

# Contents

## Table 1

*Recommendation Status Summary* 1

### Subcommittee 1 on Health and Human 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)** 1

**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)** 1

**Report Number 2014-116 California Department of Consumer Affairs' BreEZe System: Inadequate Planning and Oversight Led to Implementation at Far Fewer Regulatory Entities at a Significantly Higher Cost (February 2015)** 2

**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)** 3

**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)** 4

**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)** 5

**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)** 5

**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)** 6

**Report Number 2015-501 California Department of Developmental Services: It Can Do More to Ensure That Regional Centers Comply With the Legislature's Cost-Containment Measures Under the Lanterman Act (July 2015)** 8

<b>Report Number 2015-502 Follow-Up—California Department of Social Services:</b> Although Making Progress, It Could Do More to Ensure the Protection and Appropriate Placement of Foster Children (July 2015)	8
<b>Report Number 2014-130 California Department of Health Care Services:</b> It Should Improve Its Administration and Oversight of School Based Medi-Cal Programs (August 2015)	9
<b>Report Number I2015-1 Investigations of Improper Activities by State Agencies and Employees:</b> Violations of State Law Including Failure to Seek Competitive Bids, Increase Rental Rates, Properly Dispose of Surplus Property, and Adequately Supervise (August 2015)	12
<b>Report Number 2015-042 Children’s Hospital Program:</b> The California Health Facilities Financing Authority Has Generally Complied With Laws and Regulations and Resolved Its Issue Related to High Fund Balances (September 2015)	12
<b>Report Number 2015-507 Follow-Up—California Department of Public Health:</b> Laboratory Field Services Is Unable to Oversee Clinical Laboratories Effectively, but a Feasible Alternative Exists (September 2015)	13
<b>Report Number 2015-115 Dually Involved Youth:</b> The State Cannot Determine the Effectiveness of Efforts to Serve Youth Who Are Involved in Both the Child Welfare and Juvenile Justice Systems (February 2016)	14
<b>Report Number 2015-605 High Risk—Covered California:</b> It Must Ensure Its Financial Sustainability Moving Forward, and Its Use of Sole-Source Contracts Needs Improvement (February 2016)	16
<b>Report Number I2016-1 Investigations of Improper Activities by State Agencies and Employees:</b> Misuse of State Resources, Forgery, False Time Reporting, Financial Interests Disclosure Violations, and Waste of State Funds (February 2016)	16
<b>Report Number 2015-131 California’s Foster Care System:</b> The State and Counties Have Failed to Adequately Oversee the Prescription of Psychotropic Medications to Children in Foster Care (August 2016)	18
<b>Report Number I2016-2 Investigations of Improper Activities by State Agencies and Employees:</b> Conflict of Interest, Violation of Post-Employment Ethics Restrictions, Waste of State Funds, Misuse of State Resources, and Incompatible Activities (August 2016)	22

<b>Report Number 2016-108 Department of Developmental Services:</b> It Cannot Verify That Vendor Rates for In-Home Respite Services Are Appropriate and That Regional Centers and Vendors Meet Applicable Requirements (October 2016)	23
<b>Report Number 2016-046 Board of Registered Nursing:</b> Significant Delays and Inadequate Oversight of the Complaint Resolution Process Have Allowed Some Nurses Who May Pose a Risk to Patient Safety to Continue Practicing (December 2016)	24



**Table 1**  
**Recommendation Status Summary**

**Assembly Budget Subcommittee 1 on Health and Human Services**

<b>Report Number 2014-113</b>		
<i>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)</i>		
<b>RECOMMENDATION</b>	<b>STATUS OF RECOMMENDATION</b>	<b>ENTITY</b>
1. If state lawmakers desire the California Department of Public Health (Public Health) to increase its efforts to address diabetes, they should consider providing state funding to aid in those efforts. For instance, the Legislature could provide funding to establish a grants specialist position to identify and apply for federal and other grants.	No Action Taken	Legislature
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

<b>Report Number 2014-118</b>		
<i>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)</i>		
<b>RECOMMENDATION</b>	<b>STATUS OF RECOMMENDATION</b>	<b>ENTITY</b>
1. To help ensure that fees under the California Department of Developmental Services' (Developmental Services) Parental Fee Program are fair, the Legislature should require that the department's initial fee assessments, redeterminations, and its appeal-related evaluations be based upon the same information, and should require that parents have the opportunity to challenge Developmental Services' previous calculations for accuracy and completeness on appeal, and that any adjusted fee should be based on the approved fee schedule and not simply on the judgment of department staff. Before enacting this legislation, state lawmakers should verify that Developmental Services has reviewed and revised its initial fee assessment and redetermination process to clarify what expenses will be considered when determining whether parents qualify for fee reductions.	Legislation Enacted	Legislature
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.	Will Not Implement	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.	Fully Implemented	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.	Fully Implemented	Department of Developmental Services

continued on next page...

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
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.	Fully Implemented	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
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.	Not Fully Implemented	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.	Fully Implemented	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.	Fully Implemented	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.	Fully Implemented	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.	Fully Implemented	Department of Developmental Services

**Report Number 2014-116**

*California Department of Consumer Affairs' BreEZe System: Inadequate Planning and Oversight Led to Implementation at Far Fewer Regulatory Entities at a Significantly Higher Cost (February 2015)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
30. To ensure that the Board of Registered Nursing (BRN) has adequate data to effectively use its resources and manage its workload, it should formally track and monitor the timeliness of its processing of applications by type and the cause of any delays.	Not Fully Implemented	Board of Registered Nursing
31. To ensure that BRN has adequate data to effectively use its resources and manage its workload, it should formally track and monitor its pending workload of applications by type and original receipt date.	Fully Implemented	Board of Registered Nursing

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
32. To ensure that BRN has adequate data to effectively use its resources and manage its workload, it should conduct an analysis no later than June 30, 2015, of its application processing since implementing BreEZe in order to identify the workload capability of each of its units, such as the licensing support unit; to the extent it determines additional resources are necessary, BRN should submit a request for these resources that is appropriately justified.	Partially Implemented	Board of Registered Nursing
33. To ensure that BRN continues to process applications within regulatory time frames, it should continue its efforts to refine its business processes to increase efficiency and reduce the amount of time applications are pending its review.	Partially Implemented	Board of Registered Nursing

**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
1. To promote efficiency, the Legislature should change state law to allow the California Department of State Hospitals (State Hospitals) the flexibility to stop an evaluation once the evaluator determines that the offender does not meet one of the SVP criteria.	No Action Taken	Legislature
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 Disability and Effective Communication System 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.	Not Fully Implemented	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.	Not Fully Implemented	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 State Hospital's (Coalinga) 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.	Fully Implemented	Department of State Hospitals
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

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
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.	Fully Implemented	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.	Fully 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 sexually violent predator 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.	Fully Implemented	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.	Fully Implemented	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.	Not Fully Implemented	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
11. The California Department of Social Services (Social Services) should develop a process by December 2015 to measure and evaluate its workforce and succession planning activities at least annually, and update its plans as necessary, to ensure that its activities are effective. This process should include evaluating the trends in retirements for leadership and technical positions.	Fully Implemented	Department of Social Services
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 department wide level.	Fully Implemented	Department of Social Services
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.	Fully Implemented	Department of Social Services

