

Performance Audit Report

Developmental Disabilities Administration

Monitoring of Coordination of Community Services Agencies

January 2019



OFFICE OF LEGISLATIVE AUDITS
DEPARTMENT OF LEGISLATIVE SERVICES
MARYLAND GENERAL ASSEMBLY

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OFFICE OF LEGISLATIVE AUDITS
MARYLAND GENERAL ASSEMBLY

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Ladies and Gentlemen:

We have conducted a performance audit to assess the Maryland Department of Health's (MDH) – Developmental Disabilities Administration's (DDA) monitoring of its Coordination of Community Services (CCS) agencies for the purpose of determining whether the agencies were verifying that individuals with developmental disabilities (consumers) received the required services from service providers.

DDA's mission is to provide leadership to assure the full participation of consumers in all aspects of community life, and to promote their access to quality supports and services necessary to foster personal growth, independence, and productivity. CCS agencies are instrumental in supporting consumers and their families. DDA uses the CCS agencies to oversee its programs, to ensure that consumers are receiving high quality services, and that consumers' health and welfare are protected through targeted case management.

Based on documentation we requested and received directly from the service providers, we were able to conclude that there appeared to be sufficient documentation to support the delivery of services to the DDA consumers selected for testing. However, our audit disclosed that DDA was not adequately monitoring the CCS agencies to ensure that the agencies were verifying that the consumers received these required services and, consequently, there is room for improvement in DDA's processes. We believe that a contributing factor to this condition was that DDA's guidance to, and training of, CCS agencies on consumer monitoring responsibilities did not contain clear instruction about the level of detail required to complete the quarterly monitoring forms and did not address specific documentation the CCS agencies should obtain when conducting the required monitoring reviews.

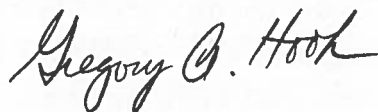
These monitoring reviews consist of quarterly face-to-face meetings between CCS agency staff and DDA consumers to assess whether required services are being rendered and whether consumers are making progress towards the goals and intended outcomes identified in their CCS agency prepared and DDA-approved individual plans (IP) of services and supports. We concluded that DDA did not ensure that the CCS agencies completed all of the required quarterly monitoring visits. Specifically, our analysis of DDA records disclosed that, over a two-year period, CCS agencies failed to complete all forms documenting the required 8 quarterly monitoring visits for 97 percent of the approximately 15,000 applicable consumers, and less than half of the 8 required quarterly monitoring forms were completed for over 50 percent of these consumers.

We also noted that the information recorded by CCS agencies on the quarterly monitoring forms was insufficient to document the delivery of provider services. Specifically, our testing of monitoring forms prepared for 30 consumers disclosed that the CCS agencies' documentation on the related monitoring forms for 22 consumers was inadequate to support that the consumers had received the required services and/or were progressing toward the goals identified in the IP. However, from our separate testing of 50 consumer IPs, we did find that the CCS agencies generally prepared and updated those IPs in accordance with State regulations, which was one of the objectives of this audit.

Finally, although DDA had recently implemented a limited review of completed monitoring forms, which identified similar issues to our testing, DDA did not take immediate action to ensure the CCS agencies addressed the monitoring issues. Additionally, we found that this review was not sufficiently comprehensive because DDA did not obtain the related service provider records to support service delivery.

MDH's response to this audit, on behalf of DDA, is included as an appendix to this report. We wish to acknowledge the cooperation extended to us by DDA during our audit.

Respectfully submitted,

A handwritten signature in black ink that reads "Gregory A. Hook". The signature is written in a cursive, flowing style.

Gregory A. Hook, CPA
Legislative Auditor

Table of Contents

Background Information	5
Developmental Disabilities Administration (DDA) Overview and Responsibilities	5
Service Delivery Process	6
Roles and Responsibilities of Coordination of Community Services (CCS) Agencies	8
Utilization Reviews Required by DDA's Approved Medicaid Waiver	10
Audit Scope, Objectives, and Methodology	12
Audit Scope	12
Audit Objectives and Methodology	12
Findings and Recommendations	14
Objective 1 – To determine if consumer individual plans (IPs) were prepared and updated in accordance with State regulations.	14
Objective and Methodology	14
Conclusion	15
Objective 2 – To determine if DDA had established appropriate guidance for CCS agencies related to their monitoring of consumers.	15
Objective and Methodology	15
Conclusion	15
Finding 1 – DDA's guidance to, and training of, CCS agencies on consumer monitoring responsibilities did not contain clear instruction about the level of detail required to complete the monitoring forms and did not address specific documentation the CCS agencies should obtain when conducting the reviews.	16
Objective 3 – To determine if DDA effectively monitored its CCS agencies to ensure that the agencies were verifying that consumers were receiving the required services in accordance with their IPs.	17
Objective and Methodology	17
Conclusion	18

Finding 2 – DDA did not adequately monitor its CCS agencies’ efforts to determine whether the CCS agencies were ensuring that consumers received the required services from service providers.	19
Exhibit 1 – Definitions of Developmentally Disabled Services	23
Agency Response	Appendix

Background Information

Developmental Disabilities Administration Overview and Responsibilities

The Developmental Disabilities Administration (DDA) is an agency within the Maryland Department of Health (MDH). The mission of DDA is to provide leadership to assure the full participation of individuals with developmental disabilities and their families in all aspects of community life, and to promote their access to quality supports and services necessary to foster personal growth, independence, and productivity. DDA consists of a headquarters unit, four regional offices (located in Central, Eastern, Southern, and Western Maryland) which administer community-based services, two forensic residential centers, and two residential centers — the Holly Center and the Potomac Center.

