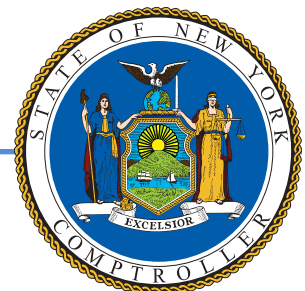


Office of Children and Family Services

Oversight of Adult Protective Services Staffing and Case Management (New York City Human Resources Administration)

Report 2023-S-7 | October 2025

OFFICE OF THE NEW YORK STATE COMPTROLLER
Thomas P. DiNapoli, State Comptroller
Division of State Government Accountability



Audit Highlights

Objective

To determine whether the Office of Children and Family Services (OCFS) is ensuring that Adult Protective Services (APS) providers have sufficient staffing and case management practices to implement APS requirements and protect vulnerable adults. The audit covered New York City APS referrals and open cases from April 2019 through August 2023 and casework and staffing information from April 2019 through October 2024.

About the Program

OCFS' mission is to serve New York's public by promoting the safety, permanency, and well-being of our children, families, and communities. Toward that end, OCFS oversees APS, a program of State-mandated services for adults (age 18 and older) who, because of mental or physical impairments, are unable to meet their essential needs (e.g., food, shelter, clothing, medical care, securing entitlements); are in need of protection from abuse, neglect, financial exploitation, or other harm; and have no one who is willing and able to assist them responsibly. APS clients include vulnerable older adults and mentally ill, developmentally disabled, and abused or exploited people. According to research published in 2020,¹ every year about one in 10 older adults (age ≥ 60 years) in the United States experiences elder abuse, including physical, sexual, or psychological abuse, as well as financial exploitation or neglect by caregivers. Elder abuse also often goes undetected; only one in 24 cases are identified and reported to the proper authorities. Services provided by APS include investigating and assessing the referred adult's needs and risk of harm, helping adults facing eviction, coordinating with law enforcement and other service providers (e.g., health, mental health, housing, homemaking), and assistance in obtaining benefits, ranging from informal financial management and court petitions to appointing a guardian or other legal intervention. OCFS is responsible for monitoring and coordinating APS programs statewide, which are administered locally by Local Districts of Social Services (LDSSs). OCFS provides technical assistance and conducts periodic APS practice reviews (Practice Reviews) to monitor compliance with State standards and coordinates, develops, and implements training for APS staff. Once a Practice Review is complete, OCFS may require the APS provider to submit a written Performance Improvement Plan (PIP) if the provider fails to be at least 85% compliant with APS requirements. In New York City, APS is administered by the New York City Human Resources Administration (HRA) through its Central Intake Unit (Intake Unit) and a network of 11 APS providers that, at the time of our audit, consisted of seven field offices and four contract offices. HRA is considered the LDSS of New York City, including all five boroughs, and is the largest municipal APS program in the country.

Key Findings

OCFS needs to improve efforts to monitor and assist APS providers, especially during periods of high turnover and staffing shortages, to ensure the needs of clients are fully met and that caseworkers maintain sufficient documentation of casework conducted. We identified deficiencies with documentation maintained on APS cases and in some instances with how APS cases were handled by caseworkers. Specifically:

¹ [https://www.ajgponline.org/article/S1064-7481\(20\)30346-8/fulltext](https://www.ajgponline.org/article/S1064-7481(20)30346-8/fulltext)

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- We identified a total of 100 deficiencies across 87 referrals for 52 clients, including visits not being conducted within the required time frame, eligibility determinations and service plans not completed in a timely manner, and missing documentation. The deficiencies we identified are likely attributed to staffing shortages and turnover resulting in inexperienced and potentially overworked caseworkers.
 - OCFS does not routinely track and monitor APS providers' staffing levels and—when it does become aware of issues with vacancies and turnover—it does not provide increased monitoring to follow up on the issues or offer additional assistance based on vacancies or turnover rate. Caseworkers struggling with high caseloads may have limited time to thoroughly assess each case, which could result in incomplete assessments or delayed responses to urgent client needs.
 - We found, according to HRA officials and contractors, caseloads per caseworker varied significantly among APS providers, ranging from 25 to 90. Moreover, OCFS has not developed guidance or best practices on caseload management to assist providers.
 - Although we found staffing and caseload issues to be a significant threat to APS providers' ability to sufficiently serve clients, OCFS' Practice Reviews did not include actions, such as requiring providers to develop a PIP to address case management or staffing shortages, as required.
 - While less prevalent, but with a greater impact on services, we identified seven cases in which the caseworker may not have fully addressed the client's needs, including:
 - A referral was made by a hospital social worker alleging self-neglect, unclean home conditions, and potential hoarding. This client was facing eviction because of these conditions. The progress notes indicated that, while the client could afford to hire a cleaner, she was unable to find someone willing to clean her home. The caseworker closed the case, citing "sufficient mental and physical capacity." Two days after the case was closed, a second referral was made by a doctor for the same client. The second referral was handled by a different caseworker, who ensured that the home received a thorough cleaning. This second caseworker also identified an additional need and made a referral for a home health aide. It is possible that more could have been done for the client when the first referral was made. Had a second referral not been made, the client may have faced eviction and would not have received a referral for the necessary home health services.
 - A referral was received from a family member alleging mental illness, drug and alcohol abuse, and self-neglect. An initial visit was not attempted because the client was in the hospital; however, the caseworker's notes stated that the client was discharged 2 days later, then readmitted after another 3 days had passed (this information was based on a conversation with the referral source 6 days after the referral was received). After that conversation, there were no case notes for over 3 weeks. After almost another 4 weeks had passed, the caseworker contacted the referral source who stated they were concerned for the client because the client was having suicidal thoughts and using drugs. The caseworker then initiated a 911 wellness check immediately after speaking with the referral source, but the first home visit was not attempted for another 24 days and there were no case notes between the 911 wellness check and home visit. The caseworker learned from a third party that the client had been hospitalized 8 days prior to the unsuccessful home visit attempt. Four days later, the case was closed under the category "someone else willing and able responsibly." However, there are no case notes indicating that the caseworker discussed closing the case with a supervisor, which is required by HRA policy in cases like this. Without this information, there is little assurance that the case was properly closed.

Key Recommendations

- Develop a process to monitor vacancies and turnover at APS providers to determine if compensating efforts, such as conducting more frequent Practice Reviews or additional training and technical assistance, are necessary to improve case management.
- Develop basic standards or guidance for caseloads that are flexible and adaptable based on the unique needs of each LDSS, including conducting periodic studies to evaluate manageable caseload ratios and determine effective case management practices.
- Improve oversight of LDSS staffing and case management practices, including, but not limited to, assessing and noting deficiencies for staffing and case management practices during OCFS Practice Reviews and issuing PIPs as necessary to address deficiencies.



Office of the New York State Comptroller Division of State Government Accountability

October 20, 2025

DaMia Harris-Madden, Ed.D.
Commissioner
Office of Children and Family Services
52 Washington Street
Rensselaer, NY 12144

Dear Commissioner Harris-Madden:

The Office of the State Comptroller is committed to helping State agencies, public authorities, and local government agencies manage their resources efficiently and effectively. By so doing, it provides accountability for the tax dollars spent to support government operations. The Comptroller oversees the fiscal affairs of State agencies, public authorities, and local government agencies, as well as their compliance with relevant statutes and their observance of good business practices. This fiscal oversight is accomplished, in part, through our audits, which identify opportunities for improving operations. Audits can also identify strategies for reducing costs and strengthening controls that are intended to safeguard assets.

Following is a report of our audit entitled *Oversight of Adult Protective Services Staffing and Case Management (New York City Human Resources Administration)*. This audit was performed pursuant to the State Comptroller's authority under Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law.

