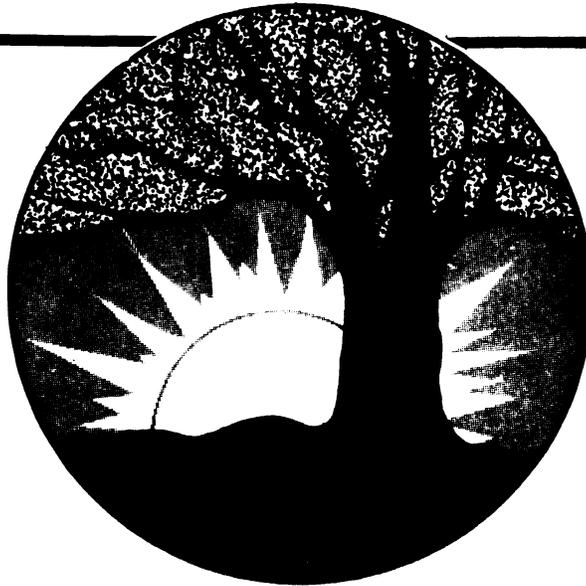


PERFORMANCE AUDIT

Department of Human Services

October 2006



John G. Morgan
Comptroller of the Treasury



State of Tennessee
Comptroller of the Treasury
Department of Audit
Division of State Audit

Arthur A. Hayes, Jr., CPA, JD, CFE
Director

Deborah V. Loveless, CPA
Assistant Director

Dena Winningham, CGFM
Audit Manager

Catherine B. Balthrop, CPA
In-Charge Auditor

Mark Aaron, JD
Kristy Carroll, CFE
Valerie English, CFE
Stacey Harden
Gyasi Kellam
Jennifer McClendon, CGFM
Thomas Sanders
Staff Auditors

Amy Brack
Editor

Comptroller of the Treasury, Division of State Audit
1500 James K. Polk Building, Nashville, TN 37243-0264
(615) 401-7897

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STATE OF TENNESSEE
COMPTROLLER OF THE TREASURY

State Capitol
Nashville, Tennessee 37243-0260
(615) 741-2501

John G. Morgan
Comptroller

October 30, 2006

The Honorable John S. Wilder
Speaker of the Senate
The Honorable Jimmy Naifeh
Speaker of the House of Representatives
The Honorable Thelma M. Harper, Chair
Senate Committee on Government Operations
The Honorable Mike Kernell, Chair
House Committee on Government Operations
and
Members of the General Assembly
State Capitol
Nashville, Tennessee 37243

Ladies and Gentlemen:

Transmitted herewith is the performance audit of the Department of Human Services. This audit was conducted pursuant to the requirements of Section 4-29-111, *Tennessee Code Annotated*, the Tennessee Governmental Entity Review Law.

This report is intended to aid the Joint Government Operations Committee in its review to determine whether the department should be continued, restructured, or terminated.

Sincerely,

John G. Morgan
Comptroller of the Treasury

JGM/dww
05-074

State of Tennessee

Audit Highlights

Comptroller of the Treasury

Division of State Audit

Performance Audit
Department of Human Services
October 2006

AUDIT OBJECTIVES

The objectives of the audit were to review the Families First and Vocational Rehabilitation programs; to determine the timeliness of investigations in the Adult Protective Services Division; to review the effectiveness of the department's monitoring of child care services; to determine the department's use of license revocation by the child support enforcement program; to review the Division of Appeals and Hearings; and to make recommendations that might result in more efficient and effective operation of the department.

FINDINGS

State Law Allows Newly Hired Child Care Employees to Work With Children Pending the Results of Criminal Background Checks; the Department's Internal Audits Have Found Providers Have Not Always Submitted Fingerprints Timely

State law requires employees of child care providers to have criminal history record checks although these employees may work at the child care center while the center is waiting for the results. Child care providers have not always submitted fingerprints for processing to the department within the 10-day requirement. The longer the process takes, the longer an inappropriate person could have contact with children (page 41).

The Department Did Not Comply With Its Child Care Licensing Policy Regarding Unannounced Inspections of Day Care Providers, Increasing the Risk of Violations of Child Care Standards

The department's information system showed that, for 154 child care centers, the department did not conduct the required number of unannounced inspections or did not inspect each center each quarter as required. When inspections are not performed timely, the department cannot ensure

that minimum standards are being met and quality care is being provided (page 45).

The Department Has Not Established Families First Caseload Goals *

Caseload goals are essential for helping management ensure that the caseload is equitable among counselors. High caseloads can affect counselors' ability to serve Families First participants and help them become self-sufficient (page 47).

The Department Should Review the Conciliation Process to Determine What Changes Can Be Made to Ensure That the Process Does Not Serve as a Disincentive to Comply With Personal Responsibility Plans*

Department staff are required to initiate the conciliation process when Families First participants do not comply with their personal responsibility plans. Forty-three percent of counselors responding to a Division of State Audit survey felt that clients abused the process. The department does not monitor participants' compliance with plans as a whole. If participants take advantage of conciliation rules, counselors' workloads could increase and participants could remain in the program longer than necessary (page 49).

State Law on Diversion Programs Has Not Changed; the Department Should Continue Researching the Benefits of a Program and Propose Legislation to the General Assembly*

Several states provide one-time “diversion” payments to households eligible for cash assistance but who only have short-term needs. In some cases, a one-time payment can enable a family to maintain self-sufficiency without enrolling in Families First. Tennessee state law does not allow the department to implement a diversion program, although the Governor’s Task Force on Families First has recommended such a program (page 55).

As Noted in the 2001 Performance Audit, the Department Still Needs to Condense the Amount of Information Provided to Participants During Orientation to Improve Clients’ Understanding of the Program*

The department does not have a policy on which brochures should be available to new Families First participants and does not have a unified orientation packet. Participants’ understanding of their responsibilities is critical to the development of a good personal responsibility plan (page 57).

The Monitoring of the Adult Protective Services Division Is Not Centralized

The division’s information system does not provide central office management with data or reports on case status or the timeliness of investigations. Field supervisors monitor case investigations across the state; however, the methods differ. Also, district offices do not submit reports on the timeliness of investigations to the central office. Without adequate data and monitoring of the timeliness of investigations, the division cannot ensure that it is providing necessary services to adults who are unable to protect themselves (page 59).

Field Counselors in the Vocational Rehabilitation Program Are Not Always Using Available Resources to Determine Clients’ Eligibility for Educational Benefits

Staff are required to check to see whether clients have received financial aid such as lottery scholarships. This check helps ensure that clients have applied for all potential benefits that could offset the amount needed from the department (page 66).

*Related issues were also discussed in the 2001 performance audit of the department.

OBSERVATIONS AND COMMENTS

The audit also discusses the following issues: time limits and exemptions for Families First participants; preparation for the Families First waiver expiration; the new information system for Family Assistance Programs; the High Performance Bonus program; the need for control procedures in the Adult and Community Services Information System; review of data obtained from the Adult and Community Services Information System; job concerns of Adult Protective Services counselors; vocational rehabilitation caseloads; the vocational rehabilitation economic needs test; child support enforcement through license revocation; the certification of the child support information system; Social Security disability determinations; and appeals processing (page 11).

ISSUES FOR LEGISLATIVE CONSIDERATION

The General Assembly may wish to consider amending *Tennessee Code Annotated*, Section 71-3-507, to require background checks to be completed prior to employment at child care centers and amending Section 71-3-159, *Tennessee Code Annotated*, to enable the department to implement a diversion program.

**Performance Audit
Department of Human Services**

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Performance Audit Department of Human Services

INTRODUCTION

PURPOSE AND AUTHORITY FOR THE AUDIT

This performance audit of the Department of Human Services was conducted pursuant to the Tennessee Governmental Entity Review Law, *Tennessee Code Annotated*, Title 4, Chapter 29. Under Section 4-29-227, the department was scheduled to terminate on June 30, 2006. On May 24, 2006, the General Assembly passed House Bill 1000, which extended this and other entities in the 2006 Sunset Cycle that had not yet been heard, for one year or until a public hearing can be held. The Comptroller of the Treasury is authorized under Section 4-29-111 to conduct a limited program review audit of the department and to report to the Joint Government Operations Committee of the General Assembly. The performance audit is intended to aid the committee in determining whether the boards should be continued, restructured, or terminated.

OBJECTIVES OF THE AUDIT

The objectives of the audit were

1. to determine the authority and responsibility the General Assembly mandated to the department;
2. to determine the extent to which the department has fulfilled its legislative mandate and complied with applicable laws and regulations;
3. to review the Families First and Vocational Rehabilitation programs;
4. to determine the timeliness of investigations in the Adult Protective Services Division;
5. to review the effectiveness of the department's monitoring of child care services;
6. to determine the department's use of license revocation by the child support enforcement program;
7. to review the Division of Appeals and Hearings;
8. to recommend possible alternatives for legislative or administrative action that might result in more efficient and effective operation of the department.

SCOPE AND METHODOLOGY

We reviewed the activities and procedures of the department for the period July 2001 through September 2005. The audit was conducted in accordance with the standards applicable

to performance audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. The methods used included

1. review of applicable statutes and rules and regulations;
2. examination of department files, documents, inspections, and policies and procedures;
3. review of prior performance audit and financial and compliance audit reports, and audit reports from other states; and
4. interviews with staff and a survey of counselors.

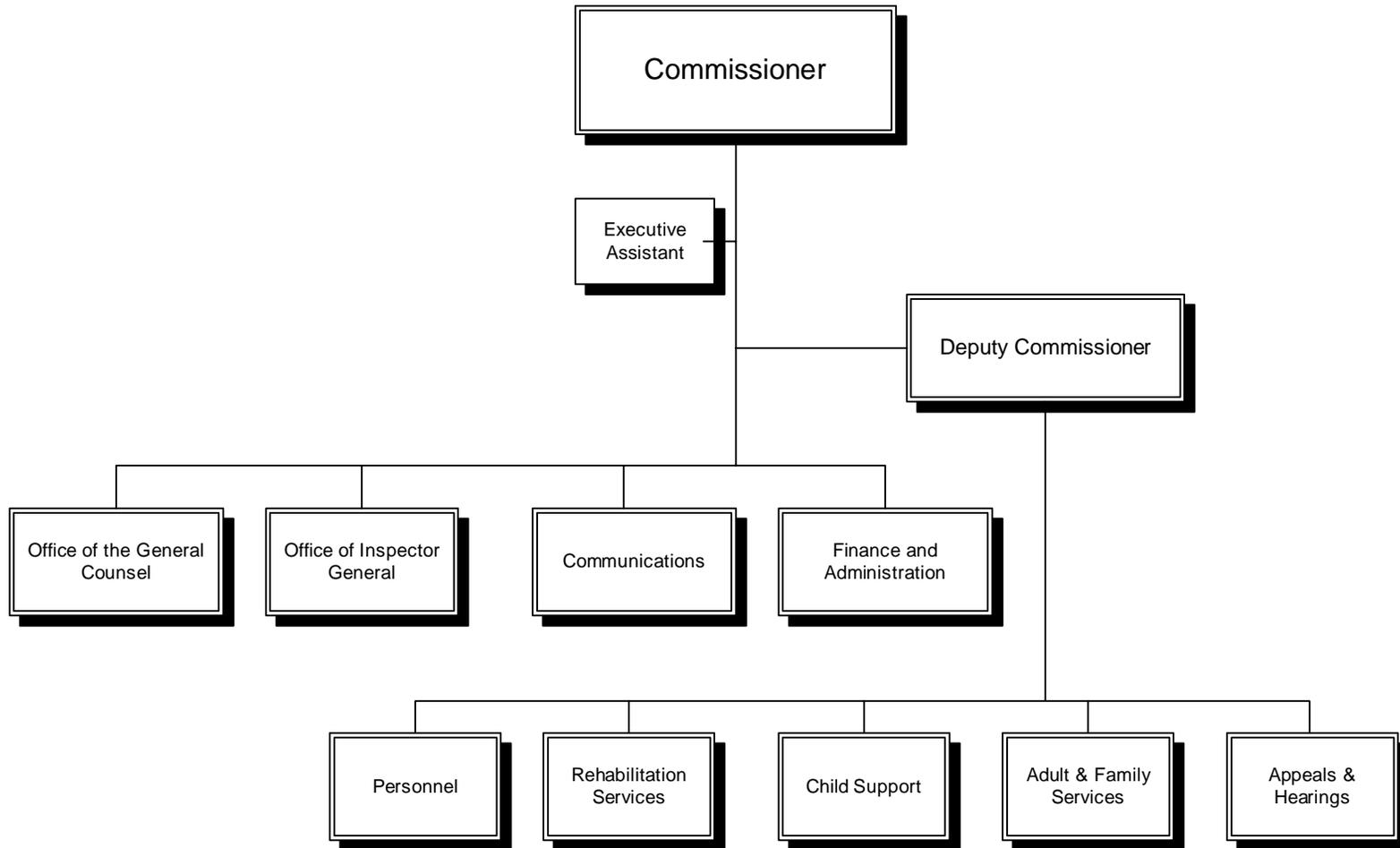
ORGANIZATION AND RESPONSIBILITIES

The mission of the Department of Human Services is to provide a quality system of coordinated human services that meets the needs of individuals, children, and families in Tennessee. The department is responsible for administering the Families First, Food Stamp, Medicaid/TennCare, Child Support, Child Care, Adult Protective Services, and Rehabilitation Services programs.

A Deputy Commissioner, the Office of the General Counsel, the Office of Inspector General, the Communications Division, and the Finance and Administration Division report to the Commissioner of the department. The Personnel, Rehabilitation Services, Child Support, Adult and Family Services, and Appeals and Hearings divisions report to the Deputy Commissioner. (See organization chart on the following page.)

The Office of the General Counsel provides legal assistance for the department's programs, reviews proposed legislation, and monitors compliance with state and federal regulations including HIPAA (Health Insurance Portability and Accountability Act) and Title VI. The Office of Inspector General is responsible for the Program Assessment, Internal Audit, Investigations, and Quality Control Review sections. The Communications Division coordinates the department's public information as well as assisting with agency publications. The Finance and Administration Division manages the Information Systems, Office Services, Contract Administration, Budget, and Fiscal Services sections. The Rehabilitation Services Division provides employment, medical, and independent-living assistance to disabled, visually or hearing impaired individuals. The Disability Determination Section makes disability determinations under the Social Security Administration program. The Child Support Division administers child support enforcement and collections. The division uses division staff and contracts with district attorneys, juvenile courts, and private contractors to collect child support. The Adult and Family Services Division administers the Families First, Food Stamp, Medicaid/TennCare, Child Care, and Adult Protective Services programs. The Appeals and Hearings Division is responsible for all appeals and hearings for DHS programs including Families First, Food Stamps, Medicaid/TennCare, and Child Support.

**Department of Human Services
Organization Chart
September 2005**



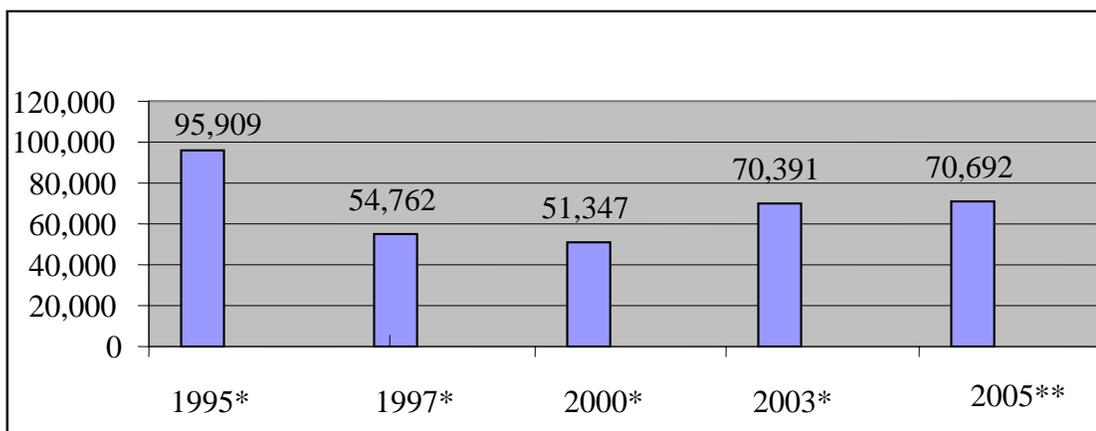
In August 2005, the Department of Human Services had 5,488 employees. The department's budgeted revenues and expenditures for the fiscal year 2006 are \$1,799,693,600.

FEDERAL WELFARE REFORM AND STATE WAIVER

The federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 created a block grant for states to provide time-limited cash assistance to needy families—the Temporary Assistance for Needy Families Block Grant (TANF). TANF replaced the open-ended federal entitlement program of Aid to Families with Dependent Children (AFDC) and, in addition to the time-limited cash assistance, required recipients to participate in work or education activities with the objective of attaining self-sufficiency. The goal of the TANF program is to compel those who could participate in the labor market to find employment, thereby decreasing the welfare rolls.

Tennessee implemented its version of the federal TANF program, Families First, effective September 1, 1996. Families First is based on a waiver from the U. S. Department of Health and Human Services that allows Tennessee to include some types of activities such as education as work participation activities. The waiver expires in June 2007. Table 1 provides the number of Families First participants by year beginning in 1995 and ending with the most recent data for 2005.

Table 1
Families First Comparison
Number of Assistance Units/Groups



* As of December of the year and from University of Tennessee study.

** As of June per DHS staff.

Note: In 1995, the Aid to Families with Dependent Children program was in effect.

The Families First Program emphasizes

- time-limited cash benefits,
- an individual Personal Responsibility Plan,

- education and training leading to work,
- transitional benefits, and
- enforced child support.

Each participant is required to sign a Personal Responsibility Plan (PRP)—an agreement to follow program requirements such as child support cooperation; health checks, immunizations, and school attendance for children; and work requirements.

For participants working toward full-time employment and self-sufficiency, the program offers cash benefits and other services. Most participants can receive benefits for an 18-month period, with a five-year lifetime maximum. (Participants must be off the program at least three months before a new 18-month period can start.) However, there are exceptions based on age and disabilities. (See Observation on Time Limits and Exemptions for Families First on page 11.) In addition to cash benefits, Families First provides other support such as child care, transportation services, and medical services.

As participants progress through the program and find employment, they may receive transitional benefits, such as child care assistance and medical coverage. Participants’ families may lose cash assistance if participants do not comply with their PRP.

Work components, which include several types of activities, are available to help Families First participants reach self-sufficiency in the shortest time possible. See Table 2 for a description of some activities that are considered work components.

Table 2
Work Component Activities

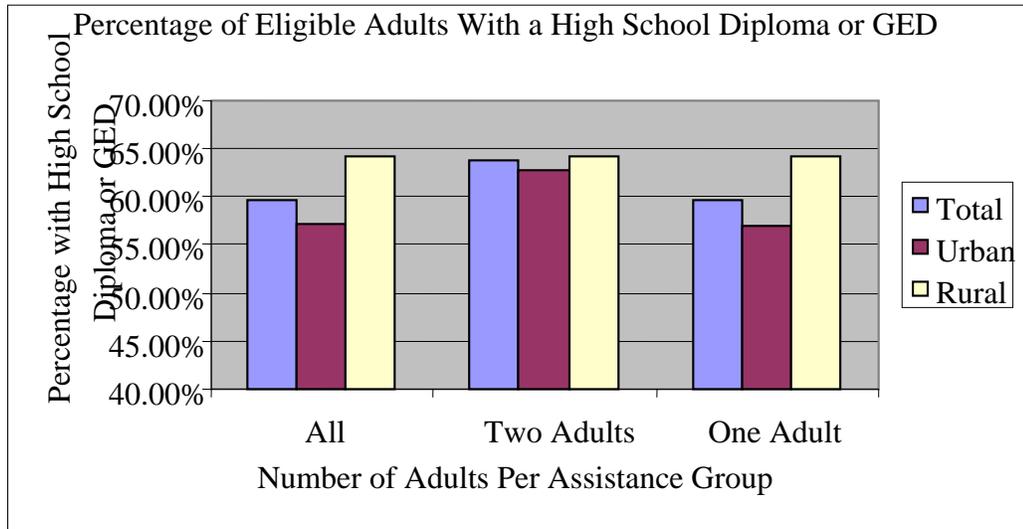
Name	Description
Employment Career Services	Ten-week program that focuses on job search, job readiness, job placement, job retention, and career advancement. Participants are taught skills needed to search for employment. Job searches are performed. Can be used to meet the 40-hour work requirement or combined with other components.
Adult Basic Education	Basic skills development in reading, math, English, and life skills focused on preparation for employment. Includes GED preparation and testing. Divided into six levels with progress measured against each level. Participants with a low score on the initial test are referred to a Family Service Counselor (FSC) for a Learning Disability screening. A participant with a score above 2.0 must progress to the next level within six months, or be subject to PRP renegotiation.
Parenting and Consumer Education (PACE)	Program focusing on parenting education and consumer education. Provides instruction on the skills needed to be successful in the workforce and to improve the quality of life for the family. May be a component by itself, or it can be combined with another component to fulfill the 40-hour work requirement.

Other activities qualifying as work components include post-secondary education, work experience, full-time or part-time employment, and community service programs.

The University of Tennessee’s Center for Business and Economic Research conducts a Case Characteristics Study of the Families First program for the department. Three reports have

been published—one each in 1997, 2000, and 2003. According to the 2003 study, 61% of Families First recipients reside in the urban counties of Davidson, Hamilton, Knox, and Shelby and 60% of the eligible adults had a high school diploma or GED. The following chart displays the number of eligible adults with a high school diploma or GED broken down into urban and rural areas.

**Families First Program
October 2003**



Source: *Families First 2003 Case Characteristics Study*, page 81.

According to the department, at June 30, 2005, Families First had 53,924 adults and 133,625 children participating. Also as of this date, there were 18,159 child-only cases. (These numbers do not equal the number of assistance groups for June 2005 from Table 1 on page 4 above due to the child-only cases and some assistance groups including two adults.) The number of assistance groups with a working adult was 10,937. The average monthly wage of these participants was \$663.99, and the average monthly cash benefit for them was \$167.92.

CHILD CARE LICENSING

Tennessee Code Annotated, Section 71-3-502 (j)(1)(A), required the Child Care Licensing Division to implement a Report Card Program and the Star-Quality Program by August 2001. Participation in the Report Card Program is required for all DHS licensed child care providers in Tennessee. The licensing staff evaluate providers annually when the facilities renew their license via an on-site program assessment. Providers receive their evaluation results on a poster-sized report card to be displayed beside the agency’s license in the provider’s place of business. The provider also receives assessor notes listing observations made during the assessment.

The Star-Quality Program recognizes providers whose facilities meet higher standards of quality. Providers may be eligible for one, two, or three stars for each component area in the evaluation. (The components include professional development, compliance history, and ratio and group size.) As of June 30, 2005, there were 3,711 providers, 2,467 of which had a one-, two-, or three-star rating. See Table 3. Star-Quality providers participating in the child care certificate program receive bonus payments above the base certificate rate. (The child care certificate program pays providers directly for child care provided to eligible low-income families.) See Table 4. In addition, Star-Quality providers are subject to fewer unannounced visits.