For individuals with developmental disabilities (consumers) and their families, DDA plans, develops policies and regulations, and funds a Statewide system of services. DDA coordinates its work with other government, voluntary, and private health, education, and welfare agencies. DDA funds services to consumers through a combination of private licensed Medicaid providers, not-for-profit licensed Medicaid providers, local health departments, and Fiscal Management Agencies (entities that assist consumers in a self-directed support services delivery system). These services include an array of options, such as residential living arrangements and support, and supported employment. According to MDH's records, DDA's payments to service providers totaled \$1.03 billion during fiscal year 2017. As of December 31, 2017, 22,557 consumers were receiving services from DDA, including 5,955 consumers on a waiting list who received consultative services from DDA's Coordination of Community Services (CCS) agencies.

DDA uses CCS agencies to perform targeted case management for consumers. Case management includes working with individuals, families, service providers, and other agencies to create an individualized plan based on a comprehensive assessment of needs for each consumer and navigating the support service options. CCS agencies are instrumental in supporting consumers and their families. DDA uses the CCS agencies to oversee its programs and to ensure consumers are receiving high quality services, and that consumers' health and welfare are protected. As of December 31, 2017, DDA had contracts with 17 CCS agencies to service all regions of the State. Five CCS agencies were private companies and 12 CCS agencies were local health departments. DDA paid the CCS agencies \$48.3 million related to

calendar year 2017. As shown in Table 1, a majority of the consumers were collectively assigned to one of five private companies functioning as CCS agencies.

Table 1
Summary of Consumers Served by CCS Agencies
as of December 31, 2017
(\$ amounts in millions)

CCS Agency	Count and Percentage of Consumers		CY 2017 Payments to CCS Agency	Fiscal Year 2018 Provider Services Budget for Consumers
Private Company 1	11,730	52%	\$28.2	\$625.1
Private Company 2	2,436	11%	5.1	127.6
Private Company 3	2,485	11%	4.3	98.1
Private Company 4	1,811	8%	4.1	64.4
Private Company 5	591	3%	1.1	12.9
12 Local Health Departments	3,504	16%	5.5	167.4
	22,557		\$48.3	\$1,095.5

Source: DDA's Records

Note: The population of 22,557 consumers consisted of the following: 16,555 consumers that were receiving community coordination services for on-going developmentally disabled services (such as, residential, supported employment, day habilitative), 5,955 consumers that were on the waiting list, and 47 consumers that were receiving transition coordination services to transition from a facility to the community.

Services Delivery Process

In general, consumers obtain services from DDA through the following process:

1. A consumer submits an application for services to a DDA regional office, which is staffed by State employees.
2. Consumers are interviewed by DDA staff and evaluated for eligibility, which is documented in a letter that advises them of their eligibility status. If deemed eligible for DDA service, they are assigned to one of three priority categories as established in State regulations - Crisis Resolution; Crisis Prevention; and Current Request. However, being eligible for services does not mean that the DDA is able to provide funding to address the

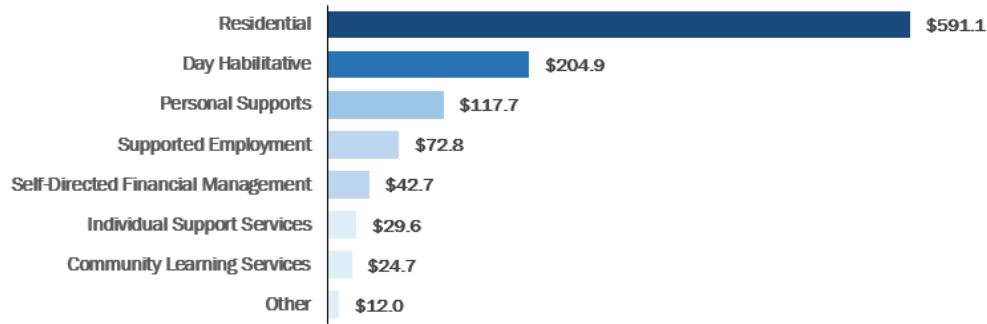
consumer's needs. Instead, eligible consumers for whom funding is not available are placed on a waiting list. When designated funding for the consumer's priority category becomes available and based on a DDA ranking of consumers within each category for those consumers with the greatest need, DDA will help explore services and provider options.

3. Once a consumer is selected to receive services, they are required to apply for a Medicaid Waiver. This particular waiver, called the *Community Pathways Waiver*, from the federal Centers on Medicare and Medicaid allows Maryland to waive the usual rules to allow Medicaid and other services to be delivered in a non-institutional setting, to people with different needs, or different income levels. Specifically, DDA offers a home and community-based services waiver to provide services in the community as an alternative to receiving them in an institution.
4. Consumers choose a DDA-approved CCS agency that will work with the consumer to learn about the types of available services and service providers. Specifically, CCS agencies work with the consumer to develop, revise, and implement an Individual Plan¹ (IP) based on the consumer's goals, strengths, and needs to help a consumer be more independent. IPs describe the particular care that the consumer is to receive from a provider as required by State regulations.
5. Consumers receive one or more types of services from various service providers in accordance with their unique IP. The CCS agencies are responsible for monitoring consumers to ensure each person is receiving services appropriately and the consumer is satisfied with the providers delivering the services. As shown in Table 2, the majority of the \$1.1 billion of fiscal year 2018 budgeted services were for residential, day habilitative, personal supports, and supported employment².