This audit's results and recommendations are resources for you to use in effectively managing your operations and in meeting the expectations of taxpayers. If you have any questions about this report, please feel free to contact us.

Respectfully submitted,

Division of State Government Accountability

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Glossary of Terms

Term	Description	Identifier
OCFS	Office of Children and Family Services	<i>Auditee</i>
APS	Adult Protective Services	<i>Program</i>
APS provider	57 county Local Districts of Social Services and the St. Regis Mohawk Tribe Department of Human Services, responsible for APS referrals outside of New York City (rest of State), and 11 field offices and/or contractors in New York City, responsible for APS referrals in the five boroughs	<i>Key Term</i>
Bureau	OCFS' Bureau of Adult Services	<i>Bureau</i>
HRA	New York City Human Resources Administration	<i>Agency</i>
Intake Unit	HRA's Central Intake Unit	<i>Office</i>
JASA	Jewish Association Serving the Aging	<i>Contract Office</i>
LDSSs	Local Districts of Social Services	<i>Key Term</i>
NAPSA	National Adult Protective Services Association	<i>Key Term</i>
Pandemic	COVID-19 pandemic	<i>Key Term</i>
PIP	Performance Improvement Plan	<i>Key Term</i>
Practice Review	OCFS review of APS provider to monitor compliance with standards	<i>Key Term</i>

Background

The Office of Children and Family Services' (OCFS) mission is to serve New York's public by promoting the safety, permanency, and well-being of our children, families, and communities. Toward that end, OCFS oversees Adult Protective Services (APS), a program of State-mandated services for adults (age 18 and older) who, because of mental or physical impairments, are unable to meet their essential needs (e.g., food, shelter, clothing, medical care, securing entitlements); are in need of protection from abuse, neglect, financial exploitation, or other harm; and have no one who is willing and able to assist them responsibly. Within OCFS, the Bureau of Adult Services (Bureau) is responsible for monitoring and coordinating APS programs statewide, which are administered by Local Districts of Social Services (LDSSs). The Bureau provides technical assistance; conducts periodic APS practice reviews (Practice Reviews) to monitor compliance with State standards; and coordinates, develops, and implements training for APS staff. The Bureau also develops and implements new program initiatives, reviews and approves annual plans relating to APS, responds to inquiries/complaints relating to administration/supervision of APS, issues policy directives relating to APS, and participates in workgroups and initiatives with other agencies and providers relating to APS issues.

According to research published in 2020,² every year about one in 10 older adults (age ≥ 60 years) in the United States experiences elder abuse, including physical, sexual, or psychological abuse, as well as financial exploitation or neglect by caregivers. Elder abuse also often goes undetected; only one in 24 cases are identified and reported to the proper authorities. Furthermore, public policy measures related to the COVID-19 pandemic (pandemic) and their downstream mental health consequences likely increase the risk of elder abuse. Additionally, according to the Office of the State Comptroller's 2024 study of New Yorkers In Need,³ housing insecurity among New York's seniors exceeds the national average. Forty-three percent of New York households with a person age 75 and older and 37% of those with at least one person age 62 to 74 faced housing insecurity, compared to 34% and 29%, respectively, nationally.

Services provided by APS include investigating and assessing the referred adult's needs and risk of harm, helping adults facing eviction, coordinating with law enforcement and other service providers (e.g., health, mental health, housing, homemaking), and assistance in obtaining benefits, ranging from informal financial management and court petitions to appointing a guardian or other legal intervention.

In New York City, APS is administered by the New York City Human Resources Administration (HRA) through its Central Intake Unit (Intake Unit) and a network of 11 APS providers that, at the time of our audit, consisted of seven field offices (Bronx, Brooklyn North, Brooklyn South, Queens, Staten Island, Manhattan North, and Manhattan South) and four contract offices (Jewish Association Serving the Aging [JASA], Transitional Services for New York Inc., BronxWorks, and Selfhelp). While all offices are overseen by HRA, field offices are units within HRA and staffed by HRA employees and contract offices are external organizations with which HRA contracts

2 [https://www.ajgonline.org/article/S1064-7481\(20\)30346-8/fulltext](https://www.ajgonline.org/article/S1064-7481(20)30346-8/fulltext)

3 <https://www.osc.ny.gov/reports/new-yorkers-need-housing-insecurity-crisis>

to provide APS services on its behalf. Outside of New York City, APS is administered through 57 county LDSSs and the St. Regis Mohawk Tribe Department of Human Services. HRA is considered the LDSS of New York City, including all five boroughs, and is the largest municipal APS program in the country.

Anyone can make a referral to APS. Often, referrals are made by a family member, friend, neighbor, health care professional, or social worker. APS providers may receive referrals directly, or referrals may be forwarded from OCFS. Although APS providers are responsible for handling APS referrals, there is no single way referrals are required to be reported or recorded; therefore, other entities such as not-for-profits or other State agencies may also receive APS referrals. Within New York City, referrals come into the Intake Unit by email, phone, or online via the Community Referral Information System portal.

All referrals received by the Intake Unit are either assigned to an APS provider for further review or rejected if APS eligibility can be ruled out based on information collected during intake. When an APS provider receives a referral, it initially categorizes the referral as either life threatening (circumstances that may result in death or irreparable harm if emergency action is not taken) or non-life threatening. For life-threatening referrals, the APS provider must start an investigation as soon as possible and attempt contact with the adult within 24 hours. For non-life-threatening referrals, the APS provider must start an investigation within 72 hours and attempt contact within 3 working days.

APS caseworkers are responsible for assessing the adult's needs and risk of harm and determining whether services (e.g., counseling; coordination of delivery services, such as Meals on Wheels; securing alternative living arrangements) are necessary. Services may be either voluntary or involuntary, depending on the client's capacity to understand the situation and the degree of danger involved. When APS determines that a client has the capacity to understand the severity of the situation, they have the right to refuse services. Clients must generally be willing to accept services offered; however, if a client is found to be at imminent risk of death or serious physical harm and does not understand the consequences of their situation, judicial proceedings may be required to ensure the client receives the necessary services. APS must provide the least restrictive services to effectively protect the client.

OCFS' policy requires APS providers to sufficiently document the assessment of the client's needs, their due diligence in helping the client obtain services, and if services were not warranted, the reasons why. Among other details, documentation (including progress notes) should cite initial referral information; any case investigation information and assessments; determination of services; service plans; any information related to in-person or other contacts; where services are denied, the reasons why; and an explanation for closing the referral. Progress notes are required to be sufficiently detailed to understand each action taken and must be entered into the case files within 30 days of the event.

OCFS is also required to create and update best practice guidelines for the provision of APS and post them to its website. At a minimum, these guidelines must include

procedures for reviewing any previous APS involvement, assessing and identifying abuse and neglect of a person believed to need protective services, interviewing people believed to need protective services and their caretakers, and identifying and making referrals for appropriate services.

HRA requires caseworkers to conduct a follow-up visit within 48 hours if the initial attempt to make contact is unsuccessful. If, after three visits, the client has not been contacted, the caseworker and supervisor are required to discuss the next course of action, which may include, but is not limited to, making a joint visit to the source of the referral. During the period from March 2020 through July 2023, when there were safety concerns because of the pandemic, OCFS granted HRA waivers that allowed face-to-face contact to be replaced with alternative methods (e.g., phone calls, video calls). The waivers also allowed the time frame for completing initial eligibility determinations, assessments, and service plans to increase from 60 days to 90 days.

