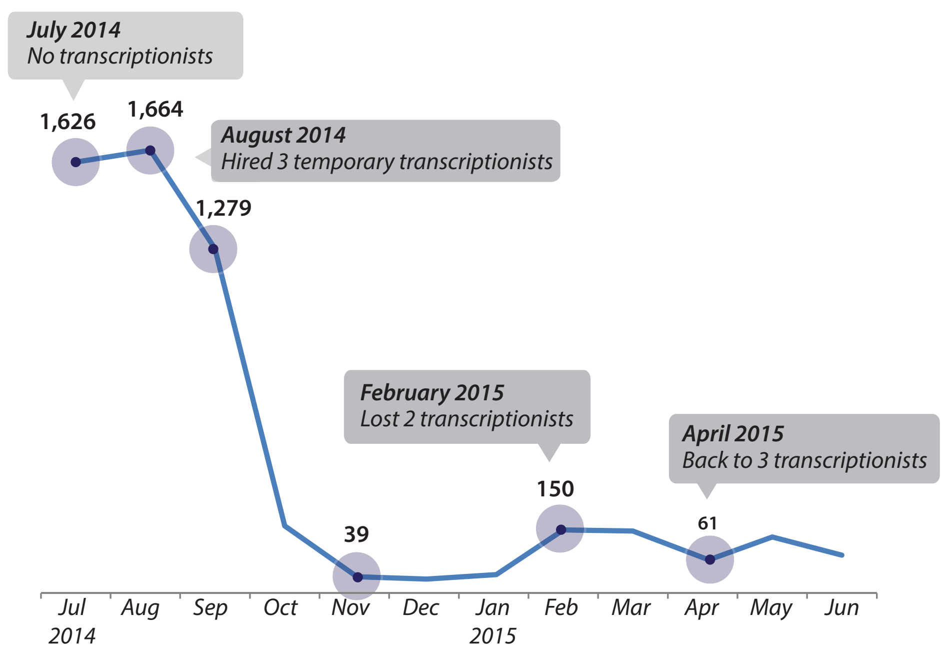
Reliance on a voicemail system contributed to the delays. Almost three-fourths of the complaints come in through a voicemail system. According to CRU management, the voicemail complaints take the longest amount of time to process compared to the other types such as faxes and emails. The voicemail system can be frustrating for callers and result in incomplete information.

Temporary staff helped reduce the backlog but a more long-term solution may be online complaint reporting

In August 2014, the CRU hired three temporary staff to transcribe voicemail complaints so intake staff could focus on processing and entering the information into the CRU's data system. By October 2014, the CRU had reduced the backlog to below 200 intakes, down from a peak high of more than 1,600 in August. The backlog remained at less than 50 intakes from November 2014 through the beginning of February 2015. Between October 1, 2014, and June 30, 2015, the CRU had a backlog of only 4 percent. The performance was consistently good across all facility types and priority levels.

Backlog dropped significantly when transcriptionists were hired

Number of intakes exceeding two working days



Source: Auditor calculation of backlog using TIVA data from FY 2015.

The CRU management recognizes that using temporary staff is a stop-gap measure that does not resolve the bigger issue of its heavy reliance on the inefficient voicemail system. When two transcriptionists left the CRU in February 2015, the backlog increased until the positions were filled and new staff were trained. One of the key recommendations arising from an early 2015 effort to identify ways to streamline processes and improve efficiency was for the CRU to implement online reporting to reduce reliance on the voicemail system and the need for transcriptionists.

Online reporting is a common practice in many states and jurisdictions. Ten of the 12 states and local entities that responded to our questions about online reporting cited increased efficiency as a benefit. Nine described challenges that suggested it was important to reach out to the people most likely to need to report a problem and make sure they knew how to use the online reporting website.

The CRU cannot measure whether it meets the timeframes required by state law

State law (RCW 74.34.063) requires the CRU to "initiate a response to a report, no later than twenty-four hours after knowledge of the report, of suspected abandonment, abuse, financial exploitation, neglect, or self-neglect of a vulnerable adult." The Legislature passed the law in 1999 as a means of protecting vulnerable adults from abuse and neglect.

As part of the performance audit, Residential Care Services management defined for us the two time elements in the law: "knowledge" and "initiate a response." However, they do not have fields in the data system to capture the date and time when these activities occur. As a result, we cannot assess the CRU's performance on meeting state law time requirements.

State law does not provide clarity on how Residential Care Services should define the two time elements

The law does not define how the agency should interpret the two time elements, "knowledge" and "initiate a response." Management's interpretation does not cover the entire complaint process, which encompasses the time between when DSHS receives a complaint and when the CRU worker assigns it to a field office for an investigation. Management is unable to ensure that their interpretation is in reasonable compliance with the law.

CRU staff prioritized intakes accurately most of the time, but their inaccurate prioritizations could put residents at greater risk

CRU staff are required to use federal and state guidelines to assess the severity of intakes and assign a priority. The priority level dictates how quickly an investigation needs to occur. These guidelines are just that—guidelines. Each reported incident has unique circumstances. There is no "right answer," although most complaints still have a "best answer" based on the information available at the time of assessment.

We found that the CRU prioritizes intakes accurately or erred on the side of caution most of the time (85 percent). However, staff assigned the most urgent intakes (investigate within two working days) a longer priority response time (10 or 20 working days) in 31 percent of intakes. This suggests that the CRU is more likely to assign a lower priority to high-risk intakes when compared to less urgent intakes.

Staff intake assessments were inconsistent more than a quarter of the time

Inconsistency among assessments by staff suggests that a vulnerable adult has a one-in-four chance that one worker would assign a different priority than another worker. Certain stakeholders informed us that there might be some inconsistencies among CRU staff in assessing the same type of intakes. It is important for both public trust and client safety that the action taken on an intake not depend on who happens to assess its priority.

The CRU does not have a formal quality assurance process to ensure staff assign priorities consistently and accurately

The CRU does not have a formal quality assurance process to record and routinely review the accuracy and consistency of staff's decisions. CRU management said they evaluate intake decisions for quality when a field investigator questions a prioritization, a complaint is not categorized as an intake or when supervisors review staff progress. However, these reviews are not recorded for overall quality assurance purposes. Six of the 12 states and local entities we spoke with have a formal system in place to assess the quality of intakes.

Recommendations

While the CRU has taken steps to improve the time it takes to process complaints, there are still areas in which it can increase performance and ensure adherence with state law and federal requirements. CRU management should update the complaint data system, and the policies and procedures to better reflect the overall operation and successfully implement the new online reporting system. Also, CRU management should establish a formal quality assurance process to increase accuracy and consistency. Additionally, we recommend the DSHS work with the Legislature to clarify how DSHS should interpret the wording in state law.