¹ Effective August 1, 2018, DDA changed the term "Individual Plan" to "Person-Centered Plan". We will continue to use the term Individual Plan throughout the audit report since it was the term in use at the time of our audit.

² See Exhibit 1 for definitions of the service types.

Table 2
**Budgeted Service Expenditures of \$1.1 Billion by Service Type for
 Fiscal Year 2018**
 (budgeted amount in millions of dollars)



Source: DDA's Records

Roles and Responsibilities of Coordination of Community Services (CCS) Agencies

CCS agencies help consumers and their families learn about and gain access to resources in their community, to plan for their future, and to access needed services and supports. The CCS agencies ensure that consumer's needs are met, preferences are honored, and that IPs are updated and services changed to correspond with the needs of the consumer.

The CCS agencies are responsible for staying in contact with the consumer through scheduling in-person visits, calling, and emailing. DDA requires CCS agencies to maintain acceptable caseworker-to-client ratios between 1:40 and 1:50. According to DDA's records, 15 of the 17 CCS agencies had caseworker-to-client ratios within the acceptable range or better as of December 31, 2017. The 2 CCS agencies that did not have acceptable caseworker-to-client ratios were deemed to be temporary conditions, the result of staff turnover at two small local health departments.

Each CCS agency, under contract to DDA, is to perform the following specific functions to provide the checks and balances necessary for a consumer's health, welfare, and overall program integrity:

- Assess a consumer's needs, help with person-centered planning, and assist with the development of the initial and annual individual plan (IP) and budget (the cost of implementing the IP);
- Identify community resources to help the consumer;
- Verify that all services anticipated by the IP are eligible for the *Community Pathways Waiver*;
- Assist with required annual Medicaid eligibility reassessments (such as, obtaining financial information from consumers to enable the reassessments);
- Verify that all services are important for the consumer's outcomes and goals; and
- Monitor that services (as per the IP) are being delivered appropriately and that funds are being spent correctly.

The results of CCS agency monitoring efforts are documented on DDA provided forms, which are prepared for either a comprehensive quarterly review or a selective focused review (see descriptions of these reviews on the next page), and supported by case notes taken by the CCS agency employee and the time worked with each consumer as recorded in DDA's Provider Consumer Information System II (PCIS2)³. CCS agencies are paid based on rates established in State regulations and there is a maximum number of units (defined as 15 minutes of service) that can be billed annually unless otherwise authorized by DDA. During fiscal year 2017 and 2018, the established billing rates were \$17.99 and \$18.61 per unit, respectively.

CCS agency activities are categorized as either, 1) development and periodic revision of the IP; 2) monitoring and follow-up activity; or 3) referral and related activities; with monitoring and follow-up activities comprising the majority of the activities performed by the CCS agencies. The primary purpose of these activities is to assess whether required services are being rendered and whether consumers are making progress towards the goals and intended outcomes identified in their IPs. State regulations require monitoring and

³ DDA is in the process of replacing PCIS2 with MDH's Long Term Services and Supports (LTSS) System. LTSS is an integrated care management tracking system to improve DDA's financial platform and oversight of providers. LTSS will transition DDA from a prospective to a reimbursement payment model and it is intended to enhance DDA's ability to monitor providers' (including CCS agencies) efforts to help ensure that consumers' needs are adequately met. Implementation of the LTSS began in August 2018.

follow-up activities to include at least one face-to-face contact per quarter in the consumer's service delivery settings. The CCS agency makes additional contacts with each consumer throughout the year, as the agency deems necessary.

CCS agencies complete a monitoring form in PCIS2 to document the results of each monitoring and follow-up activity. These monitoring forms are designated as either a comprehensive (a term used to describe the quarterly face-to-face meetings) review or a focused review.

- **Comprehensive (Quarterly) Reviews** – These reviews are designed to satisfy the aforementioned quarterly review requirement established by State regulations and, according to DDA, are to include an evaluation of whether the individual has received all services identified in the IP; whether the goals have been implemented as identified in the IP; whether progress has been made towards the goals; and whether the consumer is receiving the staffing ratios identified in the IP. During these reviews the CCS will also assess other areas, such as the consumers' health and welfare, Medicaid eligibility, and any unexpected events reported by the consumer or service providers since the prior contact that had not been previously addressed by the CCS agencies.
- **Focused Reviews** – These reviews are narrower in scope than the quarterly reviews. They would be initiated by, and primarily document, changes in consumers' current circumstances, such as changes in services or demographics. CCS agencies are not required to verify the provision of services or comment on consumers' progress during focused reviews.

Utilization Reviews Required by DDA's Approved Medicaid Waiver

The *Community Pathways Waiver* requires DDA to implement billing validation processes to ensure that only valid billings, which would include those from CCS agencies and service providers, are included in its claims for federal funds. DDA's billing processes are beyond the scope of this performance audit, but subject to review during our regular fiscal compliance audit. Nevertheless, we did note during the course of this audit that, although DDA stated in its July 2013 waiver application that it contracted with an independent third party to conduct performance utilization audits, no utilization review audits have been performed since fiscal year 2013. DDA advised us that it planned to hire a vendor to conduct these utilization audits, which will consist of reviewing documentation from service providers to ensure that services were provided in support of the billings included in the

claims for federal funds. DDA issued a request for proposal for these services on June 7, 2018.