**Table 3
Provider Star Ratings
June 2005**

Star Rating	1	2	3	Total
Number of Providers	87	744	1,636	2,467

**Table 4
Providers with Star Ratings Receiving Bonuses
June 2005**

Star Rating	1	2	3	Total
Number of Providers	45	466	884	1,395

ADULT PROTECTIVE SERVICES

The Tennessee Adult Protection Act, Section 71-6-101, *Tennessee Code Annotated*, was created in 1978 to protect adults from abuse, neglect, self-neglect, or exploitation by requiring reporting of suspected cases by anyone having cause to believe that a case exists. The intent of the Adult Protection Act is to provide medical and mental health care services (including in-home assessments and evaluations), financial assistance, legal services, transportation, and other services as needed.

Staff and management of the Adult Protective Services Division are responsible for investigating reports of abuse, neglect, self-neglect, or financial exploitation of adults unable to protect themselves due to a physical or mental limitation. Assessments and services are provided in order to reduce any identified risks to the adult.

Those eligible for protective services are persons 18 years of age or older who due to mental or physical limitations cannot manage their resources; carry out activities of daily living (ADLs); protect themselves from neglect or from hazardous or abusive situations; and who do not have someone to provide the assistance they need.

In fiscal year ended June 30, 2005, the APS division closed 10,330 cases. See tables 5-9 for additional data on the cases. [Data in the last three tables (Tables 7, 8, and 9) may fall into more than 1 category; thus the percentages will not total to 100%.]

Table 5
Age of Clients
Adult Protective Services Cases
Closed Fiscal Year 2005

<u>Age</u>	<u>Percent of Cases</u>
18-39	10%
40-59	21%
60-64	8%
65-69	8%
70-79	22%
80-89	24%
90 and above	8%
No Response	0%

Table 6
Race of Clients
Adult Protective Services Cases
Closed Fiscal Year 2005

<u>Race</u>	<u>Percent of Cases Closed</u>
Caucasian	76%
African-American	17%
Hispanic	0%
American Indian	0%
Asian	0%
Mixed race	0%
Unknown	7%

Table 7
Type of Abuse Reported and Found
Adult Protective Services Cases
Closed Fiscal Year 2005

<u>Type of Abuse</u>	<u>Percent of Cases Reporting this type of abuse</u>	<u>Percent of Cases that found this type of abuse</u>
Self-Neglect	54%	37%
Neglect by Other(s)	32%	9%
Physical Abuse	11%	4%
Sexual Abuse	2%	1%
Emotional Abuse	12%	4%
Financial Exploitation	14%	5%
Other	0%	2%
No Response	8%	49%

Note: Some cases consist of more than one type of abuse.

Table 8
Referral Source
Adult Protective Services Cases
Closed Fiscal Year 2005

<u>Referral Source</u>	<u>Percent of Cases Closed</u>
Self	3%
Spouse	0%
Relative(s)	17%
Neighbor	4%
Staff of Other Social Agency	20%
Hospital Social Worker	10%
Doctor/Nurse	6%
Friend	4%
Law Enforcement	4%
DHS Staff	1%
Anonymous	3%
Other	11%
No Response	15%

Table 9
Referral Priority
Adult Protective Services Cases
Closed Fiscal Year 2005

<u>Referral Priority</u>	<u>Percent of Closed Cases</u>
Emergency: Alleged Imminent Danger of Death	4%
Emergency: Abused or Seriously Ill	15%
Non-Emergency: Poor Physical Health	46%
Non-Emergency: Poor Mental Health	33%
Eviction	1%
Abandoned or Wandering With No Residence	0%
Other	4%
No Response	15%

VOCATIONAL REHABILITATION SERVICES

The Vocational Rehabilitation Services section provides training, rehabilitation, and counseling to individuals with disabilities to assist them in finding or returning to employment. This division's responsibilities also include services for the Blind and Visually Impaired and services for persons with hearing impairments. To be eligible for services, a person must:

- have a physical or mental impairment that is a substantial impediment to employment;
- be able to benefit from services in terms of an employment outcome; and
- require rehabilitation services to prepare for, secure, retain, or regain employment.

In addition, persons who receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefits due to disability or blindness are eligible for services if they intend to work.

A counselor determines eligibility based on the results of medical, psychological, and vocational evaluations, and other diagnostic information available for determining the nature and extent of the disability. The information is used to evaluate an individual's employment potential and assist the individual in choosing an occupational goal consistent with his or her needs. Federal "Order of Selection" regulations require the department to serve the most severely disabled first. The federal funding is not sufficient for the department to serve all eligible individuals and as of December 31, 2005, there were over 9,000 people on a waiting list.

Rehabilitation counselors provide services to individuals with a wide range of disabilities. Clients with special complex needs or significant disabilities are served by counselors who have specialized training and skills in working with a particular population. Specialized services are often developed in cooperation with other state agencies such as the Departments of Education, Mental Health and Developmental Disabilities, Health, and Labor and Workforce Development.

CHILD SUPPORT SERVICES

The Child Support Program was established as part of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The division helps locate non-custodial parents, assists in establishing paternity, enforces financial and medical support orders, and collects and distributes child support payments. Local district attorneys, juvenile courts, DHS staff, and private agencies provide services under contract with the state. Any recipient of Families First, TennCare/Medicaid, or Foster Care is also referred to the child support office if there is a parent absent from the child's home. These recipients, along with families receiving transitional child care, must cooperate with the child support office.

The department uses the Tennessee Child Support Enforcement System (TCSES) to monitor case management as well as to perform the financial functions of the program. TCSES was fully certified by the U.S. Department of Health and Human Services in January 2004. The certification is non-conditional and not subject to periodic review.

OBSERVATIONS AND COMMENTS

The following issues did not warrant findings but are included in this section because of their effect on the operations of the Department of Human Services and the citizens of Tennessee.

TIME LIMITS AND EXEMPTIONS FOR FAMILIES FIRST

Families First participants are limited to 18 months of continuous assistance with a lifetime limit of 60 months. Participants must be off Families First cash assistance for 3 months between each 18-month period. The 18- and 60-month time limits are maximum times, meaning that participants may achieve self-sufficiency before they reach either time limit. Under certain conditions established in the waiver, the time limits do not apply, and participants may be exempt from the time limits, granted an interruption in the count of months, or granted an extension.

Table 10
Families First Exemptions, Interruptions, and Extensions
Conditions

Exemptions	Interruptions	Extensions
Caretaker of assistance group is 60 years of age or older	DHS cannot provide needed education or job training needed to comply with the Personal Responsibility Plan	Caretaker county of residence has unemployment rate twice the state rate
Caretaker of assistance group is disabled	DHS cannot provide daycare, medical, or transportation services needed to comply with the Personal Responsibility Plan	Good cause to have eligibility period extended
Caretaker is providing care for a disabled relative in caretaker's home	Caretaker has a child less than 16 weeks old	Adult receives assistance for a different group of children
Assistance group does not contain an eligible adult	Caretaker temporarily incapacitated	Adult becomes member of different assistance group and is subject to the new group's time limits
Assistance group has an eligible adult who functions below 8.9 grade level	Caretaker enrolled in substance abuse counseling	Child who has been in a group that reached limit can become own assistance group when an adult
Caretaker is a minor parent	Caretaker victim of abusive relationship	Months of benefits accumulated in other states do not count towards limits in Tennessee

Source: adapted from *Welfare Reform in Tennessee: A Summary of Families First Policy*, Center for Business and Economic Research, University of Tennessee, October 2000, pages 10-12.

June 2005 Status of Families First Cases and Time Limits

We reviewed June 2005 Families First case data obtained from the Automated Client Certification and Eligibility Network for Tennessee (ACCENT) system. The ACCENT system is used by DHS for case management to establish eligibility and benefit amounts. According to the data, the Families First program had 73,730 participants in June 2005. Of those, 15,576, or 21%, had their cases interrupted; and 23,239, or 32%, were exempt cases. See tables 11 and 12. As a result, 38,815, or 53%, were exempt from the program's 18-month and 60-month time limits.

Table 11
Families First Cases With Interruption
June 2005

Reason for Interruption	Number of Cases	Percentage of Total Interruption Cases
Caring for Infant Less Than 16 Weeks	250	2%
Caretaker Temporarily Incapacitated	4,362	28%
Child Care Not Available	42	0%
Transportation Not Available	8	0%
Education Services Not Available	26	0%
Training Services Not Available	215	1%
DHS Failed to Provide Services	523	4%
Client Has Drug/Alcohol Addiction Or Mental Health Diagnosis & Has Agreed to Treatment/Counseling*	36	0%
Caretaker Is a Victim of Domestic Violence and Is Residing in a Domestic Violence Shelter+	26	0%
Family Services Initial Assessment Interruption for One Month	1,776	12%
Caretaker in Family Services Counseling–Family Services Counseling Recommended Interruption	512	3%
Caretaker Is an Undocumented Alien	551	4%
Steps Procedures Were Not Followed at Month 16 or Greater	279	2%
Steps Procedures Were Not Followed at Month 54 or Greater	1	0%
Vocational Rehabilitation Initial Assessment – Interruption for 2 Months/60 Days	129	1%
Caretaker in Vocational Rehabilitation – VR Recommended Interruption	44	0%
Caring for Infant Less Than One Year	6,736	43%
Limited Personal Responsibility Plan – 20 Hours Or Less	60	0%
Total	15,576	100%

* reason for interruption valid only prior to 2/00

+ reason for interruption valid only prior to 7/01/04

As illustrated by Table 11, 11,098, or 71%, of the interrupted Families First cases are interrupted because the caretaker is temporarily incapacitated or caring for an infant less than one year old (which applies to a single-parent assistance group). Incapacity is deemed to exist when one parent has a physical or mental defect, illness, or impairment. The incapacitated status can be because of an on-the-job injury, car accident, or any illness that is not permanent but temporarily debilitating, resulting in the caretaker being temporarily unable to work. A caretaker who is caring for an infant less than one year old is also not required to attend a work component, and the time clock is also stopped. Of the 15,576 interrupted participants, the Department of Human Services' failure to provide services caused the interruption for 523 cases (4%).

Table 12 illustrates the number and percentage of cases that were exempt for June 2005.

Table 12
Families First Exemptions
June 2005

Reason for Exemption	Number of Cases	Percentage of Total Exemptions
Child-Only Assistance Group	14,657	63%
Caretaker Over Age 60	2,361	10%
Disabled Caretaker	803	4%
Caretaker Cares Full-Time for In-Home Relative	1,313	6%
Caretaker Literacy Below 8.9	3,264	14%
Second Parent Literacy Below 8.9	8	0%
Caretaker Remains in High School	627	3%
Caretaker Is Less Than Age 18	14	0%
Accepted for Vocational Rehabilitation Participation	192	0%
Total Exempt	23,239	100%

Reducing the number of cases in some of the categories of exemptions would be difficult. The child-only assistance group and the caretaker literacy level below 8.9 group are the only two areas affecting significant numbers of participants that the department may be able to address. As indicated in Table 12 above, 14,657, or 63%, of the participants were exempt because the case was child-only. A case is considered child-only if the caretaker is an SSI recipient, the caretaker is a non-parental relative (grandparent, aunt, etc.) who chooses not to be included in the grant, or the caretaker is an illegal alien but the children are citizens. Approximately 14%, or 3,264, were exempt because the caretaker's literacy level is below 8.9.

In the prior performance audit, we noted that the department may be able to reduce the number of the child-only cases by placing greater emphasis on family preservation. To facilitate this, the department could require child-only caretakers to participate in Family Service Counseling and/or Parenting and Consumer Education (PACE) classes. (Family Services Counseling provides assistance to participants who are not making progress and who may have

barriers to their progress.) If necessary, the department may also want to partner with the Department of Children's Services in child-only cases when the caretaker is a non-parental relative. Coordinated efforts of both departments in determining what led to the family separation could quicken the return of the child to the parent.

In addition, the November 2004 Governor's Task Force on Families First recommended that the department encourage family stability by revising program rules to make qualifying for assistance easier for married couples with children.

The department could also place greater emphasis on increasing the education levels of exempted Families First participants, thereby reducing the number of exempted cases in the "caretaker literacy below the 8.9 group." For example, the department could re-institute bonuses for completing education programs. The department should ensure that eligibility counselors address each client's needs or special circumstances when developing Personal Responsibility Plans. The department could also place a greater emphasis during orientation on compliance with the client's Personal Responsibility Plan. This could help reduce the dropout and no-show rates for Families First participants attending Adult Basic Education classes, training classes, and post-secondary education classes. (See finding 4 on the conciliation process.)

PREPARATION FOR THE FAMILIES FIRST WAIVER EXPIRATION

The Families First waiver expires in June 2007. Tennessee's waiver allows the exemption of certain time limits and the inclusion of additional activities in the Work Participation Rate, a major guideline by which Temporary Assistance for Needy Families (TANF) programs are measured. When the waiver expires, Tennessee will be required to comply with the federal regulations. Without the allowance of certain countable work components in the waiver, the department may not be able to meet federal workforce requirements.

A state must meet an overall work participation rate of 50% for a one-parent household and 90% for a two-parent household. If a state fails to meet one of the required minimum work participation rates, there will be a reduction of the State's Family Assistance Grant. If there was no penalty in the preceding fiscal year, the penalty for the current fiscal year is 5%. If the state is subject to a penalty the following year, the penalty will be increased by 2% for that year and each consecutive year thereafter. The penalty cannot exceed 21% of the adjusted State's Family Assistance Grant.

The department has developed comparison charts that display the differences between the current Families First program, current TANF, and the federal proposals for the reauthorized version of TANF. These charts are updated as needed. As a result, the department can know at any given time the differences among the three. The department is also developing a timeline which will be used as a reminder to make certain changes as the expiration of the waiver approaches. This will help ensure that appropriate changes are made before the waiver ends.

The department has contracted with the University of Tennessee Social Work Office of Research and Public Service to conduct a survey of Families First participants to gather insight into what activities should be introduced or improved along with how well participants understand the program's concepts. This will allow management to be aware of the opinions of the Families First participants transitioning from Families First to the new TANF (Temporary Assistance for Needy Families) program. The department has also been discussing using a consultant to aid in the transition.

One exemption used by the department involves adult education. Federal guidelines require participants receiving assistance to meet a requirement of 30 work hours per week. However, Tennessee law is stricter. Most participants in the Families First program must meet a 40-hour work week requirement. Of this total, 20 are generally work or related activities (i.e., employment search), while the remaining 20 can be skills preparation. For Families First, however, under the waiver, anyone testing below the ninth-grade level is exempt from the 40-hour work requirement. In addition, the time clock that measures the maximum amount of time allowed in the program does not start until a participant meets the ninth-grade level. Under Families First, parents are given six months to advance from one level to the next, with an additional three months provided with a warning that they must improve if they wish to remain in adult education and avoid facing a sanction. By federal guidelines, participants who do not meet education requirements face sanctions. For example, they may no longer be eligible to receive cash assistance.

Table 13 lists the major distinctions between Families First and the TANF program.

Table 13

Comparison of Families First & Temporary Assistance for Needy Families (TANF)		
	Families First	TANF
Required Activity Hours (for non-exempt participants)	40 hours/wk Exception: 20 hrs/wk for participant who tests < 9th grade and enrolls in Adult Education	30 hours/wk Exception: 20 hours/wk for families w/children < 6
Universal Engagement	All participants must sign a PRP upon eligibility determination. Non-exempt participants must have work activities in their PRP.	No universal engagement provision Parents are not required to work until the state determines they are ready for the workplace or they have received assistance for 24 months, whichever is earlier. (They are included in the work participation rate [WPR] but cannot be sanctioned for non-compliance with work activities.)
Waivers	Tennessee's waiver expires 6/30/07.	Allows states operating under waivers to continue using those policies until expiration
Work Activities Bold indicates activities in which waiver gives TN more flexibility in meeting the WPR (can count for more hours/months, or can be counted at all) <i>Italics indicates not countable toward the federal work participation rate, but is countable as a Families First work activity</i>	Countable for 40 hours: <ul style="list-style-type: none"> • Unsubsidized work • Employment Career Services (can be 40 hrs for 10 weeks, then must be part-time) • Work experience • Community service • High school for teen parents (no other activity needed) • <i>Family Services Counseling (FSC generally not a stand-alone activity)</i> • VISTA volunteers <p>Participants at < 9th grade level have only a 20-hour work requirement - fulfilled by Adult Education</p> <p>Must be combined with one of the above to meet the 40-hour requirement</p> <ul style="list-style-type: none"> • Skills training • Adult Education (unless participant is below 9th grade, in which case it can stand alone) • Vocational Education (12 months max) • Work Prep (includes options such as Fresh Start/ PACE) 20 hours max) • Post-secondary Education 	Countable for 20 or more hours: <ul style="list-style-type: none"> • Unsubsidized work • Subsidized work • Work experience if private sector work is not available • On-the-job training • Job search and job readiness assistance (for 6 weeks max/yr) • Community Service • Vocational Education • Providing child care for a community service participant <p>Countable for 10 additional hours in conjunction with the activities above:</p> <ul style="list-style-type: none"> • Job skills training related to employment • Education directly related to employment, or GED/secondary school for participant w/o GED or HS diploma

Table 13 (Cont.)

Comparison of Families First & Temporary Assistance for Needy Families (TANF)		
	Families First	TANF
<p>Who Is Exempt From Work Activities and Work Participation Rates</p> <p>Bold indicates groups that will have work requirements when waiver expires</p>	<ul style="list-style-type: none"> • Child-only cases • Disabled (non-SSI) • Incapacitated • Elderly (60+) • Caring full-time for a disabled family member in the home • 2-parent families with an infant < 16 weeks (stricter than TANF law— for reporting purposes, the more flexible federal rules apply) • Single-parent families with a child <1 year 	<ul style="list-style-type: none"> • Child-only cases • Single mothers with child < 1 (state option)
<p>Time Limits</p>	<ul style="list-style-type: none"> • 18 months consecutively (3-month minimum period of ineligibility before re-approval) • 60 months lifetime <p>TN is able to “stop the clock” on time limits for several groups—those for whom appropriate education or job training services cannot be provided, child care and/or transportation cannot be obtained, and those testing <9th grade and in Adult Education.</p>	<ul style="list-style-type: none"> • 60 months lifetime <p>20% of caseload may be exempted from the lifetime limit, but not from work requirements (so they are still subject to sanctions).</p>
<p>Transitional Medicaid</p>	<p>Participants leaving cash assistance are eligible for 18 months of TennCare unless they have left the state or failed to cooperate with child support enforcement (children in the latter case remain eligible).</p>	<p>Participants are eligible for 12 months if termination is due to earnings; for 4 months if assistance is lost due to receipt of child support.</p>

Even though the department is not sure of the future requirements because Congress has not reauthorized TANF, the department should continue to prepare for the expiration of the Families First waiver. The department should especially focus on preparing for the possible elimination of certain countable work components to prevent a reduction in the State Family Assistance Grant.

NEW INFORMATION SYSTEM FOR FAMILY ASSISTANCE PROGRAMS

In June 2005, the Department of Human Services issued a Request for Proposal for a new information system called Vision Integrated Platform. The new system, to be used by staff of family assistance programs, will replace several existing systems: the Automated Client Certification and Eligibility Network for Tennessee (ACCENT) system, the Claims On-line Tracking System (COTS), the On-line Application Tracking System, the Case Reading Support System, the Job Training and Partnership Act, the Voter Registration Tracking System, Customer Service Review, and portions of the Tennessee Child Care Management System.

DHS maintains that the new system will improve service delivery to customers, operational efficiency for staff, administrative accountability, and fraud and abuse prevention efforts. The department believes the new system will track Families First participants more efficiently and adequately. It will also allow potential applicants to determine through an Internet portal whether they might be eligible for benefits but will not tell them the specific benefit amounts. The current ACCENT system does not have this function. At present, eligibility for some programs—Refugee Assistance-Cash, Refugee Assistance-Medicaid, and Breast and Cervical Cancer TennCare Medicaid—is determined offline.

In the 2001 performance audit, we recommended that the department continue efforts to modify the ACCENT system to meet the needs of the department and staff. In addition, the Comptroller of the Treasury's Office of Research and Education Accountability issued a report in April 2004, *Seeking A Way Out—Services and Challenges Affecting Tennessee's Poor*, that documented problems with the ACCENT system. According to that report, ACCENT cannot adequately manage the complexity of the Families First program and has problems interfacing with other programs such as the child support information system.

The department says the system design will permit modification as policy changes are made since the ACCENT system is not easily modified and at times requires users to override the system when policy changes must be implemented timely. The new system will be able to produce ad hoc reports and provide quality assurance findings and statistical analysis by worker, district, region, county, and state findings in a report format. ACCENT does not have this function. Each user of the system will have an in-box and the ability to receive referrals, to-do lists, alerts, matches, and electronic messages, whereas ACCENT only allows users to receive alerts and matches. The new system will also have the ability to track all user actions, notices, referrals, and alerts that are generated.

The investigations system, COTS, will become a component of the new system. Referrals can be sent automatically each time a benefit overpayment is detected. When a change

is made to a case, an overpayment can be detected, and the amount will be automatically calculated. This system will have the ability to recreate a case at any point in time and will include additional interfaces to assist workers in verifying customer information.

In February 2006, the department signed a \$37 million contract with Albion, Inc. (Atlanta, Ga.) for the new system. The project is expected to be completed by summer 2008.

HIGH PERFORMANCE BONUS PROGRAM

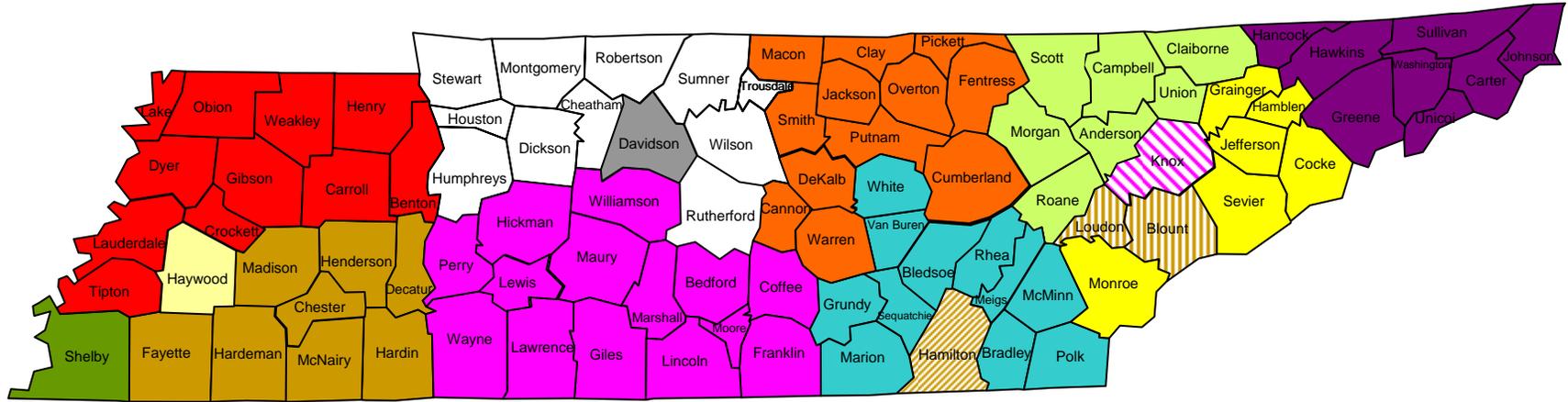
In the fiscal year ended June 30, 1999, the U.S. Department of Health and Human Services began awarding performance bonuses to states that achieve high performance in meeting the purposes and goals of the TANF program. Section 403(a)(4) of the Social Security Act made \$1 billion available for bonuses over a five-year period. The awards can be used for purposes funded by the Temporary Assistance for Needy Families block grant. In the prior performance audit, we noted that the department received a \$6.4 million award in December 1999 as part of the High Performance Bonus program. In FY 2001, Tennessee was awarded \$5.7 million for ranking fifth in the number of welfare recipients that went to work. In FY 2003, the state was awarded \$6.3 million for ranking third in the number of welfare participants that went to work, along with an additional \$2.65 million for its fifth-place rank in improvement in that category from FY 2002. The department also ranked third for job retention. (Job retention is the percentage of a quarter's recipients who are employed at some time in the quarter and have been employed in the two subsequent quarters.)