To ensure APS providers meet State standards, OCFS requires the Bureau to conduct Practice Reviews of each APS provider at least once every 4 years as part of its monitoring practices. Each Practice Review should assess certain elements of the process, including the average APS cases per caseworker, whether intake and eligibility decisions were made correctly and within the required time frame, if risks were identified and appropriately mitigated, and whether the required monthly home visits/contacts were made. Once a Practice Review is complete, OCFS sends the APS provider a written report detailing the findings and a summary of recommendations. For a Practice Review with lesser findings, the Bureau follows up with the APS provider later to determine whether the deficiencies have been corrected. The Bureau may require the APS provider to submit a written Performance Improvement Plan (PIP) if the provider fails to be at least 85% compliant with APS requirements.

For the period from April 2019 through August 2023, HRA handled a total of 108,420 active cases, which included 98,973 new referrals and 9,447 cases that had been received prior to April 2019. As shown in Table 1, the most frequent risks identified during intake were mental illness, eviction or homelessness, and inability to manage finances.

**Table 1 – APS Risks for Referrals Handled
4/1/2019–8/28/2023**

Type of Risk	Total
Mental illness	67,938
Eviction or homelessness	37,307
Inability to manage finances	37,099
Environmental hazards	30,652
Self-neglect	29,565
Financial exploitation	19,549
Poor housing condition	19,402
Psychological abuse	12,698
Dementia	7,709
Physical abuse	7,411
Self-endangering behavior	5,426
Drug or alcohol abuse	3,485
Untreated medical condition	1,670
Sex abuse	557
Neglect by others	146

Note: A referral may have more than one type of risk associated with it; therefore, the total number of risks is greater than the number of referrals.

Of the 98,973 referrals, the Intake Unit rejected 10,162 and sent 88,811 to APS providers for an initial assessment. Most of the referrals sent to APS providers were denied for APS services. Of the 88,811 referrals received by APS providers, 73,227 (82%) were denied APS services, 14,029 (16%) were approved for APS services, and 1,555 (2%) were of undetermined eligibility as of September 2023. Services were denied in most cases (78%) because the referred person had sufficient mental and physical capacity, someone else was willing and able to take responsibility, or there was an inability to locate the referred person—other reasons were that the client didn't reside in New York City, was under 18, was deceased, or refused assistance.

Audit Findings and Recommendations

OCFS needs to improve efforts to monitor and assist APS providers, especially during periods of high turnover and staffing shortages, to ensure the needs of clients are fully met and that caseworkers maintain sufficient documentation of casework conducted. We identified deficiencies with documentation maintained on APS cases and, in some instances, with how APS cases were handled by caseworkers. The deficiencies we identified are likely attributed to staffing shortages and turnover resulting in inexperienced and potentially overworked caseworkers. APS can be a challenging job, and high turnover and managing an inexperienced workforce further add to the difficulties of learning the job and limit the number of cases that can effectively be managed at one time. In cases where staff lack the experience or training to identify client needs or are unable to navigate the complex service system, clients may not receive full protection or services to effectively address their needs. This increases the risk that clients experience prolonged vulnerability, exposure to harm, or worsening conditions. OCFS does not routinely track and monitor APS providers' staffing levels and—when it does become aware of issues related to vacancies or turnover—it does not provide increased monitoring or offer additional assistance. Caseworkers struggling with high caseloads may have limited time to thoroughly assess each case, which could result in incomplete assessments or delayed responses to urgent client needs. We found caseloads per caseworker varied significantly among APS providers, and OCFS has not developed guidance or best practices on caseload management to assist providers. Lastly, although we found staffing and caseload issues to be a significant threat to APS providers' ability to sufficiently serve clients, OCFS' Practice Reviews did not include actions to address case management or staffing shortages.

Case Management

Case File Review

We reviewed case files for a sample of 179 referrals for 80 clients across three HRA APS providers (Manhattan South, Brooklyn South, and JASA) to determine whether the APS providers were properly addressing the needs of their clients, whether APS staff properly handled the initial assessments, and, for cases that were approved for APS services, whether services were provided in accordance with program requirements. As shown in Table 2, we identified a total of 100 deficiencies across 87 referrals for 52 clients, including visits not being conducted within the required time frame, eligibility determinations and service plans not completed in a timely manner, and missing documentation. We also identified seven cases that may have been closed before fully addressing the client's needs.

Table 2 – Case Deficiencies (on 87 Referrals for 52 Clients)

Type	Number of Occurrences
Missing documentation (e.g., eligibility letters, progress notes, intake forms, closing summaries, subsequent service plans)	51
Follow-up visit not completed within 48 hours	36
Initial visit not completed in a timely manner (within 24 hours for life threatening, within 3 working days for others)	7
Service plan not completed within 60 days of received referral	4
Eligibility determination not made within 60 days of received referral	1
Supervisor not consulted after unsuccessful visit attempts	1
Total	100

The most frequent issue we identified was missing documentation, with 46 of the 179 referrals missing at least one necessary piece of information, resulting in a total of 51 missing types of documentation. In response to our findings, OCFS stated that, during the pandemic, HRA updated its processes to include electronic letters and signatures, which are available and dated in the system. However, OCFS did not provide these to auditors. Eligibility letters accounted for 88% of the missing documentation. These letters are important because they verify that a timely eligibility determination was made, explain the reason for closing a case (if applicable), and confirm that both the client and the referral source are notified of the decision. Another common issue was that initial (seven) and follow-up visits (36) were not completed within the required time frames for both life-threatening and non-life-threatening referrals. This included three initial visits and eight follow-up visits that took more than 10 working days to complete, with one initial visit taking as long as 19 working days and another taking 17 working days to complete.

Proper documentation and timely visits are necessary for assessing the success of APS activities. Missing documentation can diminish a caseworker's ability to properly manage the case and makes it difficult to assess the needs of clients should they be referred again later. Likewise, when visits are not performed, a caseworker cannot assess the client's progress, or lack thereof, toward meeting their goals. Visits help determine what progress has been made toward achieving the service plan and identify any adjustments necessary to either the service plan or the tasks associated with the implementation of the service plan.

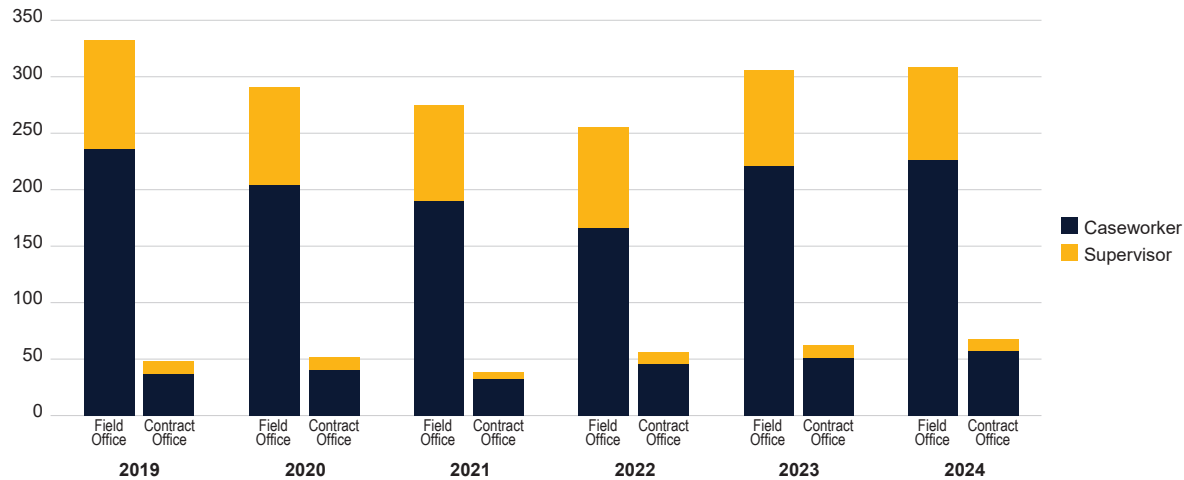
While less prevalent, but with a greater impact on services, we identified seven cases in which the caseworker may not have fully addressed the client's needs. For example, one referral was made by a hospital social worker alleging self-neglect, unclean home conditions, and potential hoarding. This client was facing eviction because of these conditions. The progress notes indicated that, while the client could afford to hire a cleaner, she was unable to find someone willing to clean her home. The caseworker closed the case citing "sufficient mental and physical capacity." Two days after the case was closed, a second referral was made by a doctor for the same client. The second referral was handled by a different caseworker, who ensured that the home received a thorough cleaning. This second caseworker also identified an

additional need and made a referral for a home health aide. It is evident that more could have been done for the client when the first referral was made. Had a second referral not been made, the client may have faced eviction and would not have received a referral for the necessary home health services.