Audit Scope, Objectives and Methodology

Audit Scope

We conducted a performance audit of the Developmental Disabilities Administration's (DDA) monitoring of its Coordination of Community Service (CCS) agencies for the purpose of assessing whether the CCS agencies were ensuring that individuals with developmental disabilities (consumers) received the required services from providers.

This audit was initiated as a result of concerns identified during our past three fiscal compliance audits of DDA regarding inadequate monitoring of CCS agencies. Specifically, we determined that DDA was not adequately monitoring the CCS agencies who were to ensure that consumers received the required services from providers of developmental disabled services (such as, residential, supported employment, day habilitative). These audits disclosed there was a lack of evidence (such as, case notes) from the CCS agencies that they had verified the delivery of required services to consumers.

The scope of our current audit was limited to DDA's monitoring of CCS agencies who were to ensure that consumers received the required services (based on a consumer's individual plan (IP) of services to be provided) from providers. We did not assess the necessity or appropriateness of the services identified in the IPs and we did not assess the propriety of amounts billed by service providers for these services.

We conducted this audit under the authority of the State Government Article, Section 2-1221 of the Annotated Code of Maryland and performed it in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Audit Objectives and Methodology

Our audit included the following three objectives:

1. To determine if consumer IPs were prepared and updated in accordance with State regulations.

2. To determine if DDA had established appropriate guidance for CCS agencies related to their monitoring of consumers.
3. To determine if DDA effectively monitored its CCS agencies to ensure that those agencies were verifying that consumers were receiving the required services in accordance with their IPs.

To accomplish our objectives, we conducted interviews of DDA employees, as well as employees at certain CCS agencies. In addition, we reviewed DDA's Provider Consumer Information System II records, including consumer IPs and documentation related to CCS agency monitoring activities (such as monitoring forms, case notes, and certain documentation from service providers). We conducted our audit fieldwork from December 2017 to April 2018.

More detailed descriptions of the specific objectives and related methodologies, including the time periods covered by our test work, are discussed in the Findings and Recommendations section of this report.

Findings and Recommendations

Objective 1 — Individual Plan Preparation and Updates

Objective and Methodology

Our objective was to determine if consumer individual plans (IPs) were prepared and updated in accordance with State regulations.

To accomplish this objective, we reviewed State laws and regulations to determine the requirements for consumer IPs and, from DDA staff, obtained an understanding of the related requirements for completing and updating consumer IPs based on the requirements of the Coordination of Community Services (CCS) agencies contracts. Additionally, we interviewed personnel at six CCS agencies (consisting of five private CCS agencies and one of the local health department CCS agencies) to determine their respective procedures for completing and updating consumer IPs. Finally, we performed a test of 50 consumers using the IP records contained within DDA's Provider Consumer Information System II (PCIS2) to determine if DDA effectively ensured that consumer IPs were prepared and updated in accordance with State regulations. We randomly selected the 50 consumers from PCIS2 records of active consumers as of December 31, 2017. These 50 consumers were serviced by 6 of the 17 CCS agencies under contract as of December 31, 2017.

Our specific test attributes were to determine if, at the time of our test, each IP was updated within one year of the previous IP date and adequately addressed the CCS agency's performance of the following requirements contained in State regulations⁴:

- Consumer's strengths and needs are identified
- Consumer's preferences and desires identified
- Specific services to be received are identified
- Behavior plan is included (if applicable)
- Staffing ratios for each service are identified
- Measurable goals for the completion of outcomes are identified
- Goals have target completion dates
- Goals include implementation strategies and dates
- Goals include a description of how it will be monitored

⁴ State regulations (COMAR 10.22.05.02(B)) details the fourteen Individual Plan requirements. We tested 13 of the 14 requirements in Objective 1. The other requirement – documentation of progress toward the achievement of goals – was tested in Objective 3.

- Identification of individuals responsible for providing supports, services, implementation, and monitoring of the plan
- Documentation that the consumer was involved in the development of the plan and agrees with the plan
- Determination of whether the needs of the consumer could be met in a more integrated setting
- If applicable, for consumers residing in a State residential center, the written plan of habilitation consists of certain requirements

Conclusion

Our test results disclosed only minor issues with timely updates to 5 of the 50 tested consumer's IPs, while for 45 of the test items all attributes were addressed and updated timely. Therefore, we concluded that the tested consumer IPs were generally prepared and updated in accordance with State regulations.

Objective 2 — Monitoring Policies and Procedures

Objective and Methodology

Our objective was to determine if DDA had established appropriate guidance for CCS agencies related to their monitoring of consumers.

To accomplish this objective, we interviewed DDA staff to obtain an understanding of its expectation for CCS agency monitoring and reviewed the guidance DDA had issued to the CCS agencies to direct this monitoring. This included a review of DDA's standard contract with CCS agencies, applicable State regulations, and various policy manuals issued by DDA. Finally, we interviewed personnel from 5 private CCS agencies and 1 of the 12 local health department CCS agencies (selected based on the material number of consumers served and the related budget for the services provided) to determine their processes for ensuring consumers received the required services in accordance with DDA's guidance.

Conclusion

DDA did not establish appropriate guidance in its policies and procedures on the monitoring responsibilities of CCS agencies regarding the sufficiency of quarterly comprehensive monitoring forms, which serve as evidence of monitoring actions and are required by State regulations.

Finding 1

DDA's guidance to and training of CCS agencies on consumer monitoring responsibilities did not contain clear instruction about the level of detail required to complete the monitoring forms and did not address specific documentation the CCS agencies should obtain when conducting the reviews.

