



# A PERFORMANCE AUDIT OF THE DIVISION OF FAMILY HEALTH AND PREPAREDNESS

SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE  
STAFF: RUSSELL FRANSEN

ISSUE BRIEF

## Summary

This issue brief follows up on all 21 recommendations made by the Legislative Auditor General in [A Performance Audit of the Division of Family Health and Preparedness](#). The Department of Health reports that it has implemented 20 or 95% of the 21 recommendations. The fiscal analyst disagrees that three of the 21 recommendations are completed. This brief is for informational purposes only and requires no Legislative action.

## Discussion and Analysis

### **Background**

The Legislative Auditor General provided 21 recommendations for the Department of Health in its [A Performance Audit of the Division of Family Health and Preparedness](#). As of January 2020, the Department of Health self-reported completing 20 or 95% of the 21 recommendations as per <https://le.utah.gov/interim/2019/pdf/00000786.pdf> and <https://le.utah.gov/interim/2020/pdf/00000957.pdf>.

The full report from the Department of Health available at <https://le.utah.gov/interim/2020/pdf/00000957.pdf> is in response to the following intent language passed by the Legislature in S.B. 2, *New and Current Fiscal Year Supplemental Appropriations Act*, from the 2019 General Session:

Item 186 – Health anticipated completing 21 of the 21 Recommendations by January 7, 2020.

*The Legislature intends that the Department of Health report to the Office of the Legislative Fiscal Analyst by January 7, 2020 on the status of all recommendations from "A Performance Audit of the Division of Family Health and Preparedness" that the Department of Health had anticipated finished implementing in its agency response to the legislative audit.*

The summary information in the sections below include the following information:

- 1) Self-reported status of recommendation by the Department of Health (completed or in-progress)
- 2) The quotes are the original recommendations from [A Performance Audit of the Division of Family Health and Preparedness](#).
- 3) Summary of action taken by the Department of Health.
- 4) Staff comments in *italics* (where applicable).

**Three Recommendations Where the Analyst Disagrees with the Agency's Completed Status Report**

1. Completed "We recommend the Bureau of Health Facility Licensing adopt efficiencies such as implementing an electronic surveying process, restructuring survey teams, and performing analysis on the benefits and costs of multiple surveyor locations." (Chapter 3, Recommendation #2)
  - a. In 2020 the federal government will move its data system to be web-based. This system may allow for implementing electronic surveys.
  - b. The department has begun sending individual surveyors where the workload is minimal.
  - c. The department plans to do more cost analysis of multiple surveyor locations.
  - d. *The fiscal analyst believes the status of this item should be reported as in-progress until an electronic survey process is implemented and a full cost analysis of multiple surveyor locations has been completed.*
2. Completed "We recommend that Baby Watch Early Intervention track and utilize data on service hours and service types for all program participants." (Chapter 4, Recommendation #4)
  - a. The program hired a data manager in June 2018.
  - b. *The fiscal analyst believes that efforts have been made but the intent of the recommendation has not been completed.*
3. Completed "We recommend the Bureau of Health Facility Licensing publicly post their survey findings online." (Chapter 3, Recommendation #4)
  - a. HFL's website has been developed and is being populated. The new system has taken longer than expected but has now been delivered. The new federal data system has not been released, but is being tested this will allow for further web based implementation of information.
  - b. *The fiscal analyst believes the status of this item should be reported as in-progress until the survey findings are online.*

**Status of Recommendations Reported as In-progress in Prior Reports**

1. In-progress "We recommend that the Division of Family Health and Preparedness develop and implement a plan to improve funding for Baby Watch Early Intervention and report annually their progress to the Social Services Appropriations Committee. This plan should include:
  - a. A cost-benefit analysis to determine if a fee schedule would be an improvement over the current bundled Medicaid payments,
  - b. a cost-benefit analysis of private insurance utilization, and
  - c. if private insurance is deemed cost-effective, the development of statutory language supporting private insurance billing." (Chapter 4, Recommendation #5)
  - d. The Baby Watch Early Intervention Program (BWEIP) was a selected state team in the ITCA Fiscal Initiative. The IDEA Infant and Toddler Coordinators Association (ITCA) partnered with the National Center for Systemic Improvement (NCSI) and the Early Childhood

Technical Assistance Center (ECTA) to support building capacity for Part C fiscal infrastructure. Other cost studies were discussed during the initiative. The last cost study was completed by BWEIP in 2014-2015. The recommendation that will be implemented by BWEIP is to complete a new cost study every 5 years. A professional services bid is being requested through state purchasing for a cost study to be completed in FY2020.

