

Contents

TABLE 1

Recommendation Status Summary 1

Subcommittee 3 on Health and Human Services

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) 1

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) 2

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) 2

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) 3

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) 8

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) 9

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) 10

Report Number I2017-1 Investigations of Improper Activities by State Agencies and Employees: Misuse of Resources, Inaccurate Attendance Records, Disclosure of Confidential Information, and Improper Payments (March 2017) 12

Report Number 2016-126 California Department of Social Services: Its Caregiver Background Check Bureau Lacks Criminal History Information It Needs to Protect Vulnerable Populations in Licensed Care Facilities (March 2017)	13
Report Number 2016-128 In Home Supportive Services: The State Could Do More to Help Providers Avoid Future Payment Delays (March 2017)	15
Report Number 2017-2 Investigations of Improper Activities by State Agencies and Employees: Inaccurate Attendance Records, Violation of State Laws, and Misuse of State Resources (October 2017)	16

Table 1
Recommendation Status Summary

Senate Budget & Fiscal Review Subcommittee 3 on Health and Human Services

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 the Department of Social Services (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
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.	Pending	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.	Fully Implemented	Riverside County
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.	Fully Implemented	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.	Will Not Implement	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.	Pending	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.	Fully Implemented	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	Riverside County
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.	Fully Implemented	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.	Will Not Implement	Santa Clara County

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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 California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) does not face delays and cost overruns in the implementation of planned releases, Covered California should immediately contract with an independent party for independent verification and validation 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, Department of Public Health (Public Health) should take appropriate corrective or disciplinary action against him for leaving during the middle of his shift without approval.	Fully Implemented	California Department of Public Health
17. The Department of State Hospitals (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. The Department of Developmental Services (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.	Resolved	Department of Developmental Services

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
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.	Resolved	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.	Fully Implemented	Department of Developmental Services
24. Developmental Services should 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.	Fully Implemented	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.	Fully Implemented	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.	Fully 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.	Fully Implemented	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.	Fully Implemented	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.	Fully 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.	Resolved	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.	Fully Implemented	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.	Resolved	Los Angeles County

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
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.	Fully Implemented	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.	Fully Implemented	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.	Fully Implemented	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.	Fully Implemented	Madera County
7. 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.	Fully Implemented	Madera County
8. 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.	Fully Implemented	Madera County
9. 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.	Fully Implemented	Madera County
10. 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.	Fully Implemented	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.	Fully Implemented	Riverside County

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
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.	Fully Implemented	Riverside County
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.	Fully Implemented	Riverside County
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.	Fully Implemented	Riverside County
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.	Fully Implemented	Riverside County
16. To improve its oversight of foster children who are prescribed psychotropic medications, Riverside County should immediately adopt the state guidelines for its physicians' use when prescribing psychotropic medications and for the county's use when reviewing court authorization requests.	Fully Implemented	Riverside County
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.	Resolved	Riverside County
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.	Fully Implemented	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.	Partially Implemented	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.	Partially Implemented	Sonoma County

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
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.	Fully Implemented	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.	Fully Implemented	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.	Fully Implemented	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.	Fully 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 of California (Medical Board) to analyze the Department of Health Care Services' (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
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: <ul style="list-style-type: none"> • Identification of the specific oversight responsibilities to be performed by the various state and local government agencies. • 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. • 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. 	Partially Implemented	Department of Social Services

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
<ul style="list-style-type: none"> • 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. • 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. • 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. • An agreement on how the counties will use information on the new authorization forms that the Judicial Council of California (Judicial Council) approved to better oversee the prescription of psychotropic medications to foster children. • 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”. • 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. • 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. • 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. • 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. 		
<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>	Resolved	Department of Social Services
<p>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.</p>	Resolved	Department of Health Care Services

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
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.	Partially Implemented	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.	Partially Implemented	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.	Resolved	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. Health Care Services should 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. Health Care Services should 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. Health Care Services should 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. Public Health should immediately cease any further reimbursements to the official for travel from Sonoma County to Sacramento.	Fully Implemented	Department of Public Health
9. Public Health should ensure that all Public Health records reflect the official's headquarters as Sacramento.	Fully Implemented	Department of Public Health
10. Public Health should determine whether it should have reported the official's reimbursements as a taxable fringe benefit and, if so, amend any relevant tax documents.	Fully Implemented	Department of Public Health
11. Public Health should 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.	Fully Implemented	Department of Public Health
12. Public Health should 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.	Fully Implemented	Department of Public Health
19. Napa State Hospital (Napa) should 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