1. To ensure that the CRU is reasonably interpreting compliance with state law, we recommend that DSHS work with the Legislature to provide clarity on the definitions of when "knowledge" and "initiate a response" occur.
2. To ensure that the CRU begins measuring its performance in meeting the requirements of state law, we recommend DSHS:
    - Add fields to the data system that will allow the CRU to track "Knowledge" and "Initiate a Response."
    - Develop written procedures that define when these key steps occur and what activities are included.
    - Develop performance measures for the CRU that measure compliance with the state law, the federal requirements, the time it takes for the entire complaint process, and each major step in the process.

3. In order to ensure the successful implementation of the online reporting system scheduled to be implemented in November 2015, we recommend that DSHS:
    - Conduct outreach with providers to educate them on the new online reporting system.
    - Assess provider satisfaction with the system.
    - Develop a long-range plan for the next steps of the online reporting with planned implementation dates.
    - Given that DSHS has requested additional staff for the CRU in the past, it should conduct a staffing study after the online reporting system is implemented to determine if additional staff are warranted.
4. In order to ensure that CRU workers are accurate and consistent when prioritizing intake severity, we recommend DSHS:
    - Establish a quality assurance process to routinely review a portion of completed intakes for accuracy and consistency.
    - Incorporate quality assurance review results into staff training for procedures.

Introduction

Elderly, disabled or otherwise vulnerable adults living in a nursing home, assisted living facility, or similar long-term care setting, are at risk of abuse and neglect. The Washington State Caseload Forecast Council estimated that 23,000 people receiving support from the state lived in state-regulated care facilities in fiscal year 2013; this number is even higher when including private-pay residents. The share of the state's population aged 65 and older is expected to increase from 14 percent in 2013 to 20 percent by 2030; people are also living longer, which can mean that their physical, medical and behavioral conditions become more complex. These factors make it more likely that the number of people living in residential care facilities will rise in the coming years and, with it, the number of abuse and neglect complaints.

In recent years, several reports by outside organizations and stories in the news media have raised concerns about how well the Department of Social and Health Services (DSHS) protects these vulnerable individuals. The topic of residential client safety has also been a priority of the Joint Legislative Executive Committee on Aging and Disability Issues.

The Complaint Resolution Unit (CRU) in DSHS' Residential Care Services Division receives and prioritizes for action all complaints of provider practice issues and allegations of abuse neglect and exploitation of vulnerable adults living in residential settings statewide. CRU staff must refer the complaint to a Residential Care Services field office for an investigation within two working days. (They must also refer certain complaints to other entities such as law enforcement and Adult Protective Services.) By state law, DSHS "shall initiate a response to a report, no later than twenty-four hours after knowledge of the report."

The CRU struggled to meet time standards in the past

DSHS issued an action plan in 2013 to improve response to allegations of abuse, neglect, self-neglect, abandonment and financial exploitation of vulnerable adults. The plan states that in January 2013, the CRU had a backlog of 2,900 complaints that were taking two to three weeks to process. Delays in processing complaints will delay investigations, with the risks that evidence will be lost and memories of events will fade while leaving residents susceptible to further harm.

A fiscal year 2014 State Auditor's Office Medicaid audit found that the CRU did not initiate a response to a complaint within 24 hours in 24 percent of the complaints it processed. The audit also found that, despite a new voicemail system implemented in December 2013, processing complaints continued to consume significant staff time.

In its 2015-2017 budget request, DSHS asked for an additional 7.7 full-time-equivalent staff for the CRU, stating that inadequate staffing was resulting in delays in processing abuse and neglect complaints. It did not receive that funding. Since the CRU relies heavily on a voicemail system for receiving most complaints, this performance audit focused on improving efficiency within current resources.

Background

The CRU processes complaints regarding provider practice issues and allegations of the abuse, neglect and exploitation of vulnerable adults living in long-term care settings.

Complaints can range from allegations of inadequate care to accusations of serious crimes such as sexual or physical abuse, medical neglect and financial exploitation. Complaints can be made against providers and their employees or against other residents in the victim's residential setting. Complaints come from a variety of sources: providers, nurses and law enforcement must report any problems they encounter, but calls may also come from the residents themselves, their relatives and members of the public.

Federal requirements: Federal requirements establish timelines for states to process complaints against nursing homes and intermediate care facilities for individuals with intellectual disabilities; although not in written policy, Residential Care Services management informed us that they also apply these guidelines to non-federally regulated facilities such as assisted living facilities and adult family homes. States must *initiate investigations* of the highest priority complaints ("Immediate Jeopardy") within two working days of receipt of the complaint. States are required to *prioritize* all other complaints within two working days.

State requirements: Washington state law requires DSHS to "*initiate a response*" no later than 24 hours of "*knowledge of the report.*" These actions are not defined in state law.

CRU business practices involve receiving and prioritizing complaints

The CRU is open during regular business hours: Monday through Friday, 8:00 AM to 5:00 PM. The CRU is not a first responder in emergency situations; people are instructed to call 9-1-1 if the situation is an emergency. People can submit a complaint to the CRU in several ways, including email and fax. Most people, however, use the toll-free hotline, which includes a digital voicemail system that is available 24 hours a day, seven days a week. They can also call from 8:30am to 4:30pm, Monday through Friday, to speak directly with a staff member. In order to keep lines open for public callers, the CRU encourages providers to use the hotline's voicemail system.

Only complaints that allege provider practice concerns, abuse, neglect and exploitation result in an "intake," DSHS' term for complaints that are appropriate for the CRU to address. Staff processed more than 28,000 intakes in fiscal year 2015 (July 1, 2014 – June 30, 2015), logging them into a computerized tracking system known as Tracking Incidents of Vulnerable Adults (TIVA).

Care settings include adult family homes, assisted living facilities, nursing homes, intermediate care facilities for individuals with intellectual disabilities, and certified residential/supported living programs.

Immediate Jeopardy complaints allege that a provider's non-compliance with requirements has caused or is likely to cause serious injury, harm, impairment or death to a resident.

CRU intake staff determine if a complaint qualifies as an intake by evaluating the harm or potential harm of the incident and conducting preliminary research on the alleged victim, the perpetrator and the facility. Using this information, and consulting with colleagues as the worker feels is necessary, the worker then assigns a priority for investigation based on the severity of the allegation. As shown in **Exhibit 1**, the priority assigned dictates when the investigation should begin, ranging from two to 45 working days.

