



Commonwealth of Massachusetts
Office of the State Auditor
Suzanne M. Bump

Making government work better

Official Audit Report – September 4, 2019

Greater Springfield Senior Services, Inc.

For the period July 1, 2016 through June 30, 2018





Commonwealth of Massachusetts
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Suzanne M. Bump

Making government work better

September 4, 2019

Ms. Jill Keough, Executive Director
Greater Springfield Senior Services, Inc.
66 Industry Avenue, Suite 9
Springfield, MA 01104

Dear Ms. Keough:

I am pleased to provide this performance audit of Greater Springfield Senior Services, Inc. This report details the audit objectives, scope, methodology, findings, and recommendations for the audit period, July 1, 2016 through June 30, 2018. My audit staff discussed the contents of this report with management of the agency, whose comments are reflected in this report.

I would also like to express my appreciation to Greater Springfield Senior Services, Inc. for the cooperation and assistance provided to my staff during the audit.

Sincerely,

A handwritten signature in blue ink, appearing to read "SMBump".

Suzanne M. Bump
Auditor of the Commonwealth

cc: Mr. Peter Schmidt, President, Board of Directors
Ms. Elizabeth Chen, Secretary, Executive Office of Elder Affairs

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LIST OF ABBREVIATIONS

APS	Adult Protective Services
CIU	Centralized Intake Unit
CMR	Code of Massachusetts Regulations
DA	district attorney
EOEA	Executive Office of Elder Affairs
GSSSI	Greater Springfield Senior Services, Inc.
PSA	protective services agency

EXECUTIVE SUMMARY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor has conducted a performance audit of Greater Springfield Senior Services, Inc.'s (GSSSI's) Protective Services Unit for the period July 1, 2016 through June 30, 2018. In this performance audit, we examined GSSSI's process for screening, investigating, documenting, and reporting incidents of abuse of elderly persons, executing service plans to assist abused elderly persons, and hiring caseworkers and supervisors for the Protective Services Unit.

Below is a summary of our findings and recommendations, with links to each page listed.

Finding 1 Page 12	GSSSI did not always report incidents of abuse to district attorneys' (DAs') offices for investigation.
Recommendation Page 13	GSSSI should establish monitoring controls to ensure that when investigations conclude and conditions reportable to a DA's office are identified, required documentation is prepared by caseworkers, reported to the DA's office within 48 hours, and documented in the Executive Office of Elder Affairs' (EOEA's) Adult Protective Services system.
Finding 2 Page 14	GSSSI did not always properly prepare, obtain, and maintain case documentation related to abuse of elderly persons.
Recommendations Page 17	<ol style="list-style-type: none">1. GSSSI should establish monitoring controls to ensure that case record documentation is properly prepared, obtained, and maintained in a timely manner, even in the event of increased caseloads and employee turnover.2. GSSSI should update its policies and procedures for documentation of case records.
Finding 3 Page 18	GSSSI did not always properly perform investigations of abuse of elderly persons.
Recommendation Page 21	GSSSI should establish monitoring controls to ensure that investigations are properly conducted in a timely manner, even in the event of increased caseloads and employee turnover.
Finding 4 Page 22	GSSSI did not always properly develop, execute, and reassess service plans to address elderly persons' needs.
Recommendation Page 24	GSSSI should establish monitoring controls to ensure that service plans are properly developed, executed, and reassessed, even in the event of increased caseloads and employee turnover.
Finding 5 Page 24	GSSSI hired two caseworkers for its Protective Services Unit who did not meet hiring qualifications, without obtaining a hiring waiver.
Recommendation Page 25	GSSSI should ensure that it only hires Protective Services Unit caseworkers with the required education or should obtain a hiring waiver from EOEA.

OVERVIEW OF AUDITED ENTITY

Greater Springfield Senior Services, Inc. (GSSSI) is a nonprofit organization in Springfield that is funded through contracts with the Massachusetts Executive Office of Elder Affairs (EOEA), federal funding, and private donations. According to its 2018–2021 *Area Agency on Aging Area Plan*,

[GSSSI's] mission is to help frail older adults and individuals with disabilities live at home safely and independently for as long as possible by providing assistance and access to a comprehensive range of services to them and their caregivers.

GSSSI has been providing services to eligible persons in the greater Springfield area since its establishment in 1972. GSSSI's Protective Services Unit is 1 of 20 protective services agencies (PSAs) across the Commonwealth that have been designated by EOEA to help receive and investigate reports of abuse of elderly persons. GSSSI also helps elderly persons seek services such as home care, shared living, home-delivered meals, money management, and adult foster care. GSSSI received approximately \$14.8 million from EOEA for fiscal year 2017 and approximately \$14.6 million for fiscal year 2018.

Protective Services Program

Section 5.02 of Title 651 of the Code of Massachusetts Regulations (CMR) defines protective services as “services which are necessary to prevent, eliminate or remedy the effects of Abuse to an Elder.” In addition to investigating allegations of abuse of elderly persons, these services include responding to emergency and/or rapid response¹ situations; pursuing protective orders if needed; petitioning courts for appointment of guardians or conservators for elderly persons; and arranging for home care, legal services, and counseling when necessary. As part of the agency's annual funding, GSSSI's Protective Services Program received state funding from EOEA of approximately \$1.6 million for fiscal year 2017 and \$1.5 million for fiscal year 2018.

EOEA's Adult Protective Services System

GSSSI uses EOEA's Adult Protective Services (APS) system as its system of record to document reports and investigations of alleged abuse of elderly persons. APS is a Web-based database system that is configured and maintained by EOEA. GSSSI's Protective Services Unit caseworkers use APS to document and maintain all case activity and referrals. GSSSI's Protective Services Unit supervisors use APS to

1. According to 651 CMR 5.02, “rapid response” refers to a “non-emergency, but urgent situation in which an Elder is living in conditions which present a . . . risk of Serious Physical Injury or emotional harm; or . . . immediate, substantial and irrevocable financial loss.”

manage case progress and deadlines and to document screening decisions and investigation dispositions, which are determinations of whether abuse has been substantiated as a result of investigations.