**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.	Fully 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.	Fully 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.	Fully Implemented	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 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 the California Department of Health Care Services (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.	Fully Implemented	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.	Fully Implemented	Department of Health Care Services
3. To ensure that the Department of Managed Health Care (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

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
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>	Fully Implemented	Department of Health Care Services
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.	Partially Implemented	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.	Fully Implemented	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.	Resolved	Department of Managed Health Care

**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 Income and Eligibility Verification System and special investigation unit review processes.	Fully Implemented	Department of Social Services

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
<p>2. Because Social Services will not implement our recommendation to gauge the cost-effectiveness of Statewide Fingerprint Imaging System (SFIS) the Legislature should require Social Services to annually report on the cost of SFIS and the fraud that it helps detect. Specifically, the Legislature should require Social Services to annually report to the Legislature the following metrics:</p> <ul style="list-style-type: none"> <li>• The annual cost to maintain and operate SFIS</li> <li>• The total instances of duplicate-aid fraud that counties detect as a result of SFIS and the total amount of overpayments that they recover</li> <li>• The total backlog of unprocessed SFIS matches as of December 31 of each year</li> </ul>	No Action Taken	Legislature
<p>3. The Legislature should require Social Services to determine the cost-effectiveness of any proposed alternative to SFIS in advance of Social Services adopting any such alternative method or tool to detect and prevent duplicate-aid fraud.</p>	No Action Taken	Legislature
<p>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.</p>	Not Fully Implemented	Department of Social Services
<p>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.</p>	Not Fully Implemented	Department of Social Services
<p>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.</p>	Not Fully Implemented	Department of Social Services
<p>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.</p>	Not Fully Implemented	Department of Social Services
<p>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.</p>	Not Fully Implemented	Department of Social Services
<p>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.</p>	Not Fully Implemented	Department of Social Services
<p>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.</p>	Fully Implemented	Department of Social Services
<p>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.</p>	Not Fully Implemented	Department of Social Services
<p>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.</p>	Not Fully Implemented	Department of Social Services
<p>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.</p>	Not Fully Implemented	Department of Social Services
<p>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.</p>	Fully Implemented	Department of Social Services

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RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
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.	Fully Implemented	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.	Not Fully Implemented	Department of Social Services

**Report Number 2015-501**

*California Department of Developmental Services: It Can Do More to Ensure That Regional Centers Comply With the Legislature's Cost-Containment Measures Under the Lanterman Act (July 2015)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
1. If the Legislature wishes to better guard against future cost increases under the Lanterman Act, it should amend existing law to require that planning teams document, and that regional centers retain documentation of, vendor cost considerations when they offer comparable services that meet the consumer's needs. Specifically, for consumer needs that the planning team decides will be addressed by a vendor, the Legislature should require the planning team to document the following: <ul style="list-style-type: none"> <li>• Whether multiple vendors offer comparable services needed by the particular consumer.</li> <li>• Whether any particular vendor was deemed unacceptable by the planning team and why.</li> <li>• Whether the least costly vendor offering comparable services was ultimately selected, and if not, why.</li> </ul>	No Action Taken	Legislature
2. To further ensure that the planning team consistently chooses the least costly vendor when required under state law, the Legislature should direct Developmental Services to audit compliance with the documentation requirements suggested in the previous recommendation.	No Action Taken	Legislature
3. To ensure that regional centers and their planning teams are using consistent criteria when determining whether multiple vendors offer comparable services, the Legislature should define the phrase "comparable service" for the purpose of the 2009 amendment to the Lanterman Act. One way the Legislature could do this would be to define "comparable service" as a service of the type required in the consumer's treatment plan and that the planning team has reviewed and found as meeting the needs of the consumer.	No Action Taken	Legislature

**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

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
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.	Fully 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.	Not Fully 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.	Not Fully Implemented	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.	Will Not Implement	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 it provides claiming units with reasonable opportunities to address concerns with its decisions or actions, Health Care Services 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 it provides claiming units with reasonable opportunities to address concerns with its decisions or actions, Health Care Services 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
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. Health Care Services should update its site review and desk review procedures to include the following steps: <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>	Partially Implemented	Department of Health Care Services

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RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
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. Health Care Services should complete 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.	Partially Implemented	Department of Health Care Services
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. Health Care Services should complete 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.	Pending	Department of Health Care Services
6. To minimize the risk that claiming units could include unallowable costs when calculating their reimbursement claims, Health Care Services should 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.	Fully Implemented	Department of Health Care Services
7. To minimize the risk that claiming units could include unallowable costs when calculating their reimbursement claims, Health Care Services should do the following immediately for all claims that Los Angeles County received and reviewed under its current contracts with its claiming units: <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>	Fully Implemented	Department of Health Care Services
8. To minimize the risk that claiming units could include unallowable costs when calculating their reimbursement claims, Health Care Services should 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.	Partially Implemented	Department of Health Care Services
9. To streamline the organizational structure of Health Care Services' administrative activities program and to improve the program's cost-effectiveness, the Legislature should amend state law to allow claiming units to submit reimbursement claims directly to Health Care Services.	No Action Taken	Legislature
10. To streamline the organizational structure of its administrative activities program and to improve the program's cost-effectiveness, Health Care Services should implement a single statewide quarterly random moment time survey and develop and implement a plan to take over responsibility for conducting quarterly time surveys and performing related activities as soon as reasonably possible.	Will Not Implement	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 implement a single statewide quarterly random moment time survey and develop and issue a request for proposals to identify a responsible vendor to assist in implementing a statewide quarterly random moment time survey.	Will Not Implement	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 implement a single statewide quarterly random moment time survey and 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

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
13. 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. 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.	Fully Implemented	Department of Health Care Services
15. 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.	Fully Implemented	Department of Health Care Services
16. To help improve and maximize the benefits of the administrative activities program, as well as to provide enhanced transparency to stakeholders, the Legislature should enact legislation as soon as possible that requires Health Care Services to prepare a report annually for the administrative activities program similar to the annual report state law requires for the billing option program.	No Action Taken	Legislature
17. To better maximize federal reimbursements for the administrative activities program, Health Care Services should, 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.	Partially Implemented	Department of Health Care Services
18. To better maximize federal reimbursements for the administrative activities program, Health Care Services should, within six months, revise reimbursement rates to authorize claiming units to claim the 75 percent reimbursement rate for translation activities as federal law allows.	Partially Implemented	Department of Health Care Services
19. To better maximize federal reimbursements for the administrative activities program, Health Care Services should, 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
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 (APA), 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 issue the required annual report covering April 2012 to May 2013 immediately.	Fully Implemented	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 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 issue all future annual reports in a timely manner.	Pending	Department of Health Care Services