Exhibit 1 – The Complaint Resolution Unit's priority scale determines when an investigation should begin

Response time to start an investigation	Urgency
Immediate Jeopardy (2 working days)	Higher priority
10 working days	↕
20 working days	
45 working days	
Quality review*	Lower priority

**Quality review does not require an onsite investigation, but allegations in these intakes may be reviewed during other inspections/visits if the field office determines it is warranted.*

The final step is to assign the intake to a Residential Care Services field office for an investigation. Between July 1, 2014, and June 30, 2015, the CRU referred more than 21,000 intakes to field offices for investigation.

The severity and circumstances also dictate whether the CRU must refer the intake to other entities such as law enforcement, licensing boards or the Medicaid Fraud Control Unit.

Glossary

Abuse, neglect and exploitation – The willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult; or a pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain a physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult; also allegations of exploitation and financial exploitation; and provider non-compliance with regulatory requirements (food, nursing services, medications, activities, resident/client behavior, staff behavior, etc.). In the interest of brevity, this audit uses the phrase "abuse, neglect and exploitation" to encompass the above.

Assign to field office – The CRU assigns intakes that are within Residential Care Services' authority to RCS field staff located throughout the state for investigation or quality review.

Backlog - The backlog is comprised of complaints that have taken more than two working days from their receipt by the CRU to assign to a field office. As the number of complaints taking more than two working days to process increases, the size of the backlog increases.

Complaint – A complaint is an allegation of wrong-doing in a long-term care setting, including poor provider practice, abuse, neglect, or exploitation. Within the CRU's internal operations, these are called "reports." Because of the CRU's name, we use the terms "complaint" and "report" interchangeably in this report.

Intake – An intake is a complaint that the CRU staff have determined warrants an assignment to the field for follow-up or a referral to an outside entity.

Provider practice – Any issue having to deal with how a long-term care provider or a provider's staff members interact with a long-term care recipient. This can include allegations of abuse, neglect and exploitation/financial exploitation, but may also include noncompliance with regulatory requirements.

Referral – The CRU refers complaints to outside entities, such as Adult Protective Services, law enforcement or the Medicaid Fraud Control Unit, for issues that are outside of Residential Care Services' authority.

Reporter – Someone who submits a complaint to the CRU.

TIVA (Tracking Incidents of Vulnerable Adults) – The data system that the CRU uses to document and track intakes.

Voicemail – The CRU's voicemail system records messages left by reporters 24 hours a day, seven days a week, using the toll-free hotline number. These messages are then transcribed and reviewed during normal business hours, Monday – Friday. The CRU receives the majority of its complaints via voicemail.

Scope and methodology

Analysis of timeliness requirements

Our first objective sought to determine whether the CRU is processing complaints within time requirements. It operates under two standards: federal requirements and state law. Federal guidelines (Centers for Medicare and Medicaid Services State Operations Manual Chapter 5) require states to initiate an investigation or prioritize a complaint within two working days, and state law (RCW 74.34.063) requires DSHS to initiate a response no later than 24 hours of knowledge of a report.

To measure the CRU's performance in meeting the federal guidelines, we used data for fiscal year 2015 (July 1, 2014 – June 30, 2015) from the TIVA database. We measured timeliness from the "Date Received" field to the "Date Assigned" field, which is how DSHS defines compliance with the federal guidelines. Since the CRU only operates during regular business hours, we calculated timeliness using working days. We also used the data to calculate and trend over time the CRU's backlog of complaints that took longer than two working days to process.

We tested the reliability of the CRU's "Date Received" field because it is supposed to be manually entered by an intake worker rather than automatically generated by TIVA. We selected a random sample (326) of intakes for fiscal year 2015 and compared the "Date Received" recorded in TIVA to source documents such as faxes and voicemails. When conducting data reliability testing, we found that the "Date Received" field was incorrect 12 percent (38 intakes) of the time. Management could not locate source documentation for 34 percent (13 intakes) of the errors. Eight percent (three intakes) of the errors had an actual received date that was after the "Date Received" recorded in TIVA.

The results section of the report may overstate the CRU's performance because the "Date Received" field defaults to the current date and time unless intake staff enter another date. Fifty-eight percent (22 intakes) of the errors had an actual received date that was earlier than the "Date Received" recorded in TIVA. This data error effectively shrinks the span of time between "received" and "assigned." The CRU fixed the default problem on July 31, 2015, with an upgrade to the TIVA system.

We were unable to measure the CRU's performance in meeting the time requirements in state law. As part of the performance audit, Residential Care Services management defined for us the two time elements in the law: "knowledge" and "initiate a response." However, they do not have fields in TIVA to capture the date and time when "knowledge" and "initiate a response" occur. As a result, we cannot assess the CRU's performance on initiating a response within 24 hours of knowledge of the report.

Analysis of accuracy and consistency of the CRU's complaint severity assessments

Our second objective was to assess CRU intake staff's initial prioritization of intake severity. We had staff assess a random sample of intakes the CRU had processed between January and June 2014. We included the histories associated with the alleged victims/perpetrators and facilities involved, but removed the original priorities assigned to the intakes and changed all names to lessen the chance a worker might remember how a given intake was originally assessed. Since some intakes are assigned to nurses for evaluation, we used CRU procedures to determine which intakes should go to the nurses and which should go to the non-nurse staff.

After ensuring the CRU always had staff available to process intakes during testing, we tested the intake staff in groups over a seven week period. Staff assessed six to eight intakes each week, with two to three staff in each group for collaboration purposes. Nurse staff assessed 46 intakes and the non-nurses assessed 44 intakes. The manager, supervisors and staff were all given the same information to assess the intakes for this test. They were also allowed to use their normal hard-copy resources that they normally use to assist them in their determinations. We monitored the testing to ensure validity of the results.

During the development of the methodology and the testing period, we worked closely with RCS and CRU management. Their input helped us to refine and improve our methodology. For example, we randomly paired staff each week, because CRU management told us that staff collaborate on every intake. We sent the final methodology to CRU management in May, and proceeded with testing because we did not receive any additional concerns.

Although we attempted to replicate the CRU's operating conditions as closely as possible, our methodology had limitations.

1. Staff did not have access to other databases to conduct additional research.
2. The random pairing of staff did not always replicate normal day-to-day operations, as some people were paired with intake workers they would not normally go to for assistance.
3. We could not include the responses of the two nurses available each week in our analysis of consistency because they were paired to collaborate on their answers.
4. Although staff members sometimes consult a supervisor when they are unsure about the priority to assign, not all groups had access to a supervisor during the testing. Only one group each week had one of the two supervisors assigned to their group.
5. We were only able to assess the initial prioritization, which in normal circumstances can differ from the final prioritization. Consulting a supervisor may improve the accuracy and consistency of the answers, although our test results do not show a difference between the accuracy rates of the groups that had a supervisor and those that did not.