Analysis

Although DDA has issued guidance and provided training to CCS agencies on completing quarterly monitoring visits, this guidance did not provide clear instruction about the amount of supporting detail required to complete the related quarterly comprehensive monitoring forms. The guidance also did not describe the specific documentation the CCS agencies should review and/or obtain (such as, service provider records) when conducting the reviews. Additionally, this guidance did not include a requirement for CCS agencies to refer issues or concerns noted during these reviews to DDA (such as, consumers not receiving services).

We noted that similar issues regarding the need for clarification of CCS agencies' responsibilities have been previously brought to DDA's attention. Specifically, the National Association of State Directors of Developmental Disabilities Services issued a report in March 2015 on its review of DDA's functions and processes for coordination of community services (also known as targeted case management). This report contained a number of recommendations, including the need to establish a comprehensive CCS operations manual detailing the CCS agencies' specific administrative and operational responsibilities, and to clarify the CCS agencies' relationship to other stakeholders (including DDA, consumers, and service providers) to ensure that services are of good quality and that the consumer is healthy and safe.

Although DDA took certain actions in response to the report's recommendations to help ensure that quality services are delivered to consumers, these actions did not sufficiently address the aforementioned issues with the existing guidance to CCS agencies. Additional clarification and specificity regarding DDA's documentation requirements would enable DDA to readily determine if CCS agencies are complying with consumer monitoring requirements. As noted in Finding 2, our tests of CCS agency documentation (including quarterly monitoring forms) found a lack of evidence that CCS agencies were monitoring the delivery of consumer services in accordance with IPs.

Recommendation 1

We recommend that DDA develop clear and specific guidance for CCS agencies on the monitoring of consumer services and the completion of the related quarterly monitoring forms. For example, this guidance should identify specific documentation to be obtained during the reviews, the detail required to be included on the monitoring forms, and when to refer issues of concern to DDA.

Objective 3 — Monitoring of Coordination of Community Service Providers

Objective and Methodology

Our objective was to determine if DDA effectively monitored its CCS agencies to ensure that those agencies were verifying that consumers were receiving the required services in accordance with their IPs.

To accomplish this objective, we obtained an understanding of DDA's procedures to monitor the CCS agencies' oversight of consumer services and we performed a test using consumer IPs and the related quarterly monitoring visit documentation (as identified during work performed under Objective 2) to determine if CCS agencies verified that consumers received the required services identified in their IPs. For the purposes of completing this objective, DDA provided us with copies of the consumer files from PCIS2 (which we reviewed and found to be reliable for our audit purposes), and we obtained documentation from the service providers as needed.

Specifically, we used the PCIS2 consumer files to determine the dates that each quarterly comprehensive monitoring event was performed for all consumers receiving community coordination services as of December 31, 2017 in order to quantify the number of related monitoring forms completed. We then compared that result with the expected number of forms, which was calculated based on the number of consumers (each of whom under State regulations annually should have received four comprehensive monitoring visits by CCS agencies). We confirmed that these files were accurate and reliable for our audit purposes by comparing (on a test basis) the monitoring dates from the PCIS2 consumer files, on which we based our conclusions, to the actual quarterly comprehensive monitoring forms also recorded in PCIS2. Our review under this objective focused on consumer services received during calendar years 2016 and 2017.

Finally, we selected 30 current consumers for testing. Specifically, we reviewed the most recent quarterly monitoring visit for the appropriateness and evidence of actual service delivery. The consumers were judgmentally selected based on consumers with fiscal year 2018 budgeted services less than \$200,000 (most consumers had annual budgeted services less than \$200,000) and ensured that our selection represented the majority of CCS agencies and service types.

Conclusion

We determined that DDA did not adequately monitor the CCS agencies' efforts to determine whether the CCS agencies were ensuring that consumers received the required services from service providers. Nevertheless, when we reviewed service providers' support, we concluded that there appeared to be sufficient documentation to support the delivery of services.

DDA did not ensure that CCS agencies routinely completed quarterly comprehensive monitoring forms in PCIS2 to document face-to-face visits with consumers that are required by State regulations. Our analysis found that, over a two-year period, CCS agencies did not complete all eight quarterly monitoring forms for 97 percent of the approximately 15,000 applicable consumers. Over 50 percent of those consumers had 4 or fewer quarterly forms recorded. DDA advised that the majority of these monitoring forms were likely completed but not documented in PCIS2, but the CCS agencies could not supply the unrecorded quarterly forms for any of the 40 consumers we selected.

Although DDA implemented a limited review of completed monitoring forms to assess whether consumers received the required services, this review was not sufficiently comprehensive because DDA did not obtain service provider records. Furthermore, although DDA's review identified monitoring problems, DDA did not take immediate action to ensure the CCS agencies addressed the problems.

Our tests identified many instances in which the information recorded by CCS agencies on the quarterly comprehensive monitoring forms was insufficient to document the delivery of provider services. From our testing of 30 consumers with service budgets totaling \$1.8 million for fiscal year 2018, we determined, and DDA agreed, that the CCS agencies' documentation on the related monitoring forms for 22 consumers (with service budgets totaling \$1.3 million) was inadequate to support that consumers received services and/or were progressing toward achieving IP goals.

Finding 2

DDA did not adequately monitor CCS agencies' efforts to determine whether they were ensuring that consumers received the required services from providers.