**Report Number I2015-1**

*Investigations of Improper Activities by State Agencies and Employees: Violations of State Law Including Failure to Seek Competitive Bids, Increase Rental Rates, Properly Dispose of Surplus Property, and Adequately Supervise (August 2015)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
10. To recoup the payment and leave accumulations to which its employees were not entitled, the California Department of Corrections and Rehabilitation (Corrections) and California Correctional Health Care Services (Correctional Health Care) should reduce the accumulated leave balances of Employee A by 886 hours. If his accumulated leave balances are not sufficient, offset any remaining hours against future accumulations of leave.	Resolved	California Correctional Health Care Services
12. To recoup the payment and leave accumulations to which its employees were not entitled, Corrections and Correctional Health Care should work with the California Public Employees' Retirement System and attempt to recoup the \$22,766 in CTO leave hours Employee B—who retired in April 2015—cashed out but to which he was not entitled.	Resolved	California Correctional Health Care Services
14. To recoup the payment and leave accumulations to which its employees were not entitled, Corrections and Correctional Health Care should reduce the accumulated leave balances of Employee C by 261 hours. If his accumulated leave balances are not sufficient, offset any remaining hours against future accumulations of leave.	Resolved	California Correctional Health Care Services
16. Corrections and Correctional Health Care should develop a policy requiring all labor relations analysts, including the labor relations analyst at Prison 1, to document any communications from the Office of Labor Relations at Corrections that affect employee compensation.	Resolved	California Correctional Health Care Services
18. Corrections and Correctional Health Care should run a query of exempt positions related to the chief psychologist classification, such as clinical psychologists and senior psychologists, to determine whether any other exempt employees were improperly credited or paid for on-call or call-back assignments prior to December 2014, and seek recovery through reducing those employees' accumulated leave balances.	Partially Implemented	California Correctional Health Care Services
28. Correctional Health Care should develop a process to ensure that it uses master agreements to procure only goods and services that are within the scope of those agreements.	Fully Implemented	California Correctional Health Care Services
29. Correctional Health Care should ensure that it or its contractor submits to the Department of Technology (Technology Department) all projects that require the Technology Department's review.	Fully Implemented	California Correctional Health Care Services
30. Correctional Health Care should ensure that it has received all of the goods and services for which it already paid the contractor, or for which it has been invoiced to pay by the contractor.	Fully Implemented	California Correctional Health Care Services
31. Correctional Health Care should provide appropriate counseling and training to the staff and officials involved in project procurements so they are aware of the proper procedures for contracting and for reviewing and approving invoices, including ensuring that all goods and services have been received prior to paying contractors.	Fully Implemented	California Correctional Health Care Services
32. Correctional Health Care should consider whether any disciplinary action is warranted.	Resolved	California Correctional Health Care Services

**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

**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 Public Health’s Laboratory Field Services (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.	Fully Implemented	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.	Fully Implemented	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.	Fully Implemented	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.	Fully Implemented	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.	Fully Implemented	Department of Public Health
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.	Partially Implemented	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
11. To eliminate the State’s redundant and ineffective oversight of labs and to ensure labs do not pay unnecessary or duplicative fees, the Legislature should repeal existing state law requiring that labs be licensed or registered by Laboratory Services and that Laboratory Services perform oversight of these labs. Instead, the State should rely on the oversight the Centers for Medicare and Medicaid Services provides.	No Action Taken	Legislature

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RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
12. To eliminate the State's redundant and ineffective oversight of labs and to ensure labs do not pay unnecessary or duplicative fees, the Legislature should repeal existing state law requiring labs to pay fees for state-issued licenses or registrations.	No Action Taken	Legislature
13. If the Legislature decides to continue requiring that clinical labs be licensed or registered through the State, it should amend state law establishing how Laboratory Services annually adjusts its fee amounts to ensure the revenue it collects does not exceed the cost of its oversight. Such an amendment might authorize Public Health to temporarily suspend or reduce fees when the Clinical Laboratory Improvement Fund's ending balance exceeds a prudent reserve amount that the Legislature establishes.	No Action Taken	Legislature
14. Regardless of whether it decides to repeal existing law, the Legislature should direct Laboratory Services to advise it on how best to address the millions of dollars in the Clinical Laboratory Improvement Fund in excess of a prudent reserve.	No Action Taken	Legislature

**Report Number 2015-115***Dually Involved Youth: The State Cannot Determine the Effectiveness of Efforts to Serve Youth Who Are Involved in Both the Child Welfare and Juvenile Justice Systems (February 2016)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
1. To ensure that county child welfare service (CWS) and probation agencies are able to identify their populations of dually involved youth, the Legislature should require Social Services to implement a function within the statewide case management system that will enable county CWS and probation agencies to identify dually involved youth.	Legislation Enacted	Legislature
2. To ensure that county CWS and probation agencies are able to identify their populations of dually involved youth, the Legislature should require Social Services to issue guidance to the counties on how to use the statewide case management system to track joint assessment hearing information completely and consistently for these youth.	Legislation Enacted	Legislature
3. To better understand and serve the dually involved youth population, the Legislature should require the Judicial Council of California (Judicial Council) to work with county CWS and probation agencies and state representatives to establish a committee, or to work with an existing committee, to develop a common identifier counties can use to reconcile data across CWS and probation data systems statewide.	Legislation Enacted	Legislature
4. To better understand and serve the dually involved youth population, the Legislature should require the Judicial Council to work with county CWS and probation agencies and state representatives to establish a committee, or to work with an existing committee, to develop standardized definitions for terms related to the populations of youth involved in both the CWS and probation systems, such as dually involved, crossover, and dual status youth.	Legislation Enacted	Legislature
5. To better understand and serve the dually involved youth population, the Legislature should require the Judicial Council to work with county CWS and probation agencies and state representatives to establish a committee, or to work with an existing committee, to identify and define outcomes for counties to track for dually involved youth, such as outcomes related to recidivism and education.	Legislation Enacted	Legislature
6. To better understand and serve the dually involved youth population, the Legislature should require the Judicial Council to work with county CWS and probation agencies and state representatives to establish a committee, or to work with an existing committee, to establish baselines and goals for those outcomes.	Legislation Enacted	Legislature
7. To better understand and serve the dually involved youth population, the Legislature should require the Judicial Council to work with county CWS and probation agencies and state representatives to establish a committee, or to work with an existing committee, to share the common identifier, definitions, and outcomes with the Legislature, for their consideration to require counties to utilize and track these elements.	Legislation Enacted	Legislature

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
8. If the State enacts data-related requirements, it should require the Judicial Council's committee to compile and publish county data two years after the start of county data collection requirements.	Legislation Enacted	Legislature
9. Alameda County probation department should update its existing procedures to ensure that its staff are accurately recording family reunification service components within the statewide case management system.	Will Not Implement	Alameda County
10. Sacramento County probation department should update its existing procedures to ensure that its staff are accurately recording family reunification service components within the statewide case management system.	Pending	Sacramento County
11. To identify their population of dually involved youth, Alameda County's CWS and probation agencies should designate the data system they will use for tracking the dates and results of joint assessment hearings.	Will Not Implement	Alameda County
12. To identify their population of dually involved youth, Kern County's CWS and probation agencies should designate the data system they will use for tracking the dates and results of joint assessment hearings.	Fully Implemented	Kern County
13. To identify their population of dually involved youth, Los Angeles County's CWS and probation agencies should designate the data system they will use for tracking the dates and results of joint assessment hearings.	Fully Implemented	Los Angeles County
14. To identify their population of dually involved youth, Riverside County's CWS and probation agencies should designate the data system they will use for tracking the dates and results of joint assessment hearings.	Pending	County of Riverside
15. To identify their population of dually involved youth, Sacramento County's CWS and probation agencies should designate the data system they will use for tracking the dates and results of joint assessment hearings.	Pending	Sacramento County
16. To identify their population of dually involved youth, Santa Clara County's CWS and probation agencies should designate the data system they will use for tracking the dates and results of joint assessment hearings.	No Action Taken	Santa Clara County
17. To identify their population of dually involved youth, Alameda County's CWS and probation agencies should provide guidance or training to staff on recording joint assessment hearing information consistently within the designated system.	Will Not Implement	Alameda County
18. To identify their population of dually involved youth, Kern County's CWS and probation agencies should provide guidance or training to staff on recording joint assessment hearing information consistently within the designated system.	Fully Implemented	Kern County
19. To identify their population of dually involved youth, Los Angeles County's CWS and probation agencies should provide guidance or training to staff on recording joint assessment hearing information consistently within the designated system.	Pending	Los Angeles County
20. To identify their population of dually involved youth, Riverside County's CWS and probation agencies should provide guidance or training to staff on recording joint assessment hearing information consistently within the designated system.	Fully Implemented	County of Riverside
21. To identify their population of dually involved youth, Sacramento County's CWS and probation agencies should provide guidance or training to staff on recording joint assessment hearing information consistently within the designated system.	Pending	Sacramento County
22. To identify their population of dually involved youth, Santa Clara County's CWS and probation agencies should provide guidance or training to staff on recording joint assessment hearing information consistently within the designated system.	No Action Taken	Santa Clara County