- e. BWEIP also explored private insurance billing as one of the team goals of the fiscal initiative. In order for Utah’s Baby Watch Early Intervention Program to bill third party insurance, the state must secure private insurance legislation to allow coverage for service of children enrolled in the Part C early intervention system
- f. *Does the Legislature want to “secure private insurance legislation to allow coverage for service of children enrolled in the Part C early intervention system” as the next step in implementing this recommendation?*

2. Completed “We recommend the Bureau of Health Facility Licensing improve efficiencies, then work with the Legislature to set an oversight standard for quality and survey duration and benchmark funding to that level.” (Chapter 3, Recommendation #3)
  - a. HFL has set quality standards at a two year average for licensing inspections, with increased presence for non-compliant providers. HFL’s current staffing is adequate to meet this level. At this point HFL is not seeking to retain fees but to keep with the current general fund allocation.
3. Completed “We recommend that Baby Watch Early Intervention update and clarify policies, utilizing stakeholder input throughout the process. Policy changes should include, but are not limited to, the use of background checks and data system changes.” (Chapter 4, Recommendation #2)
  - a. The Baby Watch Early Intervention Program has revised and updated all of their policies, as well as created a new policy for the Interagency Coordinating Council. The Comprehensive System of Personnel Development, Eligibility Criteria, Interagency Coordinating Council, Timely, Comprehensive, Multidisciplinary Evaluation & Assessment, and Transition policies went through two public hearings and ICC review, and received final approval from the Office of Special Education Programs on July 1, 2019. All current policies are available on the Baby Watch website at [utahbabywatch.org](http://utahbabywatch.org).
4. Completed “We recommend that the Division of Family Health and Preparedness develop a strategic plan and align this plan with updated Department and Bureau-level strategic plans.” (Chapter 5, Recommendation #1)
  - a. See <https://le.utah.gov/interim/2020/pdf/00001052.pdf>
5. Completed “We recommend that the Division of Family Health and Preparedness implement ongoing performance evaluations of all programs to ensure outcomes are achieved.” (Chapter 5, Recommendation #3)
  - a. All programs have been evaluated and each program now has individual performance measures in place, FHP has a Quality Assurance Specialist as well as each Bureau has a representative that works with the Department’s Office of Process Improvement to ensure the performance measures are correctly enhancing each program. Performance measures

have also been required for all programs working to initiate teleworking. See January report which includes the Division's Strategic Plan that includes many but not all of the performance measures for each program.

***Recommendations Reviewed in Prior Follow up Report***

The recommendations below were previously followed up in a prior report, see <https://le.utah.gov/interim/2018/pdf/00003956.pdf>.

1. Completed "We recommend Child Care Licensing develop clear policies regarding use of sanctions to address patterns of noncompliance." (Chapter 2, Recommendation #1)
2. Completed "We recommend Child Care Licensing clarify policies and procedures for the appeals process after consultation with their legal counsel, including a process for increasing monitoring during appeals." (Chapter 2, Recommendation #2)
3. Completed "We recommend policies for sanctions and appeals be made publicly available online." (Chapter 2, Recommendation #3)
4. Completed "We recommend the Bureau of Health Facility Licensing calculate and track the average time between surveys for each facility type to better understand their backlog." (Chapter 3, Recommendation #1)
5. Completed "We recommend the Bureau of Health Facility Licensing utilize statutory enforcement mechanisms that promote provider compliance and maximize state resources." (Chapter 3, Recommendation #5)
6. Completed "We recommend the Bureau of Health Facility Licensing thoughtfully adopt formal civil money penalty policies that can be consistently applied among providers." (Chapter 3, Recommendation #6)
7. Completed "We recommend the Bureau of Health Facility Licensing, along with the Health Facilities Committee, amend their administrative rules to align with current survey practices and utilize them to better enforce compliance." (Chapter 3, Recommendation #7)
8. Completed "We recommend the Bureau of Health Facility Licensing continue to work with providers to ensure their compliance with Utah Code 26-21-206 [Covered providers and covered contractors required to apply for clearance of certain individuals]." (Chapter 3, Recommendation #8)
9. Completed "We recommend the Bureau of Health Facility Licensing work closely with the Department of Human Services to better integrate DACS with the SAFE database to reduce background screening queues." (Chapter 3, Recommendation #9)
10. Completed "We recommend the Bureau of Health Facility Licensing adopt a policy detailing what would allow them to overturn a deniable offense during the first level of the appeals process." (Chapter 3, Recommendation #10)
11. Completed "We recommend that the staff of Baby Watch Early Intervention perform on-site monitoring of contracted providers to ensure quality of services." (Chapter 4, Recommendation #1)

- a. The BWEIP has completed onsite visits to all 16 EI programs, and a comprehensive audit report was developed for each program. In response to the audit reports, each EI program has completed a Quality Assurance Plan. Each program receives ongoing training and technical assistance from Baby Watch to ensure that quality EI services continue to be delivered throughout Utah. In addition, as warranted, follow-up onsite audits have been completed by the Department and BWEIP with EI programs where programmatic and fiscal concerns have been identified.
12. Completed “We recommend that the Legislature consider statutory changes to require background checks for Baby Watch Early Intervention providers.” (Chapter 4, Recommendation #3)
  13. Completed “We recommend that the Division of Family Health and Preparedness ensure all bureau strategic plans include meaningful and measurable outcome metrics.” (Chapter 5, Recommendation #2)

The Department of Health also provided two additional resources discussing its compliance with recommendations from the legislative audit, see <https://le.utah.gov/interim/2018/pdf/00003160.pdf> and <https://le.utah.gov/interim/2018/pdf/00003162.pdf>.