While Tennessee ranked high in those categories, it did not fare as well in other categories. In 2003, Tennessee ranked 49th for Earnings Gain (the ratio of earnings for two quarters to the current quarter). Tennessee also ranked 28th in Success in the Workforce for 2002, and in 2003, it ranked 29th in the same category. (Success in the Workforce is a combination of the categories of Job Retention and Earnings Gain.)

REVIEW OF CASELOAD INFORMATION FROM THE ADULT AND COMMUNITY SERVICES INFORMATION SYSTEM (ACSS)

Adult Protective Services (APS) counselors are responsible for investigating reports of abuse, neglect, and exploitation as well as assessing the need for and providing services to reduce the risk of recurring abuse, neglect, or exploitation. The division has 111 counselors in 15 districts across the state (see map). As part of the audit work, we obtained information from the Adult and Community Services Information System (ACSS), used by the division for case intake and management, to assess caseload and mileage assignments for counselors.

Adult Protective Services District Map August 2005



							
<u>District 1A</u>	<u>District 1B & C</u>	<u>District 3A</u>	<u>District 3B</u>	<u>District 5A</u>	<u>District 5B</u>	<u>District 7A</u>	<u>District 7B</u>
Carter	Blount	Clay	Bledsoe	Cheatham	Bedford	Chester	Benton
Greene	Loudon	Cumberland	Bradley	Dickson	Coffee	Decatur	Carroll
Hancock		DeKalb	Grundy	Houston	Franklin	Fayette	Crockett
Hawkins		Fentress	McMinn	Humphreys	Giles	Hardeman	Dyer
Johnson		Jackson	Marion	Montgomery	Hickman	Hardin	Gibson
Washington	<u>District 1C</u>	Macon	Meigs	Robertson	Lawrence	Madison	Henry
Unicoi	Anderson	Overton	Polk	Rutherford	Lewis	McNairy	Lake
Sullivan	Campbell	Pickett	Rhea	Stewart	Lincoln	Henderson	Lauderdale
	Claiborne	Putnam	Sequatchie	Sumner	Marshall		Obion
	Morgan	Smith	Van Buren	Trousdale	Maury		Tipton
<u>District 1B</u>	Union	Warren	White	Wilson	Moore	<u>District 7A & 7B</u>	Weakley
Cocke	Scott	Cannon			Perry	Haywood	
Grainger	Roane			<u>District 4A</u>	Wayne		
Hamblen			Hamilton	Hamilton	Williamson		<u>District 8A & 8B</u>
Sevier							Shelby
Monroe	<u>District 2A</u>						
Jefferson	Knox				<u>District 6A & 6B</u>		
					Davidson		

Source: Department of Human Services.

Caseload Data Using ACSS Reports

We compared data on caseload information from ACSS reports to reports prepared by APS staff. We found that the information from the reports did not agree with the reports prepared by staff. For instance, we found that while the report by APS staff indicates that average counselor caseload statewide is 36, the data from ACSS indicated that the average APS caseload is 31 cases per counselor.

A 1997 study conducted by the National Association of Adult Protective Services Administrators, in conjunction with the Tennessee Department of Human Services and two other states, concluded that caseloads should be no more than 25 cases per counselor. The department did not adopt this standard because of the cost of hiring the additional staff. The APS staff stated that they have set their own standards regarding caseload based on the area where the caseworker is located. Urban-area caseloads should not exceed 35 cases per counselor, and rural-area caseloads should not exceed 30 per counselor. APS staff stated that caseload is suggested to be lower in rural areas because they have taken into account the amount of territory the counselors are expected to cover.

Table 14 summarizes information obtained from the ACSS system report for June 2005.

Table 14
Adult Protective Services
Average Caseload and Square Miles Per District
June 2005

District (1)	Number of Counselors	Total Cases	Average Caseload	Department Standard	Average Caseload Variance From Department Standard	Total Square Miles in District	Average Square Miles Per Counselor (2)
1A – Rural	9	340	38	30	+8	5,967	663
1B – Rural	6	224	37	30	+7	4,878	813
1C – Rural	8	278	35	30	+5	7,783	973
2A – Urban	7	297	42	35	+7	3,560	509
3A – Rural	6	188	31	30	+1	10,373	1,729
3B – Rural	4	199	50	30	+20	6,407	1,602
4A – Urban	9	215	24	35	(11)	5,350	594
5A – Rural	8	173	22	30	(8)	12,726	1,591
5B – Rural	8	177	22	30	(8)	12,874	1,609
6A – Urban	9	153	17	35	(18)	8,173	908
6B – Urban	5	156	31	35	(4)	5,647	1,129
7A – Rural	7	263	38	30	+8	16,143	2,306
7B – Rural	8	271	34	30	+4	13,729	1,716
8A – Urban	6	188	32	35	(4)	4,529	755
8B – Urban	10	352	35	35	0	8,585	859

1. See map of Adult Protective Services Districts for the location of the districts.

2. The average square miles per counselor in each district was calculated by totaling the number of square miles per counselor and dividing it by the number of counselors in that district. The number of square miles per counselor was calculated by totaling the square miles of the counties in which the counselors has cases assigned.

Source: Data analyzed from Caseload by Counselor report as of June 30, 2005.

Average Caseload and Square Miles

As noted in Table 14, although the differences between average caseloads and department standards are not large, our review noted variations in average caseload per counselor and the departmental standards set for rural and urban areas. For example, 78% (7 of 9) of the rural districts exceed the departmental standard for caseloads while 67% (4 of 6) of the urban districts have fewer cases than the departmental standard.

As noted above, another item for which staff reports had different information than APS reports indicated is square mileage by counselor. Information obtained from APS staff shows the potential minimum square mileage traveled by a counselor as 48 miles and the potential maximum as 999. The data analyzed from the computer system report show the minimum potential square miles to be traveled by a counselor as 509 and the maximum as 2,306.

Client Data Not Available in ACSS

While analyzing the caseload data, we noted problems with the Adult and Community Services System (ACSS). The system captures information about the client, the type of abuse, living situation, date of application for adult protective services, and date of closure of the APS case, as well as referrals and other information needed in the investigation of a case. However, the system does not have data for the client's address. It also lacks edit checks regarding complaint numbers because we found duplicate complaint numbers. We also obtained a data extract from the system for analysis (see the following observation).

REVIEW OF DATA OBTAINED FROM THE ADULT AND COMMUNITY SERVICES INFORMATION SYSTEM (ACSS) REVEALED THE NEED FOR CONTROL PROCEDURES

In addition to reviewing the reports from ACSS and staff reports on caseload as noted in the observation on caseloads, we obtained and analyzed a data extract from the ACSS system. We reviewed 103,067 case files and found the following:

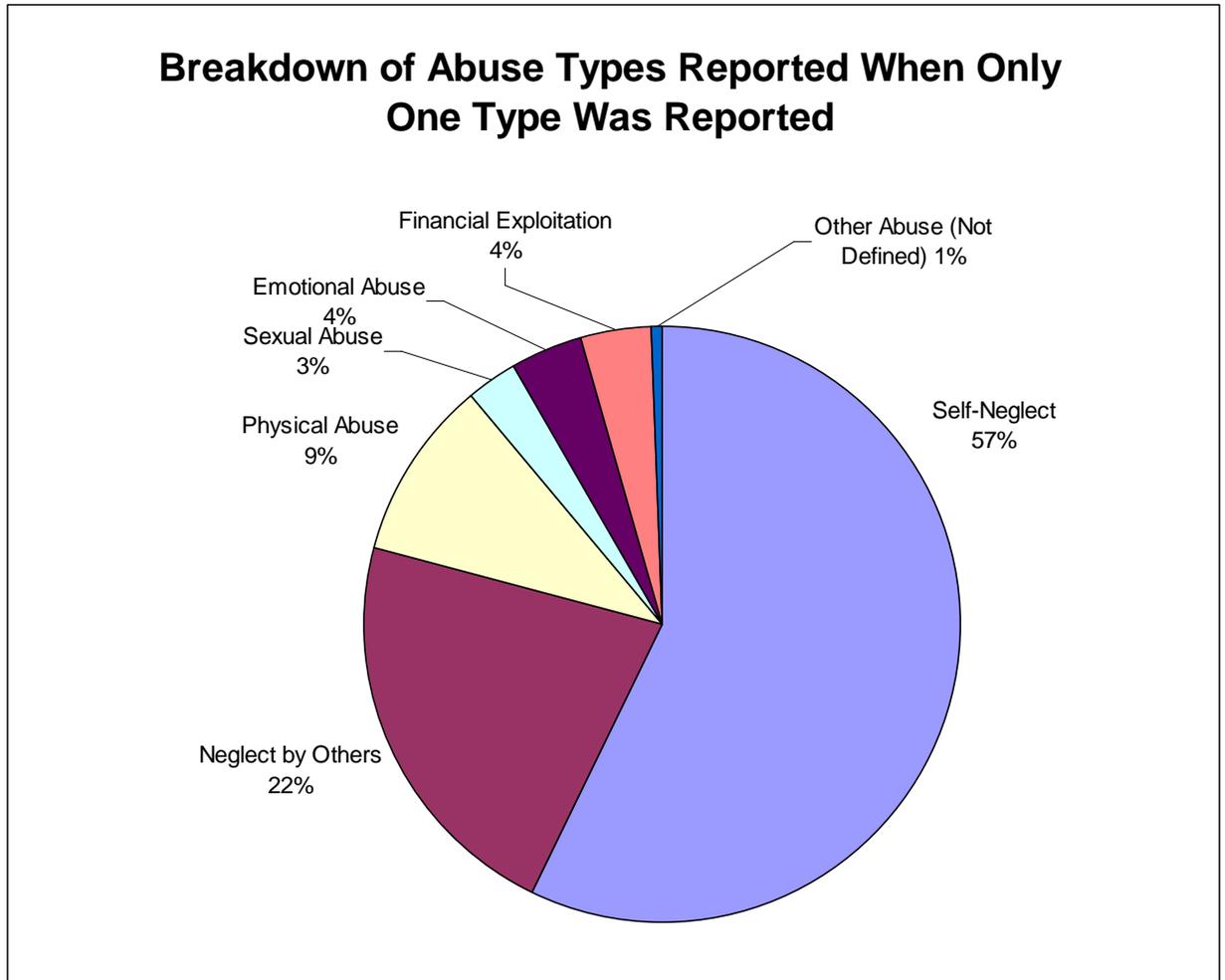
- 3,593 cases had application dates after their close dates;
- 87 cases had application dates before the client's date of birth;
- one case was listed as having begun almost 90 years ago but has not been closed; and
- 18 cases had no application date but had a close date.

After we identified these problems with the data in ACSS, we analyzed the cases to determine information on case closure, timeliness, and abuse type.

Timely Case Closures and Abuse Type

According to department staff, cases should be worked and service provided in 60 days or less when possible. Of the cases in the extract, 37,671 (37%) cases were closed in less than 60 days. We found approximately 8,000 cases without a close date. The remaining cases—approximately 53,000—did not meet the criteria for timely closing.

We found 17,584 cases (17%) had an incomplete field for the type of abuse reported. We also found 5,022 cases that reported more than one type of abuse. The pie chart below shows the types of abuse reported in cases only reporting one type of abuse. ACSS does not provide a definition of other abuse, nor does it allow space for such an explanation.



Priority Register Cases

As part of ACSS, there is a “priority register” for cases with priority C or D, meaning they do not require immediate investigation. From a review of the 58 cases on the July 22, 2005, priority register that had not been investigated, 24 cases were over 60 days old including 4 cases over one year old. For the four cases over one year old and not investigated, three were Davidson County cases from 2004 and had open dates of May 24, 2004; May 27, 2004; and August 30, 2004. One was a Rutherford County case and had an open date of May 27, 2004.

We also found the following in the data extract:

- There were many cases of inaccurate data entry as well as duplicate entries even though when starting a case, the counselor is supposed to check the system for other cases for the same individual and is to use the same case number as before.

According to the director of Adult Protective Services, when entering new data, the old data are simply written over. A new assignment date is entered over the old assignment date; however, in many instances, the auditors found cases that were previously opened with no closed dates.

- Since counselors write over data from previously opened cases, APS cannot determine from the computer system the number of times a report on certain individuals has been made.

Department management is aware of the weaknesses of ACSS and is in the process of issuing a Request for Proposal for a new system. The new system would include appropriate edit checks, would not allow cases to be closed without complete data being entered, and would include a field for addresses and a start date on investigations. Until the new system is in place, management should ensure staff are trained in entering correct case information, review the system to ensure case information is correct, and instruct staff to use different case numbers when opening a new case about a previous client.

JOB CONCERNS OF ADULT PROTECTIVE SERVICES COUNSELORS

As part of the audit, we surveyed counselors in three department divisions, including Adult Protective Services (APS). Ninety-five APS counselors were surveyed and 74 responded. The survey of APS counselors included questions that addressed their job satisfaction. (See Appendix 2 for complete results.) The survey asked counselors to rate their job satisfaction, and 49% of the counselors indicated not being satisfied with their job. As shown in Table 15, salary was the biggest reason reported for a counselor lacking job satisfaction.

Table 15
APS Counselors Survey Results
Reported Reasons for Dissatisfaction

<u>Reason</u>	<u>Percentage of Respondents</u>
Caseload	31%
Stress Level	38%
Salary	54%
Job Responsibilities	16%
Co-workers	4%
Overall Job Environment	11%
Uncooperative Clients	19%
Lack of Recognition	22%

Counselors were also asked to rank the amount they are paid for the work they do, and 90% indicated they are not satisfied with their salary. APS counselors have a lower beginning salary than other counselors with similar responsibilities and education requirements. For example, Children’s Services Case Manager 1s have a starting salary range of \$24,864 – \$39,780 while APS Social Counselor 1s have a starting salary range of \$23,868 – \$38,184. However, it

should be noted that APS Social Counselors 1 and 2 have a higher starting salary range than the Eligibility Counselors and the Vocational Rehabilitation Counselors.

Additional issues noted as part of dissatisfaction include:

- Safety – The APS counselors indicated having entered homes that contain methamphetamine labs; having been present in homes of individuals with mental illness, HIV, and chemical dependency; and other issues that put the counselor at risk.
- Services – Several counselors noted frustration at the inability to provide needed services to recipients. They noted that APS counselors do not have funds to provide necessities such as food to recipients that need immediate attention.
- Other agencies – Several counselors indicated problems working with other agencies and private companies. It was noted that sometimes other agencies or private companies use APS as a “dumping ground” for recipients that become too violent or difficult for them to handle, thus putting the APS counselors at risk.
- Bonuses – Staff in the Division of Family Assistance (from clerks to district management) are eligible for bonuses of up to \$1,375 from Families First funding, but the APS counselors are not eligible for any bonuses.

The department may wish to review the concerns of the APS counselors in order to improve the services to APS clients.

VOCATIONAL REHABILITATION CASELOADS

Vocational Rehabilitation counselors are responsible for determining client eligibility, evaluating the client’s employment potential, helping the client create and accomplish occupational goals, and ensuring proper services are provided. We analyzed information from division reports to determine cases per counselor and supervisor by region. See Table 16.

Table 16
Vocational Rehabilitation
Average Open & Closed Caseload for Counselors & Supervisors
From October 2004 to June 2005

<u>Region</u>	Counselors		Supervisors	
	<u>Number of Counselors</u>	<u>Average Active Cases Per Counselor</u>	<u>Number of Supervisors</u>	<u>Average Active Cases</u>
1	25	112	3	931
2	32	152	5	974
3	35	102	5	712
5	24	172	4	1,034
6	17	178	3	1,010
7	16	145	2	1,161
9	25	247	4	1,541
10	18	70	4	314
11	11	98	4	269
12	3	86	2	129
13	2	154	1	308
14	13	175	5	490

The Vocational Rehabilitation report showed cases in 12 regions; however, some regions are specialized or the counselors are located in Tennessee Rehabilitation Centers (TRCs). The specialized regions represent

- Region 10: counselors who specialize in the blind and visually impaired;
- Region 11: counselors who specialize in the deaf and hard of hearing;
- Region 12: counselors at TRC facilities in East Tennessee;
- Region 13: counselors at TRC facilities in Middle Tennessee;
- Region 14: counselors at TRC facilities in West Tennessee.

Because Regions 10 and 11 are specialized, the average caseload is less than the average caseload of counselors covering the general population. Depending on the location of the TRC facilities and how many facilities there are in that region, caseloads could vary from that of the general population as well. For example, Region 9, Shelby and Fayette counties, has a caseload higher than other regions. Tennessee's caseworkers currently have an average active caseload of 145. From a review of the *Fiscal Year 2002 Monitoring and Technical Assistance Guide* from the U. S. Department of Education, Rehabilitation Services Administration, we found a formula for calculation of caseload but no federal standards with regard to counselor caseload.

VOCATIONAL REHABILITATION ECONOMIC NEEDS TEST

In accordance with federal regulations, state vocational rehabilitation agencies operate under an Order of Selection process. Tennessee's Vocational Rehabilitation program has operated under an Order of Selection process since August 1, 2001. Under an order of selection process, a state develops methods, using federal standards, to identify individuals with the most severe disabilities and ensure that they receive services first. Remaining clients are placed on a waiting list. As of December 2005, Tennessee had a waiting list of approximately 9,000 individuals who had been diagnosed and assessed. As part of their vocational rehabilitation, eligible clients can receive money from the department to pay tuition and fees for college regardless of their economic need.

Federal regulations (34 CFR 361.48) require certain services to be provided regardless of economic need, and the department's rules mirror the federal standards. Those services that must be provided are

- assessment for determining eligibility and priority for services;
- assessment for determining vocational rehabilitation needs;
- vocational rehabilitation counseling and guidance and referral services to assist applicants in obtaining needed services from other agencies;
- interpreter services, reader services, and attendant (personal assistance) services; and
- job-related services.

Federal regulations (34 CFR 361.48[f]) state that training or training services in an institution of higher education will not be paid for with Vocational Rehabilitation (VR) funds unless maximum efforts have been made by the state VR program and the client to secure grant assistance from other sources to pay for that training. Further, federal regulations (34 CFR 361.54) do not require the financial need of individuals, referred to as an economic needs test, to be considered in the provision of VR services but allow the state to choose to consider the financial need of eligible individuals for some services. Tennessee's Department of Human Services Rule 1240-8-3.02 requires an economic needs test to be administered before the department will cover certain expenses but tuition and college fees are not one of them. The covered expenses are

- physical and mental restoration services;
- maintenance cost and/or transportation cost except when determining eligibility for vocational rehabilitation services, or nature and scope of services;
- tools and equipment; and
- rehabilitation engineering services, except as necessary to determine eligibility for vocational rehabilitation services or the nature and scope of services.

The economic needs test measures the income and resources of the family unit and determines the amount (if any) the family unit could contribute to services without causing a

financial hardship. An advantage of using needs tests is that they concentrate resources on those most in need. The VR program manual states that it is the department's intent to pay the cost of tuition and fees in all cases, provided it is documented that the client's Tennessee Education Lottery Scholarship (TELS), Tennessee Student Assistance Awards (TSAA), and other benefits will be used to pay for all other services needed to participate in the training. This means that two individuals with the same disability but varying financial resources will receive the same services at no cost. Currently, the department is reviewing the potential effect of placing an economic needs test on tuition and fees but is not certain that more clients could be served if rules were changed.

CHILD SUPPORT ENFORCEMENT THROUGH LICENSE REVOCATION

Federal law requires all states to monitor and revoke licenses of those non-custodial parents failing to make required child support payments. Sections 36-5-701 through 36-5-713, *Tennessee Code Annotated*, require that the department monitor and notify licensing agencies in the state of any non-custodial parents who are in arrears for payment of child support. The statute specifies the criteria for determining non-compliance—when the non-custodial parent is \$500 or more in arrears that are 90 days or more past due. However, because of inconsistencies in monitoring and documenting license revocation data, the department may be limited in its ability to adequately assess its performance in complying with license revocation requirements.

Once a year, the department's information systems staff request the licensing files from the state agencies that issue licenses including the Department of Safety (driver's licenses), Department of Health (health professionals), Tennessee Wildlife Resources Agency (sportsmen), Department of Education (teachers), Commerce and Insurance (occupational licenses), and Environment and Conservation (water quality testers, etc.). The staff then compare license files to the department's list of noncompliant non-custodial parents who meet the criteria for revocation. After the staff identify those parents who both match the criteria for revocation and have a license that is subject to being revoked by the state, they send each parent a certified letter warning of the consequences of nonpayment of the debt. The letter notifies the parent that they have 20 days to either pay off the arrears, make arrangements to do so, or appeal. If the parent does not respond appropriately, the department notifies the licensing agency. The licensing agency enters revocations into TCSES. The Department of Human Services is responsible for monitoring the numbers of licenses revoked and dollars collected as a result.

Department Child Support License Revocation staff provided auditors with the Tennessee Child Support Enforcement System license revocation numbers for calendar years 1999 through 2004. According to department staff, they believe some information is incomplete due to the fact that data were compiled manually for some of the years. Table 17 documents this information.

Table 17
TCSSES License Revocation Data for 1999 Through 2004

Action	1999*	2000	2001*	2002	2003	2004
Warning Letters Sent		10,994		22,987	23,871	10,829
Return Cards Received				11,561	12,470	5,935
Licenses Revoked		1,372		4,809	6,714	2,952
Amount Collected Attributed to Letters		\$1,122,149		\$10,970,396	\$4,742,532	\$2,512,499

* Information incomplete as the process was done manually.

Table 18 documents the number of revocations for not paying child support by agency for calendar years 2003 and 2004 according to Department of Human Services reports.

Table 18
License Revocations by Agency
Calendar Years 2003 and 2004

Agency	2003	2004
Department of Safety	6,696	2,558
Department of Education	2	4
Department of Health	1	40
Department of Commerce and Insurance	15	56
Tennessee Wildlife Resources Agency	322	294
Total	6,714	2,952

The vast majority of licenses revoked have been driver's licenses revoked by the Department of Safety. Based on a review of the data, it appears that the Department of Human Services may not have been consistent in its monitoring of the data. During 2000, 2002, and 2003 (no information provided for 2001), the number of warning letters sent was increasing (10,994 to 23,871), as was the number of revocations (1,372 to 6,714). However, the numbers for 2004 decreased by half for both categories: a 54.6% decrease in the number of warning letters sent and a 56% decrease in the number of licenses revoked. Even more puzzling is the wide range of dollar amounts collected as a result of the letters over this period—\$1,122,149 in 2000, \$10,970,396 in 2002, \$4,742,532 in 2003, and \$2,512,499 in 2004. Department management was unable to provide a definitive explanation for the differences, especially for the sharp decrease from 2003 to 2004.

