



Department of Health

Help Me Grow – Home Visiting Program

Audit

Audit Period: July through September 2018

Results Summary:

Objective	Conclusion
Family Enrollment Monitoring to Ensure Eligibility Requirements are Met	Improvement Needed
Central Intake and Provider Monitoring	Improvement Needed
Disbursements	Well-Controlled with Improvement Needed

* Refer to Appendix A for classification of audit objective conclusions.



Executive Summary

Background

Help Me Grow is a voluntary family support program for pregnant women or new parents. Offered in every county of the State through a well-established network, Help Me Grow is an evidence-based program that promotes healthy growth and development for babies and young children. The Help Me Grow Home Visiting Program is the State's parenting education program for expectant, first-time, and other parents at highest risk for poor child outcomes. The budget provides funding of \$20 million from General Revenue Funds in state fiscal year 2019. Additionally, during the period July through September 2018, ODH distributed approximately \$1 million in federal Maternal, Infant, and Early Childhood Home Visiting funds used to expand HV services. HV aims to educate at-risk parents with the resources to understand and capitalize on the optimal early years of a child's life. The HV program has four central goals: 1) Increase healthy pregnancies, 2) Improve parenting confidence and competence, 3) Increase family connectedness to community and social supports, and 4) Improve child health, development, and readiness. ODH estimates that 10,500 families will be served in each fiscal year. For state fiscal year 2019, funds will be provided to 71 provider agencies to administer and monitor evidence-based home visiting services. At least 85% of program capacity at the provider level is required to be used to serve first-time expectant mothers and first-time mothers with a child under six months of age with a family income below 200% of the federal poverty level. Up to 15% of capacity at the provider level can be used for expectant first-time mothers, first-time mother or father with an infant under three, or an infant under six months.

During the audit, OIA identified opportunities for ODH to strengthen internal controls and improve business operations. OIA conforms with the *International Standards for the Professional Practice of Internal Auditing*. OIA would like to thank ODH staff and management for their cooperation and time in support of this audit.

This report is solely intended for the information and use of agency management and the State Audit Committee. It is not intended for anyone other than these specified parties.

Scope and Objectives

OIA staff was engaged to perform an assurance audit related to the controls over the agency's Help Me Grow Home Visiting program. This work was completed July through December 2018. The following summarizes the objectives of the review:

- Evaluate the design and effectiveness of family enrollment monitoring to ensure eligibility requirements are met.
- Evaluate the design and effectiveness of central intake and provider monitoring.
- Evaluate the design and effectiveness of controls over disbursements.

Audit Period: July through September 2018



Detailed Observations and Recommendations

The Observations and Recommendations include only those risks which were deemed high or moderate. Low risk observations were discussed with individual agency management and will not be a part of the public report. However, the low risk observations were considered as part of the audit objective conclusions.

Observation 1 – Lack of Reporting Capability to Monitor Home Visiting Program

Ohio Administrative Code (OAC) 3701-8-05 establishes provisions for home visiting services including requirements that all home visiting services must be delivered utilizing an evidence-based model to fidelity, required timeframes for home visitors to complete and document initial and ongoing required tools, and outlines criteria for when families must be exited from the program. Additionally, OAC 3707-8-02 requires at least 85% of the provider's capacity must be used to serve families who are enrolled prenatally or with a child not exceeding six months of age at the time of system referral.

In order to effectively operate and monitor a program, management must have the ability to obtain reports regarding program operations from their program software. Management should have the ability to access past and present data to evaluate compliance with program regulations, strengths and weaknesses of the program, and areas of the population that could be better served by the program. Data and reports should be available to ODH and home visiting provider management to evaluate home visitors and completion of their assigned work to ensure compliance with program rules.

ODH initiated the Ohio Comprehensive Home Visiting Integrated Data System (OCHIDS) on July 9, 2018. Due dates for completion of required tools are programmed into OCHIDS to alert home visiting providers of past due items. However, OCHIDS currently lacks reporting functionality to enable ODH management to effectively monitor home visiting providers. Instead, ODH staff must individually select providers in OCHIDS to monitor progress. ODH is not able to use OCHIDS to run reports or view dashboards to easily identify instances in which home visiting providers fail to timely complete required forms and/or tools or to identify other non-compliance issues.