**Report Number 2015-605***High Risk—Covered California: It Must Ensure Its Financial Sustainability Moving Forward, and Its Use of Sole-Source Contracts Needs Improvement (February 2016)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
1. Covered California should continue to monitor its plan for financial sustainability and revise the plan accordingly as factors change. Further, it should complete a formal analysis of the adequacy of its reserve level by December 31, 2016, and update this analysis as needed, so that it is prepared if it does not meet its revenue projections and needs to increase its funding or decrease its expenditures to maintain financial solvency. This formal analysis should identify those contracts it could quickly eliminate, among other actions it would take, in the event of a shortfall in revenues.	Partially Implemented	Covered California
2. Covered California should continue to regularly review its enrollment projections and update the projections as needed to help ensure its financial sustainability.	Fully Implemented	Covered California
3. To comply with state law, Covered California should ensure that its staff comply with the changes to its recently-adopted procurement manual that incorporate contracting policies and procedures that are substantially similar to the provisions contained in the State Contracting Manual.	Fully Implemented	Covered California
4. Before executing any sole-source contracts, Covered California should adequately document the necessity for using a noncompetitive process in its written justifications and, in doing so, demonstrate valid reasons for not competitively bidding the services.	Fully Implemented	Covered California
5. Covered California should improve its project management of contracts to ensure that it allows adequate time so it can use the competitive bidding process as appropriate.	Fully Implemented	Covered California
6. Covered California needs to develop a process by June 2016 to ensure that it accurately enters information regarding its contracts into its contract database.	Fully Implemented	Covered California
7. To ensure that CalHEERS does not face delays and cost overruns in the implementation of planned releases, Covered California should immediately contract with an independent party for IV&V services to highlight and address potential risks going forward.	Fully Implemented	Covered California

**Report Number I2016-1***Investigations of Improper Activities by State Agencies and Employees: Misuse of State Resources, Forgery, False Time Reporting, Financial Interests Disclosure Violations, and Waste of State Funds (February 2016)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
1. To ensure the supervisor does not misuse state time, Public Health should take appropriate corrective or disciplinary action against him for leaving during the middle of his shift without approval.	Fully Implemented	Department of Public Health
5. To ensure the analyst does not continue to misuse state resources, Health Care Services should take appropriate corrective or disciplinary action for her misuse of her state computer and email for personal purposes.	Fully Implemented	Department of Health Care Services
12. Correctional Health Care should work, as necessary, with the state agency that currently employs the supervising nurse to require him either to correct his 2014 time sheets by using earned leave for the 14 workdays when he improperly claimed military leave or to pay the State \$5,988 for the leave he improperly claimed on the 14 workdays.	Fully Implemented	California Correctional Health Care Services
13. Correctional Health Care should work with the state agency that currently employs the supervising nurse to coordinate the appropriate disciplinary action to address the supervising nurse's improper activities, including his forging of documents and his dishonesty.	Resolved	California Correctional Health Care Services
14. Correctional Health Care should notify the proper military officials regarding the supervising nurse's creation of falsified and forged military documents.	Fully Implemented	California Correctional Health Care Services

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
17. State Hospitals should create a policy requiring the facility's filing official to be appropriately trained in the collection of Form 700s. In particular, this training should cover the identification of designated individuals and the requirement to collect a Form 700 upon individuals assuming designated positions, annually thereafter, and upon their leaving their designated positions.	Fully Implemented	Department of State Hospitals
18. State Hospitals should conduct a review of the facility's 2014 Form 700s by April 2016 to ensure that all designated filers submitted a Form 700.	Fully Implemented	Department of State Hospitals
19. State Hospitals should require all designated filers—including those working in an acting capacity in a designated position—to take the statutorily mandated state ethics training online created by the Attorney General's Office, which includes information related to the Form 700 and its disclosure and filing requirements.	Fully Implemented	Department of State Hospitals
20. State Hospitals should ensure that the psychiatrist discloses past financial interests to the FPPC for the time he acted as the medical director that he did not disclose previously.	Fully Implemented	Department of State Hospitals
21. Developmental Services should immediately conduct an audit of the leave accounting system from July 2015 through December 2015 to identify instances in which Porterville charged exempt represented employees working alternative schedules the incorrect number of leave hours for missed days of work.	No Action Taken	Department of Developmental Services
22. Developmental Services should adjust current employees' leave balances in the leave accounting system to correct any leave not properly charged as identified by this report and by the audit it conducts.	No Action Taken	Department of Developmental Services
23. By March 1, 2016, Developmental Services should take steps to work with unit 19 to change Developmental Services' current practice and require exempt represented employees to charge leave in accordance with the number of hours they are regularly scheduled to work.	No Action Taken	Department of Developmental Services
24. Revise its established timekeeping audit procedures to ensure that exempt represented employees correctly charge leave according to the number of hours they are regularly scheduled to work.	No Action Taken	Department of Developmental Services
25. Developmental Services should train its personnel staff at headquarters and all developmental centers regarding the new policy and accompanying procedures.	No Action Taken	Department of Developmental Services
26. State Hospitals should take appropriate action to address the insufficient hours worked by the four psychiatrists and their dishonesty by April 1, 2016.	Partially Implemented	Department of State Hospitals
27. State Hospitals should determine whether other psychiatrists or other staff consistently work less than an average of 40 hours and take appropriate disciplinary and corrective action where needed.	Pending	Department of State Hospitals
28. State Hospitals should ensure that by March 1, 2016, all exempt employees understand the requirement to work an average of 40 hours per week over the course of a year and to seek prior approval for arriving late, leaving early, or taking an extended break.	Fully Implemented	Department of State Hospitals
29. State Hospitals should create and implement a system that will allow supervisors to adequately assess the hours worked by psychiatrists and other exempt employees.	Pending	Department of State Hospitals
30. State Hospitals should provide training and coaching to supervisors and management regarding how to hold psychiatrists and other exempt employees accountable for their hours worked and how to pursue disciplinary action if necessary.	Partially Implemented	Department of State Hospitals
31. State Hospitals should provide formal guidance about state laws and departmental policies relevant to misuse of state resources and incompatible activities to staff at Patton and at other State Hospitals facilities by March 1, 2016.	Fully Implemented	Department of State Hospitals
32. State Hospitals should seek to persuade the State to enter into collective bargaining agreements that provide for time monitoring to ensure that the State obtains full value from its employees exempt from FLSA requirements.	Partially Implemented	Department of State Hospitals