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
20. Napa should 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. Napa should 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. Napa should 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.	No Action Taken	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"> Obtain and analyze all vendors' cost statements to determine their costs of providing services and whether vendors' administrative costs are reasonable. 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. Using information from the cost statements, identify whether vendors' temporary rates should be converted to permanent rates. 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. 	Legislation Proposed But Not Enacted	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.	Legislation Proposed But Not Enacted	Legislature
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.	Will Not Implement	Department of Developmental Services

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RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
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 the Board of Registered Nursing (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.	Partially Implemented	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 the Department of Consumer Affairs (Consumer Affairs).	No Action Taken	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 Consumer Affairs to develop an action plan by March 1, 2017, to prioritize and resolve the deficiencies we identified.	Fully Implemented	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
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

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
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.	Partially Implemented	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.	Partially Implemented	Board of Registered Nursing
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 BreEZe 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

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RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
22. BRN should continue working with the Department of Justice (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.	Fully Implemented	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.	Fully Implemented	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

Report Number I2017-1*Investigations of Improper Activities by State Agencies and Employees: Misuse of Resources, Inaccurate Attendance Records, Disclosure of Confidential Information, and Improper Payments (March 2017)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
8. State Hospitals should initiate immediate action, in accordance with Government Code section 19838, to collect the overpayment from the pharmacist.	Fully Implemented	Department of State Hospitals
9. State Hospitals should provide counseling or training to the pharmacist and pharmacy management regarding proper time and attendance procedures.	Fully Implemented	Department of State Hospitals
10. State Hospitals should provide counseling or training to the responsible personnel staff regarding proper procedures for processing the attendance records.	Fully Implemented	Department of State Hospitals
11. State Hospitals should review the pharmacist's time and attendance records from September 2015 to present to ensure she was not overpaid for any additional hours or had leave balances that were not reduced because of absences.	Fully Implemented	Department of State Hospitals
20. Health Care Services should take appropriate corrective or disciplinary action regarding the employee's misuse of state time, computer, and support staff, and for engaging in activities incompatible with her state duties.	Fully Implemented	Department of Health Care Services
21. Health Care Services should provide the employee with training related to appropriate Internet and email use, time and attendance, and ethics in the workplace.	Fully Implemented	Department of Health Care Services
22. Health Care Services should implement the action it proposed in its investigative report. Specifically, its Office of Civil Rights should conduct equal employment opportunity training and provide counseling for the division chief and the division's management team to ensure that they understand the equal employment opportunity concerns related to the do-not-hire list and that they use job-related and objective examination criteria when evaluating candidates in the future.	Fully Implemented	Department of Health Care Services
23. Health Care Services should implement the action it proposed in its investigative report. Specifically, its Office of Civil Rights should implement a series of management training sessions to ensure that Health Care Services management fully understand and adhere to its nondiscrimination policy to ensure equal employment opportunity for all candidates and employees.	Fully Implemented	Department of Health Care Services
25. Social Services should continue to monitor the supervisor's duties related to addressing the work performance of her subordinate employees and continue to take appropriate corrective or disciplinary action when necessary.	Fully Implemented	Department of Social Services

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
26. Social Services should require that the supervisor undergo supervisory training, specifically about managing employee performance and appropriately applying the steps of progressive discipline.	Fully Implemented	Department of Social Services

Report Number 2016-126

California Department of Social Services: Its Caregiver Background Check Bureau Lacks Criminal History Information It Needs to Protect Vulnerable Populations in Licensed Care Facilities (March 2017)