According to OAC 3701-8-05, home visitors must complete and document family centered assessments within 30 days and family goal plans within 60 days after the first home visit and determination of eligibility. The provider agreement requires home visiting providers to complete environmental safety checklists within 60 days of enrollment. OIA tested a sample of families that enrolled in the program during August and September 2018 and noted the following:



- Ten of 23 (43%) Comprehensive Family Assessments were not completed (seven) or not completed timely (three, ranging from six days to 33 days late);
- Six of 19 (32%) Family Goal Plans were not completed; and
- Five of 18 (28%) Environmental Safety Checklists were not completed.

Providers may continue to provide home visiting services and submit progress notes in OCHIDS without completing and documenting required tools and three of 17 (18%) providers that did not meet milestone requirements submitted progress notes for other services in OCHIDS.

ODH provided OIA with a listing of reports that the ODH Information Technology (IT) Division was to create in OCHIDS. This listing includes OCHIDS dashboards and reports, including staff caseload and program enrollment dashboards, family tool summary report, tools calendar, pending forms report, cost per family report and approximately 40 other reports that have not been started or are not yet complete.

Without adequate reporting, management faces an increased risk of non-compliance with rules and regulations. Families may not receive the best service possible if ODH and home visiting provider management is unable to monitor the work of the home visiting providers to ensure providers complete required tools and that families are timely exited from the program when no longer eligible. Additionally, ODH is unable to efficiently monitor to ensure providers are operating within evidence-based model requirements.

Recommendation

Evaluate the list of OCHIDS dashboards and reports provided to the ODH IT Division to develop in OCHIDS to ensure it is complete. Prioritize the dashboards and reports that will specifically help ensure compliance with OAC and program requirements. Ensure the dashboards and reports are completed in a timely manner to allow management to efficiently operate, monitor and evaluate the program. Create procedures to continuously review current dashboards and reports and determine if reports are no longer needed or if new reports are required. Develop and implement procedures to utilize the dashboards and reports to monitor the program. Monitoring procedures should detect instances in which home visiting providers do not timely complete and document required tools, do not timely exit families from the program that are no longer eligible and do not operate within capacity requirements.

Management Response

Based on the recommendations of this audit, ODH will review and assess the reporting needs for the Home Visiting Program associated with OCHIDS. Priority will be given to dashboards and reports that will specifically help ensure compliance with OAC and program requirements. ODH will fully utilize the reporting capabilities within OCHIDS, available through Cognos using



OCHIDS data, and through other data/reporting systems. ODH will develop and implement procedures to utilize dashboards and reports to monitor the program.

Risk*	Remediation Owner	Estimated Completion Date
Moderate	Help Me Grow Administrator	October 2019

* Refer to Appendix A for classification of audit observations.

Observation 2 – Planning and Documentation of On-Site Reviews

A well-designed system of controls over on-site reviews would address the planning process, conducting the site reviews, and conducting follow-up of issues noted during the site reviews. Best practices encourage utilizing a risk-based planning approach for determining which providers to review and timing of the reviews. Tools and guidance should be in place to define topics and items to review, who to interview as part of the review, and how to document results of the review. The system of controls should include guidance monitoring the status of corrective action plans and ensuring issues are remediated.

The provider monitoring plan should be designed to ensure a program’s goals and objectives are met. However, the Help Me Grow on-site home visiting provider monitoring review process has planning and documentation weaknesses. For instance:

- According to the Early Childhood Home Visiting Administrator, on-site reviews should be conducted annually for all home providers. However, this target is not consistently completed. For instance, on-site reviews were conducted for 25 of 66 agency providers during the first five months of 2018 and only two of the 12 on-site reviews planned for July, August, and September 2018 were completed. Therefore, the section is not on track to complete on-site reviews of every provider. ODH was aware of this as the section’s focus was on significant changes made to the Help Me Grow program’s rules, requirements and system, effective July 2018.
- The Administrator stated providers not reviewed during the year are grouped with high-risk providers, an identification determined by section staff, and prioritized to be reviewed the following year. However, the 2018 and 2019 annual risk assessments did not indicate providers classified as high priority or if they were scheduled for on-site reviews before lower priority providers. Also, the annual risk assessments do not define the risk classifications or factors to differentiate high, moderate, and low risk



providers. Additionally, written policies and procedures are not in place to outline processes for conducting and documenting the annual risk assessment.