In another instance, a referral was received from a family member alleging mental illness, drug and alcohol abuse, and self-neglect. An initial visit was not attempted because the client was in the hospital; however, the caseworker's notes stated that the client was discharged 2 days later, then readmitted after another 3 days had passed (this information was based on a conversation with the referral source 6 days after the referral was received). After that conversation, there were no case notes for over 3 weeks. After almost another 4 weeks had passed, the caseworker contacted the referral source, who stated they were concerned for the client because the client was having suicidal thoughts and using drugs. The caseworker then initiated a 911 wellness check immediately after speaking with the referral source, but the first home visit was not attempted for another 24 days and there were no case notes between the 911 wellness check and home visit. The caseworker learned from a third party that the client had been hospitalized 8 days prior to the unsuccessful home visit attempt. Four days later, the case was closed under the category "someone else willing and able responsibly." However, there are no case notes indicating that the caseworker discussed closing the case with a supervisor, which is required by HRA policy in cases like this. Without this information, there is little assurance that the case was properly closed.

The deficiencies we identified are likely attributed to staffing shortages and turnover resulting in inexperienced and potentially overworked caseworkers. For several years during the period of April 2019 through October 2024, which we reviewed case files for, HRA experienced a significant shortage of APS staff, particularly among field offices during and immediately after the pandemic began. As shown in the following figure, for the period of 2019 through 2022, the number of caseworkers employed by the seven HRA field offices decreased by a total of 30%, dropping from 236 caseworkers to 166. The number of supervisors in these field offices declined by seven, representing a 7% decrease. Contract offices did not experience a significant decrease in caseworkers during the same period because HRA contracted with two additional vendors in 2021. However, despite adding two contract offices, the overall number of APS caseworkers and supervisors serving the City was significantly below pre-pandemic levels through December 2022. Since then, the overall number of APS staff has increased and, as of October 2024, HRA had reached its budgeted staffing levels for caseworkers and supervisors.

Caseworker and Supervisor Combined Staffing Levels by APS Provider 2019-2024*



*All data is as of December 31 for each year except 2024. The figures for 2024 are as of October 22, 2024, the last date OCFS provided data for.

The overall caseworker turnover rate for the period of April 2019 through October 2024 was 110% for field offices and 221% for contract offices. Some field offices had significantly higher turnover rates than others. For example, while the Staten Island office's turnover rate was 63%, the combined turnover rate for the Manhattan North and Manhattan South offices was 115%, and the combined turnover for the Brooklyn North and Brooklyn South offices was 130%. As of October 2024, about 75% of APS caseworkers in New York City had been in their position for less than 2 years. Therefore, even though overall staffing levels have rebounded, APS providers' actual capacity to protect vulnerable adults remains compromised due to the loss of institutional knowledge and overall lack of experience among staff, which likely also contributed to the number of deficiencies we found in our case file review.

Both OCFS and HRA officials acknowledged that staffing has been a major struggle since the pandemic. OCFS developed an agencywide workgroup to help improve staff recruitment and retention and has met monthly with HRA since 2020 to discuss staffing and hiring. HRA began offering a retention bonus for new caseworkers who remain in their position from April 2024 through March 2026. The APS providers we interviewed have been actively recruiting to fill vacancies, offering overtime, utilizing "floaters" when the assigned caseworker is not available, and equipping caseworkers with laptops and portable devices to help them keep up with progress notes. Supervisors and managers also began helping in the field.

Despite these efforts, many APS providers continue to struggle to recruit and retain experienced staff. While OCFS does collect case trend information, such as the number of referrals, how many were closed as ineligible or opened, the average caseload by worker, number of cases by allegation type, and the average number of cases closed per month during its Practice Reviews, OCFS doesn't, as a practice, routinely monitor staff turnover and vacancies at APS providers to determine the effect of both on case management quality. We recommend OCFS develop a

process to routinely monitor vacancies and turnover at APS providers and determine if compensating efforts, such as more frequent Practice Reviews or additional training and technical assistance, are necessary to improve case management.

Caseworker Caseload

We could not analyze the average caseloads caseworkers handle due to limitations in how HRA maintains case file information and how the information was provided. However, we interviewed officials at the three APS providers we sampled case files from and sent a questionnaire in May 2024 to all active HRA APS caseworkers and their supervisors, with their responses to be provided anonymously.

According to officials, caseloads varied significantly among the three offices. Brooklyn South officials told us that APS caseloads vary by type. For example, preventive services, which are aimed at individuals who could benefit from assistance to prevent potential harm or future decline, generally require less intensive casework than undercare cases, which are provided to individuals who need ongoing support. Therefore, officials stated caseworkers assigned to preventive service cases average about 50 cases at any given time, but some had caseloads as high as 90 during the period of April 2019 through October 2024. Within the same office, caseworkers who are assigned to only undercare cases should have an average caseload of 25 to 30 cases. While Manhattan South officials did not differentiate caseloads among different APS units, they stated that a caseworker will ideally handle between 25 and 30 cases at any given time. However, officials reported that some caseworkers handled up to 73 cases at times during the same period due to staff shortages. JASA officials said they had an average caseload of 40 cases per caseworker at the time of our visit (May 2024) and, during the pandemic, caseloads averaged around 35.

The responses to our survey also indicate that APS providers may not have sufficient capacity to effectively manage cases. We sent the survey to 328 HRA employees and received 158 (48%) responses. Over 25% of caseworkers and about 34% of supervisors who responded indicated that the assistance provided to APS clients does not always fully address the client's needs before a case is closed. The responses also highlighted staffing and case management problems that may have contributed to this. About 60% of respondents stated that, as of May 2024, there are still not enough staff to handle the volume of APS cases they receive. Caseworkers cited the following challenges (with some citing more than one challenge) with their jobs that may have led to recruitment and retention issues:

- Concerns for personal safety (44%)
- Travel (38%)
- Lack of management support (17%)
- Insufficient training (15%)

In addition, only about 22% of respondents said that cases are assigned in a manner that promotes the most efficient and effective service delivery, and only 23% of supervisors said they received any guidance or training on assigning cases.

Neither State law nor current OCFS or HRA policy establish minimum staffing and caseload guidelines; however, a March 2020 report issued by the federal Administration for Community Living, National Voluntary Consensus Guidelines for State Adult Protective Services Systems, included several suggested guidelines related to APS staffing. Among these guidelines, the report recommended that APS systems conduct periodic caseload studies to determine and implement manageable ratios of APS caseworkers to cases and supervisors to direct APS caseworker staff. The report also recommended that states implement minimum qualifications for APS workers and supervisors and create policies and procedures related to case assignment.