One possible explanation provided by management is the timing of the licensure comparison check. In 2003, the license revocation process was started in August, and in 2004 it was started in October. Thus, in 2004, by beginning the process two months later, the department had two fewer months to collect accounts in arrears after the letters were sent out. A second possible explanation offered was the change from the Accenture contract to state oversight in 2003. (Accenture maintained the TCSSES system and provided reports from it for the department.) When the Accenture contract expired after the 2003 process, the contractor programmer was replaced with a state employee for the 2004 count. Therefore, management believes that the data for the two years may not be comparable.

Department management stated that the program is doing a good job in monitoring this process and that the revocation option is a very effective tool in enforcing child support payments. Lack of consistent monitoring information, however, limits the department's ability to make accurate assessments. The department should improve its efforts to maintain accurate and consistent revocation information by investigating unexplained variances in its performance data and ensuring that its data are comparable from year to year.

CHILD SUPPORT INFORMATION SYSTEM FULLY CERTIFIED EFFECTIVE JANUARY 2004

The Tennessee Child Support Enforcement System (TCSES) is fully certified by the U.S. Department of Health and Human Services (HHS). The system's certification is non-conditional and is not subject to periodic recertifications.

The federal Child Support and Enforcement Act of 1995 required that all states have an integrated statewide child support system in place within 10 years and that the system meet the requirements of the Family Support Act of 1988. As reported in the 2001 performance audit, in 1998 the department received conditional certification of TCSES because it met most of the system requirements of the Family Support Act of 1988. Although the certification was conditional, HHS did not assess any penalties. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) required another certification, and TCSES was ultimately given full PRWORA certification effective January 16, 2004. At that time, HHS also issued the department full certification for TCSES, as deficiencies noted in the initial certification had been adequately addressed.

According to department management, the only cause for a recertification would be either a major change in the system or new federal requirements. In that case, the recertification would only apply to the change in the system or the new requirements, as opposed to the system as a whole.

SOCIAL SECURITY DISABILITY DETERMINATIONS

The department, under an agreement with the Social Security Administration (SSA), processes Social Security and Supplemental Security Income disability claims. The Social Security Administration has two primary avenues for distributing benefits to persons with disabilities: Old-Age, Survivors, and Disability Insurance (OASDI) and Supplemental Security Income (SSI). The most recent available SSA *Factsheet* listed the federal monthly benefits paid by these programs to Tennesseans, as follows:

**Old Age, Survivors, and Disability Insurance Monthly Benefits Paid in Tennessee
December 2003**

OASDI category	Number of Individuals Receiving Benefits	Average Monthly Benefit	Total Monthly Benefits
Retired Workers	612,120	\$894	\$576 million
Widows and Widowers	114,100	\$811	\$120 million
<i>Disabled Workers</i>	163,300	\$829	\$147 million
Wives and Husbands of Retired and Disabled Workers	57,000	\$443	Included in above figures.
Children of Retired, Deceased, and Disabled Workers	101,180	\$447 \$574 \$250	Included in above figures.
Total	1,047,700		\$844 million

**Supplemental Security Income Monthly Benefits Paid in Tennessee
December 2003**

SSI Category	Number of Individuals Receiving Benefits	Average Monthly Benefit	Total Monthly Benefits
Aged	18,843	\$182	Not Disaggregated
<i>Disabled, Blind</i>	142,403	\$388	Not Disaggregated
Total	161,246		\$64.8 million

In order to qualify for disability benefits, the applicant's condition must meet the definition of "disability," defined by the Social Security Act as "inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months." Whether an individual meets this definition is initially adjudicated by SSA field offices and Tennessee Disability Determination Services.

Social Security Administration Field Office Role

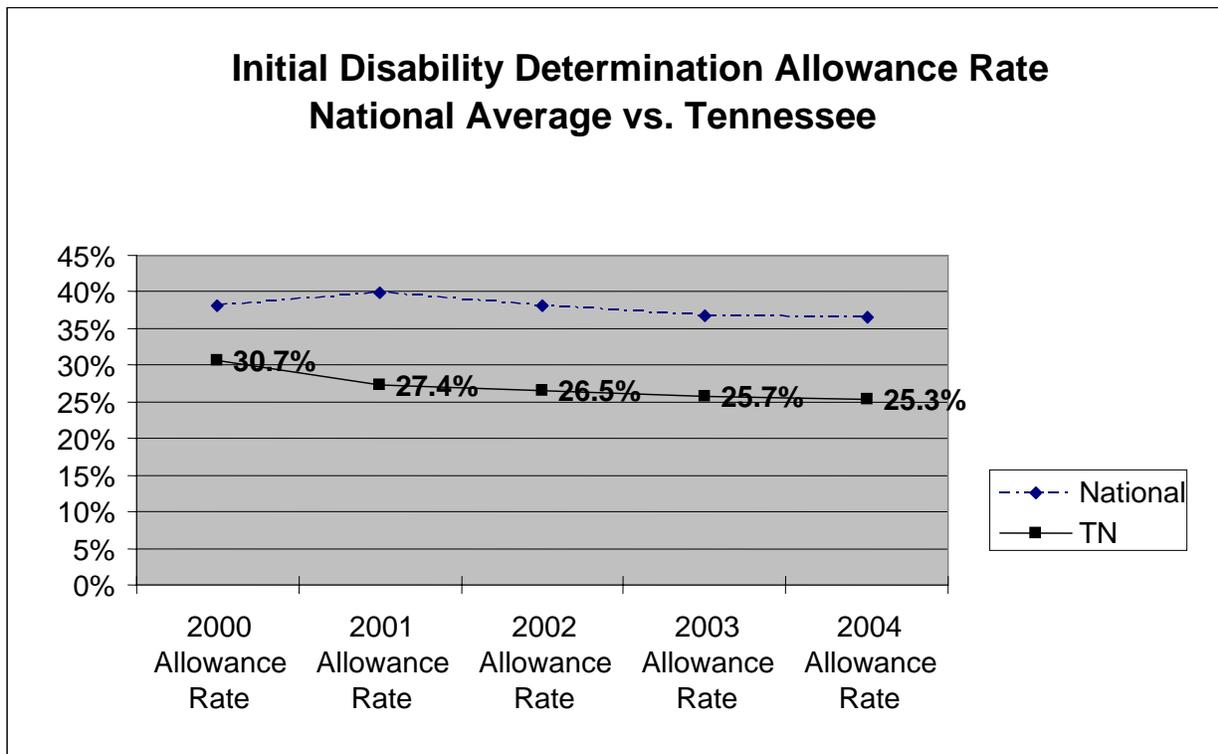
All Tennessee Social Security disability applications are first reviewed at one of the 30 federally staffed SSA field offices in the state. If the claimant meets the non-medical eligibility criteria for disability, SSA field staff forward the claim to the Disability Determination Services (DDS) section of the Division of Rehabilitation Services.

Tennessee Disability Determination Services – Initial Disability Determinations

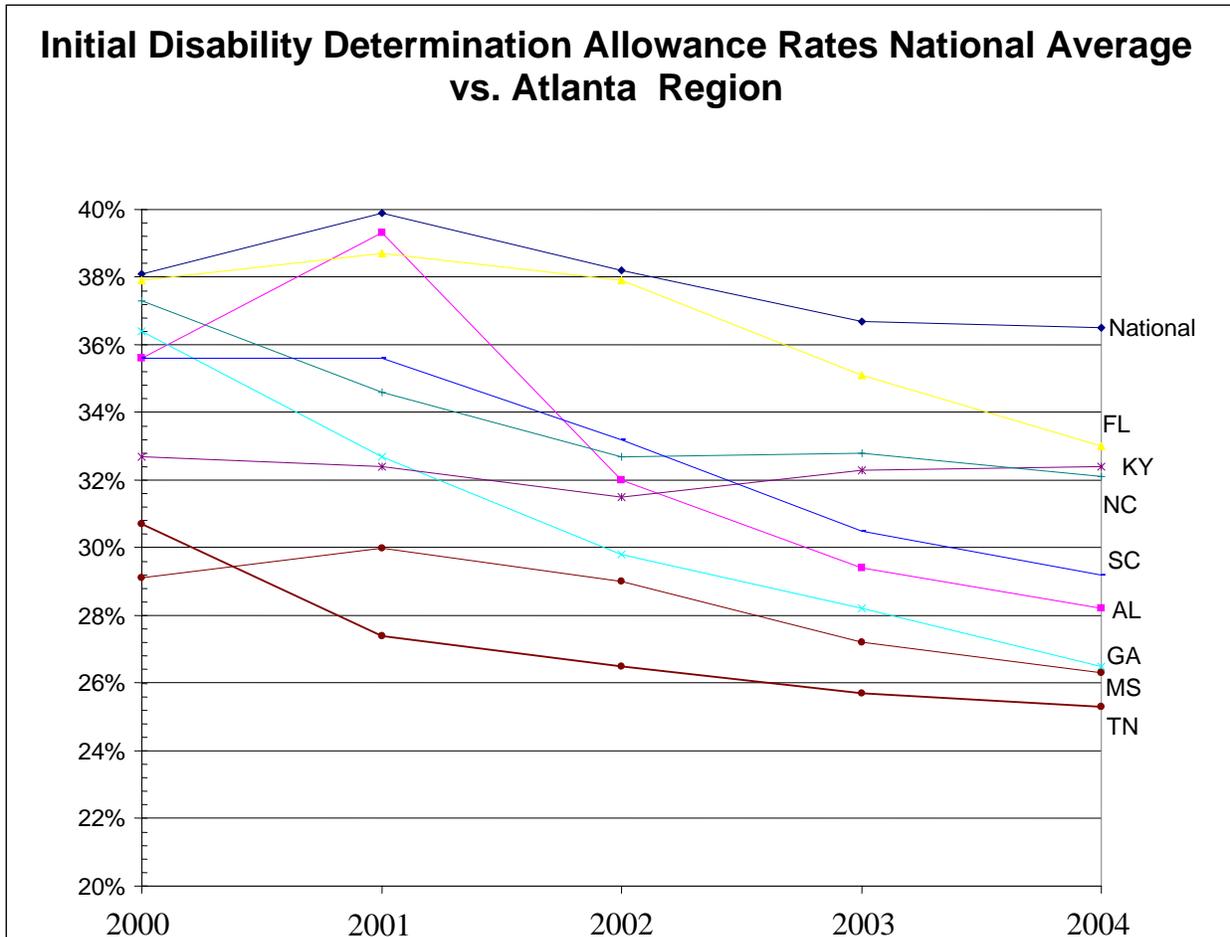
Tennessee DDS staff review the claimant’s medical and other evidence, obtaining additional evidence as needed to assess whether the claimant’s impairment satisfies program requirements, and make the initial disability decision. Tennessee DDS provided reports indicating initial disability application decisions made from September 2002 to June 2005, which are summarized as follows:

Tennessee Initial Disability Determinations	Federal FY 2003	Federal FY 2004	Federal FY 2005 (through 6/24/05)
Initial Determination–DDS Allowances	16,434	16,637	11,336
Initial Determination–DDS Denials	47,573	49,136	38,276
Initial Determination–Total Decisions	64,007	65,773	49,612

Analysis of SSA reports indicates that from 2001 through 2004, Tennessee’s initial disability determination allowance rate was the lowest in the nation, from 11% to 12.5% lower than the national average, as illustrated in the following chart.



However, it should be noted that other states within the eight-state SSA Atlanta Region also have relatively low initial disability determination allowance rates and appear to have followed patterns similar to Tennessee over the last five years, as illustrated in the following chart:



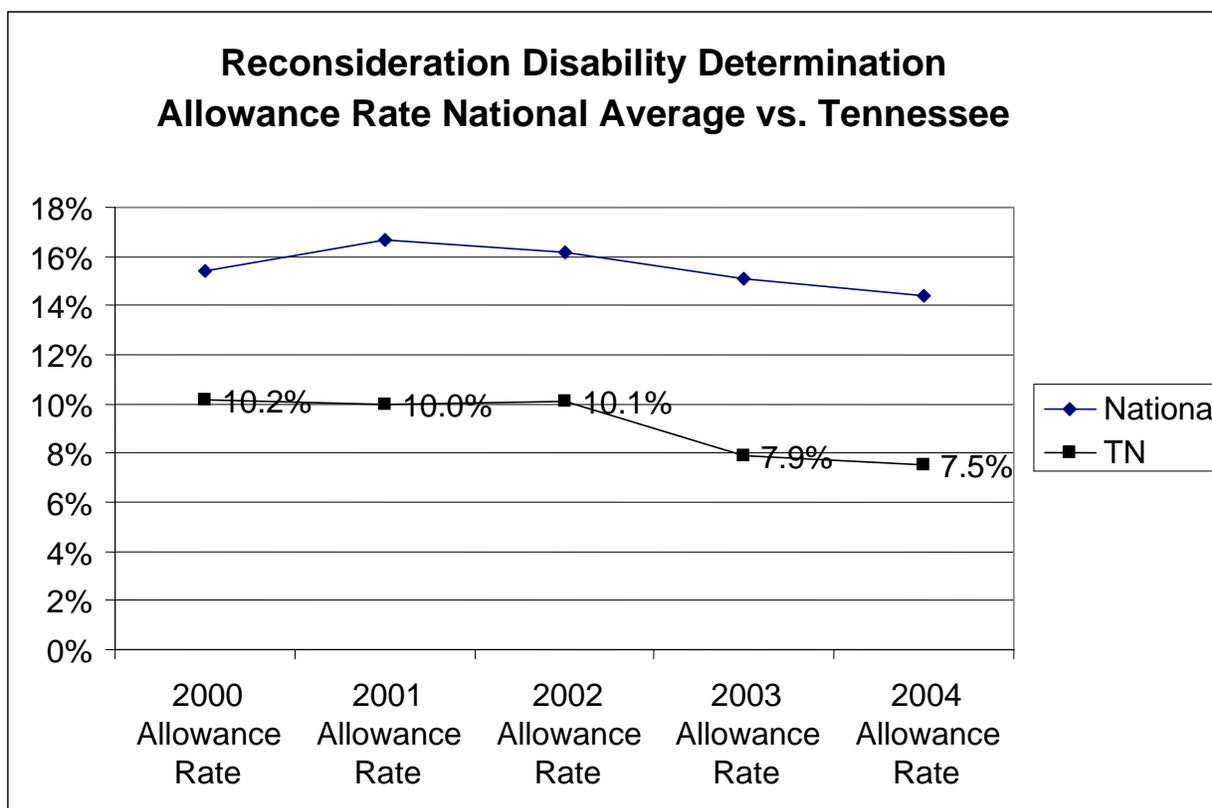
Tennessee Disability Determination Section – Reconsideration of Disability Determinations

If a claimant is not satisfied with the initial disability determination decision, he or she may request a reconsideration. During reconsideration, a second Tennessee DDS team will review the documentation in the case file, as well as any new evidence the claimant may submit, and determine whether the claimant meets the definition of disability.

Tennessee DDS provided copies of State Agency Operations Reports indicating reconsideration decisions made from September 2002 to June 2005, which are summarized as follows:

Tennessee Reconsideration Disability Determinations	Federal FY 2003	Federal FY 2004	Federal FY 2005 (through 6/24/05)
Reconsideration – DDS Allowances	1,978	1,806	1,194
Reconsideration – DDS Denials	22,981	22,339	17,055
Reconsideration – Total Decisions	24,959	24,145	18,249

Analysis of SSA reports obtained from the National Organization of Social Security Claimant’s Representatives indicates that from 2000-2004, Tennessee was among five states with the lowest reconsideration allowance rates. Tennessee’s reconsideration allowance rate has been more than 5% lower than the national average for that time period, as illustrated in the following chart.



Interviews and Quality Assurance Data

We asked both Tennessee DDS staff and SSA Atlanta Regional Office of Quality Assurance staff about Tennessee’s relatively low disability initial and reconsideration allowance rates. Tennessee DDS staff stated that Tennessee DDS does not formally track allowance rates. They said their emphasis was on accuracy, not allowance rates. The staff further stated that a “large majority” of Tennessee applicants did not have legitimate claims and that application volumes tend to increase during periods of high unemployment.

SSA Atlanta Regional Office of Quality Assurance staff conduct regular reviews of DDS decisions in Tennessee and the seven other states included in the Atlanta region. According to Regional Office staff, quality reviews are conducted on 50% of allowances processed by Tennessee DDS. Regional Office staff stated that the quality review emphasis on allowances was a regional policy and was not meant to deter allowances.

Regional Office staff also conduct quality assurance reviews on a small sample of all allowance, denial, and continuing disability reviews. A May 2005 regional quality assurance report showed that 96 Tennessee DDS initial denials and 82 allowances were reviewed between February and April 2005. Tennessee's initial denial accuracy rating was 93.1%, compared to the regional average of 93.8%. Tennessee's initial allowance accuracy rating was 97.7%, compared to the regional average of 95.5%. The report's regional accuracy goal for denials was 93.5%, while the regional accuracy goal for allowances was 96.5%.

Analysis of the report reveals that Tennessee DDS has had above-average processing times, medical costs per case, and total costs per case. Medical costs are the amount DDS spends on medical services (i.e., payments to obtain medical records, having a doctor hired by DDS examine the patient, running tests, etc.) in order to determine whether the patient meets the medical disability requirements. Total costs per case also includes personnel, indirect, and miscellaneous costs such as communication costs.

The data are presented in Table 19.

Table 19
Initial Processing Time and Costs Per Case for the Atlanta Region

	Year-to-Date Overall Initial Processing Time April 2005 (in days)	Cumulative Medical Cost Per Case March 2004	Cumulative Total Cost Per Case March 2004*
Alabama	90.4	\$144.26	\$463.81
Florida	95.4	\$124.08	\$382.90
Georgia	101.1	\$118.04	\$435.11
Kentucky	82	\$91.27	\$381.39
Mississippi	91.5	\$101.60	\$303.41
North Carolina	95	\$117.41	\$351.05
South Carolina	105.5	\$117.95	\$425.43
Tennessee	119.1	\$163.90	\$440.33
REGION	97.6	\$112.69	\$395.30
NATION	96.3	Not listed	Not listed

* The most recent data were reported in March 2004.

Administrative Appeals of DDS Reconsideration Determinations

If the claimant is not satisfied with the DDS reconsideration determination, he or she may request a hearing before an administrative law judge at one of five federally staffed SSA Office of Hearings and Appeals centers in Tennessee. The administrative law judge conducts a new review of the claimant's file, including any additional evidence the claimant submitted after the DDS decision. At a hearing, the administrative law judge may hear testimony from the claimant, medical experts on the claimant's medical condition, and vocational experts regarding whether the claimant could perform work he or she has done in the past or could perform other work currently available in the national economy. Administrative law judge hearing decisions may be further appealed to the SSA Appeals Council.

Although Tennessee has a low initial allowance rate compared to the national average, other states in Tennessee's region also have low rates. Tennessee's 2005 federal quality assurance review indicated a high level of accuracy in its allowance and reconsideration decisions.

APPEALS PROCESSING

The Division of Appeals and Hearings processes appeals and conducts hearings for applicants and clients who believe they did not receive the services or benefits to which they were entitled from the department. Between November 15, 2004, and September 18, 2005, the department received 87,981 appeals, according to department management reports. The reported number and percentage of each type of appeal are listed in Table 20:

Table 20
Appeals Received
November 15, 2004 – September 18, 2005

Program	Number of Appeals	Percent of Total
TennCare (Family Assistance)	62,742	71.31%
Medicaid (Family Assistance)	20,928	23.80%
Child Support	2,639	3.00%
Food Stamps (Family Assistance)	1,176	1.34%
Families First (Family Assistance)	441	0.50%
Other ¹	45	0.05%
Total	87,981	100.00%

¹ Includes Child Care, Rehabilitation Services, Child and Adult Care Food, Child Care Certificates, and Weatherization Assistance program appeals. Eight other department programs had no appeals, according to the management report.

Rule 1240-5-8-.01 states that the maximum time limit for processing appeals is 90 days for the Family Assistance and Social Services Programs, except that Food Stamps appeals will

be processed within 60 days. The time limits apply to the period extending from the date the request is received by the department until the date the final order is entered.

Processing Family Assistance Appeals

Four department programs fall under the Family Assistance program category: TennCare, Medicaid, Food Stamps, and Families First. Appeals for these programs, which constituted 85,297 out of 87,981 total appeals received between November 15, 2004, and September 18, 2005, go through intake and conciliation processes before hearings are scheduled. Appeals Division staff determine whether an appeal has been submitted timely. For Medicaid and TennCare appeals, staff determine whether the appeal raises a valid factual dispute, that if resolved in favor of the appellant, would prevent the state from taking the action. Accepted appeals are then reviewed by program specialists, who begin the conciliation process. During conciliation, program specialists attempt to contact the appellant to resolve the case.

According to division management, the time guideline for intake of an appeal is 24 to 48 hours. Conciliation is to occur within the next 30 days. The Appeals Resolution Tracking System (ARTS) sends alerts to staff and supervisors reminding them of actions needed regarding cases.

If an agreement cannot be reached, the appeal is forwarded for case preparation. The director stated that most TennCare and Medicaid appeals not related to the Summer 2005 disenrollment, Food Stamps appeals, and Families First appeals are sent to the department's Case Preparation Unit. Administrative Law Judges were used by the department starting in January 2005 to hear appeals. However, after June 2006, the department stated that only DHS hearing officers will be conducting DHS appeals hearings. In order to handle the TennCare disenrollment hearings, the department hired additional hearing officers.

Department Monitoring of Appeal Timeliness

The department uses the Appeals Resolution Tracking System (ARTS) for processing, scheduling hearings, and monitoring the status of appeals. Timeliness and volumes of appeals, by specific task and program, are regularly monitored through queue displays within ARTS, according to the Assistant Commissioner of Appeals and Hearings. Weekly management reports generated by ARTS provide overall numbers of appeals received and appeals processed as well as appeals resolved, withdrawn, and those needing further documentation.

Data from the various reports provided by the department appeared to show that, as of September 18, 2005, at least 60,231 out of 87,981 appeals had not been scheduled for a hearing or resolved in lieu of a hearing. The analysis is provided in Table 21.

Table 21
Appeals Received and Appeals Resolved or Scheduled for Hearing
November 15, 2004 – September 18, 2005

Program	Appeals Received	Conciliation Resolutions	Resolutions Resulting in Withdrawals	Not Timely Appeals	Total Scheduled Hearings*	Appeals Not Scheduled for Hearing or Resolved
TennCare	62,742	5,489	5,772	613	12,927 for all programs	
Medicaid	20,938	406	432	121		
Child Support	2,639	N/A	766	450		
Food Stamps	1,176	284	233	14		
Families First	441	59	50	6		
Other	45	N/A	3	1		
TOTAL	87,981	6,238	7,256	1,205	12,927	60,231

Source: Department of Human Services “Weekly Management Report 9-18-05.”

* Although one of the department’s reports listed total numbers of scheduled hearings by location, there was not a report that listed the numbers of scheduled hearings by specific program.