Analysis

DDA did not adequately monitor CCS agencies' efforts to determine whether they were ensuring that consumers received the required services from providers as stipulated in their IPs. Specifically, DDA did not ensure that CCS agencies completed all quarterly comprehensive monitoring forms in PCIS2 to document face-to-face visits with consumers that are required by State regulations. We found that, for virtually all consumers tested over a two-year period, monitoring forms for at least one quarter were not recorded in PCIS2.

Additionally, although DDA implemented a limited review of completed monitoring forms to assess whether consumers received the required services, this review was not sufficiently comprehensive. Furthermore, although DDA's review identified monitoring problems, DDA did not take immediate action to ensure the CCS agencies addressed the problems. Nevertheless, our test of 30 consumers generally indicated that required services were being rendered based on available documentation, including information we obtained from the service providers.

DDA relies on its CCS agencies completing the comprehensive quarterly monitoring forms, which are to be posted to PCIS2 by the agencies, to help verify that consumers received the required services since the forms are supposed to contain extensive details regarding the services provided to consumers. For example, the CCS agencies are required to report whether the consumers received all specified services and whether progress was made on meeting the consumers' goals.

CCS Agencies Did Not Record Many Required Quarterly Monitoring Forms in PCIS2 to Document Consumer Visitations

Based on our analysis of monitoring data recorded in PCIS2 by the CCS agencies, we concluded that CCS agencies failed to record all eight required quarterly monitoring forms for 14,551 (97 percent) of the 15,024 consumers who received services continually during the two-year period ended December 31, 2017. As shown in Table 3, over 50 percent of the consumers had 4 or fewer quarterly forms recorded (8,618 of the 15,024 consumers tested, representing those with 4 to 8 missing forms).

Table 3
**Quarterly Monitoring Forms Recordation for 15,024 Consumers
 During Calendar Years 2016 and 2017**

	Count of Consumers	% of Total Count of Consumers	
All Forms Not Recorded	737	5%	8,618 of 15,024 Consumers (57%) had 4 or fewer Quarterly Monitoring Forms Recorded
7 of 8 Forms Not Recorded	1,309	9%	
6 of 8 Forms Not Recorded	1,855	12%	
5 of 8 Forms Not Recorded	2,293	15%	
4 of 8 Forms Not Recorded	2,424	16%	
3 of 8 Forms Not Recorded	2,414	16%	14,551 of 15,024 Consumers (97%) did not have all 8 Quarterly Monitoring Forms Recorded
2 of 8 Forms Not Recorded	2,175	15%	
1 of 8 Forms Not Recorded	1,344	9%	
All Forms Were Recorded	473	3%	

Source: DDA's Records from PCIS2

DDA advised us that the majority of the missing quarterly monitoring forms were likely completed but never recorded in PCIS2. To assess the reasonableness of this explanation, we requested that DDA investigate 40 consumers with no quarterly monitoring forms recorded in PCIS2 to determine if the CCS agencies could locate any of the missing forms. We judgmentally selected these 40 consumers since they had the most material fiscal year 2018 service budgets of the consumers with no monitoring forms (and likely would have been receiving multiple services) and were receiving monitoring at four of the private CCS agencies⁵. Ultimately, none of the four CCS agencies were able to provide any of the requested documentation.

⁵ The fifth private CCS agency did not have any consumers with all 8 quarterly monitoring forms missing; therefore, they were not included in this selection.

Assessment of DDA's Limited Review of Service Delivery

We were advised that in response to our prior fiscal compliance audit report, DDA implemented a limited quarterly review process of CCS agencies' service delivery monitoring efforts. DDA further advised that its first such review to determine whether 100 consumers (less than 1 percent of the consumer population) received the services identified in their IP only focused on the information recorded by the CCS agencies in PCIS2 for their quarterly monitoring efforts. DDA did not obtain service provider records (which are primarily in the service providers' custody) to assess whether the services had actually been provided, even though these records were readily attainable from providers for review. Additionally, DDA advised us that its review found that quarterly monitoring forms recorded in PCIS2 were not sufficiently detailed, but there was no evidence that immediate action had been taken, such as contacting the CCS agencies about the results and requiring corrective actions. At the time of our review, DDA also advised us it intended to schedule CCS agency training at a future date.

Assessment of Completed Monitoring Forms

We performed a test of the most recently completed quarterly monitoring form (generally during the period from October 2016 to January 2018) for 30 judgmentally-selected consumers (related to 6 CCS agencies), with fiscal year 2018 service budgets totaling approximately \$1.8 million. The service budgets for these 30 consumers were primarily for residential, personal supports, day habilitative, and supported employment services. We concluded that the monitoring forms for 22 consumers, with service budgets totaling \$1.3 million, did not contain sufficient detail to support the CCS agencies' conclusions that the consumers received the required services or made progress on their identified goals.

In most of the 22 cases, the forms simply had boxes checked off as "Yes or No" to indicate that services were or were not being provided in accordance with the consumer's IP and that the consumer was or was not making progress on their goals. However, these forms did not provide detailed comments or explanation regarding these overall assessments made by the CCS agencies or if changes should be made to help the consumers achieve their goals. DDA management agreed with our assessment that these monitoring forms were not adequately completed and that the forms should have contained detailed comments regarding the consumer's progress on achieving the personal outcomes and goals identified in their IP, as well as the pertinent information obtained supporting these assessments. This situation may have been avoidable if, as noted in Finding 1, the CCS agency guidance contained clear instructions regarding the amount of detail and support required to be obtained and recorded in PCIS2.