Further, the National Adult Protective Services Association (NAPSA) recommends that caseloads be limited to 25 APS cases per month. According to NAPSA, effective APS caseload management is essential at every administrative level. Overworked caseworkers may start taking shortcuts by omitting home visits, relying on phone contacts with clients rather than face-to-face interviews, accepting suspicious or insufficient explanations of how injuries occurred, omitting important information in case records, and closing cases prematurely. Not only do these practices increase the risks to current APS clients, but all of them will, over time, create an increasingly negative perception of APS in the community, potentially leading to fewer appropriate reports and more adults being harmed.

OCFS emphasized throughout the audit that creating caseload and case management standards would be too difficult to accomplish given the different cases that come into APS and their unique nature. OCFS officials also explained that policies and procedures are not provided on assigning cases because there is not a set standard that would work for each district based on the variations in district structure, population, and the unique nature of each case. However, in response to our preliminary findings, OCFS stated it would consider developing a best practice guidance policy for basic standards on case ratios.

Practice Reviews

Although we found staffing and caseload issues to be a significant threat to APS providers' ability to sufficiently serve clients, OCFS' Practice Reviews did not include actions to address case management or staffing shortages. We reviewed a total of 11 Practice Reviews—eight reviews for seven field offices and three reviews for two contract offices—completed by OCFS for the period of April 2019 through August 2024. For those 11 reviews, OCFS did not require APS providers to develop PIPs to address staffing and case management deficiencies—even when the review cited issues in those areas. Of the 11 Practice Reviews, eight mentioned staffing shortages as a problem. While four of these eight reviews resulted in recommendations for corrective action and the development of a PIP, none of the PIPs included actions to address staffing shortages and case management.

One Practice Review found, during the case file review, that “given the staffing shortages, additional visits were unable to be satisfied,” and another stated that

the APS provider was no longer receiving new cases, and they were instead being assigned to contract offices. Both reviews resulted in a PIP, but neither PIP addressed staffing. On another Practice Review, OCFS documented that the director of the APS provider reported 217 unassigned cases, and the field office was completing this work by having supervisors complete casework and having caseworkers work on weekends. Even though APS cases were not being assigned as required, OCFS did not cite any deficiencies in this Practice Review and, as a result, the APS provider was not required to develop a PIP and take corrective action. In response to our findings, OCFS clarified that services were eventually provided—although not necessarily timely—to the 217 clients. Regardless, having a significant number of unassigned cases indicates staffing and/or case management issues that need to be resolved.

OCFS officials stated that, whenever they conduct a Practice Review and find that progress notes are not recorded timely or if an APS provider indicates it has a staffing issue, OCFS central office staff will discuss the problem with the APS provider's staff and formulate a plan to hire more staff. However, OCFS did not provide any evidence of this for the Practice Reviews we sampled.

Recommendations

1. Develop a process to monitor vacancies and turnover at APS providers to determine if compensating efforts, such as conducting more frequent Practice Reviews or additional training and technical assistance, are necessary to improve case management.
2. Develop basic standards or guidance for caseloads that are flexible and adaptable based on the unique needs of each LDSS, including conducting periodic studies to evaluate manageable caseload ratios and determine effective case management practices.
3. Improve oversight of LDSS staffing and case management practices, including, but not limited to, assessing and noting deficiencies for staffing and case management practices during OCFS Practice Reviews and issuing PIPs as necessary to address deficiencies.

Audit Scope, Objective, and Methodology

The objective of our audit was to determine whether OCFS is ensuring that APS providers have sufficient staffing and case management practices to implement APS requirements and protect vulnerable adults. The audit covered New York City APS referrals and open cases from April 2019 through August 2023 and casework and staffing information from April 2019 through October 2024.

To accomplish our objective and assess related internal controls, we reviewed State laws and regulations, OCFS and HRA policies and procedures, contract information, and industry standards related to APS. We also interviewed OCFS and HRA officials as well as officials from three APS providers to better understand staffing and case management practices within New York City. In addition, we sent a questionnaire to all 328 active HRA APS supervisors and caseworkers in May 2024, with 158 responses submitted anonymously. We obtained and analyzed referral data for ongoing cases received prior to April 2019 and new referrals received between April 2019 and August 2023 as well as APS provider staffing data for the period from April 2019 through October 2024.

We used a non-statistical sampling approach to provide conclusions on our audit objective and to test internal controls and compliance. We selected one judgmental sample of three APS providers and one judgmental sample for each of those providers. However, because we used a non-statistical sampling approach for our tests, we cannot project the results to the respective populations. Our samples, which are discussed in detail in the body of our report, include:

- A judgmental sample of three of the 11 New York City APS providers, which included two field offices (Brooklyn South and Manhattan South) and one contract office (JASA), that were selected based on factors we considered to be high risk, such as providers with a high number of referrals or low approval rates.
- Three judgmental samples, one for each of the three APS providers sampled, totaling 179 referrals for 80 clients (of 34,125 referrals for 27,745 clients). These 80 clients from the three APS providers were selected based on factors we considered to be high risk, such as clients with multiple referrals, extended time frames from referral to initial contact, and the reasons cases were closed.

We obtained referral data from HRA's APS.net system and HRA staffing data from OCFS. We assessed the reliability of both sets of data by reviewing existing information, interviewing officials knowledgeable about the systems, and performing electronic testing. We were not able to directly test the APS.net system for completeness, as the data is directly entered into the system by the providers. However, we were able to indirectly test the data through other audit work. We determined that the data from both sources was sufficiently reliable for the purposes of this report. Generally accepted government auditing standards do not require us to complete a data reliability assessment for data used for this purpose.

There were several instances during the audit when OCFS hindered auditors' progress by imposing significant delays and restricting direct access to pertinent information. The process of negotiating terms of a standard confidentiality agreement

took nearly 2 months, with another month to sign the agreement once it was verbally agreed to. Further, delays and restrictions on access to information escalated after we selected a sample for testing. It took OCFS over a month to provide the documentation for the first set of case files we requested, and when it was provided, the documentation was overly redacted and did not contain essential information. After 2 more months of additional requests for OCFS to provide unredacted documentation in compliance with our confidentiality agreement, we ultimately had to travel to the APS provider in New York City and pull the documentation ourselves. As a result, it took OCFS over 3 months to provide documentation for the first set of case files we requested. In addition, during the audit, we learned that all data and information being provided to us, including information from APS providers, was filtered through OCFS' general counsel. As a result, we had limited assurances that certain information provided to us was not altered or modified before we received it. The delays and restricted access to information were considered by auditors when evaluating the appropriateness of the evidence provided. After presenting our concerns to OCFS officials regarding delays and filtering of information, OCFS did reduce delays with future requests and improved cooperation through the end of the audit.

Statutory Requirements

Authority

The audit was performed pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law. We conducted our performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

In addition to being the State Auditor, the Comptroller performs certain other constitutionally and statutorily mandated duties as the chief fiscal officer of New York State. These include operating the State's accounting system; preparing the State's financial statements; and approving State contracts, refunds, and other payments. These duties could be considered management functions for the purposes of evaluating organizational independence under generally accepted government auditing standards. In our professional judgment, these duties do not affect our ability to conduct this independent performance audit of OCFS' oversight and administration of APS.

Reporting Requirements

We provided a draft copy of this report to OCFS officials for their review and formal comment. We considered their response in preparing this final report and have included it in its entirety at the end of the report. Although OCFS officials disagreed with certain aspects of the report and offered explanations in response, they generally agreed with the recommendations and indicated actions they will take to address them. Our responses to certain comments are embedded within OCFS' response as State Comptroller's Comments.

Within 180 days after final release of this report, as required by Section 170 of the Executive Law, the Commissioner of the Office of Children and Family Services shall report to the Governor, the State Comptroller, and the leaders of the Legislature and fiscal committees, advising what steps were taken to implement the recommendations contained herein, and where recommendations were not implemented, the reasons why.