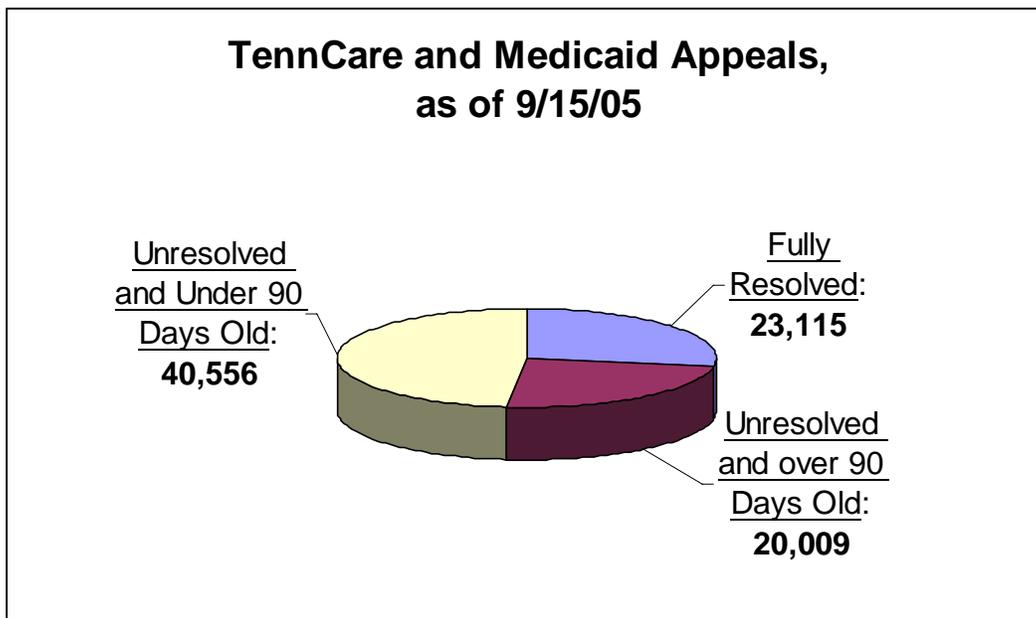
TennCare and Medicaid Appeals

The Assistant Commissioner of Appeals and Hearings stated that the department has been focusing on a growth strategy in order to handle the increased number of TennCare and Medicaid appeals caused by recent TennCare program changes. (The division assumed appeals cases from TennCare in January 2005.) In addition to using family assistance service center staff, 100 eligibility counselors were being used for intake and conciliation and 175 to 200 temporary legal assistants and attorneys were being used in the fair-hearable determination processes.

The Assistant Commissioner also stated that 120 law school graduates, some of whom were licensed attorneys, had been hired on an interim basis in order to provide hearings for TennCare and Medicaid appellants and in the valid factual dispute process. There were seven hearing locations, each with between two and five hearing rooms. The hearings typically take between 30 minutes to an hour, and 40-60 hearings are typically scheduled per day per hearing room. For in-person hearings, 40 were scheduled per day. For telephone hearings, 20 were scheduled per day. When a hearing is scheduled, an appellant is sent a letter that provides 10 days’ notice of the time and location of the hearing. The assistant commissioner stated that the hearing rooms are overbooked because many of the appellants are not expected to show up for their hearings, in which case default judgments or continuances occur.

The department also provided a TennCare-Medicaid Appeals Report covering appeals from November 15, 2004, through September 18, 2005. Analysis of this report revealed that

only 27% of the 83,680 TennCare and Medicaid appeals received since November 15, 2004, had been fully resolved (e.g., through a final order entered by a hearing officer, conciliation, withdrawal, or a determination that the appeal was not fair-hearable.) The following chart of TennCare and Medicaid Appeals shows the department's reported status of all appeals received since November 15, 2004, as of September 18, 2005:



As illustrated above, the department reported that over 20,000 TennCare and Medicaid pending appeals were more than 90 days old. However, not all of those appeals were actually overdue and in violation of the department's rules, according to department staff. The assistant commissioner stated that some appellants had been granted continuances. Appeals over 90 days old that had been continued could be distinguished from overdue appeals only on a case-by-case basis, according to department staff.

The TennCare program changes and disenrollment hearings resulted in higher appeals cases for the division. Because of the potential effect of the process on the citizens of Tennessee, the division should regularly review its policies, procedures and performance to ensure it is resolving appeals within the time limits required by department rules.

FINDINGS AND RECOMMENDATIONS

- 1. State law allows newly hired child care employees to work with children pending the results of criminal background checks; the department's internal audits have found providers have not always submitted fingerprints timely**

Finding

State law requires employees of child care providers to have criminal history record checks although these employees may work at the center while the center is waiting for the results. Child care providers have not always submitted fingerprints for processing to the department within the 10-day requirement, which could put children at risk of being in the care of convicted criminals. The longer the process takes, the longer an inappropriate person could have contact with children.

Authority and Procedure for Background Checks

Section 71-3-507, *Tennessee Code Annotated*, requires anyone applying to work in a position that has contact with children to complete a criminal history disclosure form and provide a fingerprint sample to the Tennessee Bureau of Investigation (TBI). The law requires child care providers to obtain and submit fingerprint samples and any information necessary to process a criminal history review of employees within ten days of the first day of employment. The disclosure form and fingerprints are submitted by the provider to the department for submission to TBI. The TBI reports the results of the criminal history review to the department, which informs the child care provider. The department maintains the results of all criminal background history reviews in the Criminal Background Investigation Tracking (CBITS) computer system. The department pays TBI for the cost of processing the criminal history background fingerprint check (\$56 for each person checked). According to a DHS CBITS report dated June 2005, the department had processed criminal background checks on 68,655 child care employees since February 2001. Of those, 7,338 had serious findings. When a background check has a serious finding, the department contacts the provider and the provider is required by law to dismiss the employee. The employee has the right to appeal the decision to the department.

Evaluator Review of High-Risk Areas During Inspections

The department's manual, *Adult and Child Care Licensing Policy and Procedures* requires evaluators to assess high-risk areas at each unannounced inspection of a provider (evaluators also make announced inspections). One of the high-risk areas is criminal background check compliance. During the visit, the evaluator determines if there were employees hired since the prior visit and if criminal background checks were performed. We asked staff for reports on evaluator-found noncompliance with the background check policy. According to staff and licensing division management, although this non-compliance information is entered into the system, the Tennessee Child Care Management System does not provide a report function that

would allow monitoring of noncompliance evaluators find. The division can obtain inspection information on specific child care centers but cannot determine the extent of noncompliance at child care centers.

Review of Internal Audit Reports

The department's Internal Audit Section performs audits of licensed child care providers participating in the Certificate Program. Of 3,711 child care centers, 2,345 are in the certificate program. (The certificate program pays providers for child care provided to eligible low income families; not all providers participate in the program.) The audits are on-site reviews of providers' compliance with Provider Policy and the Provider Agreement. A sample of child care providers is chosen each year. A report of the review and any findings are sent to the provider, the Certificate Program staff, and Licensing staff. The report includes a request for a response and corrective action plan on findings from the provider. We reviewed all 56 of the internal audit reports dated March 2004 through March 2005. Of those 56 reports, 11 had a finding that the center did not submit fingerprints timely (within 10 days). In the 11 centers with this finding, the number of employees for whom background checks were not performed timely ranged from one to 12 employees. The number of days between the date of employment and the date fingerprinted ranged from 12 days to 353 days.

Penalties and Actions Taken

Management of the Licensing Division stated that Rule 1240-4-5-.04 allows the department to assess providers who do not perform timely background checks civil penalties of \$50 per violation and in some cases, depending on the severity of the non-compliance, the department can place the provider on probation or revoke their license. The director of the Licensing Division said that in the majority of cases, the provider is sent a "Put On Notice" letter which tells the provider that it has a certain time period in which to correct the violations. The director also said that most providers do not repeat errors involving background checks. As of September 2005, the division had 19 legal referrals and had assessed civil penalties for 4 providers and placed another 4 providers on probation. However, the division does not take action to revoke a license solely on the basis of a finding that background checks were not performed but only takes action when multiple violations of rules are found.

Comparison to Other States

Under Tennessee law, a child care provider may hire an applicant as a conditional employee pending the outcome of the background check. These conditional employees are allowed to work with children while the provider waits for the results of the background check. An individual whose criminal history includes a crime against a child or a crime of violence against any person cannot be employed on a permanent basis. State law requires a provider to immediately dismiss an individual from employment if the criminal background history discloses that individual has been charged with a violation or has a pending violation in the prohibited categories. Failure to do so can result in suspension of the provider's license.

We reviewed the statutes of eight border states regarding background checks of persons working with children. Only two states (Georgia and Virginia) address when the employee can start working with children. Georgia is the most restrictive, providing for employment to commence only after the background check is completed and the person does not have a record. Alabama requires notification of subsequent convictions of persons who have had the background check.

Table 22

Background Check Laws – Other States	
State	Law
Alabama	<p>Under Section 38-13-3, <i>Code of Alabama</i>, all employees must submit 2 sets of fingerprints. Under Section 38-13-4(b): “Upon receipt of a signed criminal history statement which does not indicate conviction for a crime prohibiting employment under the suitability, an employer, including the Department of Human Resources, may employ an applicant or allow a volunteer or contract provider to work provisionally pending receipt of a suitability determination from the Department of Human Resources.”</p> <p>Of note, Alabama law (Section 38-13-7) requires the Department of Safety to notify the Department of Human Resources of a subsequent conviction entered into the automated system subsequent to the initial report, for a crime committed by an individual for whom a criminal history background information report has been sent. The Department of Human Resources is required to include the conviction in an amended or subsequent suitability determination.</p>
Arkansas	<p>Section 20-78-602 (c) (2), <i>Arkansas Code Annotated</i>, states that “the owner or operator of the child care facility shall submit an applicant’s criminal records check form to the division for processing within 10 days of hiring the employee, who shall remain under conditional employment until the child abuse registry check and criminal records checks required under this subchapter are completed.” The statute does not specify whether there are any restrictions on a conditional employee. Under (b) of that section, if an employee has been a resident of the State of Arkansas for the preceding 6 years, the employee only has to have a state criminal records check. Of note, under subsection (e), center operators and employees must reapply every five years for a statewide criminal records check, the results of which are forwarded to the division.</p>
Georgia	<p>Under Section 49-5-69, <i>Georgia Code Annotated</i>, day care centers must maintain documentation in the employee’s personnel file which reflects that a satisfactory preliminary criminal records check was received before the employee began working with children.</p>
Kentucky	<p>Section 199.896, <i>Kentucky Revised Statutes</i>, states that “directors and employees of childcare centers in a position that involves supervisory or disciplinary power over a minor, or direct contact with a minor, must submit to a criminal record check.” The application will be denied if the applicant has been found by the Cabinet for Families and Children or a court to have abused or neglected a child or has been convicted of a violent crime or sex crime. It further states that “a director or employee of a child-care center may be employed on a probationary status</p>

Background Check Laws – Other States	
	pending receipt of the criminal background check. Application for the criminal record of a probationary employee shall be made no later than the date the probationary employment begins.”
Mississippi	Section 43-15-307, <i>Mississippi Code Annotated</i> , states that a person required to register as a sex offender may not be employed at a child care service. Section 43-20-8 lists background check and fingerprint requirements but does address the waiting period.
Missouri	Section 210.906, <i>Missouri Revised Statutes</i> , addresses background checks but does not address the waiting period. Under Section 210.909, the results of the background check are to be included in the state’s Family Care Safety Registry.
North Carolina	Section 110-90.2, <i>North Carolina General Statutes Annotated</i> , addresses fingerprinting and determining whether a child care provider is qualified to provide child care based on the provider’s criminal history. Providing child care before this determination has been made is not addressed.
Virginia	Section 63.2-1721 A, <i>Annotated Code of Virginia</i> , requires background checks for license applicants and those agents who will work with children. Part D of this section states that “no person specified in subsection A shall be involved in the day-to-day operations of the child welfare agency or shall be alone with, in control of, or supervising one or more children without first having completed background checks . . .” Under Virginia law, Section 63.2-100, day care centers are considered child welfare agencies.

Recommendation

To ensure that individuals with potentially dangerous criminal histories are not present in facilities, the management of the Licensing Division should ensure that criminal background checks are completed timely on all child care employees through timely review by supervisors of the evaluators’ findings regarding background checks and through the use of penalties. The commissioner should review this finding and direct staff to document any additional risks and reasonable mitigating controls, which should be implemented as soon as practicable.

The General Assembly may wish to amend *Tennessee Code Annotated*, Section 71-3-507, to require the background check to be completed prior to employment.

Management’s Comment

We concur. Although the finding is based in part upon a comparison of non-timely background checks to the number of agencies reviewed, rather than to the total number of background checks performed, we certainly agree that all background checks should be completed timely.

Towards that end the department has established reasonable mitigating controls to ensure timely completion of background checks. In addition, both licensing inspectors and internal

audit staff conduct unannounced visits to child facilities to monitor compliance with the fingerprinting requirements.

The department also supports the recommendation that the General Assembly consider amending the Tennessee Code to require a pre-employment background check.

2. The department did not comply with its child care licensing policy regarding unannounced inspections of day care providers, increasing the risk of violations of child care standards

The department did not comply with its licensing policy concerning unannounced inspections of licensed child care providers. When inspections are not performed in a timely manner, child care providers could jeopardize the safety and well-being of the children entrusted to the providers’ care.

Section 71-3-508, *Tennessee Code Annotated*, states, “It is the duty of the department, through its duly authorized agents, to inspect at regular intervals, without previous notice, all child care agencies . . .” The department’s *Adult and Child Care Licensing Policy and Procedures* specifies the number of unannounced inspections (UAVs) to be conducted per licensure year. Providers are to receive three to six UAVs based on the number of stars they received in the Star-Quality Program. Every agency must receive at least one unannounced visit during every quarter of the licensing year. See Table 23.

**Table 23
Child Care Providers
Number of Unannounced Visits Per Licensing Year
As of April 2005**

	Twelve-Month Programs	Nine-Month Programs
New Providers and Providers with 0 Stars	6	6
One Star Providers	5	5
Two Star and Three Star Providers	4	3

The department’s *Adult and Child Care Licensing Policy and Procedures* states “an agency’s program can degrade rapidly – thus periodic UAVs dispersed throughout the entire licensing year must be maintained.” The purpose of the unannounced inspections is to ensure that minimum standards are being met and to ensure the quality of care provided by the child care providers. In addition, the manual discusses required monitoring of high-risk areas—supervision, criminal background checks, and transportation—that must be assessed at every visit to the providers.

Those areas are considered high risk, according to the manual, because a single violation can result in immediate, significant risk to children in care. Monitoring supervision includes verifying that caregiver-to-child ratios are maintained at all times. Monitoring transportation requirements includes reviewing driver's license information for each employee who drives when children are transported and assessing weather-related transportation safety. Each visit includes a review of the results of the check of recently hired employees to determine if the criminal background checks have been performed and the results of the checks. For example, records should reflect that excluded employees were dismissed.

We obtained a list of 10,819 unannounced visits of 3,308 licensed child care providers whose licenses were in effect during fiscal year ended June 30, 2005. We found DHS did not conduct or did not document the required number of unannounced inspections or did not inspect the center each quarter as required in 154 (5%) of child care providers.

The *Adult and Child Care Licensing Policy and Procedures* states that field supervisors are to use quarterly reports from the Tennessee Child Care Management System (TCCMS) to ensure staff conduct the minimum required visits. The program coordinator stated that field supervisors seemed unaware of this policy when it was discussed in staff meetings. Licensing staff also said that UAVs could have been completed and the paperwork could have been in the licensing folder in the regional office, but the information might not have been entered into the Tennessee Child Care Management System.

If inspections are not performed in a timely manner, child care providers could jeopardize the safety and well-being of the children entrusted to the providers' care. Also, if inspections are not properly documented in TCCMS, department management does not know whether centers are being inspected.

Recommendation

The director of the Child Care Licensing Division should ensure that licensing staff make unannounced visits as required by policy. The director should ensure that supervisors follow policy to review quarterly reports on inspections and should ensure that inspections are performed. Staff should enter all inspection dates in TCCMS to reflect unannounced inspections.

Management's Comment

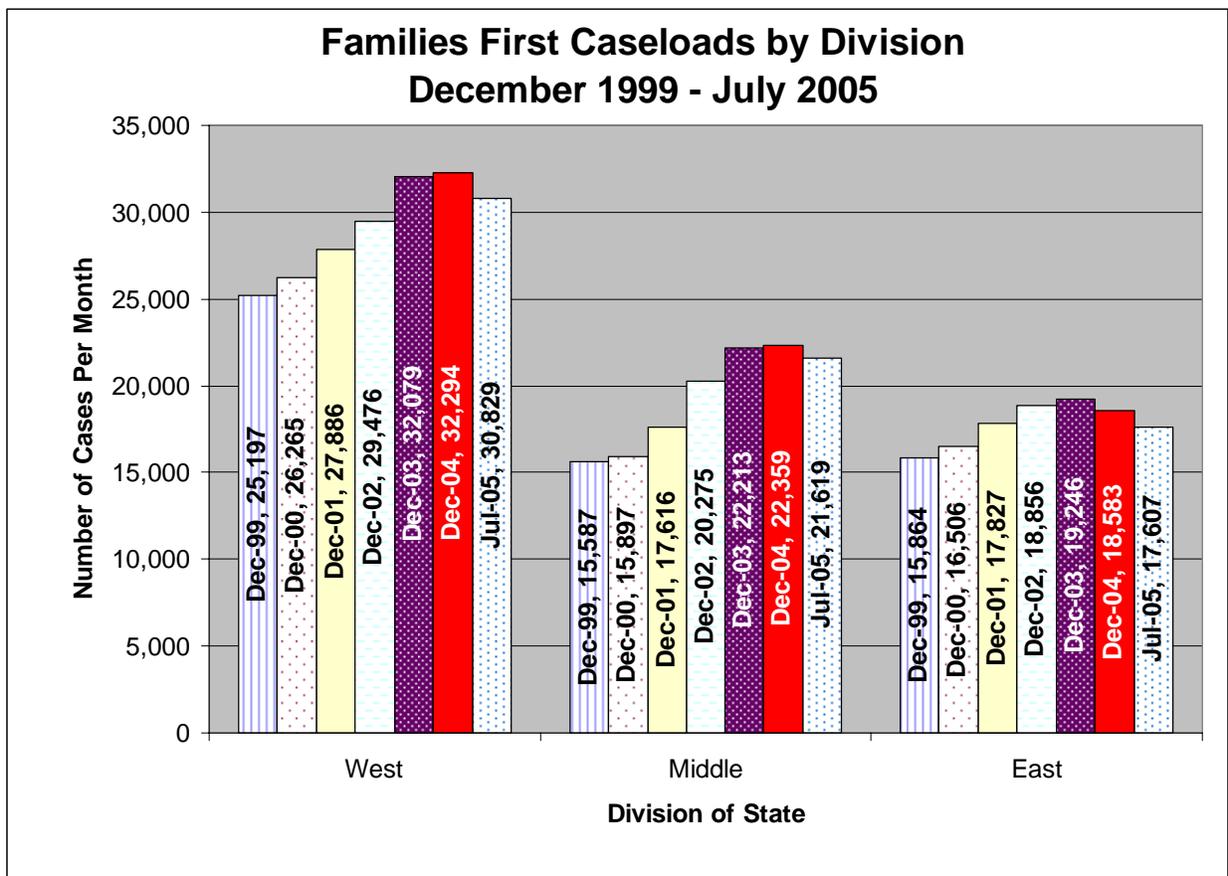
We concur. The department will continue to stress to licensing staff the importance of making, documenting and monitoring the required number of unannounced visits in all facilities, as this review found is done in at least 95% of the cases.

3. The department has not established Families First caseload goals

Finding

The Families First caseload was 70,055 participants in July 2005. The department has 1,455 eligibility counselors, but does not track the average caseload per counselor and has not established caseload goals. In addition, the results of our survey indicated that counselors are concerned about high caseloads. High caseloads can affect the counselors' ability to serve the clients and help them become self-sufficient.

We obtained Families First caseload data from December 1999 through June 2005. The following graph displays the data broken into the three grand divisions.



The Families First caseload was increasing steadily from December 1999 until December 2004. There has been a slight decrease in the caseload from December 2004 to July 2005. The following chart illustrates the decrease.

Division	Dec 04	July 05	Decrease in Caseload	Percentage Change in Caseload from 2004 to 2005
West	32,294	30,829	-1,465	-4.54%
Middle	22,359	21,619	-740	-3.31%
East	18,583	17,607	-976	-5.25%
Total	73,236	70,055	-3,181	-4.34%

Auditors asked management if the department had established an ideal caseload for eligibility counselors. There is not. While there is no policy on an ideal caseload, the Director of Families First Policy stated that eligibility counselors should be able to handle 70 cases. (In November 2004, the Governor’s Task Force recommended a caseload of 50-70 clients.) The director requires the county offices to monitor the caseloads of the counselors they supervise, but the central office does not monitor the caseloads. A smaller caseload would give eligibility counselors more time with the participants. It would allow the eligibility counselors an opportunity to emphasize to clients the importance of complying with the Personal Responsibility Plan, and it would provide the participant more time to ask questions. Some of the survey responses from counselors suggested that they believe the caseloads and work loads are not evenly distributed. Caseload goals are essential for helping management ensure that the caseload is equitable among counselors.

In our survey, eligibility counselors were asked to rate their job satisfaction. Those who were dissatisfied were asked to list the contributing factors. Of those who responded, 40% were dissatisfied with their job based on caseload level. It is reasonable to assume that a high caseload level would contribute to an increased stress level. Of those responding, 46% stated they were dissatisfied because of the stress level. One of the eligibility counselors surveyed stated that the caseload is so overwhelming that it leads to a lot of stress, especially when workers are not able to finish their work in a timely manner. In addition, 54% of the counselors said that they did not have adequate time to perform their job satisfactorily.

Auditors requested turnover data for fiscal years ended June 30, 2003, 2004, and 2005. Upon reviewing the data provided by the department, it was determined that the department had provided vacancy rates and not turnover rates. (Vacancy rate is the number of funded positions currently vacant divided by the total number of funded positions for the same time period.) To calculate the turnover rate, the number of positions that were vacated during a certain time period would be divided by the average number of eligibility counselors during the same time period. The department may wish to revise its calculation methods in order to determine the turnover rate. For 2003, the Eligibility Counselor vacancy rate was 17.36%. In 2003, there were 1,544 Eligibility Counselor positions, and 268 of those positions were vacant. (The department did not provide more recent data on vacancy rates.) As a result of this, the remaining counselors were forced to absorb the caseload of the vacant positions.

Recommendation

Management of the Family Assistance Division should determine the average caseload per eligibility counselor and determine how much this differs from the stated ideal of 70 cases. It should set caseload goals that will allow counselors sufficient time to work with clients to become self-sufficient. Management should determine these goals based on the other duties case managers perform, such as working with Food Stamp and TennCare participants. It should examine the distribution of counselors across the state and move positions if necessary. The department should also monitor the turnover rate of eligibility counselors.

Management's Comment

We concur in part. While caseloads of 70 per worker have been discussed as a long-term goal; this is not a number that has been proven as the appropriate number per worker to ensure quality case work. The department has a specified number of eligibility workers and these workers are spread across the state according to the workload. It is unrealistic to think that the department can respond immediately to swings in caseloads; however, the Assistant Commissioner of Adult and Family Services does receive periodic reports of staffing levels per caseload and does move vacant positions as needed to relieve unequal workload to the extent possible. In addition, the district administrators have the ability to request a transfer of vacant positions across counties within their districts to better manage caseloads and staffing. The staffing levels and caseload adjustments do consider all Family Assistance programs.

The department has taken steps to support staff, and lessen the burden of large caseloads, through the development of the Family Assistance Service Centers (FASC) implemented in 2004. FASC staff are able to schedule appointments, answer questions, and make certain case changes therefore relieving this function from county office staff.