Protective Service Designation Review

In June 2016, EOEA performed a designation review of GSSSI's Protective Services Program. EOEA performs these reviews every one to three years to ensure that designated PSAs comply with 651 CMR 5 and the applicable Massachusetts General Laws based on standards EOEA uses in conjunction with that regulation. The designation review reports show that these standards comprise the areas of intake, screening, investigation, ongoing services, documentation, and supervision. During its review, EOEA found that GSSSI's investigations of abuse of elderly persons were not always conducted properly or in a timely manner and often lacked an appropriate level of supervision. EOEA also found that when it was determined that services would be provided based on abuse identified, GSSSI did not always develop service plans that addressed all areas of abuse. EOEA also determined that documentation often was not sufficient, clear, or completed in a timely manner.

As a result of the designation review, EOEA delayed GSSSI's re-designation until management submitted a corrective action plan and demonstrated to EOEA that the Protective Services Unit was making improvements. GSSSI was re-designated in March 2018 as a result of a follow-up designation review.

Screening of Abuse Reports

On June 30, 2017, EOEA began operating a Centralized Intake Unit (CIU) to receive reports of abuse of elderly persons. The CIU operates 24 hours a day, seven days a week.² Once an abuse report has been received by a worker at the CIU, it is entered in APS and then sent as an intake to the PSA closest to where the incident took place.

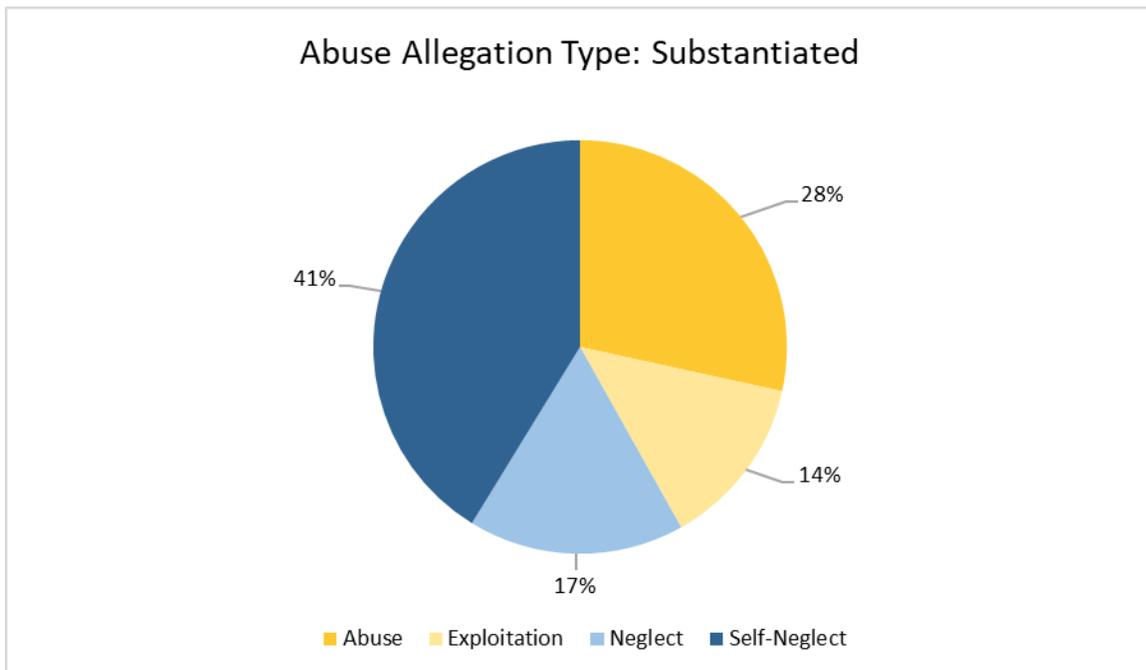
Since the CIU was implemented, all PSAs, including GSSSI, have been required to ensure that all intakes of alleged abuse of elderly persons received from the CIU are evaluated, or screened, immediately by a protective service supervisor or designated backup supervisor. According to 651 CMR 5.09, screening requires a supervisor to "determine the immediacy and severity of the alleged harm or risk, and the appropriate initial response," and the purpose of screening is "to determine whether the allegation

2. Before this system was introduced, each designated PSA was responsible for receiving reports of abuse of elderly persons directly from the public during business hours, and the statewide Elder Abuse Hotline took reports that came in after business hours.

constitutes a Reportable Condition” and “determine whether or not an Emergency, Rapid Response, or Routine response is needed.”

According to 651 CMR 5.02, reportable conditions include, but are not limited to, “abuse,” “physical abuse,” “sexual abuse,” “emotional abuse,” “neglect,” “self-neglect,” and “financial exploitation.”

The chart below shows the percentages of the four unique types of abuse allegations that were substantiated by GSSSI during the audit period.



If the supervisor determines that an emergency exists, s/he must immediately screen in the report and assign it for investigation. The emergency needs of the allegedly abused elderly person must be assessed within 24 hours after the report is received. If the supervisor determines that a report is related to a rapid response situation, s/he must immediately assign the report for investigation, and the needs of the elderly person must be assessed within 72 hours after the report is received. Finally, a routine response with a reportable condition, or non-emergency report, must be screened in within 48 hours of the receipt of the report. In all cases, the investigation must be completed within 30 calendar days.³ If

3. In spring 2016, EOE A piloted and implemented a change that required EOE A approval of extensions of investigation deadlines related to allegations of abuse of elderly persons.

the supervisor determines that there is no reasonable cause to believe⁴ that the allegations of abuse constitute a reportable condition, the report is screened out and not assigned for investigation. Reports that are screened out undergo expungement, a process that removes the report and any supporting information from APS one year and one day after they are entered in the system.

Investigations of Alleged Abuse

As a designated PSA, GSSSI is required to investigate information from reports of alleged abuse of elderly persons. Investigations include in-person visits to the residences of elderly persons who are the alleged victims of abuse and may include meeting with appropriate service agencies and, according to Section 18(a) of Chapter 19A of the General Laws, “individuals who have knowledge of the elderly person’s situation including the person filing the report,” referred to as collaterals. The law also states that if a PSA’s investigation determines that an elderly person is being abused, the PSA must “evaluate the elderly person’s functional capacity, situation, and resources” before developing a service plan (a written document that describes actions and services needed to prevent, alleviate, or eliminate the abuse of an elderly person).