- While the section has well designed tools for conducting on-site reviews, the section's procedures do not provide for a method of tracking significant issues identified during the on-site reviews, provider's corrective action plans to correct significant issues, or remediation of identified issues.

Inadequate risk assessment processes and tracking of corrective action plans and their remediation status increases the risk that the Help Me Grow home visiting goals will not be met or that providers do not comply with program rules and regulations without timely detection. Conducting on-site reviews of all providers without evidence of prioritization of the highest risk providers increases the likelihood of inefficient use of resources and inconsistent review processes.

Recommendation

Develop and implement a risk assessment plan to allocate resources to help ensure the program's goals and objectives are met and risks are minimized to an acceptable level. The risk assessment should evaluate various risk factors such as history of non-compliance, complaints, materiality in terms of numbers of clients and funding received, time since previous review, and length of time as a HV program provider.

Annually, evaluate all providers to identify the highest risk providers to prioritize scheduling on-site reviews, including providers who have not received an on-site review in the past review cycle. Define in procedures how providers will be classified as high, moderate, or low risk. Based on the risk level, define the type of review to conduct. For instance, high risk providers may require an on-site review, moderate risk providers may receive a desk review and low risk providers may receive a questionnaire to identify changes in operations that may require technical assistance. Evaluate and modify the risk assessment and annual plan throughout the year as necessary.

Create a plan for tracking all provider corrective action plans to periodically follow up with providers to determine the status of implementing the planned changes to address issues. Document the results of follow-up activities to ensure the current status of the corrective action plans are monitored so that providers timely correct significant issues.

Management Response

For the period of this review, the Ohio Department of Health produced the previous year's quality assurance plan. Implemented in SFY18, this plan was the department's first comprehensive quality and monitoring plan for the Home Visiting Program. Effective July 1, 2018, the department began to implement the revised Ohio Administrative Code 3701-8-06 ("Quality



assurance and monitoring of providers”). Additionally, data collection, reporting and monitoring have been transitioned from a state fiscal year, to a calendar year reporting format. Moving forward for CY19 the expectation is that each Home Visiting Provider will receive an on-site visit regardless of their previous performance. Thus, program will not create an additional risk assessment. The CY19 schedule of on-site visits has already been finalized to ensure providers have sufficient time to prepare all required elements. The revised quality assurance plan is to take effect January 1, 2019 and does identify issues that should be classified as significant, as well as the steps to both a corrective action plan and a capacity improvement plan. Building upon already established internal tracking procedures, the CY19 plan does identify and enhance efforts to track both capacity improvement plans, as well as the more significant corrective action plans.

Risk*	Remediation Owner	Estimated Completion Date
Moderate	Help Me Grow Administrator	June 2019

* Refer to Appendix A for classification of audit observations.

Due to the limited nature of our audit, we have not fully assessed the cost-benefit relationship of implementing the observations and recommendations suggested above. However, these observations reflect our continuing desire to assist your department in achieving improvements in internal controls, compliance, and operational efficiencies.



Appendix A – Classification of Conclusions and Observations

Classification of Audit Objective Conclusions

Conclusion	Description of Factors
Well-Controlled	The processes are appropriately designed and/or are operating effectively to manage risks. Control issues may exist, but are minor.
Well-Controlled with Improvement Needed	The processes have design or operating effectiveness deficiencies but do not compromise achievement of important control objectives.
Improvement Needed	Weaknesses are present that compromise achievement of one or more control objectives but do not prevent the process from achieving its overall purpose. While important weaknesses exist, their impact is not widespread.
Major Improvement Needed	Weaknesses are present that could potentially compromise achievement of its overall purpose. The impact of weaknesses on management of risks is widespread due to the number or nature of the weaknesses.

Classification of Audit Observations

Rating	Description of Factors	Reporting Level
Low	Observation poses relatively minor exposure to an agency under review. Represents a process improvement opportunity.	Agency Management; State Audit Committee (Not reported)
Moderate	Observation has moderate impact to the agency. Exposure may be significant to unit within an agency, but not to the agency as a whole. Compensating controls may exist but are not operating as designed. Requires near-term agency attention.	Agency Management and State Audit Committee
High	Observation has broad (state or agency wide) impact and possible or existing material exposure requiring immediate agency attention and remediation.	Agency Management and State Audit Committee