In addition, three case management pilot programs are planned to begin in July 2006 in three areas—Shelby County, Washington County, and the 3-county area of Overton, Clay, and Putnam Counties. Management staff in those areas will organize operations in a manner that will allow Families First workers to reduce caseload sizes (to varying degrees based on capacity). These pilot programs will be evaluated to determine the impact of smaller caseloads on the quality of service, and the impact of the corresponding larger caseloads for other caseworkers who are responsible for the other Family Assistance programs.

4. The department should review the conciliation process to determine what changes can be made to ensure that the process does not serve as a disincentive to comply with personal responsibility plans

According to the Families First waiver, before an “assistance group” (family receiving assistance) is sanctioned, the eligibility counselor should attempt a conciliation conference with the adult who has not complied with his or her personal responsibility plan (PRP). The purpose

of the conciliation conference is to determine whether there is “good cause” for the participant’s noncompliant action.

The 2001 performance audit report found that several Families First participants appear to abuse the conciliation process. At that time, the report recommended that the department develop and implement restrictions to participant access to the conciliation process. The report also recommended that the department compile and summarize information on the extent of participant abuse of the process. The commissioner concurred and said that training, policy clarifications, and a case review process had been implemented to ensure a stronger understanding of the conciliation process policy by staff. In addition, an intensive counseling service had begun that would help participants with personal problems that might interfere with compliance.

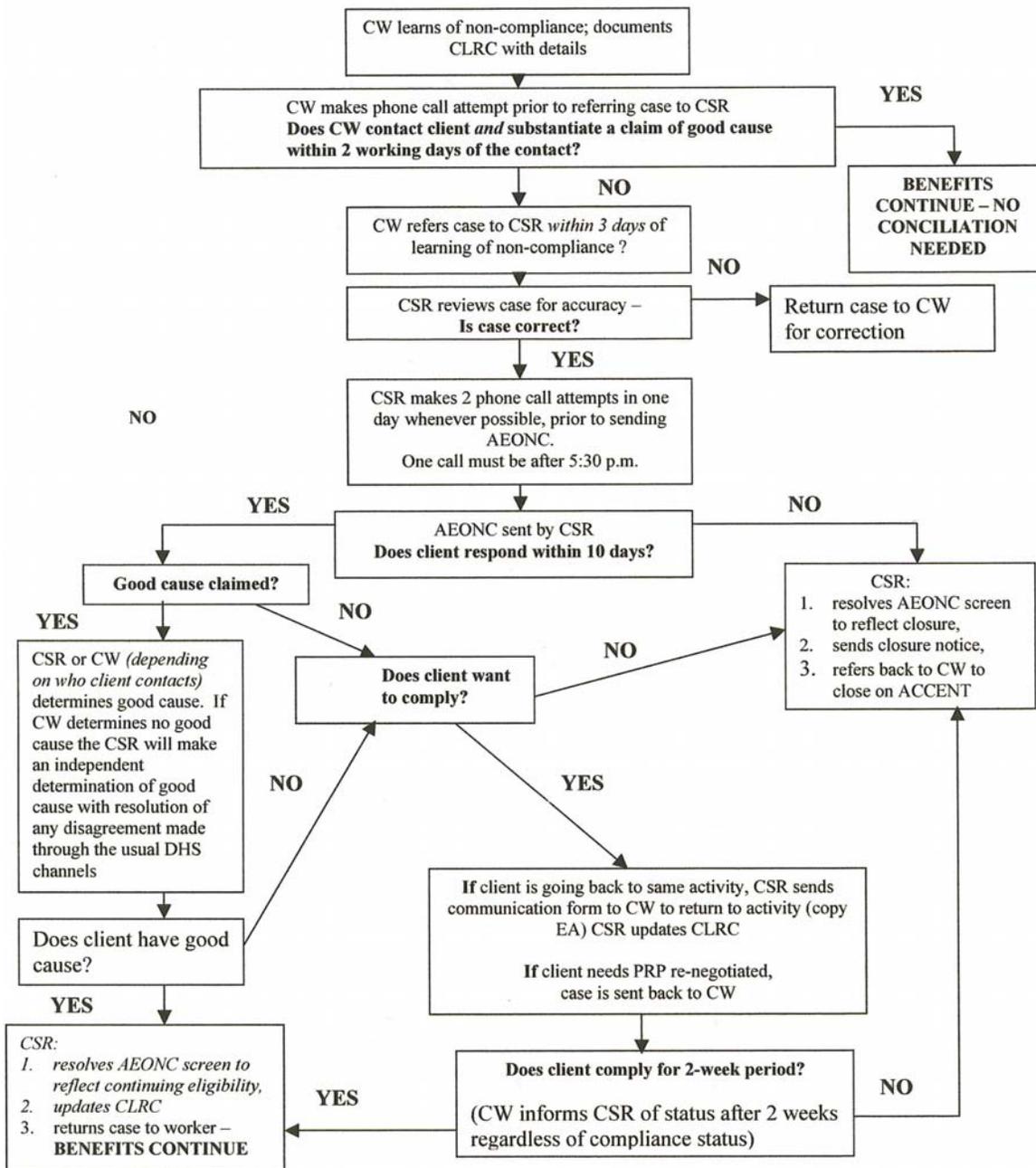
However, the department has not developed or implemented restrictions regarding the conciliation process, nor has the department compiled information that details the extent of participant abuse of the conciliation process. Therefore, the department has not made appropriate changes. During the current audit, auditors, once again, found that several Families First participants still appear to abuse the conciliation process.

According to the *Families First Policy Handbook*, when a Families First eligibility counselor is notified that an individual has failed to comply with a work component, the eligibility counselor must attempt to contact the individual personally. This attempt begins the conciliation process and must be made within three working days of learning of the non-compliance. During the personal contact, the eligibility counselor will attempt to:

- discuss the reason for the non-compliance,
- determine whether good cause exists,
- resolve barriers to compliance; and
- determine if the individual wishes to comply.

If the personal contact is unsuccessful, the case will be referred to the Customer Service Reviewer (CSR) within the same three days of learning of the noncompliance. (The CSRs are located in eight cities across the state.) The CSR will review the case for accuracy and attempt to contact the client prior to sending the conciliation notice. Once the conciliation notice is sent, the client has ten days to respond. The following diagrams display the conciliation process in further detail.

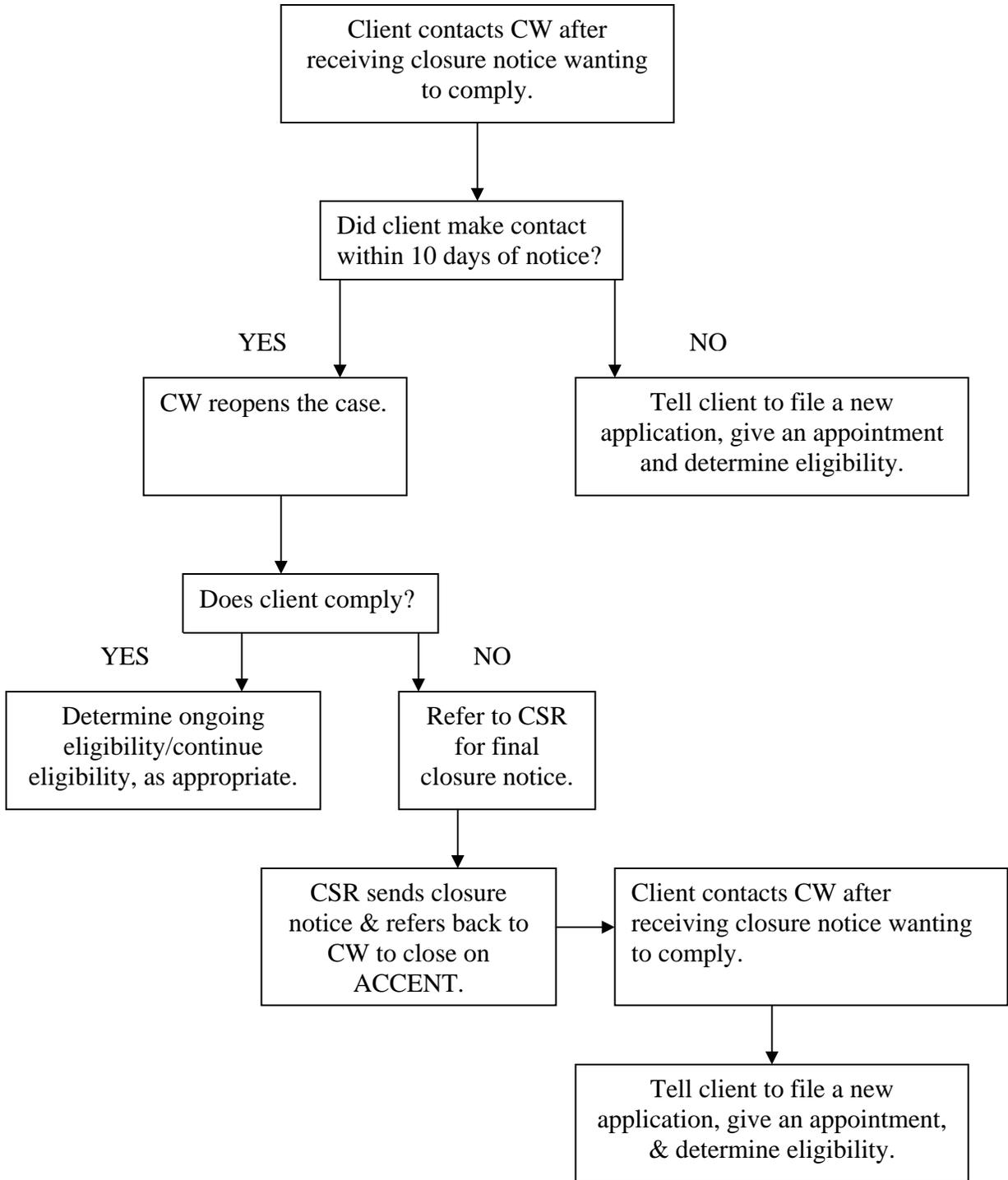
Conciliation Process May 2005



Legend	
CW	Caseworker
CLRC	Running comments record in ACCENT system
AEONC	Notice of Non-Compliance
CSR	Customer Service Reviewer
EA	Eligibility Assistant

Source: *Families First Handbook*.

**Families First Closure Process
Client Contacts Caseworker After Closure Notice**



Source: *Families First Handbook*.

The Customer Service Reviewer's purpose is to ensure that the participant received due process and then determine whether to approve or disapprove the case. The CSR reviews cases which may be closed due to non-cooperation with child support, voluntarily quitting a job, non-compliance with work components, and reaching time limits. The Customer Service Review process, administered by the University of Tennessee, is an independent review of cases recommended for closure. The reviewers are under contract with the department, and therefore, they are not under the direct supervision of local Families First Program staff.

One of the questions in our survey of eligibility counselors asked counselors if they suspect Families First participants abuse the conciliation process. Nearly 96% of those who responded (not including those who did not answer the question) felt that participants take advantage of the conciliation process. One of the eligibility counselors stated that at one point, there were about 40-50 people enrolled in the Employment Career Services class and only three showed up. The eligibility counselor sent the "no-shows" for sanctioning. Once the participants learned this, they complied for two weeks. (When participants are not complying with the PRP, the eligibility counselors ask if they want to comply or if they want their case sent for closure. If they want to comply, they are required to participate in the activities listed in their PRP for two weeks to keep their case open.) Then the participants began non-complying again. This cycle could lead to participants being in the Families First program longer than they should.

Lack of Monitoring of Personal Responsibility Plan (PRP) Compliance

The department does not monitor PRP compliance for Families First participants as a whole. The department does not compile information on the number of participants who are no-shows for appointments, or no-shows or drop-outs of work components. The Director of Families First Policy estimates that there is a 50% no-show rate for appointments with the eligibility counselors and an over 50% no-show/drop-out rate for work components. However, since the department does not collect and analyze data on the number of participants who are no-shows or drop-outs, the department cannot monitor for PRP compliance. The department should maintain data detailing the number of participants who fail to show for appointments and work components, how long participants remain in the work components, and the number of participant drop-outs in order to make effective decisions regarding Families First participants and policy. The lack of this data also makes it difficult to estimate the number of Families First participants who comply with their PRP.

Auditors asked eligibility counselors to give their opinion on what percentage of their clients abuse the conciliation process. (See survey results on page 88.) Forty-three percent or 406 eligibility counselors responded yes—that they feel clients abuse the process. Of the 406 that responded, 404 also indicated the percentage of their clients who, in the counselor's opinion, abuse the process. Table 24 displays the results of the 404 who responded with a percentage.

Table 24

**Responses to Survey Question
“In your opinion, what percentage of your clients abuse the conciliation process?”**

Responses	Number of Respondents	Percentage
Under 10%	27	6.68%
11-25%	72	17.82%
26-50%	106	26.24%
51-74%	97	24.01%
Over 75%	102	25.25%
Total	404	100.00%

As the table indicates, 75.5% of the eligibility counselors who responded feel that 26% or more of their caseload (Families First participants) abuse the conciliation process (see gray highlighted area above). While there is no data to support the eligibility counselors’ estimates, these numbers are a reflection of their experiences in handling an active caseload.

In addition to lowering the eligibility counselors’ morale, participant abuse adds to the eligibility counselors’ workload. For example, once a Customer Service Reviewer returns a case unapproved for closure, an eligibility counselor must start all over with the participant by renegotiating the personal responsibility plan, obtaining new documentation for the case, and referring the participant to the work components.

It appears that participants do not have an incentive to be in compliance. If the department imposed restrictions on the number of times that participants are allowed to undergo the conciliation process, this would discourage continued non-compliance. This would also encourage participants to agree to a Personal Responsibility Plan that they intend to adhere to. If the department maintained data on the number of participants who “no-show” or “drop out” of components, the department would be provided with valuable information that can be used to make policy decisions and to calculate the number of participants that comply with their PRP.

Recommendation

Management of the Family Assistance Division should develop and implement reasonable restrictions to participants going through the conciliation process. These restrictions should take into consideration participants’ rights to due process. Management should compile and summarize information on the extent of participant abuse of the conciliation process.

Division management should also collect and analyze data on the number of participants who fail to show for appointments and work components, along with data on how long participants remain in the work components and the number who drop out. Management should develop reports from this data that provide estimates on the number of participants that are not

complying with their PRP at any given time. Family Assistance management should use this information to develop strategies for encouraging compliance with PRPs.

Management's Comment

We concur in part. The conciliation process is required in statute, and is designed to give Families First participants every opportunity to meet program requirements prior to the termination of their benefits. While there may be anecdotal evidence that “several” participants consistently agree to comply then fail to do so, the current statutes and rules for conciliation require our staff to allow conciliation and that may mean repeated attempts to comply and failure to do so. A change to the policy limiting conciliation opportunities must first be addressed in statute.

It should be noted that effective July 1, 2006, the Customer Service Review is being eliminated and will be replaced by a post-closure review, to be completed by staff in the Division of Appeals and Hearings. Concurrently, Families First caseworkers will take responsibility for the conciliation process. In addition, the case management pilots will also be an opportunity to determine if case management by DHS staff will affect the need for repeated attempts at failure to comply and conciliation. This policy will also be considered as the department develops the program design transitioning the program out of federal waiver status.

5. State law on diversion programs has not changed; the department should continue researching the benefits of a program and propose legislation to the General Assembly

Finding

Several states provide one-time payments to households eligible for TANF but who only have short-term needs—referred to as a “diversion payment. A diversion program allows families to be “diverted” from receiving monthly cash payments if they can be assisted through other means. As an example, a participant may need emergency funds for a car repair bill in order to not miss work. Another participant may need funds to obtain a license to become employed in a higher-paying job. In some cases, a one-time payment can enable a family to maintain self-sufficiency without enrolling in TANF.

In November 2004, the *Governor's Task Force on Families First* (of which the commissioner and two senior staff were members) report recommended that Tennessee implement a diversion plan. In addition, the Comptroller of the Treasury's Office of Research and Education Accountability (OREA) issued a report in April 2004, *Seeking a Way Out—Services and Challenges Affecting Tennessee's Poor*, that noted the success of other states' TANF program diversion components.

The OREA report discusses the diversion program in North Carolina. The program includes a one-time lump sum payment equal to a maximum of three months of TANF benefits;

Medicaid and food stamps if eligible for the months in the diversion period; referrals to child care, child support, and other community and agency resources; and employment services. According to OREA's report, North Carolina's diversion program diverted 30,565 cases since 1996 from the regular TANF program, allowing North Carolina to have lower caseloads, reduce program expenditures, and provide an option for persons who do not need full benefits.

OREA's report also contains information on Kentucky's program which diverts 350-400 cases per month. A 2002 evaluation of welfare reform in Kentucky by the Kent School of Social Work and Urban Studies Institute (University of Louisville) found that the state saved \$2,250,572 from November 1997 to October 2000 because of the diversion program. Since diversion payments do not count toward lifetime TANF time limits, the program saved recipients months of TANF eligibility.

Tennessee state law does not allow Families First participants the opportunity to choose short-term assistance rather than enrollment in the program. Participation in the Families First program is required to access services. However, some participants may only need short-term assistance rather than the benefits of the full program. The department did not have any information on the number of participants in Tennessee who might benefit from such a program. The two studies cited above—Governor's Task Force on Families First and OREA—did not contain statistics on the amounts of money the state could save if a diversion plan was implemented.

In the April 2001 performance audit of DHS, we recommended that the department consider implementing a diversion program through a demonstration project. In its comments, the department stated that it would review any legislation proposed to add a diversion component to Families First and weigh the pros and cons of adding such a component. At that time, the University of Memphis estimated that a diversion program could benefit 16-20% of Families First participants. The department has begun to study diversion programs in other states, but has not proposed any legislation to enable it to implement a diversion program.

The goals of a diversion program are to reduce the chance that the recipient will require welfare assistance and to reduce caseloads and expenditures for the state, as North Carolina and Kentucky have done. According to the 2004 *Governor's Task Force on Families First Report*, the prime candidates for diversion are individuals with strong work histories who are currently unemployed and have specific needs that, when filled, will allow them to re-enter the workforce in a reasonable period of time.

Recommendation

Department management should continue to study the benefits of implementing a diversion program and, based on its analysis, propose legislation for such a program.

The General Assembly may wish consider amending Section 71-3-159, *Tennessee Code Annotated*, to enable the department to implement a diversion program.

Management's Comment

We concur. The department plans to continue studying diversion as it prepares its waiver transition program design. The department would like the flexibility in state law to permit implementation of such a program if determined needed.

- 6. As noted in the 2001 performance audit, the department still needs to condense the amount of information provided to Families First participants during orientation to improve clients' understanding of the program**

Finding

Families First participants develop a Personal Responsibility Plan (PRP) in conjunction with their case manager when they apply for benefits. Participants' understanding of their responsibilities and involvement is critical to the development of a good plan.

In the 2001 performance audit, we recommended that a single document be developed describing all available Families First services and support services. In its response to the audit, the department concurred, stating that a more consistent orientation process was needed for Families First. According to program staff, this has not been accomplished, although the department plans to develop an orientation packet and ensure that all counties are conveying the same message and clients receive the same information. We also found that the information provided to Families First participants during orientation is overwhelming.

As a follow-up to the prior audit finding, we requested the information that the staff provide to applicants during orientation. The Director of Families First provided auditors with 32 pamphlets and brochures addressing topics such as health care, child care, earned income tax credits, Title XI Rights, Electronic Benefits Transfer, family violence, the First Wheels Program, and statutory rape. See Table 25. Two of the pamphlets/brochures are available in English and Spanish; two are available in Spanish only.

**Table 25
Brochures Given to Families First Participants**

	Brochures/Pamphlets	English	Spanish Or Available In Spanish
1	Statutory Rape: Questions and Answers	√	
2	Think Twice Before Quitting A Job	√	
3	Don't Lose Your Cash Payments Because You Can't Do What Your Families First Plan Says	√	
4	How Families First Works	√	
5	Families Services Can Help	√	
6	Want To Change What's Happening To The Help You Get From Us? Here's What You Can Do	√	√
7	You May Get Your Child Support While You Are On Families First	√	
8	The Choice Is Yours...Benefits Of Family Planning	√	
9	Families First Special Payments	√	
10	Families First: The Transition From Welfare To Work	√	
11	Facts For Employers	√	
12	Need Help? If You Have A Health, Learning, Or Nerve Problem, You May Have Legal Rights Under The Americans With Disabilities Act (ADA)	√	
13	What You Need To Know About Families First	√	
14	Child Care Complaint Hotline	√	
15	Electronic Benefits Transfer (EBT)	√	
16	When Home Isn't Safe	√	
17	Your Rights Under Title XI	√	
18	The Tax Break For Hard-Working People	√	√
19	TENNder Care: Tennessee's EPSDT Program	√	
20	Who Can Get First Wheels?	√	
21	Fraud, The Law, And You	√	
22	Gracias por la atencion que usted brinda		√
23	Get Ready For Your Families First Cash Payments To Stop After 18 and 60 Months	√	
24	About Your Personal Responsibility Plan (PRP)	√	
25	You Can Still Get Help After Your Families First Cash Payments Stop!	√	
26	To Get Families First Payments, You May Have to Work Or Go To School. You Must Do Certain Things For Your Children	√	
27	TDHS Child Care Assistance Program: Entitlement Child Care Assistance Program Title IV-A, Family Support Act (FSA)	√	
28	Agency Based Application For Voter Registration	√	
29	TDHS Authorization For Release Of Information	√	
30	Have You Heard About Benefits For Working Families?	√	
31	Leaving Welfare Isn't As Scary As It Seems	√	
32	Quiere Cambiar Lo Que Le Esta Sucediendo Con Families First? Esto Es Lo Que Puede Hacer.		√

In the short time that participants have with their case manager, it is reasonable to assume that participants have a difficult time digesting all this information. The department still does not have a policy on which brochures should be available to new participants, and there is still no unified orientation packet. Although the brochures and pamphlets provide the participant with information on several aspects of the Families First Program, they do not provide a comprehensive description of work component requirements from a single source. If participants better understand program requirements from the start, they may be more likely to develop Personal Responsibility Plans (PRPs) that contain goals they can meet.

If a single source of information were provided to participants, they would be more likely to familiarize themselves with program aspects. Participants would be more likely to use a single handbook clearly describing each available service and keep it available for reference. Contact telephone numbers, answers to frequently asked questions, and references to specific brochures and pamphlets for more detailed information could be included.

Recommendation

The department should complete its changes to the orientation process, including assessing whether the department should develop a single document clearly describing all available Families First services and related support services (e.g., child care, health care, and transportation). If it is determined that this is the best way to present the program, case managers should give it to all participants. This document should include contact telephone numbers for individuals to get further information on specific programs. The department should obtain feedback on the clarity, quality, and usefulness of any new orientation materials.

Management's Comment

We concur. To the extent possible, given the requirements of the federal and state statutes/regulations regarding information to be provided to a client across all of the Family Assistance programs, the department agrees that condensing material to the extent practical and striving to make information clear is needed. We will work toward that end with all client material as we design and implement changes to the program in the upcoming state fiscal year in preparation for the end of our federal TANF waiver.

7. The monitoring of the Adult Protective Services Division is not centralized

Finding

The Adult Protective Services (APS) program provides intervention services for adults at risk of exploitation or abuse. The program uses the Adult and Community Services System (ACSS) for case intake and management. However, the ACSS information system does not provide central office management with data or reports on case status or the timeliness of case investigations. Field supervisors monitor case investigations in the districts across the state, and

the methods used for monitoring differ. Therefore, the central office cannot determine whether at-risk adults are provided with timely intervention and services.