Nevertheless, we subsequently obtained documentation (such as service logs and time records) from the service providers for these 22 consumers to support that the required services were provided. Therefore, we concluded that these 22 consumers were receiving the required services even though the CCS agencies' quarterly monitoring forms did not contain sufficient detail to support this fact.

Finally, from our test we found that service-delivery issues noted during these comprehensive reviews were not referred to DDA. For example, one CCS agency identified that a consumer had not attended day habilitative services for two months. However, the CCS agency did not provide an explanation as to the cause or document that it had notified DDA for possible follow-up. DDA agreed that it had not been notified.

Recommendation 2

We recommend that DDA

- a. establish a process to ensure that all CCS agencies' quarterly monitoring forms are completed as required for each consumer;**
- b. ensure that the CCS agencies' comprehensive quarterly monitoring forms contain detailed comments regarding the consumer's progress on achieving personal outcomes and goals; and**
- c. revise its quarterly monitoring review process to include a confirmation that the information recorded on the CCS agencies' comprehensive quarterly monitoring forms is accurate and include an indication that records from service providers were reviewed, including assurances that consumers received the required services as identified in their IPs.**

Exhibit 1

Definitions of Developmentally Disabled Services

Service Type	Definition
Residential	Community residential habilitative services help consumers learn the skills necessary to be as independent as possible. Services are provided in either group homes or alternative living units (ALU). ALUs are licensed residential services providing 10 or more hours of supervision per week for up to three people. Examples include: training in self-help, daily living, self-advocacy, and survival skills; mobility training to maximize use of public transportation; learning correct social behaviors and how to handle money; and transportation to and from medical appointments.
Day Habilitative	Teaches skills for employment and/or community living. The service is designed for each individual's goals for employment. Consumers take part in activities in places other than your home for the majority of the day. Day habilitative includes a yearly assessment of employment goals and what barriers a consumer might face to employment and community integration. Examples include: 1) Physical therapy, 2) Occupational therapy, 3) Nursing Services, 4) Speech pathology, 5) Social services, 6) Special diets, exercise, and preventive activities, 7) Transportation.
Personal Supports	Hands-on assistance to perform a task or reminding a consumer to perform a task. These supports are provided in the consumer's home, family home, in the community, and/or at a work site. Examples of Personal Support Services include the following: 1) Bathing, 2) Toileting, 3) Mobility - including transferring from a bed, chair, or other place and moving about indoors and outdoors, 4) Moving, turning, and positioning the body while in bed or in a wheelchair, 5) Eating and preparing meals, 6) Dressing and changing clothes, 7) Light housework including laundry, 8) Care of adaptive devices, 9) Support, supervision, and training may be provided in such activities as Housekeeping, Menu planning, food shopping, meal preparation, eating, personal care and assistance with hygiene and grooming
Supported Employment	Employment in a work place in the community where the majority of individuals do not have disabilities. The services are designed to assist the consumer with accessing and maintaining paid employment in the community. Examples include the following: 1) Job coaching and counseling, 2) Worksite visits, 3) Ongoing evaluation, 4) Monitoring your performance, 5) Training in acclimating to or acceptance in the workplace.
Self-Directed Financial Management	This is a service delivery method that allows consumers that wish to exercise more choice, control, and authority over their supports. A support broker and a fiscal management service are provided in addition to the CCS agency. Self-direction gives consumers and families greater control over the services they receive, how they receive them, and who provides them. Consumers must be willing to take on the responsibility of managing their services and have responsibility for the following: 1) Control of budget for the purchase of services and support, 2) Select and arrange for the services and supports, 3) Responsibility as the employer for the service providers the consumer hires, trains, and supervises.
Individual Support Services	Assistance provided to enable a consumer's participation in the community. These services use available resources in the community while, at the same time, building on existing network support. Examples include the following: 1) Assistance locating and accessing education, recreational and social activities, and roommates of the individual's choosing 2) Providing training related to finances, including money management, banking, and tax preparation 3) Training, facilitating opportunities and accompanying the consumer to require self-advocacy and independent living skills.
Community Learning Services	Community learning services are activities, special assistance, support, and education to help individuals whose age, disability, or circumstances currently limits their ability to be employed and/or participate in activities in their communities. They assist the consumer in developing the skills and social supports necessary to gain, retain, or advance in employment. Examples include the following: 1) Self-determination or Self-advocacy training, 2) Workshops and classes, 3) Peer Mentoring, 4) Volunteer Activities, 5) Activities that promote health and socialization.
Other	Includes Individual Family Care Services, Family Supports Services, Innovative Service Program, and Employment Discovery/Customization.

APPENDIX



MARYLAND
Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

December 19, 2018

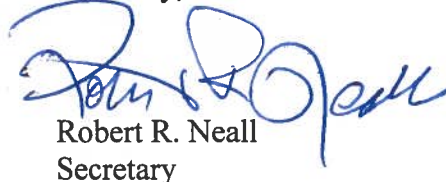
Mr. Gregory A. Hook, CPA
Legislative Auditor
Office of Legislative Audits
301 W. Preston Street
Baltimore, MD 21201

Dear Mr. Hook,

The Maryland Department of Health (MDH) Developmental Disabilities Administration (DDA) received your draft audit report dated December 2018. The performance audit covered DDA's monitoring of its Coordination of Community Service (CCS) agencies for the purpose of assessing whether the CCS agencies were ensuring that individuals with developmental disabilities received the required services from providers. Please see the attached report which documents MDH/DDA's formal response to the finding and recommendation.

If you have any questions or require additional information, please do not hesitate to contact me at 410-767-4639 or Frederick D. Doggett, Inspector General, at 410-767-0885.