To analyze accuracy, we used the responses of the CRU manager and one supervisor as the "answer key." We considered answers that matched the answer key to be accurate. We also considered answers that assigned a higher priority than the answer key to be accurate because management instructs staff to err on the side of caution if they have doubts about a prioritization. To analyze consistency, we divided the number of the most common response to a given intake by the total number of responses for that intake. We then calculated the overall consistency rate as the average of the agreement rate for all intakes.

Identifying potential improvements to the complaint intake process

In order to identify potential improvements for the CRU's complaint intake process, we conducted research and reached out to 27 other states and county/metro regional entities to identify the benefits of implementing online reporting, as well as the benefits of having a formalized performance management system addressing quality assurance and staff training. Twelve responded to our information request, and our analysis reflects their contributions and experiences.

Audit performed to standards

We conducted this performance audit under the authority of state law (RCW 43.09.470), approved as Initiative 900 by Washington voters in 2005, and in accordance with Generally Accepted Government Auditing standards (December 2011 revision) issued by the U.S. Government Accountability Office. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. See **Appendix A**, which addresses the I-900 areas covered in the audit.

Next steps

Our performance audits of state programs and services are reviewed by the Joint Legislative Audit and Review Committee (JLARC) and/or by other legislative committees whose members wish to consider findings and recommendations on specific topics. Representatives of the State Auditor's Office will review this audit with JLARC's Initiative 900 Subcommittee in Olympia. The public will have the opportunity to comment at this hearing. Please check the JLARC website for the exact date, time, and location (www.leg.wa.gov/JLARC). The State Auditor's Office conducts periodic follow-up evaluations to assess the status of recommendations and may conduct follow-up audits at its discretion.

With the online system implementation scheduled before the end of 2015 and the need for quality assurance and performance measures, we will consider the CRU for a follow-up audit.

Audit Results

Question 1: Are complaints processed and referred in a timely manner and if not, why not? Can improvements be made?

Answer in brief

The Complaint Resolution Unit struggled to process complaints within required federal time frames in early fiscal year 2015. The CRU's reliance on an inefficient voicemail system contributed to the delays. Timeliness improved after it hired temporary staff to transcribe voicemails. The CRU is implementing online reporting to reduce the use of the voicemail system and the need for temporary transcriptionists. However, it does not track whether it meets time requirements outlined in state law. A further complication in the CRU's efforts to measure and manage its process is a lack of clarity in state law regarding the required activities and timeliness.

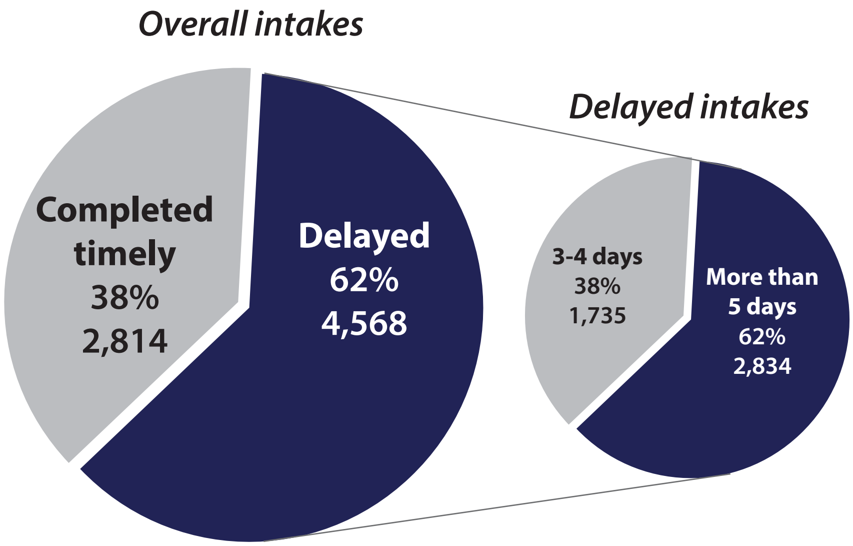
Federal and DSHS requirements call for complaints to be processed within **two working days.** We considered any intakes not processed within this time frame to be in the backlog.

The CRU had a significant backlog in early fiscal year 2015, but was able to reduce it with the help of transcriptionists

In the first three months of the fiscal year (July 1, 2014 – September 30, 2014), the CRU did not process 62 percent of the almost 7,400 intakes within the federally established two working days. As **Exhibit 2** illustrates, 62 percent of the delayed intakes took more than five days to process.

The backlog from early fiscal year 2015 skewed the average upward for the year. The CRU did not meet the timeline for 19 percent of the 28,000 intakes it processed during the entire fiscal year. The CRU took steps to reduce the backlog for the remainder of the fiscal year (September 1, 2014 – June 30, 2015). After the first quarter's backlog was reduced, only 4 percent of the intakes processed between October 1, 2014, and June 30, 2015, were not processed in a timely manner.

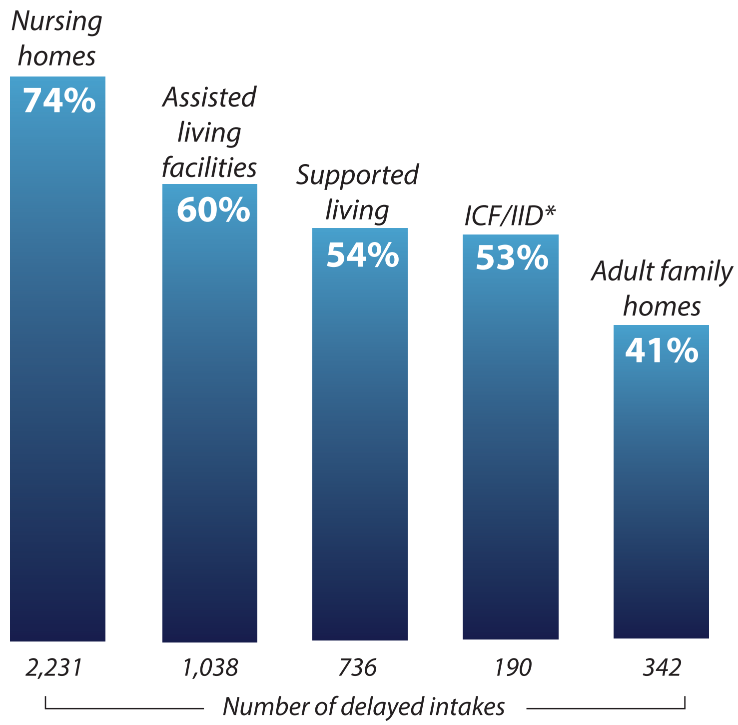
Exhibit 2 - Many of the delayed intakes took more than 5 days to process during July - September 2014



Source: Auditor calculation of backlog using TIVA data from FY 2015.