## Report Number 2015-131

## California's Foster Care System: The State and Counties Have Failed to Adequately Oversee the Prescription of Psychotropic Medications to Children in Foster Care (August 2016)

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
1. To better ensure that foster children only receive psychotropic medications that are appropriate and medically necessary, counties should implement procedures to more closely monitor requests for authorizations for foster children's psychotropic medications that exceed the state guidelines for multiple prescriptions, specific age groups, or dosage amounts. When prescribers request authorizations for prescriptions that exceed the state guidelines, counties should ensure the new court authorization forms contain all required information and, when necessary, follow up with prescribers about the medical necessity of the prescriptions. Counties should also document their follow-up monitoring in the foster children's case files. In instances in which counties do not believe that prescribers have adequate justification for exceeding the state guidelines, the counties should relay their concerns and related recommendations to the courts or parents.	Pending	Los Angeles County
2. To better ensure that foster children only receive psychotropic medications that are appropriate and medically necessary, counties should ensure that all foster children are scheduled to receive a follow-up appointment within 30 days of starting a new psychotropic medication.	Pending	Los Angeles County
3. To better ensure that foster children only receive psychotropic medications that are appropriate and medically necessary, counties should implement processes to ensure that foster children receive any needed mental health, psychosocial, behavioral health, or substance abuse services before and concurrently with receiving psychotropic medications.	Pending	Los Angeles County
4. To better ensure that foster children only receive psychotropic medications that are appropriate and medically necessary, counties should implement a systemic process for ensuring that court authorizations or parental consents are obtained and documented before foster children receive psychotropic medications and that court authorizations for psychotropic medications are renewed within 180 days as state law requires. The process should also ensure that the counties better document the court authorizations and parental consents in the foster children's case files.	Pending	Los Angeles County
5. To better ensure that foster children only receive psychotropic medications that are appropriate and medically necessary, counties should develop and implement a process for county staff and caregivers to work together to ensure the psychotropic medications are authorized before being provided to foster children. This process should also ensure that the counties obtain accurate medication start dates from caregivers.	Pending	Los Angeles County
6. To better ensure that foster children only receive psychotropic medications that are appropriate and medically necessary, counties should implement procedures to more closely monitor requests for authorizations for foster children's psychotropic medications that exceed the state guidelines for multiple prescriptions, specific age groups, or dosage amounts. When prescribers request authorizations for prescriptions that exceed the state guidelines, counties should ensure the new court authorization forms contain all required information and, when necessary, follow up with prescribers about the medical necessity of the prescriptions. Counties should also document their follow-up monitoring in the foster children's case files. In instances in which counties do not believe that prescribers have adequate justification for exceeding the state guidelines, the counties should relay their concerns and related recommendations to the courts or parents.	Pending	Madera County
7. To better ensure that foster children only receive psychotropic medications that are appropriate and medically necessary, counties should take the following actions: Ensure that all foster children are scheduled to receive a follow-up appointment within 30 days of starting a new psychotropic medication.	†	Madera County
8. To better ensure that foster children only receive psychotropic medications that are appropriate and medically necessary, counties should take the following actions: Implement processes to ensure that foster children receive any needed mental health, psychosocial, behavioral health, or substance abuse services before and concurrently with receiving psychotropic medications.	†	Madera County

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
9. To better ensure that foster children only receive psychotropic medications that are appropriate and medically necessary, counties should take the following actions: Implement a systemic process for ensuring that court authorizations or parental consents are obtained and documented before foster children receive psychotropic medications and that court authorizations for psychotropic medications are renewed within 180 days as state law requires. The process should also ensure that the counties better document the court authorizations and parental consents in the foster children's case files.	†	Madera County
10. To better ensure that foster children only receive psychotropic medications that are appropriate and medically necessary, counties should take the following actions: Develop and implement a process for county staff and caregivers to work together to ensure the psychotropic medications are authorized before being provided to foster children. This process should also ensure that the counties obtain accurate medication start dates from caregivers.	†	Madera County
11. To better ensure that foster children only receive psychotropic medications that are appropriate and medically necessary, counties should implement procedures to more closely monitor requests for authorizations for foster children's psychotropic medications that exceed the state guidelines for multiple prescriptions, specific age groups, or dosage amounts. When prescribers request authorizations for prescriptions that exceed the state guidelines, counties should ensure the new court authorization forms contain all required information and, when necessary, follow up with prescribers about the medical necessity of the prescriptions. Counties should also document their follow-up monitoring in the foster children's case files. In instances in which counties do not believe that prescribers have adequate justification for exceeding the state guidelines, the counties should relay their concerns and related recommendations to the courts or parents.	Partially Implemented	County of Riverside
12. To better ensure that foster children only receive psychotropic medications that are appropriate and medically necessary, counties should ensure that all foster children are scheduled to receive a follow-up appointment within 30 days of starting a new psychotropic medication.	Partially Implemented	County of Riverside
13. To better ensure that foster children only receive psychotropic medications that are appropriate and medically necessary, counties should implement processes to ensure that foster children receive any needed mental health, psychosocial, behavioral health, or substance abuse services before and concurrently with receiving psychotropic medications.	Pending	County of Riverside
14. To better ensure that foster children only receive psychotropic medications that are appropriate and medically necessary, counties should implement a systemic process for ensuring that court authorizations or parental consents are obtained and documented before foster children receive psychotropic medications and that court authorizations for psychotropic medications are renewed within 180 days as state law requires. The process should also ensure that the counties better document the court authorizations and parental consents in the foster children's case files.	Partially Implemented	County of Riverside
15. To better ensure that foster children only receive psychotropic medications that are appropriate and medically necessary, counties should develop and implement a process for county staff and caregivers to work together to ensure the psychotropic medications are authorized before being provided to foster children. This process should also ensure that the counties obtain accurate medication start dates from caregivers.	Pending	County of Riverside
16. To improve its oversight of foster children who are prescribed psychotropic medications, Riverside County should take the following actions: Immediately adopt the state guidelines for its physicians' use when prescribing psychotropic medications and for the county's use when reviewing court authorization requests.	Resolved	County of Riverside
17. To improve its oversight of foster children who are prescribed psychotropic medications, Riverside County should continue to use its new tracking process to better ensure that court authorizations are renewed within 180 days.	Pending	County of Riverside