Sincerely,



Robert R. Neall
Secretary

Enclosure

cc: Dennis R. Schrader, Chief Operating Officer, MDH
Frederick D. Doggett, Inspector General, MDH
Bernard Simons, Deputy Secretary, DDA

**Maryland Department of Health
Developmental Disabilities Administration
December 2018**

Agency Response Form

Background Information

Agency Response	
Analysis	Factually Accurate
Please explain any concerns with factual accuracy.	No concerns with factual accuracy.

Finding 1

DDA's guidance to and training of CCS agencies on consumer monitoring responsibilities did not contain clear instruction about the level of detail required to complete the monitoring forms and did not address specific documentation the CCS agencies should obtain when conducting the reviews.

Recommendation 1

We recommend that DDA develop clear and specific guidance for CCS agencies on the monitoring of consumer services and the completion of the related quarterly monitoring forms. For example, this guidance should identify specific documentation to be obtained during the reviews, the detail required to be included on the monitoring forms, and when to refer issues of concern to DDA.

Agency Response			
Analysis	Factually Accurate		
Please explain any concerns with factual accuracy.	No concerns with factual accuracy.		
Recommendation 1	Agree	Estimated Completion Date:	02/28/2019
Please provide details of corrective action or explain disagreement.	<p>DDA concurs with the finding. The DDA currently has specific guidelines for the monitoring and follow-up of Person-Centered Plans (previously called the Individual Plan or IP) which detail how monitoring of the plans should be documented, and how to document needed revisions to the plan when progress has not occurred. This guideline was issued in February of 2014.</p> <p>On August 1, 2018, Release 1 of DDA functionality in the Maryland Long Term Services and Support (MDLTSS) system became operational. Release 1 includes intake and eligibility, Person Centered</p>		

**Maryland Department of Health
Developmental Disabilities Administration
December 2018**

Agency Response Form

	<p>Plan development and monitoring, and CCS agency billing. The Monitoring and Follow Up forms are auto-generated by MDLTSS on a quarterly basis. The form includes sections related to demographic information, contacts, date of visit, any changes in status, service provision, individual satisfaction, progress of outcomes, and health and safety. Based on data entry to these sections, follow up action may be required and will be noted in the Recommended Action section which can include items specific to service provision.</p> <p>Recorded webinar training on how to complete the Person-Centered Plan document and monitor plan progress are being created in a module format to be completed by February 2019, and all CCS's must demonstrate successful completion of the training module as evidenced by achieving a passing score. The CCS will be required to seek support from the DDA for any documented instance where they identified goals that were not implemented by the service provider. On a weekly basis, the DDA Regional CCS staff will conduct a follow-up review of recommended actions. Required follow-up may include that the service provider submit a plan of correction to address failure to implement the PCP goals.</p>
	Agree

Finding 2

DDA did not adequately monitor CCS agencies' efforts to determine whether they were ensuring that consumers received the required services from providers

Recommendation 2

We recommend that DDA

- a. establish a process to ensure that all CCS agencies' quarterly monitoring forms are completed as required for each consumer;
- b. ensure that the CCS agencies' comprehensive quarterly monitoring forms contain detailed comments regarding the consumer's progress on achieving personal outcomes and goals; and
- c. revise its quarterly monitoring review process to include a confirmation that the information recorded on the CCS agencies' comprehensive quarterly monitoring forms is accurate and include an indication that records from service providers were reviewed, including assurances that consumers received the required services as identified in their IPs.

**Maryland Department of Health
Developmental Disabilities Administration
December 2018**

Agency Response Form

Agency Response			
Analysis	Factually Accurate		
Please explain any concerns with factual accuracy.	No concerns with factual accuracy.		
Recommendation a	Agree	Estimated Completion Date:	12/31/2018
Please provide details of corrective action or explain disagreement.	The LTSS system auto-generates the quarterly Monitoring and Follow-Up form for each person in service. The Monitoring Form Report specifically allows both the DDA and CCS agencies to review the completion status of the Quarterly Monitoring and Follow-up forms for each person served. This functionality enables DDA to improve its oversight and review of CCS activities. On a weekly basis, the DDA staff will review the report to ensure that the Monitoring and Follow-Up forms are completed for the people served by CCS agencies within the specified region.		
Recommendation b	Agree	Estimated Completion Date:	12/31/2018
Please provide details of corrective action or explain disagreement.	The LTSS auto-generated Monitoring and Follow Up forms include a section on the progress of outcomes. All sections of the forms must be completed by the CCS, to include detailed comments regarding outcomes/goal progress for the document to be successfully submitted. The CCS will upload evidence of service goal implementation with the form.		
Recommendation c	Agree	Estimated Completion Date:	12/31/2018
Please provide details of corrective action or explain disagreement.	A sample of the quarterly monitoring forms will be reviewed by the Regional DDA staff on a weekly basis, and a reliability check completed during a provider visit to ensure that the documentation accurately reflects plan implementation. The CCS will upload evidence of service goal implementation and review whether progress has been made. They will also upload documentation to verify the provision of services as authorized. If there is insufficient progress, the CCS will meet with the service provider to determine why progress is not being made. In every incident where there is no evidence of plan implementation, the CCS is required to notify DDA's Regional Office, who will be responsible for reviewing and requesting a plan of action from the identified provider. On a monthly basis or sooner as outlined in the plan, the Regional DDA staff will monitor outstanding plans of action with the CCS and provider to facilitate compliance.		

AUDIT TEAM

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