Agency Comments and State Comptroller's Comments



Office of Children and Family Services

KATHY HOCHUL
Governor

DAMIA HARRIS-MADDEN, Ed.D., MBA, M.S.
Commissioner

August 29, 2025

Theresa Nellis-Matson
Audit Supervisor
Office of the State Comptroller
110 State Street, 11th Floor
Albany, NY 12236

Re: Audit 2023-S-7

Dear Ms. Nellis-Matson,

The New York State Office of Children and Family Services (OCFS) has prepared this letter in response to the Office of the State Comptroller's (OSC) July 2025 Draft Audit Report regarding Oversight of Adult Protective Services (APS) Staffing and Case Management. OSC's stated objective was to determine whether OCFS is "ensuring that APS providers have sufficient staffing and case management practices to implement APS requirements and protect vulnerable adults." The audit covers New York City (NYC) APS referrals and open cases from April 2019 through August 2023 and casework and staffing information from April 2019 through October 2024.

OCFS appreciated the opportunity to review OSC's draft audit results and recommendations. As stated in the draft report, OCFS provides oversight and monitoring of the APS programs that are directly provided by the local departments of social services (LDSS) statewide.

Key Findings

OSC issued several key findings which are broken down into five bullets and two sub-bullets. Overall, OSC found that "OCFS needs to improve efforts to monitor and assist APS providers, especially during periods of high turnover and staffing shortages, to ensure the needs of clients are fully met and that caseworkers maintain sufficient documentation of casework conducted." *Report 2023-S-7 at 1*. It is important to note that the scope of the audit included the occurrence of an unprecedented pandemic which directly impacted the ability of New York City to retain staff. OSC acknowledged these challenges in its own report, *Impact of the Pandemic on New York City's Municipal Workforce*¹ February 2022 stated, "*The pandemic, and the City's efforts to manage the budgetary implications of its impact, have led to a decline in staffing which has undone much of this growth. The decline did not occur evenly across the City's agencies. Certain occupations also experienced a disproportionate decline, including those engaged in educational support as well as protective and enforcement services.*"

The workforce faced challenges in all areas of public service, including social services. The OSC report² states, "[o]f the City's 37 largest municipal agencies (250 or more full-time employees), 11 have experienced a decline that is at least twice the citywide average of 6.4 percent." It goes on to further state, "[t]he social services and uniformed agencies represented a little more than one-third of full-time staffing (37.3 percent) as

¹ February 2022; Report 18-2022; *Impact of the Pandemic on New York City's Municipal Workforce*

² November 2022; Report 13-2023; *Update on New York City Staffing Trends*

of June 30, 2020, but accounted for more than half of the citywide decline (51.6 percent) through August 2022, driven largely by disproportionate reductions at the Department of Correction, Police Department, Department of Social Services, and Administration for Children's Services."

State Comptroller's Comment – Although we acknowledge that, in prior reports, we have documented workforce challenges resulting from the COVID-19 pandemic, and our current audit findings reinforce this conclusion, these challenges do not lessen the need for strong oversight. In fact, these challenges reinforce the importance of closely monitoring APS providers to ensure vulnerable adults are protected, particularly given the heightened risks these individuals faced during the pandemic.

In their first bullet, OSC cites to "visits not being conducted within the required time frame, eligibility determinations and service plans not completed in a timely manner, and missing documentation." *Report 2023-S-7 at 2*.

OSC cited to late initial visits and follow-up visits in the draft report. *Report 2023-S-7 at 2 & 12*. On review, OCFS determined that some cases involved staff who had trouble securing access to the person because the person was in the hospital. Staff documented this information in the progress notes. Staff also documented in the notes that they verified the person was safe in the hospital. As long as staff document the attempted visits and verifies the individual's safety, late visits are not in violation of regulations and OCFS does not require Performance Improvement Plans (PIPs). OCFS will issue a PIP if the documentation does not demonstrate that the proper steps were taken to assist the person and make them safe, or if the documentation is lacking. OCFS does not regulate the timing of follow up visits; they are determined by HRA's best practice policy. HRA implements their own policies that are more stringent than OCFS policies.

State Comptroller's Comment – Our case review was based on the documentation we were provided with. We recognize that some visits could not occur when clients were hospitalized. In response to our preliminary audit findings, OCFS shared this concern, and we re-reviewed our findings. However, OCFS did not identify which specific cases it believed were incorrectly reported as findings—even after we asked. In many cases of late initial and follow-up visits, the records provided lacked information explaining the delays and visits that occurred later than HRA policy requires.

With regard to missing documentation discussed in the first bullet, OSC found that eligibility letters were missing from 51 cases. *Report 2023-S-7 at 12*. Prior to the pandemic, the practice was for letters to be physically signed. During the pandemic there were few staff in the office who could sign the eligibility letters. As a result, HRA updated their process to an automated system enabling electronic signatures and sending of the letters. The letters discussed are currently in the APS.net system.

State Comptroller's Comment – While OCFS states that 51 missing eligibility letters are currently in its APS.net system, we requested all the missing eligibility documentation multiple times and OCFS did not provide the letters; therefore, we cannot verify this statement.

OSC attributes the deficiencies in the first bullet to staffing shortages and high turnover rates. *Report 2023-S-7 at 2*. It is not a surprise that this audit found high turnover rates among caseworkers and late visits to clients during a scope of time that includes a global pandemic. *Report 2023-S-7 at 11-14*. Guidelines for staffing ratios are based on standards in NYC that are set by HRA, but if there are too many cases will be assigned to staff based on who is available. Rejecting a case is not an option. This type of social work has a natural turnover rate, notwithstanding a pandemic, due to the nature of the job duties. It can be emotional and stressful at times and requires an individual that can handle the difficult nature of the job. For this reason, caseworkers are trained and may resign after they start their fieldwork because they realize this type of work is not for them. There are cases where a client does not accept services from a caseworker but later accepts services from another caseworker. When this occurs, it could be that the client was not ready to accept services initially, or that the second caseworker had a different approach to engage the client.

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State Comptroller's Comment – Given that OCFS is aware that high turnover is a challenge among caseworkers even without a pandemic, proactive oversight is even more essential to ensure vulnerable adults are protected.

In the second bullet, OSC found that “OCFS does not routinely track and monitor APS providers’ staffing levels and – when it does become aware of issues with vacancies and turnover – it does not provide increased monitoring to follow up on the issues or offer additional assistance based on vacancies or turnover rate.” *Report 2023-S-7 at 2*. This is an unreasonable assessment of the extensive work done by OCFS to assist providers with staffing shortages during and after the pandemic. Since 2020, OCFS has met monthly with HRA and discussed staffing and hiring. Beginning in 2019 through 2025, NYC HRA made extensive efforts to recruit new staff. They include the following efforts:

- Attending City of NY/DSS/HRA Recruitment events and hiring halls;
- Organizing many group and individual interviews;
- Posting positions utilizing different platforms such as Government jobs and Monster;
- Participating in civil service and provisional hiring pools;
- Participating in hiring pools that provide opportunity for provisional hires to become permanent in their positions; and
- Offering candidates retention bonuses.

OCFS also conducts monthly meetings with HRA to discuss activities in NYC that include staffing.

State Comptroller's Comment – While OCFS says it met monthly with HRA during our audit scope and that HRA has taken independent steps to recruit new staff, these efforts do not replace OCFS’ responsibility to routinely track staffing levels and follow up when issues arise. OCFS also could not provide meeting minutes or other documentation detailing what was discussed at the monthly meetings. Therefore, we could not conclude on the effectiveness of these meetings as a monitoring function or verify that they occurred.