We also examined the data for the first quarter to determine which facility type was affected most by the delays. The CRU was the least timely in processing intakes alleging abuse or neglect in nursing homes, as illustrated in **Exhibit 3.**

Exhibit 3 - Nursing homes and assisted living facilities were most affected by delayed intakes
Percentage of intakes that took more than 2 working days
July 1 - September 30, 2014



Source: Auditor calculation of backlog using TIVA data from FY 2015
**Intermediate care facilities for individuals with intellectual disabilities.*

We also examined the data for first quarter of fiscal year 2015 by priority type. We found that staff tended to process intakes they assigned a higher priority more promptly than the lower-priority intakes. This is likely due to the CRU's practice of doing a cursory review of every complaint to determine severity.

However, processing for one-quarter (43) of the 176 Immediate Jeopardy complaints exceeded the two-working-day time frame. One-third of these (14) took five days or more to complete. The Residential Care Services field office cannot start an investigation within the required two working days of receipt if the CRU takes more than two days to process it.

The CRU's reliance on an inefficient voicemail system contributes to delays

The CRU receives almost three-quarters of all complaints through its voicemail system. The volume is due in part to an administrative rule that requires long term care providers and staff, such as caregivers, to telephone or fax their complaint. According to the CRU's management, voicemail complaints take longer to process than either fax or email submissions. Intake workers must often replay the voicemail message, listening to the information again, to capture accurate information such as the name and location of the alleged victim and a complete description of the incident.

The CRU purchased its current voicemail system in 2013, and attempted to use a built-in voice-to-text function to automatically transcribe complaints. However, the voice-to-text function did not work well and management abandoned it about two months after its implementation. Without the voice-to-text function, voicemail complaints must be transcribed, which retains a step in the process the agency sought to eliminate.

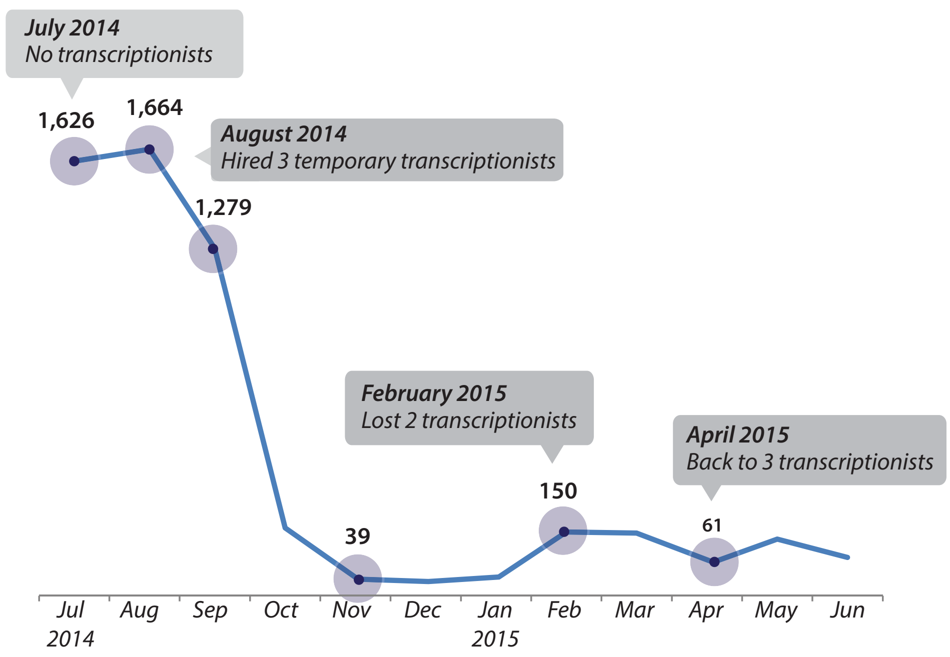
According to advocates for vulnerable adults and CRU staff, the voicemail system can be frustrating for callers and result in incomplete information. The system has an extensive list of prompts and questions that filters the call depending on the nature of the complaint. The system can cut off callers unexpectedly, which means a staff member must try to call the person back to get more information.

The CRU hired temporary staff to transcribe voicemails, which sped up complaint processing times

In August 2014 alone, more than 1,600 intakes were not processed within two working days. That same month, management hired three temporary staff to transcribe voicemail complaints and email them to intake staff who then start the intake process and enter the complaint into TIVA. By October 2014, the CRU had reduced the number of backlogged cases to below 200; **Exhibit 4** illustrates the 12 month trend. The number of backlogged complaints remained less than 50 from November 2014 through the beginning of February 2015.

Exhibit 4 - Backlog dropped significantly when transcriptionists were hired

Number of intakes exceeding two working days



Source: Auditor calculation of backlog using TIVA data from FY 2015.

Exhibit 4 also illustrates the increase in the backlog that occurred in February 2015 when two transcriptionists left the CRU. The backlog subsided over a two-month period after the positions were filled and the new staff were trained. As of September 1, 2015, the CRU had one full-time transcriptionist, and was funding a temporary position through the end of that month.

After the first quarter's backlog was reduced, only 4 percent of the intakes processed between October 1, 2014, and June 30, 2015, were not processed in a timely manner. The CRU's performance was consistently good across all facility types and priority levels.

To reduce reliance on the voicemail system and the need for temporary transcriptionists, the CRU is implementing an online reporting system

Management recognizes that using temporary transcriptionists is a stop-gap measure that does not resolve the bigger issue of its heavy reliance on the inefficient voicemail system. Residential Care Services conducted a Lean exercise in early 2015 to identify ways to streamline processes and improve efficiency. One of the key recommendations arising from this effort was for DSHS to implement online reporting for the CRU. The new system is intended to:

1. Reduce reliance on the voicemail system
2. Reduce or eliminate the need for transcriptionists
3. Provide better customer service
4. Obtain information that is more complete and reduce the need to call the reporters back

The online system will require people to fill in an online form, which emails the complaint to intake staff who will copy and paste the information into the TIVA system. DSHS said they will develop an interface between the emails and TIVA in the future, if it is feasible to do so. During the first phase, only residential providers will be allowed to use the online system, although DSHS may expand its use to other types of reporters if the first phase is successful. DSHS is developing the system in-house within existing resources; the planned launch date is late November, 2015.