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
3. To ensure that all applicable entities share their administrative actions with each other as state law intends, the Legislature should amend state law to require that Social Services, the Department of Aging, Public Health, Health Care Services, Medical Services, and county agencies provide each other their administrative action information.	No Action Taken	Legislature
5. To ensure that it more effectively shares, receives, and uses administrative action information, Social Services should develop and maintain a centralized database containing its own administrative actions and those received from other state departments, in order to share this information among these departments as required by state law. Social Services should seek funding if it believes additional resources are necessary.	Pending	Department of Social Services
6. To ensure that it more effectively shares, receives, and uses administrative action information, until a centralized database can facilitate real-time information transmittal, Social Services should amend its interagency agreements to specify that the departments should share their administrative action information as soon as possible after the action is final, but no later than five business days after the end of the month in which it became final. It should begin amending its interagency agreements by July 2017.	Pending	Department of Social Services
7. To ensure that it more effectively shares, receives, and uses administrative action information, Social Services should amend its interagency agreements so that the agreements remain in effect indefinitely. It should begin amending its interagency agreements by July 2017.	Pending	Department of Social Services
8. To ensure that it more effectively shares, receives, and uses administrative action information, Social Services should, as it receives administrative action information from other departments, share this information with the county agencies that perform licensing duties on its behalf.	Pending	Department of Social Services
9. To ensure that it more effectively shares, receives, and uses administrative action information, Social Services should direct its exemption analysts to review the administrative action information as part of their background check reviews.	Pending	Department of Social Services
10. To ensure that Social Services evaluates the risk individuals may pose to vulnerable populations in its licensed care facilities as quickly as possible, by July 2017 Social Services should establish time frames for staff to evaluate individuals who are present in their facilities and who have received administrative actions from other departments. In addition, it should monitor and follow up with the appropriate staff regarding the status of their assessments of these individuals and their final decisions.	Partially Implemented	Department of Social Services
11. To better ensure the safety of clients in licensed facilities, the Legislature should amend state law to require that Social Services receive state and federal RAP sheets for individuals before allowing them access to licensed facilities.	No Action Taken	Legislature
12. To better ensure the safety of clients in licensed facilities, the Legislature should amend state law to expand the list of nonexemptible crimes to include the eight crimes we identified and any other crimes it deems appropriate.	No Action Taken	Legislature
13. To comply with state law and better protect vulnerable populations in California's licensed care facilities, Social Services should immediately change its policy to require that its exemption analysts evaluate all infraction convictions, other than minor traffic violations, before granting exemptions to individuals. If Social Services believes it is not feasible to evaluate all of these convictions, it should report to the Legislature by June 2017 how it ensures that vulnerable populations are not at risk and should request that the Legislature change the law to eliminate infraction convictions as a crime category that Social Services must evaluate in order to grant an exemption.	Will Not Implement	Department of Social Services

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
14. To comply with state regulations and its policies, the Caregiver Background Check Bureau (CBCB) should immediately ensure that its background check case files support its exemption decisions by including complete decision summaries and all required supporting documents. Also, it should immediately update its exemption-needed letter to identify all of the documents its policies require exemption analysts to evaluate when deciding whether to grant an exemption. The letter should also eliminate requests for documents that Social Services does not believe can be used if the applicant obtains them, such as law enforcement reports.	Partially Implemented	Department of Social Services
15. To ensure that its exemption analysts are receiving information that Social Services believes is necessary and relevant to make exemption decisions, Social Services should immediately revise its policy to require that exemption analysts obtain law enforcement reports on behalf of individuals who seek exemptions.	Fully Implemented	Department of Social Services
16. Until the Legislature requires that Social Services receive both California and federal criminal history information before issuing a clearance or processing an exemption, to better protect vulnerable populations, Social Services should immediately revise its policy to require its regional offices to obtain all self-disclosure forms for individuals who submit fingerprints to Justice as part of an application to be present in a licensed facility. The regional offices should then forward to the CBCB all self-disclosure forms that identify a conviction.	Pending	Department of Social Services
17. Until the Legislature requires that Social Services receive both California and federal criminal history information before issuing a clearance or processing an exemption, to better protect vulnerable populations, Social Services should immediately change its practice of allowing individuals who have not submitted a self-disclosure form to Social Services to have access to licensed facilities, thus reflecting the requirements of state law. In addition, the CBCB should develop a process to ensure that individuals cannot receive a clearance or an exemption without the CBCB first receiving both California and federal criminal history information if a regional office does not have a self-disclosure form for the individual.	Pending	Department of Social Services
21. To ensure that Social Services processes criminal history reviews as quickly as possible so that delays do not impede individuals whose presence in a licensed facility would pose no risk, by July 2017 the department should establish formal time frames and monitor the stages of the exemption process. At a minimum, Social Services should establish time frames for notifying individuals and facilities that a criminal history exemption is required, evaluating information it receives, and making decisions on exemptions. As part of monitoring, Social Services should identify when cases become backlogged and work to swiftly conclude those exemption reviews. In addition, if it determines that its staffing levels are insufficient to meet its time frames, it should seek additional resources.	Partially Implemented	Department of Social Services
22. To ensure that Social Services processes legal actions as quickly as possible so that delays do not impede individuals whose presence in a licensed facility would pose no risk, by July 2017 the department should establish formal time frames and monitor the stages of the legal process. At a minimum, Social Services should establish time frames for assigning cases to attorneys. Further, it should regularly monitor itself against the 120-day time frame for serving an accusation after the Legal Division receives a case.	Partially Implemented	Department of Social Services
23. To ensure that it can accurately monitor its pending cases, by May 2017 Social Services should develop a work plan to identify and address its exemption process backlog by September 2017. At a minimum, the work plan should include reviewing the cases its database identifies as open without activity 150 days after receiving a RAP sheet and closing the cases in its database where Social Services already performed its final exemption decision action.	Pending	Department of Social Services
24. To ensure that Social Services processes arrest-only cases as quickly as possible, it should immediately follow its arrest-only and investigation policies, and monitor against those time frames for the various stages of the process.	Partially Implemented	Department of Social Services
25. To ensure that its regional offices consistently verify that excluded individuals are no longer present at licensed facilities, at a minimum, Social Services should immediately revise its policy to require that regional offices conduct site visits after it issues exclusion orders. In addition, it should formalize the verification process it develops in its procedures, train all regional offices, and monitor compliance with the process.	Partially Implemented	Department of Social Services
26. To ensure that regional offices pursue legal actions in a timely manner, by July 2017 Social Services' headquarters should identify a resource—such as a unit—to monitor and follow up with the regional offices regarding the status of their legal actions related to substantiated address matches of registered sex offenders at licensed facilities.	Pending	Department of Social Services