At the conclusion of an investigation, if a caseworker determines that there is no reasonable cause to believe that a reportable condition exists, s/he concludes, with approval from a supervisor, that the allegations are unsubstantiated. This means that there is not sufficient evidence to conclude that the alleged abuse has occurred. Investigations of unsubstantiated allegations are subject to expungement from APS one year and one day after they and their supporting records are entered in the system. However, 651 CMR 5.12(1)(b) states that at the completion of an investigation, “where appropriate, the Protective Services Caseworker shall provide information and referral to the Elder regarding social, health, legal, or other services.”

Before January 13, 2017, when 651 CMR 5 was revised, elderly persons could refuse protective service investigations according to 651 CMR 5.11. However, as a result of the revision, elderly persons can no longer refuse investigations by protective service caseworkers. They can refuse to participate, but the PSA must still perform the investigation. After an investigation is conducted, an elderly person retains

4. According to 651 CMR 5.02, reasonable cause to believe is “a basis for judgment that rests on specific facts, either directly observed or obtained from reliable sources, that supports a belief that it is more probable than not that a particular event took place or a particular condition exists.”

the right to refuse services (e.g., home care or Meals on Wheels) if s/he possesses the decisional capacity⁵ to do so.

Referrals to District Attorneys' Offices

GSSSI investigates allegations of abuse in the greater Springfield area and must report investigations of substantiated, serious allegations of abuse to the district attorney's (DA's) office that covers the county where the abuse occurred. At the conclusion of an investigation, if an allegation of a reportable condition other than death is substantiated and meets the conditions of 651 CMR 5.19(2) for reporting to a DA, then GSSSI is required to submit a referral to the DA's office within 48 hours of the determination. Under the version of 651 CMR 5.02 in effect before January 13, 2017, reportable conditions other than death that required a DA referral included, but were not limited to, "brain damage," "fracture of a bone," "sexual assault," "symptoms resulting from the use of medications or chemical restraints," "financial exploitation which involves possible criminal conduct," and any other injury considered to be "non-trivial." If it is determined that the elderly person died because of the abuse, GSSSI must make an immediate referral to a DA's office. After a report of death, or a reportable condition other than death, has been filed, GSSSI must try to schedule a meeting with the DA's office to discuss any future action to be taken in the case.

Service Plans

Once GSSSI has investigated and substantiated an allegation of abuse of an elderly person, a Protective Services Unit caseworker, in consultation with his/her supervisor, develops a service plan to provide protective services to the person. Service plans are developed based on the elderly person's needs and describe the actions and services needed to eliminate or alleviate the abuse. These actions and services can be provided by caseworkers, caretakers, relatives, health service professionals, or others, depending on the elderly person's needs. Recommended services can include, but are not limited to, home-delivered meals, personal care, and money management services. According to 651 CMR 5.02, service plans must clearly state the problems contributing to the abuse; include specific, measurable steps to address each problem; and address all findings of abuse identified during the investigation or the ongoing casework. GSSSI must reassess these service plans at least once during the first month of service and at least once every three months thereafter; it must update the service plans to reflect any

5. According to 651 CMR 5.02, decisional capacity is an elder's ability to "understand and appreciate the nature and consequences of decisions . . . and . . . reach an informed decision while free from any apparent duress, intimidation, coercion, use of force, or threat of force by another."

changes made during these reassessments. According to 651 CMR 5.16, elderly persons who do not wish to receive protective services can refuse them, provided they have the decisional capacity to do so.

AUDIT OBJECTIVES, SCOPE, AND METHODOLOGY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor has conducted a performance audit of certain activities of Greater Springfield Senior Services, Inc. (GSSSI) for the period July 1, 2016 through June 30, 2018.

We conducted this performance audit 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.

Below is a list of our audit objectives, indicating each question we intended our audit to answer, the conclusion we reached regarding each objective, and where each objective is discussed in the audit findings.

Objective	Conclusion
1. Did GSSSI's Protective Services Unit prepare, document, and maintain case record documentation in accordance with Section 5.18(2) of Title 651 of the Code of Massachusetts Regulations (CMR)?	No; see Finding 2
2. Did GSSSI's Protective Services Unit screen and investigate allegations, develop and execute service plans, and make reports to district attorneys' (DAs') offices in accordance with 651 CMR 5.09, 5.10, 5.13, 5.18(1)(a)(5), and 5.19?	No; see Findings 1, 3, and 4
3. Were Protective Services Unit caseworkers and supervisors whom GSSSI hired qualified in accordance with 651 CMR 5.02?	No; see Finding 5

To achieve our audit objectives, we gained an understanding of the internal controls related to our audit objectives by reviewing applicable laws, regulations, and agency policies and procedures; conducting interviews; and performing walkthroughs of cases of abuse of elderly persons with GSSSI personnel.

We assessed the reliability of the data obtained from the Adult Protective Services (APS) system, which included interviewing knowledgeable personnel at the Executive Office of Elder Affairs (EOEA) and GSSSI about APS and testing the data for missing records or fields, duplicate records, invalid identifiers, and report dates outside our audit period. We tested APS's controls, which included security management, access control, and segregation of duties, and verified that configuration management and contingency

planning policies were in place during the audit period. Because of expungement practices, our review of cases of unsubstantiated allegations was limited to fiscal year 2018 cases. As a result of our data reliability analysis and information system control testing, we found that the data in APS were reliable for the purposes of our audit.

Case Record Documentation

We obtained GSSSI's data related to investigations of abuse of elderly persons (taken from APS) from EOE. We split the original population into investigations of substantiated and unsubstantiated allegations of abuse, with populations of 1,101 and 355, respectively.