Online reporting has benefits and some challenges according to other jurisdictions

Online reporting is a common practice in many states and jurisdictions. We contacted 27 states and county/metro regional units that use online reporting for receiving complaints of abuse, neglect and exploitation of vulnerable adults. Of the 12 that responded to our information request, 10 cited increased efficiency as a benefit. California and North Dakota said online reporting reduced the need for follow-up calls to gather additional information. Eight said that online reporting is more convenient for those reporting suspected abuse and neglect. If it is more convenient, people could be more likely to report problems.

Nine of the jurisdictions described challenges that indicate a need for education and outreach on use of the system. For example, San Francisco, Texas, Vermont, and Kentucky report that they do not always get complete information from reporters. North Dakota said that the cost to continue the system will be an issue if use of the system does not remain high. As DSHS prepares to roll out its first phase, education and outreach can help ensure providers understand the importance of using the system properly.

The CRU cannot measure whether it meets the timeframes required by state law

Washington state law requires DSHS to *"initiate a response"* no later than 24 hours of *"knowledge of the report."*

During the performance audit, Residential Care Services management defined these actions as follows:

- **"Knowledge"** occurs when the worker first has awareness of the specific information in the complaint. For example, knowledge occurs when a worker starts to listen to a voicemail or read a fax.
- **"Initiate a response"** occurs when the worker first starts to take action on the complaint. These activities include returning calls for information, creating the intake in TIVA, and conducting research.

However, management did not create fields in TIVA to capture the date and time of "knowledge" and "initiate a response." As a result, we cannot assess the CRU's performance on initiating a response within 24-hours of knowledge of the report.

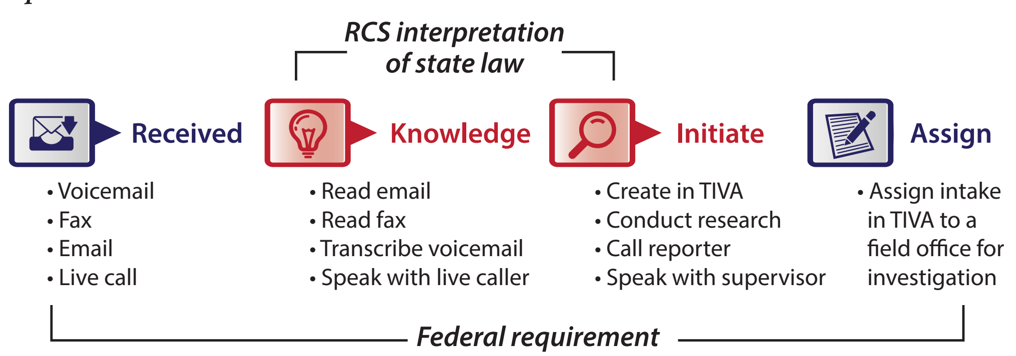
The CRU has also not put the definitions in its written operating procedures. Without written guidelines, intake workers must rely on the verbal interpretations of the definitions from their supervisors, which could result in inconsistent practices.

State law does not provide clarity on how Residential Care Services should define the two time elements; the agency's interpretation does not cover the entire process

The Legislature passed the law (RCW 74.34.063) in 1999 as a means of protecting vulnerable adults from abuse, neglect and exploitation. The law does not define how Residential Care Services should interpret the two time elements, "knowledge" and "initiate a response."

Residential Care Services' interpretation does not cover the entire complaint process, which encompasses the time between receipt of a complaint and when the intake worker assigns it to a field office for an investigation. However, as shown in Exhibit 5, the definitions only cover the middle of the process. Managers also said that in some cases these two activities occur simultaneously or within a very short period of time. Due to the lack of clarity in the law, the CRU is unable to ensure that its current interpretation is in reasonable compliance with state law.

Exhibit 5 – Residential Care Services' interpretation of the law does not cover the entire complaint process
Steps shaded red not measured



Question 2: Are complaint severity assessments accurate and consistent and if not, why not? Can any improvements be made?

Answer in brief

While CRU staff were reasonably accurate when prioritizing complaint severity, high priority cases were at risk of being assigned a lower priority than they warranted. We found inconsistent assessments in a quarter of test cases, which may be attributed in part to the CRU's lack of a quality assurance process.

The CRU prioritizes complaints based on severity guidelines

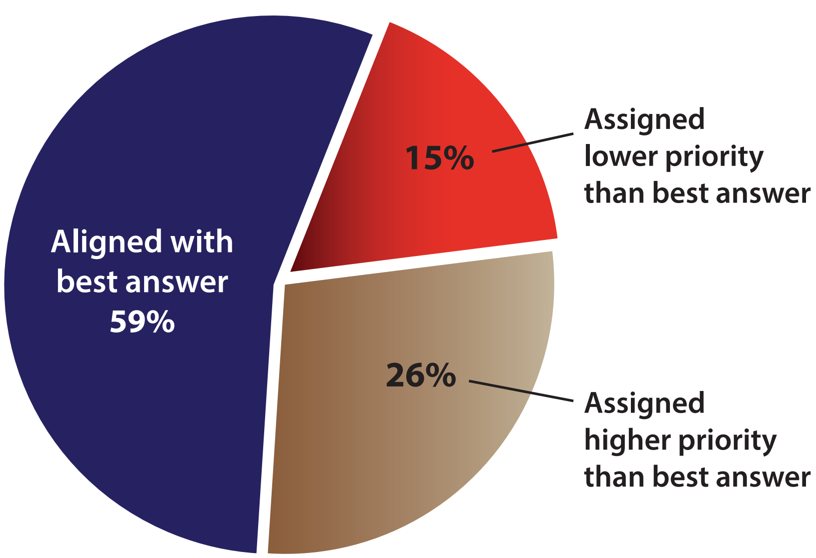
CRU staff are required to use federal and state guidelines to assess the severity of complaints and assign a priority. The priority level dictates how quickly an investigation needs to occur: Immediate Jeopardy allegations require an on-site investigation within two working days. Other response times range from 10 working days to 45 working days, while some complaints do not require an investigation at all but simply a Quality Review. See **Appendix B** for the CRU's prioritization guidelines.

These guidelines are just that—guidance for all intake staff, both nurses and non-nurses. Each reported incident has unique circumstances. In order to make a priority assessment, intake staff take a number of factors into consideration: the allegation's severity, the provider's history, and if the provider has addressed the complaint. There is no exact way to guarantee a right answer 100 percent of the time. That said, most complaints still have a "best answer" to ensure an investigation begins within an appropriate timeframe.