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
27. The CBCB should update its procedures manual so that it is a centralized document staff are able to use for the most up-to-date guidance in performing their duties. In addition, it should update the CBCB-specific policies and combine them into a centralized document.	Partially Implemented	Department of Social Services
28. To ensure that its procedures are consistent and clear, Social Services should update its arrest-only case procedures and document its process for addressing subsequent arrest-only cases.	Partially Implemented	Department of Social Services
29. The CBCB should follow its new schedule for its refresher training sessions on the exemption process and continue to offer sessions as managers or staff identify a need.	Partially Implemented	Department of Social Services
30. The CBCB's arrest-only unit should develop and periodically conduct trainings on the aspects of the arrest-only process for which its analysts have not yet received training.	Pending	Department of Social Services
31. The CBCB should implement its planned changes for ensuring that files in the file room are in the appropriate place and filed correctly.	Partially Implemented	Department of Social Services

Report Number 2016-128

In-Home Supportive Services: The State Could Do More to Help Providers Avoid Future Payment Delays (March 2017)

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
1. To ensure that counties are handling timesheet exceptions consistently and minimizing delays, Social Services should develop and issue procedures by July 2017 to require the counties to first attempt to correct timesheet errors for specific types of exceptions before mailing blank replacement timesheets to providers. Additionally, Social Services should review a random sample of exceptions at least quarterly to ensure that the counties are following its new procedures.	Partially Implemented	Department of Social Services
2. To reduce the likelihood of inadvertent errors on replacement timesheets, Social Services should create functionality within the Case Management, Information and Payrolling System (CMIPS II) to allow replacement timesheets to be printed with data that had been submitted correctly on the original timesheet. Social Services should develop a plan by August 2017 that outlines actions, such as assessing the cost and seeking funding from the Legislature if necessary, that will be taken to create the functionality.	Will Not Implement	Department of Social Services
3. To ensure that counties follow a consistent and expeditious policy for responding to providers who report lost or stolen paychecks, Social Services should issue a policy by September 2017 that allows providers to request replacement paychecks after five business days from the issue date of the lost or stolen paychecks.	Pending	Department of Social Services
4. To assist counties in resolving exceptions efficiently and in managing their workload, Social Services should by December 2017 develop a timesheet exceptions report in CMIPS II that enables county staff to categorize common exceptions, identify providers with recurring exceptions, and track timesheet processing workload over a period of time. Social Services should also train county staff on the most effective use of these reports.	Pending	Department of Social Services
5. To effectively communicate information to providers and reduce call volumes at counties, Social Services should implement functionality within CMIPS II by December 2017 to provide automated notifications to providers about the status of their timesheets and paychecks, including when timesheets are received and processed, when paychecks are processed, and whether there are exceptions on timesheets that would delay processing paychecks and whom to contact at the county to address those exceptions.	Pending	Department of Social Services
7. To ensure that Hewlett Packard Enterprise is meeting its contractual requirements, Social Services should review timesheet processing data and reports and follow up with the Office of Systems Integration (OSI) to make sure it is taking corrective action if Hewlett Packard Enterprise exceeds the agreed-upon processing time frames.	Fully Implemented	Department of Social Services
8. To ensure that OSI is adequately monitoring Hewlett Packard Enterprise and to allow for more proactive management of the In-Home Supportive Services (IHSS) program, Social Services should work with OSI to enforce the contract provision requiring Hewlett Packard Enterprise to submit monthly data on the number of timesheets with exceptions by county and the time taken to resolve those exceptions. Moreover, Social Services should develop a process for regularly reviewing these data to detect any discrepancies among the counties' processes for handling timesheets with exceptions.	Partially Implemented	Department of Social Services