We selected a statistical random sample of 60 investigations of substantiated allegations (with a 95% confidence level, a 5% tolerable error rate, and an expected error rate of zero) from a population of 1,101. We did not project the result to the entire population. We also selected a nonstatistical random sample of 40 investigations of unsubstantiated allegations from a population of 355. We tested both samples to determine whether GSSSI complied with the documentation requirements of 651 CMR 5.18(2). Because 651 CMR 5 was revised during our audit period, we used both versions for our testing, as necessary. We tested to determine whether each case record included the following:

- documentation regarding the screening of the report; the identity of the allegedly abused elderly person; the cause, nature, and extent of the abuse; and the identity of the alleged abuser/s
- a determination of the elderly person's decisional and functional capacity or mental status and documentation of his/her refusal to participate in the investigation or refusal of the investigation, if applicable
- documentation of activity conducted during the investigation, supporting facts to back up decisions made, actions taken, and projected timelines for proposed actions
- documentation of names and relationships of collaterals contacted and the date, type, location, and purpose of contact made
- descriptions of activities of others providing services or assistance to the elderly person, if applicable, as well as any supporting documentation obtained from outside sources
- documentation of a service plan; the elderly person's consent to, or refusal of, services; and timely supervisor approval of the service plan, if applicable (investigations of substantiated allegations only)

- timely supervisor approval of the completed investigation, timely case record documentation, and an investigation summary addressing all allegations

Casework Compliance

We also tested the same randomly selected investigations from our case record documentation tests to determine whether GSSSI complied with the requirements regarding the screening and investigation of reports of abuse of elderly persons, the development and execution of service plans, and reporting to DAs' offices, described in 651 CMR 5.09, 5.10, 5.13, 5.18(1)(a)(5), and 5.19. Because 651 CMR 5 was revised during the audit period, we used both versions for our testing, as necessary. We tested to determine the following:

- whether each screening decision was made in the correct timeframe based on response time (24 hours for emergency and rapid response situations, five days for other non-emergency situations)
- whether the investigation was initiated and initial contact was made with the elderly person in the correct timeframe
- whether evidence existed that the elderly person was notified of the investigation; interviews were conducted with other members of the person's household, if applicable; and the investigation was completed within 30 calendar days
- whether the service plan was developed within five business days after the investigation ended, a supervisor in the Protective Services Unit was involved in the development of the service plan, and the service plan was developed in consultation with the elderly person (investigations of substantiated allegations only)
- whether the service plan was reassessed during the first month of service and every three months thereafter, as well as whether a caseworker in the Protective Services Unit performed a home visit or an in-person interview with the elderly person once per month during the service plan and maintained contact with the person in accordance with the service plan (investigations of substantiated allegations only)
- whether evidence existed that a DA's office was notified immediately of deaths of elderly persons due to abuse and notified within 48 hours of reportable conditions other than death, and whether evidence existed that GSSSI released the full report to the DA's office and tried to schedule a meeting with the DA after the report was filed, if applicable (investigations of substantiated allegations only)

Protective Services Unit Hiring

We obtained a list of all Protective Services Unit personnel hired by GSSSI during the audit period from the GSSSI Protective Services Unit director, a second list of those personnel from GSSSI's Human

Resources manager, and a list of all active GSSSI Protective Services Unit employees from APS. We compared the lists for completeness. Additionally, we randomly selected 10 employees from the list obtained from APS, as well as their personnel files, and documented their dates of hire. We determined whether any of these employees were hired into the Protective Services Unit during our audit period. If they were, we verified that they were appropriately included on the lists of new hires from the audit period. We then verified that the dates of hire were accurate on the lists provided. We determined that the list of Protective Services Unit new hires provided by GSSSI's Human Resources manager was complete and accurate.

To determine whether Protective Services Unit caseworkers and supervisors hired by GSSSI were qualified in accordance with 651 CMR 5.02, we tested the entire population of 15 Protective Services Unit employees hired during the audit period by reviewing the 15 employee personnel files. Because 651 CMR 5 was revised during the audit period, we used both versions for testing, as necessary.

Except for our testing of substantiated cases, we used a nonstatistical sampling approach for our testing and therefore cannot project our results to the entire population.

DETAILED AUDIT FINDINGS WITH AUDITEE'S RESPONSE

1. Greater Springfield Senior Services, Inc. did not always report incidents of abuse to district attorneys' offices for investigation.

We reviewed 60 instances of substantiated⁶ allegations of abuse of elderly persons investigated by Greater Springfield Senior Services, Inc. (GSSSI) during the audit period and found 2 instances of alleged abuse that resulted in determinations of reportable conditions but did not have adequate, verifiable documentation in their case files in the Adult Protective Services (APS) system that reports were made to a district attorney's (DA's) office as required. Without making referrals to DAs' offices and adequately documenting them in APS, GSSSI cannot be certain that it has taken the necessary steps to ensure appropriate investigation, prosecution of alleged perpetrators of abuse, and mitigation of risks of abuse.

In both instances, case records indicated that a Protective Services Unit supervisor determined that a referral must be made to the DA's office. However, GSSSI was not able to verify or provide evidence that the referrals were ever made. One of these instances involved an elderly person who was a victim of extensive financial exploitation, which included theft and unauthorized credit card and bank account use, leaving the person with overdrawn bank accounts and a risk of eviction. The other instance was a case of substantiated allegations of physical abuse against an elderly person by the person's spouse. Although the case records did not contain evidence that these instances were reported to the DA's office as required, we found that the Protective Services Unit supervisor did approve the investigations and close out the cases.

Authoritative Guidance

Section 5 of Title 651 of the Code of Massachusetts Regulations (CMR) was updated during our audit period, as of January 13, 2017. The updates included slight changes to the language addressing the reporting of reportable conditions to DAs' offices. According to the version of 651 CMR 5.19(2) that was in place before the update,

If an Investigation results in a determination that the Elder has suffered a Reportable Condition(s) to the District Attorney as defined in 651 CMR 5.02, the Department or Protective Services Agency shall report such determination to the District Attorney of the County where the Abuse occurred. . . . A written report on a form provided by the Department shall be forwarded

6. An allegation of abuse of an elderly person is substantiated when it is determined, as the result of an investigation, that there is reasonable cause to believe abuse exists. If there is no reasonable cause to believe that abuse exists, the allegation is determined to be unsubstantiated.

to the District Attorney as soon as possible. The District Attorney may investigate and decide whether to initiate criminal proceedings.

The version of 651 CMR 5.19(2) effective after January 13, 2017 addresses the reporting of reportable conditions to DAs' offices as follows:

If a Reportable Condition is substantiated and an Investigation results in a determination that the Elder has suffered a Reportable Condition(s) other than death, the Department or Protective Services Agency shall report such determination within 48 hours to the District Attorney of the County where the Abuse occurred for further investigation.