OCFS has staff assigned to the NYC region who conduct the practice reviews for the NYC boroughs. That same staff also collect information for the APS section of the Annual Plans. OCFS has access to the NYC systems. HRA has implemented updates to their systems that include:

- service modules for housekeeping/homecare services and heavy-duty cleaning (HDC)
- updates to Central Intake Unit (CIU)/Community Referral Intake System (CRIS)
- updates to Initial Assessment, Monthly Assessment and Client Profile updates to APS.Net and APS Reporting

State Comptroller's Comment – While OCFS collects information through annual plans and during its Practice Reviews, collecting that information alone is not sufficient for effective oversight. As detailed on page 16 of our audit report, none of the 11 Practice Reviews that we sampled included recommendations to address case management or staffing shortages, even when the review itself cited issues in those areas. Further, OCFS made it clear both during the audit and in this response that it was aware that these problems existed.

In the third bullet, OSC found that caseloads vary significantly among APS providers. *Report 2023-S-7 at 2*. It explains how OSC found that “OCFS has not developed guidance or best practices on caseload management to assist providers.” This finding does not acknowledge the efforts OCFS has undertaken with local districts. *Report 2023-S-7 at 2*. OCFS Informational Letter, 1985 INF-09 Caseload Guidelines, recommends staffing and caseload ratios related to the provision of protective services for adults. LDSS implement their own staffing ratios that take into consideration their own district’s needs. Service needs vary for each district and the districts administer their own assignment protocols. One district may assign certain case types or stages, such

as assessment stages, to staff that only do assessments. Another district may have to utilize their staff for all aspects of a case and all case types because they only have a few caseworkers due to the size and population of their district. The INF encourages districts to adhere as closely as possible to the guidelines that acknowledge the varying case types. It recommends each worker carry a caseload of 20-30 clients determined by the following factors:

- the number of clients a worker services who are involuntary;
- the number of clients a worker serves who require legal intervention;
- the number of clients a worker serves who require financial management;
- whether the worker is responsible for intakes as well as undercare cases; and/or
- whether the worker provides transportation for clients.

Further consideration should be given to the following factors:

- the caseworker's skills;
- the geographic area covered by the worker;
- the availability of paraprofessional and clerical staff to perform functions not requiring casework skills, such as transporting clients, SSRR data entry coding, maintaining tickler files, xeroxing, answering telephones, and filing; and
- the involvement of other agencies in the delivery of services.

State Comptroller's Comment – While OCFS cites an informational letter (INF-09) issued 40 years ago, this does not demonstrate that OCFS provided current guidance or best practices to more recent APS providers. Further, OCFS officials repeatedly told us during the audit that they had not issued any guidance regarding caseloads or case management, and this letter was never provided to us by OCFS. We located the letter ourselves and brought it to the attention of officials. In addition, finding this document would require APS providers to search through more than 40 years of guidance and policy covering all OCFS program areas. This informational letter is not available under the Adult Services program area on OCFS' website where other relevant letters are located, making it effectively inaccessible to providers. Without accessible and up-to-date guidance, OCFS cannot effectively support providers in addressing staffing and caseload challenges.

OCFS does not provide training on assigning cases because there is no standard that would work for every district due to variations in structure, populations and cases. In NYC, for example, the basic guidelines for assigning cases are on a rotational basis. Exceptions are made for staff that are out or field office leadership discretionary factors (such as zones and other client related needs) that require variations from the procedure.

State Comptroller's Comment – The absence of a single standard does not eliminate the need for training. Training could provide strategies, considerations, and best practices—like those outlined in the informational letter OCFS referred to above—which would give APS providers direction and tools to better manage staffing and caseloads.

In the fourth bullet, OSC stated that OCFS does not always require APS providers to develop plans to address staffing and case management deficiencies identified during the practice reviews. *Report 2023-S-7 at 16*. OCFS issues PIPs for regulatory compliance that fails to meet the 85% threshold or if progress notes are late. If the LDSS shares that staffing shortages contributed to the late notes, OCFS discusses the staffing challenges with the district. OCFS would ask that OSC remember the unprecedented nature of the pandemic, and the real challenges HRA faced when significant numbers of staff did not report to work due to fear of illness. The reported 217 NYC cases that were “uncovered” were not left without service. *Report 2023-S-7 at 17*. The local district implemented a plan to provide services to the vulnerable adults in their district. OCFS determined that supervisors stepped in to carry caseloads. In addition, staff worked overtime including weekends to complete services and to respond to referrals.

Due to the efforts that HRA made to hire and retain staffing to replenish the workforce depleted during the pandemic, OCFS did not issue PIPs to HRA, as they would not have had an impact on staffing at the time. OSC cited the lack of a PIP to address staffing in their findings however, the audit findings fail to acknowledge the numerous steps HRA and OCFS took to increase staffing. *Report 2023-S-7 at 2*. While OCFS never issued a formal PIP, the purpose of a PIP was realized. PIPs are utilized to highlight and remedy an issue. HRA and OCFS were both very aware of the staffing shortages and made extensive efforts to eliminate those shortages. The additional step of memorializing the need for more staff would have been a mere formality and would not itself have led to increased staffing.

State Comptroller's Comment – We recognize that the pandemic created unprecedented challenges and that APS providers implemented ad hoc measures, such as overtime, to mitigate them. However, as we found during our audit and which OCFS reiterates here, these actions were initiated by the APS provider, not by OCFS. OCFS' assertion that a formal PIP was unnecessary because "the purpose of a PIP was realized" overlooks the essential role of documentation and formal corrective actions in effective oversight. Further, provider-initiated solutions and stopgap measures, such as staff working overtime and supervisors carrying caseloads, are not a sustainable approach, and may have led to some of the deficiencies we identified with how documentation was maintained and, in some instances, how cases were handled.

Furthermore, while OCFS has oversight of LDSS staffing and case management practices hiring practices include elements outside of the scope of OCFS such as local district practices, county budgets, union input and civil service restrictions. In addition, HRA negotiates their own contracts and determines their own caseloads with its vendors. Therefore, OCFS cannot unilaterally impose changes in these areas. During the pandemic the civil service requirements were eased in some situations with the addition of New York Hiring for Emergency Limited Placement Statewide (HELPS), which simplified the hiring process and eventually helped alleviate some of the staffing shortages.

State Comptroller's Comment – Our audit did not recommend unilateral actions. Rather, as written on page 17 of our audit report, we recommended stronger oversight measures, including monitoring vacancies and turnover at APS providers, to determine if compensating efforts could help providers improve staffing and case management; and developing flexible guidance or standards that could be adapted based on LDSS' unique needs. These actions fall within an oversight entity's role and would not require changes outside of OCFS' authority.

The last finding in the fifth bullet discussed by OSC is one in which they suggest that in seven cases "the caseworker may not have fully addressed the client's needs." *Report 2023-S-7 at 2 & 12-13*. OSC specifically elaborates on two of those seven cases in their analysis. With regard to the first case, a review of the case notes demonstrates that while the client's home was unclean, the client was found to have capacity to manage their own affairs and did not want homecare. The client also had the ability to hire someone to clean their residence, however due to the state of the home, the client was unable to find someone willing to provide cleaning services. Therefore, the case was closed. When the client was threatened by her landlord with possible eviction, a new referral was made but a new case could not be opened as an eviction proceeding had not yet been filed. APS does not open cases for possible evictions, they only open cases once evictions have been filed.

State Comptroller's Comment – As explained on pages 12 through 13 of our audit report, the issue we identified with this case is that it was closed before the client's primary need—finding someone willing to clean her home—was fulfilled. Closing the case prematurely left this need unmet until a second referral was made for the same client, at which point it was ultimately addressed.