Policy on Assignment Status

According to the *Adult Protective Services Policy Manual*, the intake counselor in each district gives each case an assignment status or priority (A, B, C, or D) based on the level of risk alleged in the referral. See Table 26. Priority A requires immediate assignment to a counselor and a response within 24 hours because the client is in imminent danger of harm. Priority B requires immediate assignment to a counselor with a response in one to seven working days. Priorities C and D are not required to be assigned immediately and do not have time limits on response times.

**Table 26
Adult Protective Services**

Case Assignment Status Criteria			
Priority A	Priority B	Priority C	Priority D
Imminent danger, critical illness, visible injuries or life-threatening conditions	Serious illness or non-visible injury that has been treated in hospital and client released to a protective environment	Needs some assistance with essential activities of daily living (ADLs) due to mental or physical condition. Assistance inconsistent but client not in immediate danger.	Client needs in-home services to safely maintain independent living
Abuse (physical, sexual, unreasonable confinement, etc.) occurring at the time of the referral	Neglect or self-neglect puts client in danger, but short term or temporary care or protection is being provided	Client's mental or physical condition or impaired judgment puts them at some risk	Caregiver has illness or physical disability which requires some service or assistance to enable them to continue to provide care
Sexual or physical abuse with the alleged perpetrator having access to the victim	Stressed caregiver has threatened harm or has requested assistance	Eviction is threatened	Stressed caregiver is verbally abusive with minimal adverse effects on client; no concern for potential of physical abuse
Sexual or physical abuse within the past 72 hours	Eviction imminent	Lack of adequate supervision or basic needs, which, if uncorrected, will endanger client's health and safety	Environmental conditions put client at some risk
Reason to believe the caregiver may flee the investigation, move the client or move to an unknown location	An environmental hazard or condition which places the client in danger	Client inconsistently meets minimal needs for food, shelter, essential ADLs	Client has minimal mental/physical disabling condition and allegations meet minimal criteria for APS eligibility
Threat of suicide or threat of homicide to the client	Any factor that will result in serious harm to the client if services are not initiated within seven (7) days such as repeated incidents, an established pattern of harm, medical treatment/services needed to reduce harm	Caregiver has a reported illness that is untreated or deteriorating to the point that supplementary services must be provided to ensure adequate care	Financial Exploitation only which does not currently cause a lack of essential needs or care
Caregiver requests APS intervention	Alleged perpetrator does not currently have access but may gain access to the client within a short time frame	Environmental conditions potentially unsafe, fear of fire or other hazards, no previous history but possibility of putting client at risk	
Reason to believe the client or caregiver is exhibiting psychotic or bizarre behavior which places the client in immediate danger	Sexual abuse where the incident occurred beyond 72 hours and the alleged perpetrator currently does not have access and there are no visible injuries	Incidents limited to verbal abuse with some adverse psychological effects such as fear or depression; or concern that verbal behavior may later escalate to physical abuse	
Neglect or self-neglect in which the client is without essentials for daily living	Reason to believe the client or caregiver is exhibiting psychotic or bizarre behavior that places the client in danger	Client has suffered physical abuse with no current injuries, and alleged perpetrator is not currently believed to be present or have access	
Client needs total care and does not have a caregiver (caregiver hospitalized, deceased, abandoned client, etc.) and client's impaired judgment or physical condition puts them in immediate danger			
Sudden deterioration in the client's condition, putting them in imminent danger			
Any other factors that would indicate immediate danger to the client			

Source: Adult Protective Services Policy Manual.

Case Analysis

We reviewed ACSS data for 8,404 cases closed in fiscal year ended June 30, 2004 and 10,330 cases closed in fiscal year ended June 30, 2005. We analyzed the case assignment time for Priority A and B. When entering case data, a counselor has the following choices for the time that has elapsed between when the department received referral and when the investigation began:

- 0-3 hours
- one day
- 3 days
- one week
- 2 weeks
- 3 weeks
- More than 3 weeks

(Note: options provided by the ACSS system go from one day to 3 days, leaving no option for cases beginning in 2 days.)

According to APS staff, once a case is closed, the case counselor enters the dates the investigation started and was closed in ACSS. The APS manual refers to this as a Closing Summary. Because the counselor does not enter this information until after the case is closed, the system cannot be used to monitor the timeliness of ongoing investigations. Tables 27 and 28 indicate the number and percentage of closed Priority A and B cases by investigation start time for fiscal year ended June 30, 2004 and 2005. Areas of the tables highlighted in gray show cases that were investigated according to timeliness policies (as documented in ACSS).

Table 27
Adult Protective Services
Priority A Cases by Investigation Start Time

Time Frame Investigation Began	FY 2004			FY 2005		
	Number Priority A Cases	Percent Priority A Cases	Priority A Cases as Percent of Total	Number Priority A Cases	Percent Priority A Cases	Priority A Cases as Percent of Total
0-3 hours	628	64%	8%	646	57%	6%
1 day	116	12%	1%	117	10%	1%
3 days	54	6%	1%	72	7%	1%
1 week	71	7%	1%	128	11%	1%
2 weeks	4	0%	0%	8	1%	0%
3 weeks	2	0%	0%	2	0%	0%
> 3 weeks	2	0%	0%	3	0%	0%
Blank*	113	11%	1%	161	14%	2%
Total Priority A's	990	100%	12%	1,137	100%	11%

* No time entered in case data.

For fiscal year ended June 30, 2004, 990 (12%) of the 8,404 closed cases were Priority A, and 76% (sum of cases in gray above) of those Priority A cases had investigations started within the policy requirement of 24 hours. For fiscal year ended June 30, 2005, 1,137 (11%) of the 10,330 closed cases were Priority A. But only 67% (sum of cases in gray) had investigations started within the policy requirement of 24 hours. Because Priority A cases are those where the client is in imminent danger, it is possible that the department's untimely response could result in injury or death of a vulnerable adult.

Table 28
Adult Protective Services
Priority B Cases by Investigation Start Time

Time Frame Investigation Began	FYE 2004			FYE 2005		
	Number Priority B Cases	Percent Priority B Cases	Priority B Cases as Percent of Total	Number Priority B Cases	Percent Priority B Cases	Priority B Cases as Percent of Total
0-3 hours	522	12%	6%	629	12%	6%
1 day	934	21%	11%	1,047	20%	10%
3 days	922	21%	11%	1,075	20%	10%
1 week	1,460	32%	17%	1,817	34%	18%
2 weeks	65	1%	1%	98	2%	1%
3 weeks	11	0%	0%	15	0%	0%
> 3 weeks	48	1%	1%	51	0%	0%
Blank*	539	12%	6%	653	12%	6%
Total Priority B's	4,501	100%	54%	5,385	100%	52%

* No time entered in case data.

For fiscal year ended June 30, 2004, 4,501 (54%) of the 8,404 closed cases were Priority B and 86% of those had investigations started within the policy requirement of one to seven days after the referral. For fiscal year ended June 30, 2005, 5,385 (52%) of the 10,330 closed cases were Priority B. Of those, 86% had investigations started within the policy requirement of one of seven days.

In both years, 8% of Priority A and B cases—652 cases in 2004 and 814 cases in 2005—did not have an entry in the data field for the start of the investigation. Therefore, we could not determine whether these cases had investigations started within the time frame required by policy and whether the department had been able to provide protection and services as needed for those adults.

Inadequate Monitoring by District Offices

APS field supervisors from each of the 16 districts use the Caseload by Counselor report from the ACSS system and meet periodically with district staff regarding case status. The Caseload by Counselor report (which lists the total cases by county and by counselor) is generated on-screen and cannot be printed. Any information obtained during counselor contact with the client must be gleaned from paper files. In addition, the district offices do not submit reports on the timeliness of all investigations in order for central office management to review case status.

Ineffective Quality Assurance Review

In the past, APS program and field supervisors were instructed to informally evaluate closures on a periodic basis as a quality assurance review. Based on our review of reports generated from these evaluations, the office did not take any corrective actions based on findings. Also, this practice has been suspended while the central office develops policies and procedures for a new quality assurance process. Therefore, the APS program does not have any quality assurance process in place that would provide information on the timeliness of case assignments and investigations.

Without adequate data and monitoring of the timeliness of investigations, APS cannot ensure that it is providing necessary services to Tennessee's adults who are unable to protect themselves. Data on the timeliness for all investigations is essential to APS management and to assist in determining the effect of priority case assignment on caseloads.

Recommendation

The Director of the Adult Protective Services Division should establish a system for monitoring the timeliness of all investigations that is consistent for all APS districts. The director should develop procedures to ensure that all cases are investigated within the times specified by policy and take action when they are not. Important case milestones should be entered into the computer system and monitored prior to the end of the investigation as some cases can continue for years. The director should ensure that documentation of all data, contacts, and other case information is entered in the computer system so that cases and their progress can be monitored. In addition, the director should complete the development of a quality assurance process and monitor the effectiveness of the process.

Management's Comment

We concur. To clarify, the management of the APS program is a combined central office and field management responsibility. The State Office Policy section has responsibility for general oversight and implementation of laws/policies/system development, etc. The district administrators have responsibility for day to day supervision of the field staff. We are currently re-evaluating the effectiveness of this organizational structure.

Apart from the management structure, the department has developed several tools that will support improved management of the program:

The initiation of investigation spread sheet will enable supervisors to monitor the cases to ensure that time frames are met. Supervisors in the field are expected to review this document at a minimum of once a week. At the instruction of the Assistant Commissioner, the district administrators and State Office Policy staff developed management expectation guidelines that are to be followed uniformly across the state.

A monthly report has been developed and distributed to ensure that the case management activities of the APS program are reported to the appropriate management staff including State Office. This document will assist in identifying strengths and weaknesses in various areas. This document will also provide information regarding the number of referrals received, the number of cases that have been closed or transferred, cases that were not seen within the time frame and cases that are overdue. This will enable the APS Supervisors and the district administrators to receive concrete information that would be of assistance in supervising their staff.

A Quality Assurance process has been developed and was tested in February. The reviews will be conducted by teams of APS staff, both field and State Office. The reviewers will have established inter-rater reliability thus ensuring consistency in the reviews. In addition to reviewing the case record, the social counselor and supervisor will be interviewed individually. There will be a pre-review meeting with the staff in the area and then an exit interview. A formal review document will be submitted at a later date. The plan is to begin reviews in the next 2 months. In addition, more staff will be trained as reviewers to facilitate the process.

We recognize that our current data base is antiquated and insufficient, therefore work is being completed for an APS automated case management and data collection system. RFIs have been responded to and vendor demonstrations will take place this week. An RFP is expected to be released in July. Once this system is delivered, the monitoring, tracking and reviewing of case management activities will be conducted in real time.

8. Field counselors in the Vocational Rehabilitation program are not always using available resources to determine clients' eligibility for educational benefits

Finding

According to the Director of Vocational Rehabilitation Services, central office staff do not monitor educational funds (such as the lottery scholarships or other grants) that vocational rehabilitation (VR) clients might be eligible for. Instead, the field counselors are responsible for determining this and including it in a client's individual files.

We obtained data to verify that field counselors are complying with the policy to ascertain amounts their clients are eligible to receive. For academic year 2004/2005, we obtained documentation from Guarantec, the company responsible for the Tennessee Student Assistance Corporation (TSAC) computer systems for Grants Administration. Guarantec provided a spreadsheet showing the number of inquiries made by counselors into the eGRandS system for academic year 2004/2005 and provided a data extract including information on TSAA and TELS awards. From Vocational Rehabilitation Division, we obtained a data extract from the Tennessee Rehabilitation Automated Client Tracking System (TRACTS). We compared the data extracts from TRACTS and Guarantec to determine how many VR clients received comparable benefits from TSAA and TELS awards in academic year 2004/2005. (Note: The information obtained from Guarantec does not include any PELL or other federal grant amounts these student

may receive in addition to TSAA and TELS and also does not include students who are at schools outside the state of Tennessee.) For academic year 2004/2005, we found that while 2,436 VR clients received TELS and TSAA funds, only 1,043 inquiries were made into the TSAC/Guarantec system. This difference shows that counselors are not always checking the system as required to determine whether the clients have received those grants.

In addition, we found that 2,436 clients received TELS and TSAA funds ranging from \$39 to \$9,538. VR clients received a total of \$4,626,775 from TELS & TSAA for an average comparable benefit per client of \$1,899.33 per academic year.

Recommendation

The Division of Vocational-Rehabilitation Services should centrally monitor the amount clients are receiving from the Tennessee Education Lottery Scholarship (TELS) and Tennessee Student Assistance Awards (TSAA) grants to determine how much clients' costs are offset by these additional funds. Division management should ensure that field counselors check the TSAC computer system for grant awards to ensure clients apply for all potential benefits.

Management's Comment

We concur. We concur that we can do a more efficient job of documenting and determining if field counselors are using all available resources to determine clients' eligibility for educational benefits. We will do this by issuing practice directives to the field emphasizing the importance of consistent utilization of eGRandS. Counselors failing to use eGRandS will be subject to disciplinary action as will supervisors who fail to ensure use of eGRandS by staff. We will also instruct our quality assurance unit to review a greater number of case files for the purpose of verifying that field counselors are using all resources to determine client eligibility for educational grants.

We do not agree with the recommendation that the best way to monitor client grants is through a central person. The DRS has an agreement with Tennessee Association of Student Financial Aid Administrators (TASF AA) for exchange of financial aid information related to educational expenses and related financial assistance that a client is receiving which comes to the Department through an electronic system called eGRandS. Agency policy is very specific as to utilization of the eGRandS system to assist in determination of the amount of financial participation required from VR (remaining educational need). This process should be and is a part of the day to day process of the VR Counselor. The division does have a State Office Program Manager responsible for technical assistance and training related to this activity and the division has a Quality Assurance unit that monitors individual case files to ensure all field counselors are following policy and procedure.

RECOMMENDATIONS

LEGISLATIVE

This performance audit identified areas in which the General Assembly may wish to consider statutory changes to improve the efficiency and effectiveness of Department of Human Services' operations.

1. The General Assembly may wish to amend *Tennessee Code Annotated*, Section 71-3-507, to require the criminal history background checks for employees of child care centers to be completed prior to employment.
2. The General Assembly may wish consider amending Section 71-3-159, *Tennessee Code Annotated*, to enable the department to implement a diversion program.

ADMINISTRATIVE

The Department of Human Services should address the following areas to improve the efficiency and effectiveness of its operations.

1. To ensure that individuals with potentially dangerous criminal histories are not present in facilities, the management of the Child Care Licensing Division should ensure that criminal background checks are completed timely on all child care employees through timely review by supervisors of the evaluators' findings regarding background checks and through the use of penalties. The commissioner should review this finding and direct staff to document any additional risks and reasonable mitigating controls, which should be implemented as soon as practicable.
2. The director of the Child Care Licensing Division should ensure that licensing staff make unannounced visits as required by policy. The director should ensure that supervisors follow policy to review quarterly reports on inspections and should ensure that inspections are performed. Staff should enter all inspection dates in Tennessee Child Care Management System to reflect unannounced inspections.
3. Management of the Family Assistance Division should determine the average caseload per eligibility counselor and determine how much this differs from the stated ideal of 70 cases. It should set caseload goals that will allow counselors sufficient time to work with clients to become self-sufficient. Management should determine these goals based on the other duties case managers perform, such as working with Food Stamp and TennCare participants. It should examine the distribution of counselors across the state and move positions if necessary. The department should also monitor the turnover rate of eligibility counselors.

4. Management of the Family Assistance Division should develop and implement reasonable restrictions to participants going through the conciliation process. These restrictions should take into consideration participants' rights to due process. Management should compile and summarize information on the extent of participant abuse of the conciliation process.
5. Management of the Family Assistance Division should collect and analyze data on the number of participants who fail to show for appointments and work components, along with data on how long participants remain in the work components and the number who drop out. Management should develop reports from this data that provide estimates on the number of participants that are not complying with their personal responsibility plans (PRPs) at any given time. Family Assistance management should use this information to develop strategies for encouraging compliance with PRPs.
6. Department management should continue to study the benefits of implementing a diversion program and, based on its analysis, propose legislation for such a program.
7. The department should complete its changes to the orientation process, including assessing whether the department should develop a single document clearly describing all available Families First services and related support services (e.g., child care, health care, and transportation). If it is determined that this is the best way to present the program, case managers should give it to all participants. This document should include contact telephone numbers for individuals to get further information on specific programs. The department should obtain feedback on the clarity, quality, and usefulness of any new orientation materials.
8. The Director of the Adult Protective Services (APS) Division should establish a system for monitoring the timeliness of all investigations that is consistent for all APS districts. The director should develop procedures to ensure that all cases are investigated within the times specified by policy and take action when they are not. Important case milestones should be entered into the computer system and monitored prior to the end of the investigation as some cases can continue for years. The director should ensure that documentation of all data, contacts, and other case information is entered in the computer system so that cases and their progress can be monitored. In addition, the director should complete the development of a quality assurance process and monitor the effectiveness of the process.
9. The Division of Vocational-Rehabilitation Services should centrally monitor the amount clients are receiving from the Tennessee Education Lottery Scholarship (TELS) and Tennessee Student Assistance Awards (TSAA) grants to determine how much clients' costs are offset by these additional funds. Division management should ensure that field counselors check the TSAC computer system for grant awards to ensure clients apply for all potential benefits.

10. The department should improve its efforts to maintain accurate and consistent license revocation information for child support enforcement by investigating unexplained variances in its performance data and ensuring that its data is comparable from year to year.
11. The Division of Appeals and Hearings should regularly review its policies, procedures, and performance to ensure it is resolving appeals within the time limits required by department rules.

Appendix 1 Title VI Information

All programs or activities receiving federal financial assistance are prohibited by Title VI of the Civil Rights Act of 1964 from discriminating against participants or clients on the basis of race, color, or national origin. In response to a request from members of the Government Operations Committee, we compiled information concerning federal financial assistance received by the Department of Human Services and the department's efforts to comply with Title VI requirements. The results of the information gathered are summarized below.

The department receives federal funding from the U.S. Department of Agriculture, U.S. Department of Education, U.S. Department of Energy, U.S. Department of Health and Human Services, and U.S. Department of Housing and Urban Development. In fiscal year 2006, the Tennessee Department of Human Services is scheduled to receive over \$1.4 billion in federal funds.

The Compliance Officer, who reports to the Office of General Counsel, serves as the department's Title VI Coordinator. Title VI responsibilities include:

- developing and implementing the department's Title VI Plan,
- investigating and resolving Title VI complaints, and
- serving as a resource for local Title VI coordinators in DHS field offices.

The department submitted its Title VI compliance report and implementation plan for the 12-month period ending June 30, 2006, to the Office of the Comptroller of the Treasury on June 30, 2005, as required by statute. The plan, which we reviewed for this section, describes the department's Title VI policy and activities related to employee training, public notification, data collection and reporting of participation data, complaint handling, and compliance reviews.

The department conducts annual assessments to ensure compliance with Title VI regulations. These are in survey form and are mailed to subrecipients contracting with DHS. We reviewed 27 surveys received from August 8 through August 23, 2005 (the department sends out approximately 700 annually). Six of those subrecipient surveys stated that they needed more Title VI pamphlets for distribution to clients. According to the department's Title VI plan and the Compliance Officer, a review team, comprised of staff from each program, is supposed to meet quarterly to assess compliance efforts, make recommendations, and update the Title VI plan. We reviewed meeting minutes for fiscal year ended June 30, 2005. Only one quarterly meeting was held during the year, on March 11. However, the Title VI Coordinator provided memos sent to committee members requesting information on employee training, updates for the Title VI plan, and other Title VI subjects.

New employees receive Civil Rights training during orientation conducted by the department. Current employees are required to attend in-service training covering or containing civil rights once a year. Each facility displays posters advising contractors, clients, and customers of their obligations and rights regarding Title VI.

Anyone alleging racial/ethnic discrimination may file a complaint with the local Title VI coordinator or directly with the department's coordinator. Complaints may also be filed with the Tennessee Human Rights Commission, the U.S. Regional Office for Civil Rights, U.S. Department of Health and Human Services, and the U.S. Department of Justice.

During fiscal year ended June 30, 2005, the department received 14 complaints. Nine were resolved through investigations, one was closed administratively for lack of jurisdiction, and four remained opened on June 30, 2005. Auditors reviewed the complaint files for the nine resolved and closed cases. See table below:

**Resolution of Title VI Cases
Closed FYE June 30, 2005**

Number	Nature of Complaint	Description	Response by DHS	Resolution
1	Alleged Civil Rights violation	Circumstances could not be ascertained.	Attempted contact with complainant by local and state Title VI coordinators. Complainant did not respond.	Closed. No Title VI violation.
2	Alleged Civil Rights violation	Circumstances could not be ascertained.	Attempted contact with complainant by local and state Title VI coordinators. Complainant did not respond.	Closed. No Title VI violation.
3	Alleged discrimination due to national origin	Complainant did not agree with determination that they were not eligible for benefits.	Explained eligibility process and told to contact federal government about federal program policies.	Closed No Title VI violation.
4	Alleged discrimination based on race	Complainant did not agree with program determination regarding work requirement exemption and disability.	Assisted applicant in changing application for assistance to reflect correct status.	Closed. No Title VI violation.
5	Alleged discrimination based on age and national origin	Complainant alleged case worker discrimination.	Investigation by local Title VI coordinator	Closed. No Title VI violation.
6	Alleged discrimination due to denial of benefits	Complainant alleged discrimination due to denial of benefits.	Client was provided additional instructions on how to qualify for services. DHS determined that client had difficulty understanding process.	Closed. No Title VI violation.
7	Alleged discrimination based on race.	Client alleged discrimination because denied benefits.	Investigation revealed client denied benefits because of program policy.	Closed. No Title VI violation
8	Alleged discrimination based on race.	Client alleged discrimination but not by DHS.	DHS provided client with contact to file complaint with correct party.	Closed. No jurisdiction.
9	Alleged discrimination based on race	Client alleged benefits calculated incorrectly.	DHS investigation found benefits were correct.	Closed. No Title VI violation.

Contractors attend Civil Rights training during orientation conducted by the Department of General Services and/or the Department of Finance & Administration. Contractors designate Title VI coordinators, and subrecipients of funds receive the Title VI Compliance Plan Survey.

The department provided the following information on amount of funding and beneficiaries for the fiscal year ended June 30, 2004:

**Department of Human Services
Contracts by Type of Organization*
FYE June 30, 2004**

Agencies/Organizations	Number of Contracts	Percentage of Contracts	Dollar Amount of Contracts	Percentage Amount of Contracts
For Profit	39	8%	\$35,158,113.71	15%
Government	96	20%	37,975,102.46	17%
Nonprofit	244	50%	66,447,997.65	29%
Quasi Government	32	7%	190,208.85	0%
State Agency	26	5%	69,373,366.38	30%
TN Higher Education Institutions	51	10%	20,435,462.25	9%
Total	488	100%	\$229,580,251.30	100%

*does not include Child and Adult Care Food Programs

**Department of Human Services
Ethnicity of Beneficiaries
FYE June 30, 2004**

Program	Ethnicity					
	White	Black	Hispanic	Asian/Pacific Island	American Indian/Alaskan	Other
Families First	72,768	117,040	3,731	563	272	648
Food Stamps	519,673	306,712	22,606	3,968	1,381	3,063
Medicaid	449,129	257,870	19,570	5,600	1,163	769
Vocational Rehabilitation	23,254	8,976	288	147	412	63
Adult Protective Services	6,814	1,368	19	unk	9	1,036

The department had 5,488 employees as of August 3, 2005. Twenty-one percent were male and 79% female. The department's employees were 1% Asian, 33% Black, 1% Hispanic, and 65% White.