Staff are reasonably accurate when prioritizing complaint severity

In the tests we conducted during our audit, we found that intake staff prioritized complaints accurately – or erred on the side of caution – 85 percent of the time. We compared staff assessments with those of CRU management, which we considered the "best answers," as illustrated in **Exhibit 6**, and found that 59 percent of the answers aligned correctly with the "best answer."

Exhibit 6 - In our testing, CRU staff were accurate 85% of the time by aligning with "best answer" or erring on the side of caution



Source: State Auditors Office analysis of CRU staff test results.

Additionally, staff prioritized 26 percent of complaints with greater urgency than the "best answer." Because the best interest of the potential victim is their foremost consideration, CRU managers instruct staff to err on the side of caution when they are unsure of what priority to assign an intake. However, doing so when it is not warranted risks increasing the demand on field resources that could cause delays in initiating investigations. Minimizing the number of times they over-prioritize cases could also minimize the number of times RCS field staff ask for a change in the intake priority.

We also found that staff, both nurses and non-nurses, rarely assessed intakes very differently than the "best answer." Intake staff assigned a complaint two or more levels of priority lower than the "best answer" only 2 percent of the time. For example, if the "best answer" was a 10-day priority, the staff were unlikely to assign that intake either a 45-day priority or a Quality Review.

When comparing all priority types, staff were more likely to assign a lower priority to higher risk intakes

The two intake priority types alleging the highest risk for vulnerable adults are the Immediate Jeopardy and 10-day priorities. In comparing each assessment with the "best answer," these high-risk intakes received a lower priority assessment more often than the lower-risk intakes (20-day and 45-day).

1. The most critical intake, Immediate Jeopardy, received a lower priority assessment than the "best answer" 31 percent of the time (eight out of 26).
   - Six intakes that should have been an Immediate Jeopardy were given a 10-day priority
   - Two intakes that should have been an Immediate Jeopardy priority were given a 20-day priority
2. The next high-risk intake type, the 10-day priority, received a lower priority assessment than the "best answer" 24 percent of the time (31 out of 131)
   - 29 intakes that should have been a 10-day priority were given a 20-day priority
   - Two intakes that should have been a 10-day priority were given a Quality Review, which is three priority levels below the "best answer"
3. Conversely, the lower-risk intakes received a lower priority less often than the higher-risk priorities, two percent (two out of 88) and eight percent (one out of 12), respectively.
   - Two intakes that should have been a 20-day priority were given either a 45-day priority or a Quality Review assessment.
   - Only one intake that should have been given a 45-day priority was given a Quality Review assessment.

Staff intake assessments were inconsistent more than one-quarter of the time.

These inconsistencies suggest that a vulnerable adult has a one-in-four chance that one intake staff member would assign a different priority than another. Although these inconsistencies include assessments that were both above and below the majority, it is important for public trust and client safety that the action taken on a complaint not depend on who happens to assess its priority. Certain stakeholders informed us that there might be some inconsistencies among CRU staff in assessing the same type of intakes. Without a process in place to mitigate and plan for variance, the CRU cannot easily assure valid and reliable assessments for all priority levels.

The CRU does not have a formal quality assurance process to ensure that intake assessments are accurate and consistent

The CRU does not have a formal quality assurance process to routinely review how accurately and consistently staff prioritize complaints. Management stopped using a previous quality assurance tool more than a year ago. They told us they were working on a new tool to review staff performance, but this project has been delayed by other duties. Managers and supervisors told us that the only times they evaluate intake decisions for quality are when field staff provide feedback on a particular intake, a complaint is not categorized as an intake, or when supervisors review staff progress; but these are not recorded for overall quality assurance purposes. By implementing a quality assurance process to record and routinely review the accuracy and consistency of the complaints, management could analyze data and use it to help improve its program.

Six of the 12 states and local entities we spoke with have a formal system in place to assess the quality of intakes completed by workers. Most of these (four) review a sample of intakes on a routine basis. Reviews for quality include determining if the intake worker assigned the right priority and whether the information is complete. Four set quality benchmarks and provide individualized training for staff to improve performance. For example, San Francisco reviews two cases per month per worker for quality and accuracy. Managers track the results and provide training on areas where staff need to improve.

Recommendations

While the CRU has taken steps to improve the time it takes to process complaints, there are still areas in which it can increase performance and ensure adherence with state law and federal requirements. CRU management should update the complaint data system and the policies and procedures to better reflect the overall operation, and successfully implement the new online reporting system. The CRU should also establish a formal quality assurance process to increase accuracy and consistency. Additionally, we recommend that DSHS work with the Legislature to clarify how DSHS should interpret the wording in state law.

1. To ensure that the CRU is reasonably interpreting compliance with state law, we recommend that DSHS work with the Legislature to provide clarity on the definitions of when "knowledge" and "initiate a response" occur.
2. To ensure that the CRU begins measuring its performance in meeting the requirements of state law, we recommend DSHS:
    a) Add fields to TIVA that will allow the CRU to track "knowledge" and "initiate a response."
    b) Develop written procedures that define when these key steps occur and what activities are included.
    c) Develop performance measures for the CRU that measure compliance with the state law, the federal requirements, the time it takes for the entire complaint process, and each major step in the process.
3. In order to ensure the successful implementation of the online reporting system, scheduled for implementation in November 2015, we recommend that DSHS:
    a) Conduct outreach with providers to educate them on the new online reporting system.
    b) Assess provider satisfaction with the system.
    c) Develop a long-range plan for the next steps of the online reporting with planned implementation dates.
    d) Given that DSHS has requested additional staff for the CRU in the past, it should conduct a staffing study after the online reporting system is implemented to determine if additional staff are warranted.
4. In order to ensure that CRU workers are accurate and consistent when prioritizing intake severity, we recommend that DSHS:
    a) Establish a quality assurance process to routinely review a portion of completed intakes for accuracy and consistency.
    b) Incorporate quality assurance review results into staff training procedures.

Agency Response

STATE OF WASHINGTON

November 4, 2015

Ms. Jan Jutte
Acting Washington State Auditor
P.O. Box 40021
Olympia, WA 98504-0021

Dear Ms. Jutte:

Thank you for the opportunity to review and respond to the State Auditor's Office (SAO) performance audit report: "Complaint Resolution Unit at the Department of Social and Health Services." Our agencies worked together to provide this joint response.

We value the audit team's thorough review and analysis of the Complaint Resolution Unit's timeliness and accuracy when processing reports of abuse, neglect, financial exploitation or other provider practice-related issues. We also appreciate the audit team's open communication and willingness to listen to our feedback during the audit and technical review phase.