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RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
10. To enable it to track whether the Employment Development Department (Employment Development) is meeting its contractual time frame for printing and mailing timesheets, Social Services should either modify its current agreement or require in the renewal of its agreement a method for tracking the time required to print and mail timesheets. Social Services should also perform monthly reviews of the activities performed by Employment Development and the State Controller's Office (SCO) to ensure compliance with the time frames for each agreement. Additionally, Social Services should implement a process to regularly test Employment Development and SCO processes to ensure that they are within the required time frames.	Pending	Department of Social Services
11. To more effectively address common problems reported by providers and recipients, Social Services should develop a formal process to document and address patterns of concerns conveyed through complaints. Specifically, the process should include a method for Social Services to identify and aggregate the complaints it receives, to analyze that information to determine whether there are common themes or broader issues to address within IHSS, and to obtain sufficient information to substantiate responses to the complaints. The process should also include steps to clarify ambiguous issues raised in the complaints and define clear deadlines and the steps to take when responding to complainants if those deadlines cannot be met.	Partially Implemented	Department of Social Services
12. To facilitate providers' efforts to report their time, and to reduce the potential for providers to be inadvertently suspended from the IHSS program, the Legislature should amend state law to define the pay period as two workweeks. Moreover, the Legislature should modify state law to require weekly hours as the basis for authorizing services but continue to allow flexibility for recipients to adjust the hours their providers work across workweeks in a manner similar to the provisions of the current law.	No Action Taken	Legislature
13. Until state law is changed to facilitate providers' efforts to report their time and to reduce the potential for providers to be inadvertently suspended from the IHSS program, Social Services should inform providers of the weekly maximum number of service hours for each variation in the length of the month, rather than using a standard conversion that results in providers claiming more hours than their recipients are authorized.	Will Not Implement	Department of Social Services
14. If the Legislature amends state law as we recommend, Social Services should modify the timesheet format to incorporate the weekly authorization for services and the new two-workweek pay period. Social Services should also reconfigure its timesheet to require that all information be entered on one side of the document, including the signatures of the provider and recipient.	Will Not Implement	Department of Social Services
15. To ensure that it can quickly identify potential concerns with the number of timesheets received at the timesheet processing facility Social Services should develop procedures to review its timesheet volume report on a daily basis. Alternatively, Social Services could work with OSI to modify the reporting function within CMIPS II to require automated notifications to management when the timesheet volume report identifies an instance when the volume of timesheets falls below the threshold specified.	Fully Implemented	Department of Social Services

Report Number I2017-2*Investigations of Improper Activities by State Agencies and Employees: Inaccurate Attendance Records, Violation of State Laws, and Misuse of State Resources (October 2017)*

RECOMMENDATION	STATUS OF RECOMMENDATION	ENTITY
1. State Hospitals should take appropriate disciplinary action against the psychiatric technician.	Pending	Atascadero State Hospital
2. State Hospitals should take steps to recoup the \$7,540 of overtime pay from the psychiatric technician.	Pending	Atascadero State Hospital
3. State Hospitals should take appropriate corrective actions to address the failures of the shift lead and the supervisor and to ensure they fulfill their responsibilities for recognizing and addressing attendance abuse.	Pending	Atascadero State Hospital