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
18. To better ensure that foster children only receive psychotropic medications that are appropriate and medically necessary, counties should implement procedures to more closely monitor requests for authorizations for foster children's psychotropic medications that exceed the state guidelines for multiple prescriptions, specific age groups, or dosage amounts. When prescribers request authorizations for prescriptions that exceed the state guidelines, counties should ensure the new court authorization forms contain all required information and, when necessary, follow up with prescribers about the medical necessity of the prescriptions. Counties should also document their follow-up monitoring in the foster children's case files. In instances in which counties do not believe that prescribers have adequate justification for exceeding the state guidelines, the counties should relay their concerns and related recommendations to the courts or parents.	Pending	Sonoma County
19. To better ensure that foster children only receive psychotropic medications that are appropriate and medically necessary, counties should ensure that all foster children are scheduled to receive a follow-up appointment within 30 days of starting a new psychotropic medication.	Pending	Sonoma County
20. To better ensure that foster children only receive psychotropic medications that are appropriate and medically necessary, counties should implement processes to ensure that foster children receive any needed mental health, psychosocial, behavioral health, or substance abuse services before and concurrently with receiving psychotropic medications.	Partially Implemented	Sonoma County
21. To better ensure that foster children only receive psychotropic medications that are appropriate and medically necessary, counties should implement a systemic process for ensuring that court authorizations or parental consents are obtained and documented before foster children receive psychotropic medications and that court authorizations for psychotropic medications are renewed within 180 days as state law requires. The process should also ensure that the counties better document the court authorizations and parental consents in the foster children's case files.	Pending	Sonoma County
22. To better ensure that foster children only receive psychotropic medications that are appropriate and medically necessary, counties should develop and implement a process for county staff and caregivers to work together to ensure the psychotropic medications are authorized before being provided to foster children. This process should also ensure that the counties obtain accurate medication start dates from caregivers.	Pending	Sonoma County
23. To improve its oversight of foster children prescribed psychotropic medications, Sonoma County should immediately adopt the state guidelines for its physicians' use when prescribing psychotropic medications and the county's use when reviewing court authorization requests.	Partially Implemented	Sonoma County
24. To improve its oversight of foster children prescribed psychotropic medications, Sonoma County should within six months, implement a process to review psychotropic medications that receive parental consent rather than court authorization.	Partially Implemented	Sonoma County
25. To improve its oversight of foster children prescribed psychotropic medications, Sonoma County should update its policies to describe methods for obtaining and documenting in the foster children's case files parental consents for psychotropic medications.	Pending	Sonoma County
26. To better ensure that counties only use parental consent in place of court authorization when it is appropriate, Social Services should assess Sonoma County's practice of advocating to the juvenile court that it delegate to parents the authority to administer psychotropic medications to foster children.	Pending	Department of Social Services
27. To better ensure that all caregivers are informed and educated regarding the use of psychotropic medications and the court authorization process, Social Services should develop instructions regarding these topics and provide them to caregivers, such as foster family agencies, that do not operate group homes.	Partially Implemented	Department of Social Services
28. To improve the State's and counties' oversight of psychotropic medications prescribed to foster children, the Legislature should require Social Services to collaborate with its county partners and other relevant stakeholders to develop and implement a reasonable oversight structure that addresses, at a minimum, the concerns identified in this audit report.	No Action Taken	Legislature
29. To improve the State's oversight of physicians who prescribe psychotropic medications to foster children, the Legislature should require the Medical Board to analyze Health Care Services' and Social Services' data in order to identify physicians who may have inappropriately prescribed psychotropic medications to foster children. If this initial analysis successfully identifies such physicians, the Legislature should require the Medical Board to periodically perform the same or similar analyses in the future. Further, the Legislature should require Health Care Services and Social Services to provide periodically to the Medical Board the data necessary to perform these analyses.	No Action Taken	Legislature

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
<p>30. To improve the oversight of psychotropic medications prescribed to foster children, Social Services should collaborate with the counties and other relevant stakeholders—including Health Care Services, as necessary—to develop and implement a reasonable oversight structure that ensures the coordination of the State’s and counties’ various oversight mechanisms as well as the accuracy and completeness of the information in Social Services’ data system. This structure should include at least the following items:</p> <ul style="list-style-type: none"> <li>• Identification of the specific oversight responsibilities to be performed by the various state and local government agencies.</li> <li>• An agreement on how county staff such as social workers, probation officers, and public health nurses will use printed Health and Education Passports to obtain foster children’s necessary mental health information—including psychotropic medications and psychosocial services—for inclusion in Social Services’ data system.</li> <li>• A plan to ensure that counties have sufficient staff available to enter foster children’s mental health information into Social Services’ data system and the resources to pay for those staff.</li> <li>• An agreement on the specific information related to psychotropic medication—including but not limited to the medication name, maximum daily dosage, and court authorization date—and psychosocial services and medication follow-up appointment information that county staff must enter into Social Services’ data system for inclusion in foster children’s Health and Education Passports.</li> <li>• Specific directions from Social Services regarding the correct medication start dates and court authorization dates counties should include in its data system and foster children’s Health and Education Passports.</li> <li>• An agreement on the training or guidance Social Services should provide to county staff members working with Social Services’ data system to ensure that they know how to completely and accurately update foster children’s Health and Education Passports.</li> <li>• An agreement on how the counties will use information on the new authorization forms that the Judicial Council approved to better oversee the prescription of psychotropic medications to foster children.</li> <li>• An agreement regarding how counties will implement, use, or disseminate the educational and informational materials the Quality Improvement Project has produced, including the “California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care”, “Questions to Ask About Medications”, and the “Foster Youth Mental Health Bill of Rights”.</li> <li>• An agreement on the specific measures and the best available sources of data the State and counties will use to oversee foster children prescribed psychotropic medications, including psychosocial services and medication follow-up appointments.</li> <li>• An agreement on how the State and counties will oversee psychotropic medications prescribed to foster children by fee-for-service providers who are not affiliated with county Medi-Cal mental health plans.</li> <li>• An agreement on the extent of information related to psychotropic medications prescribed to foster children that counties will include in the self-assessments, system improvement plans, and annual progress reports they develop as part of Social Services’ California Child and Family Services Reviews.</li> <li>• An agreement on the extent of the information related to psychotropic medications prescribed to foster children that counties will include in their responses to Health Care Services’ reviews, including its county Medi-Cal mental health plan compliance reviews and external quality reviews.</li> </ul>	Partially Implemented	Department of Social Services
<p>31. To ensure that the Medical Board can promptly complete its analysis to identify physicians who may have inappropriately prescribed psychotropic medications to foster children, Social Services and Health Care Services should continue to work with the Medical Board and its consultant to meet their data needs. If the Medical Board’s analysis is able to identify these physicians, Social Services and Health Care Services should enter into an agreement with the Medical Board to provide the information the Medical Board needs to perform similar analyses in the future.</p>	Partially Implemented	Department of Social Services

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
32. To ensure that the Medical Board can promptly complete its analysis to identify physicians who may have inappropriately prescribed psychotropic medications to foster children, Social Services and Health Care Services should continue to work with the Medical Board and its consultant to meet their data needs. If the Medical Board's analysis is able to identify these physicians, Social Services and Health Care Services should enter into an agreement with the Medical Board to provide the information the Medical Board needs to perform similar analyses in the future.	Partially Implemented	Department of Health Care Services
33. To increase the State's assurance that foster children do not receive medically inappropriate or unnecessary psychotropic medications, Health Care Services should devise and implement within six months methods to better enforce its prior authorization requirement for the off-label use of psychotropic medications. For example, Health Care Services should revise its claims system to automatically prompt pharmacists to submit treatment authorization requests when filling prescriptions for Medi-Cal beneficiaries under age 18 when the prescribed psychotropic medications have no FDA-approved pediatric uses. Furthermore, as part of its collaboration with Social Services and the counties to develop and implement a reasonable oversight structure, Health Care Services should determine whether information from the Judicial Council's revised court authorization forms would help it better enforce its prior authorization requirements.	†	Department of Health Care Services
34. To ensure that physicians do not inappropriately prescribe psychotropic medications to foster children, the Medical Board within 60 days should obtain and analyze the data from Health Care Services and Social Services to identify physicians who may have inappropriately prescribed psychotropic medications for foster children.	Fully Implemented	Medical Board of California
35. Following the completion of the analysis (described in Recommendation 34), the Medical Board should take the appropriate follow-up actions that it deems necessary, including the investigation of physicians identified in its analysis.	Pending	Medical Board of California
36. To the extent that its analysis (described in Recommendation 34) is able to identify physicians who may have inappropriately prescribed psychotropic medications to foster children, the Medical Board should enter into an agreement with Health Care Services and Social Services within six months of completing its initial review to periodically obtain the data necessary to perform the same or similar analyses.	Partially Implemented	Medical Board of California