**Department of Human Services
Staff by Title, Gender, and Ethnicity
As of August 3, 2005**

<i>Title</i>	Gender		Ethnicity					
	Male	Female	Asian	Black	Hispanic	Indian	White	Other
Account Clerk	5	14	0	5	0	0	14	0
Accounting Manager	2	0	0	0	0	1	1	0
Accounting Technician 1	7	32	2	11	0	0	26	0
Accounting Technician 2	3	10	0	4	1	0	8	0
Accountant 2	7	4	1	1	0	0	9	0
Accountant 3	7	6	0	3	0	0	10	0
Administrative Assistant 1	0	26	0	11	0	0	15	0
Administrative Secretary	1	91	0	8	0	0	84	0
Administrative Services Assistant 2	1	13	0	5	0	0	9	0
Administrative Services Assistant 3	1	4	0	0	0	0	5	0
Administrative Services Assistant 4	2	2	0	1	0	0	3	0
Administrative Services Assistant 5	1	3	0	2	0	0	2	0
Assistant Commissioner 2	3	3	0	0	0	0	6	0
Attorney 3	7	13	0	3	0	0	17	0
Attorney 4	1	0	0	0	0	0	1	0
Audit Director 2	0	1	1	0	0	0	0	0
Auditor 2	1	0	0	0	0	0	1	0
Auditor 3	3	1	0	1	0	0	3	0
Auditor 4	2	1	0	0	0	0	3	0
Building Maintenance Worker 2	3	0	0	1	0	0	2	0
Building Maintenance Worker 3	1	0	0	0	0	0	1	0
Blind RC Manager	0	1	0	0	0	0	1	0
Budget Analyst CR	2	1	0	0	0	0	3	0
Business Enterprises Consultant 2	1	4	0	3	0	0	2	0
Business Enterprises Manager	1	0	0	1	0	0	0	0
Business Enterprises Specialist	3	3	0	1	0	0	5	0
Business Enterprises Supervisor	1	1	0	0	0	0	2	0
Child Care Program Evaluator 2	16	169	0	57	0	1	126	1
Clerk 1	0	2	0	2	0	0	0	0
Clerk 2	28	99	0	75	0	0	49	3
Clerk 3	4	35	0	18	0	0	21	0
Computer Operations Manager 1	0	2	0	1	0	0	1	0
Computer Operations Supervisor	1	2	0	2	0	0	1	0
Commissioner 3	0	1	0	0	0	0	1	0
Communications Systems Analyst 3	1	0	0	0	0	0	1	0
Counseling Assistant	0	6	0	5	0	0	1	0
Custodial Worker 2	1	4	0	4	0	0	1	0
Custodial Worker Supervisor 1	1	0	0	0	0	0	1	0
Database Administrator 3	1	0	0	0	0	0	1	0

<i>Title</i>	Gender		Ethnicity					
	Male	Female	Asian	Black	Hispanic	Indian	White	Other
Disability Claims Appeals Referee	1	9	0	3	0	0	7	0
Disability Claims Appeals Referee Supervisor	0	2	0	1	0	0	1	0
Deputy Commissioner 2	1	0	0	0	0	0	1	0
Disability Claims Director	0	1	0	0	0	0	1	0
Disability Claims Examiner 2	99	121	0	72	1	0	146	1
Disability Claims Examiner 3	16	29	2	9	1	0	33	0
Disability Claims Quality Assurance Reviewer	7	18	0	5	0	0	20	0
Disability Claims Supervisor 1	12	16	0	4	0	0	24	0
Disability Claims Supervisor 2	4	4	0	2	0	0	6	0
Data Processing Operator 2	0	3	0	0	0	0	3	0
Data Processing Operator 3	0	1	0	0	0	0	1	0
Distributed Computer Operator 2	3	6	0	4	0	0	5	0
Distributed Computer Operator 3	0	2	0	1	0	0	1	0
Distributed Programmer/Analyst 2	2	1	0	1	0	0	2	0
Distributed Programmer/Analyst 3	6	1	0	0	0	0	7	0
Distributed Programmer/Analyst 4	4	1	0	2	0	0	3	0
Distributed Programmer/Analyst Supervisor	1	1	0	0	0	0	2	0
Eligibility Assistant	9	112	1	70	0	2	48	0
Eligibility Clerk	1	162	1	69	3	1	87	2
Eligibility Counselor 2	384	1,630	3	754	10	7	1,233	7
Executive Administrative Assistant 1	0	2	0	0	0	0	2	0
Executive Administrative Assistant 2	0	1	0	0	0	0	1	0
Executive Administrative Assistant 3	1	2	0	0	0	0	3	0
Facilities Manager 1	1	0	0	0	0	0	1	0
Field Supervisor 1	63	221	2	80	1	0	199	2
Field Supervisor 2	4	7	0	1	0	0	10	0
Fiscal Director 1	3	1	1	1	0	0	2	0
Fiscal Director 2	1	0	0	0	0	0	1	0
Fiscal Director 3	1	0	0	0	0	0	1	0
General Counsel 3	1	0	0	0	0	0	1	0
Hearing I Director	1	0	0	0	0	0	1	0
Human Services Area Manager 1	8	16	0	1	0	0	23	0
Human Services Area Manager 2	7	9	0	2	0	0	14	0
Human Services Area Manager 3	0	1	0	1	0	0	0	0
Human Services Administrative Officer	0	1	0	0	0	0	1	0
Human Services Appeals Referee Supervisor	2	2	0	0	0	0	4	0
Human Services Appeals Referee	2	23	0	10	0	0	15	0
Human Services Child Support Technician	1	7	0	6	0	0	2	0
Human Services DDI	2	2	0	3	0	0	1	0
Human Services District Administrator	3	3	0	1	0	0	5	0

<i>Title</i>	Gender		Ethnicity					
	Male	Female	Asian	Black	Hispanic	Indian	White	Other
Human Services District Director	1	7	0	1	0	0	7	0
Human Services Inspector General	1	0	0	0	0	0	1	0
Human Services Investigative Specialist Supervisor	1	5	0	1	0	0	5	0
Human Services Investigative Specialist	8	24	1	9	0	0	22	0
Human Services Planner	2	2	0	1	0	0	3	0
Human Services Program Coordinator	24	63	2	29	0	0	56	0
Human Services Program Director 1	12	13	0	7	0	0	18	0
Human Services Program Director 2	4	7	0	1	0	0	10	0
Human Services Program Director 3	2	4	0	0	0	0	6	0
Human Services Program Director 4	0	2	0	0	0	0	2	0
Human Services Program Manager	10	18	0	6	0	0	22	0
Human Services Program Specialist	27	72	0	53	1	0	43	2
Human Services Program Supervisor	11	39	0	13	0	0	37	0
Human Services Special Investigator	9	10	0	4	0	0	15	0
Information Resource Support Specialist 2	19	16	1	8	0	0	26	0
Information Resource Support Specialist 3	4	4	0	1	0	0	7	0
Information Resource Support Specialist 4	9	9	0	4	0	0	14	0
Information Resource Support Specialist 5	4	3	0	1	0	0	6	0
Information Systems Analyst 3	2	3	0	2	0	0	3	0
Information Systems Analyst 4	5	4	0	1	1	0	7	0
Information Systems Analyst Supervisor	1	4	0	1	0	0	4	0
Information Systems Consultant	2	2	0	0	0	0	4	0
Information Systems Director 2	2	3	0	0	0	0	5	0
Information Systems Director 4	2	0	0	0	0	0	2	0
Information Systems Manager 1	1	0	0	0	0	0	1	0
Information Systems Manager 2	4	3	0	0	0	0	7	0
Information Systems Manager 3	6	3	0	1	0	0	7	1
Information Systems Manager 4	3	1	0	0	0	0	4	0
Legal Assistant	16	22	0	15	1	0	22	0
Legal Services Director	0	1	0	0	0	0	1	0
Licensed Practical Nurse 2	0	6	0	2	0	0	4	0
Licensed Practical Nurse 3	0	1	0	1	0	0	0	0
Mail Clerk	2	0	0	2	0	0	0	0
Mail Technician 1	2	1	0	2	0	0	1	0
Managed Care Program Manager 1	1	1	0	2	0	0	0	0
Managed Care Operator	1	10	0	8	0	0	3	0
Managed Care Specialist 1	2	0	0	1	0	0	1	0
Managed Care Specialist 2	0	2	0	1	0	0	1	0
Managed Care Specialist 3	1	2	0	2	0	0	1	0
Managed Care Technician	2	7	0	4	0	0	5	0
Occupational Therapy Assistant – Certified	0	2	0	0	0	0	2	0

<i>Title</i>	Gender		Ethnicity					
	Male	Female	Asian	Black	Hispanic	Indian	White	Other
Office Automation Specialist	0	4	0	1	0	0	3	0
Office Supervisor 1	2	30	0	16	0	0	16	0
Office Supervisor 2	1	9	0	6	0	0	4	0
Office Supervisor 3	0	5	0	5	0	0	0	0
Orientation and Mobility Specialist	1	0	0	0	0	0	1	0
Personnel Analyst 2	1	12	0	5	1	0	7	0
Personnel Analyst 3	1	2	0	1	0	0	2	0
Personnel Director 4	1	0	0	1	0	0	0	0
Personnel Ex Specialist 2	1	0	0	0	0	1	0	0
Personnel Manager 1	0	2	1	0	0	0	1	0
Personnel Manager 2	0	1	0	0	0	0	1	0
Personnel Technician 2	0	4	0	3	0	0	1	0
Personnel Technician 3	0	2	0	1	0	0	1	0
Program Monitor 2	1	6	0	2	0	0	5	0
Program Monitor 3	1	1	0	0	0	0	2	0
Program Monitor 4	0	1	0	0	0	0	1	0
Physical Therapy Technician	1	0	0	1	0	0	0	0
Physical Therapist	0	1	0	0	0	0	1	0
Programmer/Analyst 3	12	5	3	2	0	0	12	0
Programmer/Analyst 4	11	7	4	1	0	0	13	0
Programmer/Analyst Supervisor	3	3	0	0	0	0	6	0
Procurement Officer 1	1	3	0	0	0	0	4	0
Procurement Officer 2	0	2	0	1	0	0	1	0
Psychologist	2	0	0	0	0	0	2	0
Psychological Examiner 1	0	2	0	0	0	0	2	0
Quality Assurance Reviewer	3	14	0	3	0	0	14	0
Recreation Therapist 2	3	3	0	1	0	0	5	0
Recreation Therapist 3	0	1	0	0	0	0	1	0
Rehabilitation Assistant	9	40	0	8	1	0	40	0
Rehabilitation Assistant Supervisor	0	1	0	0	0	0	1	0
Rehabilitation Behavioral Instructor 2	2	6	0	1	0	0	7	0
Rehabilitation Instructor	0	1	0	0	0	0	1	0
Rehabilitation Instructor Blind	3	16	0	2	0	0	17	0
Rehabilitation Superintendent	1	0	0	0	0	0	1	0
Rehabilitation Training Center Manager	5	11	0	0	0	0	16	0
Registered Nurse 2	0	1	0	1	0	0	0	0
Registered Nurse 3	0	3	0	0	0	0	3	0
Registered Nurse 4	0	1	0	1	0	0	0	0
Secretary	8	510	1	133	6	0	377	1
Security Chief	1	0	0	0	0	0	1	0
Security Guard 1	4	0	0	2	0	0	2	0
Small Business Enterprise Director	1	0	0	1	0	0	0	0

<i>Title</i>	Gender		Ethnicity					
	Male	Female	Asian	Black	Hispanic	Indian	White	Other
Social Counselor 2	30	67	0	29	0	0	68	0
Statistical Analyst 2	2	1	0	0	0	0	3	0
Statistical Analyst 3	0	1	0	0	0	0	1	0
Telephone Operator 1	0	2	0	2	0	0	0	0
Training Officer 1	0	8	0	4	0	0	4	0
Vocational Instructor Specialist	7	1	0	3	0	0	5	0
Vocational Rehabilitation Counselor 2	78	154	0	48	1	0	181	2
Word Processing Operator 1	3	22	0	12	0	0	13	0
Word Processing Operator 2	0	1	0	1	0	0	0	0
Totals	1,173	4,315	27	1,810	29	13	3,587	22
Percentages	21%	79%	1%	33%	1%	0%	65%	0%

Appendix 2
Results of the Audit Survey of DHS Counselors
August 2005

In August 2005, we surveyed counselors in three DHS divisions – Family Assistance, Vocational Rehabilitation, and Adult Protective Services. The web-based survey was sent to a total of 1,758 counselors, and 1,150 responded. The survey questions were designed to determine the counselors' caseloads, job activities, and job satisfaction.

Division	Number of Counselors Surveyed	Number of Responses Received	Participation Percentage
Family Assistance	1455	952	65%
Vocational Rehabilitation	208	124	60%
Adult Protective Services	95	74	78%
Total	1758	1150	65%

Question 1 asked for the counselor's division.

Counselors in the Vocational Rehabilitation and Families Assistance divisions may work in more than one program. Question 2 asked for the program the counselor works in the majority of time.

Vocational Rehabilitation Program	Time	Families Assistance Program	Time
General	52%	Families First	13%
Mentally Ill	6%	Food Stamps	16%
Blind & Visually Impaired	6%	TennCare	14%
Deaf & Hard of Hearing	6%	Nursing Homes	5%
Tennessee Business Enterprises	11%	Child Care Certificate Program	1%
Transition from School to Work	17%	Families First, Food Stamps, & TennCare	31%
Other Specialized Areas	1%	All	12%
No Answer	1%	No Answer	8%

3. Which grand division of the state are the majority of your cases in?

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
East	25%	27%	27%
Middle	23%	27%	25%
West	13%	10%	9%
Knox County	6%	10%	7%
Hamilton County	3%	6%	7%

Davidson County	6%	6%	5%
Shelby County	15%	12%	19%
No Answer	9%	2%	1%

4. How long have you been in this position?

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
Less than 1 year	13%	13%	17%
1 to 5 years	39%	44%	42%
6 to 10 years	10%	18%	19%
11 to 20 years	11%	14%	8%
More than 20 years	17%	9%	14%
No answer	10%	2%	0%

5. How long do you anticipate remaining in your current position?

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
Less than 1 year	8%	8%	5%
1 to 2 years	17%	11%	7%
3 to 5 years	21%	20%	19%
6 to 10 years	18%	30%	31%
11+ years	24%	30%	38%
No answer	12%	1%	0%

6. How long do you anticipate remaining employed with DHS?

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
1 to 2 years	16%	18%	8%
3 to 5 years	14%	10%	12%
6 to 10 years	19%	30%	37%
11 to 20 years	18%	18%	23%
21+ years	22%	22%	20%
No answer	11%	2%	0%

7. What is the highest level of education that you have completed?

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
High School Diploma	5%	0%	0%
Associate's Degree	2%	0%	3%
Bachelor's Degree	75%	58%	85%
Master's Degree	7%	33%	9%
Post Master's Degree	2%	7%	3%
No answer	9%	2%	0%

8. How many cases do you currently have open?

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
1-10	7%	1%	10%
11-20	2%	1%	8%
21-30	2%	2%	35%
31-40	2%	2%	27%
41-50	1%	1%	11%
51-60	1%	2%	3%
61-70	1%	4%	1%
71-80	1%	4%	0%
81-90	1%	6%	0%
91-100	4%	5%	1%
101-200	6%	44%	0%
201-300	9%	17%	0%
301-400	12%	3%	0%
401-500	9%	0%	0%
More than 500	29%	0%	0%
No answer	13%	7%	4%

9. Are your cases centrally located or widespread?

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
Centrally located near the office	42%	51%	20%
Widespread from the office	14%	42%	77%
Electronic files	33%	0%	0%
No answer	11%	7%	3%

10. How do you have contact with your clients?

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
Telephone	6%	3%	1%
E-mail	0%	0%	0%
In the office	29%	5%	0%
Only in their homes or another location easily accessible to them	0%	5%	14%
A combination of all of the above	53%	85%	82%
Fax	1%	1%	0%
I do not have contact with my clients	1%	0%	3%
No answer	10%	1%	0%

11. How many face-to-face interviews/investigations do you conduct in an average week?

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
0-10	10%	66%	54%
11-20	10%	28%	35%
21-30	21%	4%	6%
31-40	23%	0%	0%
More than 40	25%	1%	0%
No answer	11%	1%	5%

12. How many miles do you travel in a given week to conduct face-to-face interviews/investigations?

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
50 or less	23%	56%	11%
51-100	1%	22%	27%
101-200	1%	9%	33%
201 or more	0%	8%	27%
Not applicable	63%	5%	2%
No answer	12%	2%	0%

13. How realistic are the goals set for you by your supervisor or other DHS management?

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
Very realistic and easy to achieve	11%	6%	10%
Realistic but difficult to achieve depending on circumstances	61%	74%	77%
Not realistic and impossible to achieve	18%	18%	13%
No answer	10%	2%	0%

14. If your supervisor sets goals for cases to be closed or to have certain outcomes in a given time period, how often do you meet those?

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
I always meet goals set by my supervisor	26%	20%	20%
Most of the time I meet the goals set for me	54%	50%	62%
I sometimes meet the goals set for me	10%	25%	18%
I never meet the goals set for me	1%	3%	0%
No answer	9%	2%	0%

15. How stressful is your job on an average day?

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
Not stressful	1%	6%	4%
Occasionally stressful	26%	46%	41%
Stressful	47%	43%	43%
Overwhelmingly stressful	16%	3%	11%
No answer	10%	2%	1%

16. How would you rank the amount you are paid for the work you do?

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
Satisfactory	7%	12%	5%
Not Satisfactory	78%	81%	91%
Indifferent	5%	5%	4%
No answer	10%	2%	0%

17. How would you rate your job satisfaction?

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
Satisfied	28%	52%	46%
Not Satisfied	56%	38%	49%
Indifferent	6%	8%	4%
No answer	10%	2%	1%

18. If you answered "Not Satisfied" to the previous question, please select all the reasons that cause you to be dissatisfied with your job.

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
Caseload	40%	16%	31%
Stress level	46%	22%	38%
Salary	57%	38%	54%
Job Responsibilities	24%	15%	16%
Co-workers	6%	8%	4%
Overall Job Environment	15%	16%	11%
Uncooperative clients	26%	18%	19%
Lack of recognition for a job well done	30%	18%	22%
Other	16%	13%	0%

20. How often do you feel intimidated or threatened by clients?

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
Daily	3%	0%	1%
Weekly	9%	4%	18%
Monthly	27%	23%	50%
Never	50%	70%	30%
No Answer	11%	3%	1%

21. On average day how much time do you spend doing the following? Rank these from 1 to 6 with 1 representing the least amount of time spent for a particular task.

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
Answering phones			
1	7%	19%	15%
2	15%	14%	23%
3	21%	25%	28%
4	21%	16%	11%

5	14%	14%	9%
6	12%	10%	14%
No answer	10%	2%	0%

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
Returning phone calls			
1	5%	10%	7%
2	14%	21%	12%
3	24%	17%	34%
4	25%	21%	24%
5	14%	20%	16%
6	8%	9%	7%
No answer	10%	2%	0%

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
Completing paperwork			
1	6%	13%	4%
2	8%	3%	8%
3	11%	7%	4%
4	12%	15%	26%
5	24%	17%	21%
6	28%	42%	34%
No answer	11%	3%	3%

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
Traveling			
1	71%	34%	5%
2	2%	19%	10%
3	1%	13%	11%
4	1%	9%	26%
5	0%	9%	31%
6	10%	14%	12%
No answer	15%	2%	5%

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
Meeting with clients and/or others such as collateral contacts or professionals			
1	9%	6%	5%
2	6%	16%	4%
3	6%	19%	19%
4	8%	30%	16%
5	20%	19%	31%

6	41%	8%	20%
No answer	10%	2%	5%

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
Completing other tasks			
1	6%	19%	32%
2	22%	14%	14%
3	18%	26%	15%
4	17%	9%	16%
5	18%	15%	8%
6	9%	15%	12%
No answer	10%	2%	3%

22. Is the training provided adequate in helping you do your job?

	Families Assistance	Vocational Rehabilitation	Adult Protective Services
Yes	44%	66%	73%
No	31%	16%	16%
No answer	25%	18%	11%

Questions 23 through 38 were answered by only Eligibility Counselors.

23. Do you work alerts?

	Families Assistance
Yes	86%
No	4%
No answer	10%

24. How much time do you spend daily working alerts?

	Families Assistance
Less than 1 hour	50%
1-2 hours	34%
2-3 hours	2%
3-4 hours	1%
4+ hours	1%
I do not work alerts	2%
No answer	10%

25. How many days a week do you spend working alerts?

	Families Assistance
1	16%
2	11%
3	11%
4	6%
5	38%
N/A	6%
No answer	12%

26. How important do you feel that it is to work alerts?

	Families Assistance
Extremely Important	28%
Fairly Important	24%
Important	29%
Not important	7%
N/A	1%
No answer	11%

27. Do you handle Families First cases? If you answer no, please skip to question 33.

	Families Assistance
Yes	44%
No	39%
No answer	17%

28. In your opinion, what percent of your clients are non-compliant with their PRPs?

	Families Assistance
Less than 10%	3%
11-25%	6%
26-50%	12%
51-74%	13%
Over 75%	10%
No answer	56%

29. Do your clients understand how important it is to comply with their PRP?

	Families Assistance
Yes, all of them understand	16%
No, none of them understand	1%

Some of them understand	27%
No answer	56%

30. Do you have adequate time to emphasize to clients the importance complying with the PRP?

	Families Assistance
Most of the time I do	18%
Sometimes I do	12%
Rarely I do	6%
Never	1%
All of the time I do	7%
No answer	56%

31. Do you feel that some of your clients abuse the conciliation process?

	Families Assistance
Yes	43%
No	2%
No answer	55%

32. In your opinion, what percent of your clients abuse the conciliation process?

	Families Assistance
Under 10%	3%
11-25%	8%
26-50%	11%
51-74%	10%
Over 75%	11%
No answer	57%

33. For the most part, do you have adequate time to process applications?

	Families Assistance
Yes	50%
No	37%
No answer	13%

34. Overall, do you have adequate time to perform your job satisfactorily?

	Families Assistance
Yes	34%
No	54%
No answer	12%

35. How has the TennCare disenrollment process affected your duties? Please select all that apply.

	Families Assistance
Increased appointments	50%
Increased phone calls	75%
Increased caseloads	48%
Worked overtime	58%
Increased stress level	70%
Decreased job satisfaction	42%
Other	14%

36. Are you a specialized TennCare Disenrollment worker?

	Families Assistance
Yes	21%
No	68%
No answer	11%

37. Did the department adequately prepare you to answer questions from TennCare recipients on the disenrollment process?

	Families Assistance
Yes	47%
No	40%
No answer	13%

38. Do you fully understand the TennCare disenrollment process?

	Families Assistance
Yes	47%
No	41%
No answer	12%

Question 39 was answered by all counselors.

39. Is there any other information you might like for us to know as we review DHS?

A summary of answers to this question can be found in observations and findings.