The pre-update version of 651 CMR 5.02(2) was in place during the instance of financial exploitation discussed above. It defined financial exploitation as a condition reportable to a DA's office:

Conditions reportable to the District Attorney by the Protective Services Agency . . . shall include, but not be limited to, the following . . .

(m) Financial exploitation which involves possible criminal conduct, including but not limited to, the crimes of larceny by stealing, larceny by false pretenses, larceny from the person, larceny by embezzlement, larceny by check, forgery, uttering and extortion, and which possible criminal conduct substantially and seriously affects the financial situation of the Elder.

The version of 651 CMR 5.19(2) effective after January 13, 2017 applies to the instance of physical abuse:

Conditions Reportable to the District Attorney by a Protective Services Agency . . . shall include, but not be limited to, the following . . .

(h) Soft tissue swelling, skin bruising or tears, depending on such factors as the Elder's physical condition, circumstances under which the injury occurred, and the number and location of bruises.

Reasons for Noncompliance

GSSSI had not established adequate monitoring controls to ensure that its staff reported all substantiated allegations of reportable conditions to DAs' offices and maintained adequate documentation in APS for all DA referrals.

Recommendation

GSSSI should establish monitoring controls to ensure that when investigations conclude and conditions reportable to a DA's office are identified, required documentation is prepared by caseworkers, reported to the DA's office within 48 hours, and documented in APS.

Auditee's Response

Since completion of the audit period, it should be noted that the Commonwealth's Executive Office of Elder Affairs (EOEA) Protective Services department has improved the District Attorney (DA) reporting process through the creation of a pre-generated reporting document, as well as creating job aids and training through the EOEA Protective Services Bulletin.

In order to ensure all reports to the District Attorney's Office are filed in accordance with 651 CMR 5.19(2), GSSSI will establish a monitoring mechanism to ensure future issues do not occur.

GSSSI will update its policy on reporting to the DA and update training on DA reporting policy to ensure compliance with 651 CMR 5.19(2) and EOEA guidelines.

On June 3, 2019, GSSSI created the position of Protective Services Operations Coordinator (PSOC). One of the main functions of this position is to ensure quality assurance and improvement activities are developed and maintained on a consistent basis. The PSOC will extract data from individual Protective Services Workers (PSWs), as well as supervisory teams to determine the existence of trends. An action plan will be developed in consultation with supervisor(s), other GSSSI departments, and the Executive Director if necessary. The plan will include an assessment of the reasons for non-compliance and/or trends occurring. A plan will be developed and implemented in order to remediate any issues and assessed thereafter for effectiveness.

Furthermore, the [Protective Service Supervisors, or] PSSs will provide the PSOC a list of cases referred to the DA's office on a monthly basis. The PSOC will follow up with the District Attorney's office to determine status before the case is closed.

The [Protective Services Program Director] will conduct a mandatory re-training on the use of the DA reporting form on July 25, 2019.

Auditor's Reply

Based on its response, GSSSI is taking measures to address our concerns in this area.

2. GSSSI did not always properly prepare, obtain, and maintain case documentation related to abuse of elderly persons.

We reviewed 60 cases of substantiated allegations of abuse of elderly persons, and 40 cases of unsubstantiated ones, investigated by GSSSI during the audit period to determine whether GSSSI prepared, obtained, and maintained case record documentation. We identified the following issues:

- Six (10%) of 60 investigations where allegations were substantiated lacked documentation describing activity conducted during the investigation, 1 (1.7%) lacked documentation of facts supporting decisions made on cases, and 6 (10%) lacked documentation describing actions taken on the client's behalf during the investigation.

- In 25 (41.7%) of 60 investigations of substantiated allegations, and 15 (37.5%) of 40 investigations of unsubstantiated ones, we found instances where more than five business days lapsed before the caseworker documented his/her actions in the investigation or contact with the elderly person or other case participant.
- One (4.3%) of 23 applicable⁷ investigations of substantiated allegations, and 1 (16.7%) of 6 applicable investigations of unsubstantiated ones, lacked supporting documentation obtained from an outside source. In one instance, a police report had not been requested when it should have been, and in the other, a housing court agreement was said to be included in the case record but was not.
- Twenty (33.3%) of 60 investigation summaries for investigations of substantiated allegations, and 2 (5%) of 40 investigation summaries for investigations of unsubstantiated ones, were not properly completed. The identified issues comprised 4 cases where the caseworker's disposition, or determination, of the allegation did not match the supervisor's; 8 cases where the investigation summary did not address some or all of the allegations; and 10 cases where the investigation summary was not completed at all.
- Three (5.7%) of 53 applicable⁸ investigations of substantiated allegations, and 16 (40%) of 40 investigations of unsubstantiated ones, were not approved by the supervisor within five business days after they ended.
- Three (7%) of 43 applicable⁹ case records for substantiated allegations lacked documentation of the elderly person's consent to, or refusal of, services described in the service plan, and in 6 (10.7%) of 56 applicable¹⁰ case records for substantiated allegations, the service plan was not approved by a supervisor within five business days after a caseworker submitted it.

If GSSSI does not obtain and keep required records, and document and properly complete casework and case supervision in a timely manner, there is a risk that it will not address alleged abuse, which may be serious and threatening, in an appropriate and timely manner.

Authoritative Guidance

During our audit period, 651 CMR 5 was updated (as of January 13, 2017). The updates included slight changes to the requirements for documentation of case records related to abuse of elderly persons. According to the version of 651 CMR 5.18(2) that was in place before the update,

-
7. This requirement did not apply to the remaining investigations because no outside documentation had to be obtained in those cases.
 8. This requirement was introduced in the January 13, 2017 update of 651 CMR 5; the criterion did not apply to the other seven investigations because they were conducted before this date.
 9. This requirement did not apply to the other 17 investigations because the elderly persons in those cases lacked the capacity to consent.
 10. This requirement did not apply to the other four investigations because a service plan either was not needed or was refused by the elderly person in those cases.

Written documentation . . . shall be maintained in the Protective Services case record. . . . These forms shall be kept current to within five business days of contact or actions.