Moving forward, the Department of Social and Health Services' (DSHS) Aging and Long-Term Support Administration will use the recommendations identified by the SAO to develop an action plan to mitigate the findings in the report related to time frames, quality assurance and the assignment of prioritizations.

We recognize the high level of trust the public places in the Aging and Long-Term Support Administration to receive and investigate allegations of deficiencies in residential care provider practices. We will continue to ensure that information provided by the public or providers will be processed in a timely and consistent manner through a system of quality improvements and implementation of online technology.

Sincerely,

Kevin W. Quigley
Secretary
Department of Social and Health Services

David Schumacher
Director
Office of Financial Management

Enclosure

cc: Joby Shimomura, Chief of Staff, Office of the Governor
Kelly Wicker, Deputy Chief of Staff, Office of the Governor
Miguel Pérez-Gibson, Executive Director of Legislative Affairs, Office of the Governor
Matt Steuerwalt, Executive Director of Policy, Office of the Governor
Tracy Guerin, Deputy Director, Office of Financial Management
Wendy Korthuis-Smith, Director, Results Washington, Office of the Governor
Tammy Firkins, Performance Audit Liaison, Results Washington, Office of the Governor
Bill Moss, Assistant Secretary, Aging and Long-Term Support Administration, DSHS
Candy Goehring, Director, Residential Care Services Division, DSHS

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

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

SAO Performance Audit Objectives:

The SAO sought to answer these questions:

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

SAO Findings:

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

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

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

Action Steps and Time Frame

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

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

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

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

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

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

Action Steps and Time Frame

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

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

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

b) Assess provider satisfaction with the system.

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

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

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

Action Steps and Time Frame

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

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

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

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

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

Action Steps and Time Frame

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

- Establish a daily review and documentation process for CRU supervisors of all reports where no intake is indicated to verify the report was assessed correctly by the intake staff. *Completed.*

- Develop QA questions with proficiency expectations based on policy, federal requirements and state guidelines. These questions will be included in a QA monitoring tool modeled after a tool used by DSHS' Home and Community Services (HCS). *By March 31, 2016.*

- Complete a statistically significant sample of CRU intake audits using current auditing tools. *By June 30, 2016.*

- Submit a request to programmers to modify the QA monitoring tool used by HCS for use by RCS. *By June 30, 2016.*

- Complete programming for RCS QA monitoring tool which will be used by the RCS QA Unit and the CRU supervisors to complete CRU audits. *By November 30, 2016.*

- Complete a statistically significant sample of CRU intake audits in the RCS QA Monitoring tool by RCS QA Unit staff. *By February 1, 2017.*

- CRU supervisors begin using the QA monitoring tool quarterly for randomly selected intake audits. *By February 1, 2017.*

Appendix A: Initiative 900

Initiative 900, approved by Washington voters in 2005 and enacted into state law in 2006, authorized the State Auditor's Office to conduct independent, comprehensive performance audits of state and local governments.

Specifically, the law directs the Auditor's Office to "review and analyze the economy, efficiency, and effectiveness of the policies, management, fiscal affairs, and operations of state and local governments, agencies, programs, and accounts." Performance audits are to be conducted according to U.S. General Accountability Office government auditing standards.

In addition, the law identifies nine elements that are to be considered within the scope of each performance audit. The State Auditor's Office evaluates the relevance of all nine elements to each audit. The table below indicates which elements are addressed in the audit. Specific issues are discussed in the Results and Recommendations section of this report.

I-900 element	Addressed in the audit
1. Identify cost savings	**No.** The audit's purpose was to determine if the CRU processes complaints timely and accurately, not to identify cost savings.
2. Identify services that can be reduced or eliminated	**No.** While we did examine service provision, we did not identify the need for reduction or elimination.
3. Identify programs or services that can be transferred to the private sector	**No**. The CRU serves a public safety function that is typically not administered by the private sector.
4. Analyze gaps or overlaps in programs or services and provide recommendations to correct them	**No.** The CRU is the only entity within DSHS that is responsible for processing complaints of abuse and neglect of vulnerable adults living in residential settings.
5. Assess feasibility of pooling information technology systems within the department	**No.** The audit report examined whether the CRU made necessary changes to its data system to enable it to report on performance. However, we did not look at whether this system could be pooled with another data system.
6. Analyze departmental roles and functions, and provide recommendations to change or eliminate them	**Yes.** The audit examined the complaint processing functions and made recommendations to improve the efficiency of those functions.
7. Provide recommendations for statutory or regulatory changes that may be necessary for the department to properly carry out its functions	**Yes.** The audit recommends the Legislature examine the wording in state law to determine the intent.
8. Analyze departmental performance, data performance measures, and self-assessment systems	**Yes.** The audit reviewed performance data and performance measures to determine if complaints are processed in a timely manner.
9. Identify relevant best practices	**Yes.** We contacted other states to identify the benefits and challenges of implementing an online complaint reporting system. We also obtained descriptions of the quality assurance systems used in some these states.

Appendix B: Complaint Resolution Unit Prioritization Levels

The CRU assigns one of the following priorities to intakes. There is also a 90-day investigation timeframe priority that RCS field staff can request to assign to specific intakes. *(**Note:** Italicized text added by SAO for clarity).*

Working name of priority	Time to initiate investigation	Circumstance warranting this priority
Immediate jeopardy	Within two working days of the *CRU's receipt of the complaint*	A situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident. Immediate corrective action is necessary.
High jeopardy	Within 10 working days of *assignment to the field*	The alleged noncompliance may have caused harm that negatively impacts the individual's mental, physical and/or psychosocial status and are of such consequence to the person's well-being that a rapid response by [RCS] is indicated. Usually, specific rather than general information, (such as descriptive identifiers, individual names, date/time/location of occurrence, description of harm, etc.) factors into the assignment of this level of priority
Medium jeopardy	Within 20 working days of *assignment to the field*	The alleged noncompliance caused or may cause harm that is of limited consequence and does not significantly impair the individual's mental, physical and/or psychosocial status or function
Low jeopardy	Within 45 working days of *assignment to the field*	The alleged noncompliance may have caused physical, mental and/or psychosocial discomfort that does not constitute injury or damage. In most cases, an investigation of the allegation can wait until the next on-site survey
Quality review	No on-site investigation required	Intakes are assigned this priority if an on-site investigation is not necessary. The field conducts an offsite administrative review (e.g. written/verbal communication or documentation) to determine if further action is necessary. The field may review the information at the next on-site survey.