**Report Number I2016-2***Investigations of Improper Activities by State Agencies and Employees: Conflict of Interest, Violation of Post-Employment Ethics Restrictions, Waste of State Funds, Misuse of State Resources, and Incompatible Activities (August 2016)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
5. Conduct a review of all staff in the former section chief's division to ensure that all appropriate personnel have completed the required ethics training within the last two years, as state law requires.	Fully Implemented	Department of Health Care Services
6. Designate a specific individual within the former section chief's division to track division staff's completion of ethics training. Health Care Services should ensure it maintains a copy of the staff's certificates of completion for five years as required by state law and department policy.	Fully Implemented	Department of Health Care Services
7. Develop procedures for handling similar situations involving the one-year ban on former state employees engaging in prohibited communications should they occur in the future.	Fully Implemented	Department of Health Care Services
8. Immediately cease any further reimbursements to the official for travel from Sonoma County to Sacramento.	Fully Implemented	Department of Public Health
9. Ensure that all Public Health records reflect the official's headquarters as Sacramento.	Pending	Department of Public Health
10. Determine whether it should have reported the official's reimbursements as a taxable fringe benefit and, if so, amend any relevant tax documents.	Pending	Department of Public Health
11. Revise its policies regarding travel expense processing to ensure that its travel unit staff looks for travel patterns and other indications of improper travel expense claims.	Partially Implemented	Department of Public Health

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
12. Provide training to all approving supervisors and managers who oversee staff who travel for work purposes to ensure that they understand how to properly determine and establish headquarters locations for their employees.	Partially Implemented	Department of Public Health
19. Take appropriate corrective or disciplinary action against the executive for wasting \$2,970 by failing to explore placing the employee in an additional position.	Resolved	Napa State Hospital
20. Request that CalHR conduct the necessary assessment to determine whether additional appointments are permissible if State Hospitals deems it necessary to have employees perform duties not related to their current positions.	Resolved	Napa State Hospital
21. Cease allowing the investigator to perform communications operator duties unless she is appointed to an additional position after a competitive selection process.	Fully Implemented	Napa State Hospital
22. Provide training to the executive about when full-time employees may perform duties that are significantly different from those of their own job classifications and how to make additional appointments when permissible.	Fully Implemented	Napa State Hospital

**Report Number 2016-108**

*Department of Developmental Services: It Cannot Verify That Vendor Rates for In-Home Respite Services Are Appropriate and That Regional Centers and Vendors Meet Applicable Requirements (October 2016)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
1. To ensure that Developmental Services is paying reasonable and appropriate rates to vendors for in-home respite services, the Legislature should clarify whether the rate freeze imposed by the 1998 legislation is still in effect despite the numerous legislative rate adjustments made since then. Further, the Legislature should clarify whether the 2003 legislation that imposed a cap on vendors' hourly payment rates constitutes only a ceiling on increases of in-home respite rates and require Developmental Services to resume collecting cost statements and adjust the rates if appropriate.	Pending	Legislature
2. To ensure that vendors' in-home respite hourly payment rates are reasonable and appropriate, particularly when compared to their administrative costs and the hourly wages they pay to respite workers, the Legislature should require Developmental Services to conduct an in-depth review of its in-home respite rates by November 1, 2017. In conducting this review, the Legislature should require Developmental Services to perform the following: <ul style="list-style-type: none"> <li>Obtain and analyze all vendors' cost statements to determine their costs of providing services and whether vendors' administrative costs are reasonable.</li> <li>Obtain information from vendors on the hourly wages they pay to respite workers and analyze this information to determine whether vendors' hourly rates are reasonable.</li> <li>Using information from the cost statements, identify whether vendors' temporary rates should be converted to permanent rates.</li> <li>Submit a report to the Legislature on the results of its review, including a proposal on the extent to which legislative changes are needed to ensure that in-home hourly respite rates are appropriate.</li> </ul>	Pending	Legislature
3. To ensure the health and safety of individuals with developmental disabilities, the Legislature should require workers who provide in-home respite services to consumers to undergo a criminal background check. For the other services that fall under the Lanterman Act, the Legislature should require Developmental Services to conduct a review of the types of services provided directly to consumers and whether any oversight mechanisms are in place to ensure that workers providing these services do not have criminal backgrounds. The Legislature should require Developmental Services to report the results of this review no later than December 31, 2017, and, using the results of this review, determine whether legislation requiring such workers to undergo criminal background checks is necessary to protect the health and safety of individuals with developmental disabilities.	Pending	Legislature

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
4. To ensure that regional centers are aware of the benefits, including cost savings to the State that can be realized by using financial management services vendors, Developmental Services should formally communicate to regional centers regarding the model.	Pending	Department of Developmental Services
5. To ensure that in-home respite vendors are providing quality services and that vendors are adhering to state requirements, Developmental Services should issue regulations requiring regional centers to conduct periodic and ongoing reviews of vendors' programs, employees, and consumer records.	Pending	Department of Developmental Services
6. To ensure that in-home respite vendors comply with vendor requirements on an ongoing basis, Developmental Services should require the regional centers to develop a process to conduct biennial reviews of the vendor files the regional centers maintain and document the outcome of the review in the files. Developmental Services should require the regional centers to take appropriate action to ensure that vendors comply, up to and including terminating the vendorization, if necessary.	Pending	Department of Developmental Services
7. To ensure that it is providing oversight in accordance with state law and federal requirements, Developmental Services should ensure that it performs audits of each regional center every two years as required. In conducting these audits, Developmental Services should consistently include a review of in-home respite services.	Pending	Department of Developmental Services