Case record documentation shall include, but not be limited to . . .

(b) Investigation information . . . in accordance with 651 CMR 5.10 . . .

(d) Progress notes [that] shall include, but not be limited to:

- 1. All activity conducted during the Investigation. . . .*
- 4. Documentation of facts to support casework decisions including options weighed, supervisory input, and rationales for decisions made.*
- 5. Actions taken on the client's behalf and projected time lines for proposed actions. . . .*

(e) Supporting documentation such as reports, evaluations, and Investigations obtained from case managers, nurses, doctors, lawyers, psychotherapists, police officers, coroners, and other professionals . . .

(g) Consent for services describing services provided or arranged. . . . The way in which consent was provided or refused . . . shall be documented in the progress notes.

The version of 651 CMR 5.18(2) effective January 13, 2017 states,

Case record documentation shall be kept current to within five business days of contacts or actions. Case record documentation shall include, but not be limited to . . .

(b) Investigation information . . . in accordance with 651 CMR 5.10 . . .

(d) Progress notes [that] shall include, but not be limited to:

- 1. All activity conducted during the Investigation. . . .*
- 4. Documentation of facts to support casework decisions including options weighed, supervisory input, and rationales for decisions made.*
- 5. Actions taken on the client's behalf and projected time lines for proposed actions. . . .*

(e) Supporting documentation such as reports, evaluations, and Investigations obtained from case managers, nurses, doctors, lawyers, psychotherapists, police officers, coroners, and other professionals . . .

(g) Consent for services describing services provided or arranged. . . . The way in which consent was provided or refused . . . shall be documented in the progress notes . . .

(h) Supervisory Review. Designated Protective Services Agencies shall monitor the overall provision and documentation of Protective Services through supervisory review of case records.

1. *When a Protective Services Caseworker submits a completed investigation for approval, a Protective Services Supervisor shall complete the approval process within five business days.*
2. *When a Protective Services Caseworker submits a completed Service Plan or Service Plan reassessment for approval, a Protective Services Supervisor shall complete the approval process within five days.*
3. *The Protective Services Supervisor shall document his or her review of the case record and approval of case actions in the progress notes.*

In addition, both before and after the update, 651 CMR 5.10(1)(f) required investigation summaries to include the following:

The Investigation summary shall address all allegations reported and all additional types of Abuse identified during the Investigation whether or not the completed Investigation resulted in Reasonable Cause to Believe that Abuse exists.

Reasons for Noncompliance

GSSSI had not established monitoring controls to ensure that its staff properly prepared, obtained, and maintained case record documentation. Additionally, GSSSI stated that turnover of Protective Services Unit personnel during fiscal year 2017, and increased caseloads due to changes in the intake and screening process in June 2017, led to delays in documenting and supervising cases. Finally, GSSSI had not updated its policies and procedures for documentation of case records to reflect the changes in this area in the January 13, 2017 update of 651 CMR 5.

Recommendations

1. GSSSI should establish monitoring controls to ensure that case record documentation is properly prepared, obtained, and maintained in a timely manner, even in the event of increased caseloads and employee turnover.
2. GSSSI should update its policies and procedures for documentation of case records.

Auditee's Response

During the audit period, GSSSI acknowledges the issue with meeting regulatory timeframes. In January of 2017, GSSSI, as an organization, underwent leadership changes which led to a more collaborative approach with the Executive Office of Elder Affairs relating to its Protective Services Department, as well as an analysis of existing systems and staffing models.

In March of 2018, a new Protective Services Program Director (PSPD) was hired with direct reporting responsibilities to the Executive Director (a change from the previous reporting structure). Since March of 2018, the department has undergone tremendous transformation from

an operational perspective, as well as a staff perspective. As of July 2019, the supervisory staff has increased 29% and additional PSWs by 37%, as well as the addition of PSOC and a Housing Specialist.

In April 2019, GSSSI increased its pay range for PSWs by 10% and increased its bi-lingual rate from 4% to 6% in order to help with staff retention.

Also noteworthy is the turnover in staff from every level within the department. While turnover is generally not desired, turnover needed to occur, in order to transition the culture of the department to a culture of accountability. As of May 2019, a designated PSW was taken off of new intakes, in order to focus on pending investigations from staff transitioning out of the department/agency. This change was implemented in order to ensure a smooth transition of the case and to avoid any gaps in coverage. Simultaneously occurring within the same time period, EOEA instituted mandatory basic Protective Services training for all Protective Service Staff across the Commonwealth. The ability to train new staff or retrain seasoned staff improves the unit's understanding of the regulations and how they should be applied in the field.

In order to further address issues in terms of the preparation and retention of case documentation, the Protective Services Program Director will include as part of her monthly quality assurance report, a section which ensures the rationale and allegation match, as well as a review of supporting documentation. The PSPD will also check the closure queue on a weekly basis to ensure investigations are approved in a timely manner. Any issues identified will be reviewed with the respective supervisor.

Auditor's Reply

Based on its response, GSSSI is taking measures to address our concerns in this area.

3. GSSSI did not always properly perform investigations of abuse of elderly persons.

We reviewed 60 instances of substantiated allegations of abuse of elderly persons, and 40 cases of unsubstantiated ones, investigated by GSSSI during the audit period and identified the following issues with the way GSSSI performed investigations of abuse of elderly persons.

- Four (6.7%) of 60 investigations of substantiated allegations, and 2 (5%) of 40 investigations of unsubstantiated ones, were not initiated within the assigned response time. Initiation of the investigation can include meeting with a supervisor, calling collaterals, or preparing to meet with the elderly person. In all 6 instances, the reports were screened in as "other non-emergency."
- In 2 (3.8%) of 53 applicable investigations of substantiated allegations, and 5 (16.1%) of 31 applicable investigations of unsubstantiated ones, the Protective Services Unit caseworker did

not initiate an in-home visit or other response with the elderly person within the correct timeframe based on the assigned response time.¹¹

- Twelve (20%) of 60 case records for investigations of substantiated allegations, and 2 (5.4%) of 37 applicable¹² case records for investigations of unsubstantiated ones, lacked evidence that the elderly person was notified in writing of the investigation and his/her right to review the protective service file.
- Six (20%) of 30 applicable case records for investigations of substantiated allegations, and 2 (13.3%) of 15 applicable case records for investigations of unsubstantiated ones, lacked evidence that the caseworker conducted interviews with other members of the elderly person's household.¹³
- Twenty-eight (46.7%) of 60 investigations of substantiated allegations, and 35 (87.5%) of 40 investigations of unsubstantiated ones, were not completed within 30 calendar days.

Without properly conducting investigations of abuse of elderly persons, workers and supervisors could reach incorrect conclusions, allowing the abuse to continue. Additionally, without timely investigations, there is a risk that the alleged abuse, which may be serious and threatening, will continue.

Authoritative Guidance

During our audit period, 651 CMR 5 was updated (as of January 13, 2017). The updates included slight changes to the requirements for investigations of abuse of elderly persons. According to the version of 651 CMR 5.10(2) that was in place before the update,

Process . . .

(b) For all reports screened as an Emergency the Protective Services Agency shall:

- 1. immediately initiate the investigation;*
- 2. assess the Emergency needs of the allegedly Abused Elder within 24 hours of the receipt of the report. This shall include determination of the need for an in home visit and/or other response, and initiation of this response, within five hours of the receipt of the report . . .*
- 3. complete the investigation within 30 calendar days.*
- 4. complete the Investigation within 30 calendar days.*

11. This requirement did not apply to the remaining investigations for various reasons, including the elderly person refusing protective services and the caseworker being unable to establish contact with the person although attempts were made.

12. This requirement did not apply to the remaining investigations because the caseworker was unable to establish contact with the elderly person in those cases.

13. This requirement did not apply to the remaining investigations for various reasons, including the elderly person living alone, the elderly person refusing protective services, and the caseworker being unable to establish contact with the person although attempts were made.

(c) For all reports screened as Rapid Response, the Protective Services Agency shall:

- 1. immediately initiate the Investigation;*
- 2. assess the Rapid Response needs of the allegedly Abused Elder within 72 hours of the receipt of the report. This shall include determination of the need for an in home visit and/or other response, and initiation of this response, within 24 hours of the receipt of the report . . .*
- 4. complete the Investigation within 30 calendar days.*

(d) For other non-emergency reports, the Protective Services Agency shall:

- 1. immediately initiate the Investigation;*
- 2. make the first home visit or in-person interview with the Elder as soon as possible, but within five days of the receipt of the report, in order to assess possible risk to the Elder;*
- 3. complete the Investigation within 30 calendar days.*

(e) During the home visit or in-person interview for either an Emergency or a non-emergency situation, written notification . . . shall be given to the Elder that an Investigation is being conducted and that she/he has a right to review the Protective Services file . . .

(f) [Interview] other members of the Elder's household.

The version of 651 CMR 5.10(2) effective January 13, 2017 states,

(b) For all reports screened as an Emergency a Protective Services Agency shall:

- 1. immediately initiate the Investigation;*
- 2. assess the Emergency needs of the allegedly Abused Elder within 24 hours of the receipt of the report. This shall include determination of the need for an in home visit and/or other response, and initiation of this response, within five hours of the receipt of the report . . .*
- 5. complete the Investigation within 30 calendar days.*

(c) For all reports screened as Rapid Response, a Protective Services Agency shall:

- 1. immediately initiate the Investigation;*
- 2. assess the Rapid Response needs of the allegedly Abused Elder within 72 hours of the receipt of the report. This shall include determination of the need for an in home visit and/or other response, and initiation of this response, within 24 hours of the receipt of the report . . .*
- 5. complete the Investigation within 30 calendar days.*

(d) For other non-emergency reports, a Protective Services Agency shall:

1. immediately initiate the Investigation;
2. make the first home visit or in-person interview with the Elder as soon as possible, but within five days of the receipt of the report in order to assess possible risk to the Elder;
3. complete the Investigation within 30 calendar days.

(e) During the home visit or in-person interview for either an Emergency or a non-emergency situation, written notification . . . shall be given to the Elder that an Investigation is being conducted and that she/he has a right to review the Protective Services file. . . .

(f) [Interview] other members of the Elder's household.

Reasons for Noncompliance

GSSSI had not established monitoring controls to ensure that it properly performed investigations of abuse of elderly persons. Additionally, GSSSI stated that turnover of Protective Services Unit personnel during fiscal year 2017, and increased caseloads due to changes in the intake and screening process in June 2017, led to delays in conducting investigations.

Recommendation

GSSSI should establish monitoring controls to ensure that investigations are properly conducted in a timely manner, even in the event of increased caseloads and employee turnover.

Auditee's Response

Since the audit period ended, the practice has been to document in the elder interview the Notice of Assessment (NOA) was given and if not, the PSW is required to provide an explanation. A formal policy will be implemented. PSOC will include as part of her quality assurance monitoring tool a check to ensure the NOA was given and if not, reasons why it could not be given. PSOC will inform PSPD of any instances when an NOA was not given and the PSPD will follow up with the respective PSS.

Compliance regarding response times is also monitored within monthly [quality assurance] review. PSWs are also required to bring new reports to their supervisor upon receiving them, in order to review the report so there is no delay in seeing the elder within assigned response times. Compliance regarding completing cases within the required thirty (30) days continues to be a focus of the [Protective Services, or] PS Unit. All regulatory timeframes will be monitored by PSOC and PSPD on a monthly basis.

Collateral contacts in a case are contacted on an as needed basis in each case. To determine whether a contact, even a member of the elder's household is contacted, the PSW needs to

determine if there is a connection between the collateral and the elder's situation and that speaking with the collateral will not increase the elder's current risk. PSPD and PSOC will continue to monitor for compliance in this area as well as documentation as to why collateral(s) were not contacted.

All timeframes related to investigations, service plans and visits with elders, as well as appropriateness of investigatory steps will be monitored and addressed through QA review by both the PSOC and PSPD.

Auditor's Reply

Based on its response, GSSSI is taking measures to address our concerns in this area.