**Report Number 2016-046**

*Board of Registered Nursing: Significant Delays and Inadequate Oversight of the Complaint Resolution Process Have Allowed Some Nurses Who May Pose a Risk to Patient Safety to Continue Practicing(December 2016)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
1. To ensure that BRN receives timely and consistent notification of nurses' alleged violations of the Nursing Act, the Legislature should require the employers of registered nurses to report to BRN the suspension, termination, or resignation of any registered nurse due to alleged violations of the Nursing Act.	Pending	Legislature
2. If BRN does not develop and implement an action plan by March 1, 2017, to prioritize and resolve its deficiencies, as mentioned in the first recommendation to BRN, the Legislature should consider transferring BRN's enforcement responsibilities to Department of Consumer Affairs (Consumer Affairs).	Pending	Legislature
3. The Legislature should amend state law to require BRN to conduct investigations of complaints alleging substance abuse or mental illness against nurses who choose to enter the intervention program.	Pending	Legislature
4. To ensure that it promptly addresses this report's findings, BRN should work with the Consumer Affairs to develop an action plan by March 1, 2017, to prioritize and resolve the deficiencies we identified.	Pending	Board of Registered Nursing
5. To ensure that BRN resolves complaints regarding nurses in a timely manner, by March 1, 2017, it should develop and implement formal policies that specify required time frames for each key stage of the complaint resolution process, including time frames for how quickly complaints should be assigned to the proper investigative unit or expert witness, and how long the investigation process should take. BRN should also work with Consumer Affairs' Division of Investigation (DOI) to establish a reasonable goal for the length of time DOI's investigators take to conduct investigations of complaints referred to it by BRN.	Pending	Board of Registered Nursing
6. To ensure that BRN resolves complaints regarding nurses in a timely manner, by March 1, 2017, it should establish a formal, routine process for management to monitor each key stage of the complaint resolution process to determine whether the time frames are being met, the reasons for any delays, and any areas in the process that it can improve.	Pending	Board of Registered Nursing
7. To ensure that BRN resolves complaints regarding nurses in a timely manner, by March 1, 2017, it should establish a plan to eliminate its backlog of complaints awaiting assignment to an investigator.	Pending	Board of Registered Nursing
8. To increase its pool of expert witnesses, by June 2017, BRN should develop and implement a process to track the effectiveness of the methods it uses to recruit expert witnesses, and then focus its efforts on those methods that prove to be the most successful.	Pending	Board of Registered Nursing

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
9. To increase its pool of expert witnesses, by June 2017, BRN should modify its renewal application process for nurses' licenses to include a question regarding whether they would be interested in serving as an expert witness, and then develop a process to promptly follow-up with those nurses.	Pending	Board of Registered Nursing
10. To increase its pool of expert witnesses, by June 2017, BRN should take the steps necessary to increase the hourly wage it pays expert witnesses.	Pending	Board of Registered Nursing
11. To ensure it does not risk compromising private and confidential information related to ongoing investigations of complaints, BRN should immediately ensure that any email correspondence it has with expert witnesses is transmitted securely.	Pending	Board of Registered Nursing
12. To ensure that it is able to accurately monitor the performance of its complaint resolution process and that it has accurate data to address its staffing needs, BRN should immediately begin working with Consumer Affairs to implement cost-effective input controls for BreEZe that will require BRN staff members to enter information into a complaint record in a way that is consistent with BRN's business processes, as well as to implement changes that would cause BreEZe to accurately identify the order in which activities occur.	Pending	Board of Registered Nursing
13. To ensure that it is able to accurately monitor the performance of its complaint resolution process and that it has accurate data to address its staffing needs, once it has implemented cost-effective input controls for BreEZe and accumulated six months of data, BRN should analyze these data to determine whether its staffing is sufficient to meet its workload.	Pending	Board of Registered Nursing
14. To ensure that it is able to accurately monitor the performance of its complaint resolution process and that it has accurate data to address its staffing needs, BRN should develop and implement training for all BRN complaint processing staff that instructs them on how to accurately enter information in complaint records that are contained in BreEZe, including the date BRN received the complaint, in a manner that is consistent with BRN's business processes.	Pending	Board of Registered Nursing
15. BRN should immediately comply with state law and adhere to the revised Consumer Protection Enforcement Initiative guidelines that DOI issued in August 2016. Additionally, BRN should establish and maintain a process for communicating with DOI to discuss any questions that arise in assigning a priority to a complaint or referring a complaint to the proper investigative unit.	Pending	Board of Registered Nursing
16. To ensure that BRN and DOI consistently conduct adequate investigations and obtain sufficient and appropriate evidence to discipline nurses accused of violating the Nursing Act if warranted, BRN in collaboration with Consumer Affairs should implement a mechanism by March 2017 to track and monitor supplemental investigation requests that result from investigators' failure to obtain required documentation or sufficient evidence and use this information to mitigate the causes of these failures.	Pending	Board of Registered Nursing
17. To ensure that BRN and DOI consistently conduct adequate investigations and obtain sufficient and appropriate evidence to discipline nurses accused of violating the Nursing Act if warranted, BRN in collaboration with Consumer Affairs should coordinate with the Attorney General to develop a biennial training program that includes techniques for gathering appropriate evidence and ensure that all investigators, including DOI's investigators, participate in this training.	Pending	Board of Registered Nursing
18. To ensure that BRN and DOI consistently conduct adequate investigations and obtain sufficient and appropriate evidence to discipline nurses accused of violating the Nursing Act if warranted, BRN in collaboration with Consumer Affairs should use this training program to develop a procedural guide that specifies proper evidence-gathering techniques, including a description of what constitutes sufficient evidence, for investigators to follow when investigating complaints. They should then distribute this guide to all investigators, including DOI's investigators, by December 2017, and jointly instruct them to adhere to the guide when conducting investigations.	Pending	Board of Registered Nursing
19. To ensure that its enforcement unit employees appropriately address and process complaints in a consistent and efficient manner, by March 2017, BRN should develop a process to centrally track the internal and external trainings its staff participate in. On a regular basis, managers should review this information to ensure enforcement staff are participating in a timely manner in appropriate trainings that address the enforcement activities they specifically perform and the types of complaints they may investigate.	Pending	Board of Registered Nursing

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
20. To ensure that its enforcement unit employees appropriately address and process complaints in a consistent and efficient manner, BRN should implement a formal training program no later than December 2017. In developing this program, BRN should consult with DOI and the Attorney General to identify training that could benefit its enforcement staff, and also solicit input of its enforcement staff on areas of their job duties where they believe they need additional training.	Pending	Board of Registered Nursing
21. BRN should immediately stop overriding fingerprint holds in BreZE based solely on the fact that fingerprint data is present in BRN's legacy system and, for those cases where it believes it is necessary to override the system, BRN should receive its executive officer's approval to do so and document both the reason for the override and evidence of the executive officer's approval.	Pending	Board of Registered Nursing
22. BRN should continue working with Justice and Consumer Affairs and finalize its reconciliation, by March 1, 2017, of Justice's fingerprint data with its data in BreZE to identify any nurses who are missing fingerprint records. Once this reconciliation is performed, BRN must take the steps necessary to immediately obtain fingerprints from those nurses for which Justice has no fingerprint records.	Pending	Board of Registered Nursing
23. To ensure that it has prompt access to adequate information that could affect the status of a nurse's license, by June 2017, BRN should establish formal agreements with other agencies and other health boards that have information pertaining to a nurse's misconduct.	Pending	Board of Registered Nursing
24. To ensure that it has prompt access to adequate information that could affect the status of a nurse's license, by June 2017, BRN should work with Consumer Affairs and other health boards to determine whether modifying BreZE to include a capability that would allow it to promptly notify BRN when another health board receives a complaint or takes disciplinary action against a licensed nurse is cost-effective. If it is, add this functionality to BreZE.	Pending	Board of Registered Nursing
25. To ensure that it promptly and appropriately sends notifications to complainants as state law requires, by March 2017, BRN should develop desk procedures that describe the actions enforcement staff members should take when processing incoming complaints and when BRN reaches a final disposition on a case.	Pending	Board of Registered Nursing
26. To ensure that it promptly and appropriately sends notifications to complainants as state law requires, by March 2017, BRN should establish formal procedures, such as managers performing routine audits of complaint files, to monitor incoming complaints and final dispositions.	Pending	Board of Registered Nursing

\* The status of recommendations for audits issued between November and December 2016 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)

† As of December 31, 2016, the entity has not provided a response to the state auditor