4. GSSSI did not always properly develop, execute, and reassess service plans to address elderly persons' needs.

In our review of 60 investigations of substantiated allegations performed by GSSSI during the audit period, we identified issues with the way GSSSI developed, executed, and reassessed service plans for abused elderly persons. These issues included the following:

- One (2%) of the 49 applicable¹⁴ case records lacked documentation that the service plan was developed in consultation with the elder.
- Two (3.6%) of the 56 applicable¹⁵ case records lacked evidence of the Protective Services Unit supervisor's involvement in the development of the service plan. In addition, in 2 (3.6%) of 56 case records, the service plan was not developed within five business days after the investigation ended.
- Twenty-two (59.5%) of the 37 applicable¹⁶ case records lacked evidence that the service plan was reassessed during the first month of services.
- Eight (32%) of the 25 applicable¹⁷ case records lacked evidence that the service plan was reassessed every three months after the first month of services.

14. The requirement did not apply to the other 11 case records for various reasons, including the elderly person declining Protective Services involvement, GSSSI being unable to contact the person, and the person passing away.

15. The requirement did not apply to the other four case records because no service plan was created in those cases.

16. The requirement did not apply to the other 23 case records for various reasons, including services not lasting long enough to be reassessed, no service plan being developed, the elderly person refusing further services, and GSSSI being unable to contact the person.

17. The requirement did not apply to the other 35 case records for various reasons, including services not lasting long enough to be reassessed, no service plan being developed, the elderly person refusing further services, and GSSSI being unable to contact the person.

- Thirteen (36.1%) of the 36 applicable¹⁸ case records lacked evidence that the Protective Services Unit caseworker performed a home visit or in-person interview with the elderly person once per month while the service plan was in effect.
- Seven (21.2%) of the 33 applicable¹⁹ case records lacked evidence that the Protective Services Unit caseworker maintained contact with the elderly person in a manner that was consistent with his/her service needs and service plan.

Without properly developing, executing, and reassessing service plans, GSSSI may not provide the correct type and amount of services needed by elderly persons to prevent, eliminate, or remedy the effects of abuse.

Authoritative Guidance

According to 651 CMR 5.13,²⁰

The Service Plan shall:

- (1) be developed in consultation with the Elder and/or reflect the Elder's needs and wishes as much as possible . . .*
- (2) be developed in consultation with the Protective Services Supervisor;*
- (3) be developed within five business days following the completion of the Investigation; and*
- (4) be reassessed at least once during the first month of service. After the initial month, each Eligible Elder's need for services shall be reassessed at least every three months thereafter until such service(s) are no longer required.*

Additionally, 651 CMR 5.18(1)(a)²¹ states,

Throughout the provision of Protective Services Casework, the Protective Services Caseworker shall . . .

- 5. Maintain contact with the Elder consistent with the service needs and service plan of the Elder and at a minimum of one home visit or in-person interview per month.*

Reasons for Noncompliance

GSSSI had not established monitoring controls to ensure that it properly developed, executed, and reassessed service plans. Additionally, GSSSI stated that turnover of Protective Services Unit personnel

18. The requirement did not apply to the other 24 case records for various reasons, including services not lasting long enough to require a visit, no service plan being developed, and GSSSI being unable to contact the person.

19. The requirement did not apply to the other 27 case records for various reasons, including the elderly person lacking decisional capacity and GSSSI being unable to establish contact with him/her.

20. The wording is substantively the same for both versions of the regulation that were in effect during our audit period.

21. The wording is substantively the same for both versions of the regulation that were in effect during our audit period.

during fiscal year 2017, and increased caseloads due to changes in the intake and screening process in June 2017, led to delays in service plan reassessments.

Recommendation

GSSSI should establish monitoring controls to ensure that service plans are properly developed, executed, and reassessed, even in the event of increased caseloads and employee turnover.

Auditee's Response

Since April 2018, GSSSI's service plans contain home visit documentation regarding the elder's input. Service plan reassessments are included in the quality assurance monitoring tool utilized by the PS Operations Coordinator. Any issue will be reported to the PSPD and the respective PSS. The PSPD will include assessing whether or not the PSSs are approving the Service plan within 5 days as part of her quality assurance monitoring tool.

Auditor's Reply

Based on its response, GSSSI is taking measures to address our concerns in this area.

5. GSSSI hired two caseworkers for its Protective Services Unit who did not meet hiring qualifications, without obtaining a hiring waiver.

GSSSI hired two caseworkers into its Protective Services Unit during the audit period who did not have the required type of degree. According to the Executive Office of Elder Affairs (EOEA), GSSSI did not request hiring waivers for these employees. The hiring of unqualified caseworkers into the Protective Services Unit could result in mismanagement of investigations of abuse of elderly persons.

Authoritative Guidance

During our audit period, 651 CMR 5 was updated (as of January 13, 2017). This update includes changes to the qualifications specified in the definition of "protective services caseworker" under 651 CMR 5.02. The version that was in place before the update applied to both instances where Protective Services Unit caseworkers were hired without the proper qualifications:

Protective Services Caseworker. An employee of a Protective Services Agency who performs intake and/or Investigation and service planning and other Protective Services Casework functions under the Elder Protective Services Program and meets the following qualifications:

- (1) A Masters or higher degree . . . in social work, psychology, counseling, human development, nursing or gerontology . . .*

or

(2) A Bachelors degree . . . in social work, psychology, counseling, human development, or gerontology.

According to Section II(E)(F)(1) of EOEAs *Protective Services Supervisors' Manual*, a protective services agency may request a hiring waiver if a candidate does not meet the hiring qualifications of 651 CMR 5.02:

In certain limited instances, when a PSA has been unable to hire a candidate who meets the minimum qualification requirements . . . but has an otherwise viable candidate, the PSA may request a hiring waiver.

Reasons for Noncompliance

GSSSI's prior management who hired these caseworkers are no longer employed by GSSSI; therefore, we could not determine why these employees were hired despite not having the required type of degree.

Recommendation

GSSSI should ensure that it only hires Protective Services Unit caseworkers with the required education or should obtain a hiring waiver from EOEAs.

Auditee's Response

Since the leadership change in 2017, GSSSI has applied for waivers for two employees (November 15, 2018 and March 6, 2019) and received approval from EOEAs. GSSSI will continue to apply for waivers going forward in order to remain compliant with the regulations.

Auditor's Reply

Based on its response, GSSSI is taking measures to address our concerns in this area.