In the second case, OSC explains that the client was in and out of the hospital over several weeks. During that time the APS caseworker was in consistent contact with the client's referral sources, attempted a home visit, and initiated a 911 wellness check immediately after speaking with a referral source. OSC fails to include

in their report that the closing notes for this case clearly state that contact was made with the hospital social worker. In contrast to OSC's statement that "there is little assurance that the case was properly closed," the notes provide ample details that supported the caseworker's decision to close the matter. *Report 2023-S-7 at 2*. The caseworker provided the name of the social worker, the particular hospital in which the client was located, that the hospital had ongoing contact with the client's family, and that due to the client's instability there was no discharge date scheduled. Cases are not usually open for services when return to the community is unknown.

State Comptroller's Comment – OCFS states that the caseworker was in constant contact with the referral source. However, our review of case notes revealed significant gaps, including one period of nearly 4 weeks and another of 24 days without documented contact. Further, the caseworker never spoke with the client, and all contacts were phone calls—no in-person visits were attempted. In addition, we did not find any evidence that, when the caseworker could not make contact with the client, the caseworker and supervisor discussed the next course of action before the case was closed, which is required by HRA policy. These findings indicate that casework was not sufficient to ensure the client was safe. We revised the report on pages 2 and 13 to clarify the reason we found the case was improperly closed.

With regard to the remaining five cases that OSC mentioned, although no specifics were provided, OCFS would like to share perspective about the unique nature of APS cases. SSL 473(1) provides that adults eligible for protective services are those who due to physical or mental impairments are unable to protect themselves from abuse, neglect, financial exploitation or other harm; and have no one available who is willing and able to assist responsibly. Therefore, adults who require assistance but who do not possess a physical or mental impairment, can rightfully decline services. It is common that prospective clients are averse to engagement with APS and frequently decline interventions over the course of several years. These types of refusals for intervention by clients can often lead to more serious and higher acuity needs as the individuals become less able to care for themselves. Many clients that require cleaning services refuse them. Additionally, repeat referrals are often not for the same issue. Clients frequently have their cases reopened or are re-referred for new issues that have sadly arisen in their lives. Re-referrals are not solely due to a caseworker failing to meet a client's needs.

State Comptroller's Comment – We recognize that clients have the right to refuse services, as explained on page 8 of our report, and we were mindful during our review of case files that repeat referrals do not necessarily indicate that a prior case was closed prematurely. While our report did not include the details for all seven cases that may have been closed before a client's needs were fully addressed, we provided OCFS officials with relevant information to support our conclusions, and they did not provide compelling evidence to refute them.

Audit Scope, Objective, and Methodology

OSC notes that they felt OCFS "hindered auditors' progress by imposing significant delays and restricting direct access to pertinent information." *Report 2023-S-7 at 18*. OSC cites to perceived delays in signing a confidentiality agreement and receiving documentation. *Report 2023-S-7 at 18 - 19*. OSC also took issue with OCFS redactions of certain documents and OCFS review of documentation prior to providing them to OSC. *Report 2023-S-7 at 19*.

OCFS did not intentionally withhold any requested information or actively interfere with this APS audit. Generally Accepted Government Auditing Standards (GAGAS) provide that "a written audit plan provides an opportunity for audit organization management to supervise audit planning and to determine whether available evidence is likely to be sufficient and appropriate for purposes of the audit." OCFS provided all documentation that was requested by OSC. Any delays in information-sharing were primarily due to OSC's lack of clarity on the information they requested and the volume of documents that OCFS had to review from HRA before

sending to OSC for review.

After the opening conference and while working on the initial documentation request, OCFS met with OSC several times where OSC amended and/or changed their information requests. It was frequently unclear what documents OSC was requesting and what information they needed to conduct the audit. For example, OSC requested supervisor and caseworker identification numbers to be unredacted in the documents where there were no supervisor or caseworker identification numbers in the files. This lack of clarity added to the time that it took to complete the requests.

State Comptroller's Comment – OCFS' statements that any delays in information-sharing were primarily due to our lack of clarity and the volume of documents OCFS had to review before sending them to us are patently incorrect. In our opinion, our requests were clearly stated and consistent with standard audit practices and OCFS officials were welcome to ask for clarity on any requests that they found unclear. Further, the redaction process doesn't account for the significant delays in providing complete records. Any changes to our requests were intended to help the audit proceed despite the obstacles created by OCFS. Moreover, OCFS officials insisted that all our requests be filtered through them, which created delays—it was only after we contacted HRA directly that we obtained the necessary information to begin our case file review. Further, when we contacted HRA, officials told us that OCFS had not relayed all our requests to them. It was not until we issued a preliminary findings report on these impairments that OCFS began to provide information in a more timely manner.

Further, once OSC requested client case files, OCFS anticipated it would take a large amount of time to gather and review the documents, as requesting information from 2019 to present could result in the production of files containing years of information. Even after OSC was informed, they continued to place unreasonable time frames for OCFS to obtain the case files, review redactions and coordinate with HRA to make any amendments and then upload for OSC review.

State Comptroller's Comment – Generally accepted government auditing standards require us to have sufficient and appropriate evidence to support our findings—appropriateness is a measure of the quality of evidence and encompasses relevance, validity, and reliability of evidence. Evidence obtained through the auditors' direct physical examination, observation, computation, and inspection is generally more reliable than evidence obtained indirectly. However, because OCFS limited our access to records directly and insisted that all requests be filtered through OCFS, we established a signed confidentiality agreement and OCFS agreed as part of this to provide requested case records within 72 hours. This was established to mitigate some of the risk to reliability caused by limiting our direct access to records. Despite this agreement, whenever we requested case files, we asked officials how long they would need to gather the documentation and, at times, agreed to extensions and encouraged officials to let us know if they would need additional time. Additionally, we frequently suggested alternatives to speed up the process, such as having OCFS send records for only a few cases at first to ensure accuracy before redacting them all or having OCFS send us records as they became available instead of all at once. OCFS did not agree to or act on any of our suggestions but instead continued to delay access to the information we needed to review.

Additionally, OSC refers to an issue of incorrect redactions in its findings. OCFS explained it was an inadvertent error; HRA mistakenly used the confidentiality agreement from the 2020 APS audit, rather than the agreement for this immediate audit. However, once notified of the error, OCFS pulled together a team to assist HRA. OCFS made every effort possible to correct the redactions timely, but as with any audit where OCFS must work with another agency's field office, additional time for record retrieval and review must be considered when establishing deadlines.

State Comptroller's Comment – Although OCFS claims that it made every effort possible to correct the redactions in a timely manner, when we contacted HRA directly—over 2 months after we first notified OCFS of

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the errors—we were told that OCFS had not made HRA aware that the documents we were provided were incorrectly redacted.

The delay caused by the confidentiality agreement approval did not impact audit information sharing. Following well-established audit processes, when OSC requests confidential case files, OCFS requests that OSC sign a confidentiality agreement. OCFS and OSC counsel's offices discussed after the opening conference and finalized the terms on June 29, 2023, although not formally signed until July 24, 2023, due to OCFS staffing losses and transition within its Division of Legal Affairs. However, the delay did not interfere with the provision of documentation, as OSC did not request client specific information that would require redactions until August 2023, after the agreement was signed.

State Comptroller's Comment – During our opening conference, which occurred on April 11, 2023, OCFS officials told us that they would not provide us with APS data or case files until the confidentiality agreement was finalized. Had the agreement been completed sooner, we would have requested that information earlier.

Throughout the course of this audit, OCFS provided a large amount of documentation to OSC. OCFS did its best to meet the many requests of OSC in a timely fashion, and OCFS will continue to do so for any additional audits that OSC is conducting of other OCFS programs.

State Comptroller's Comment – While OCFS did reduce delays and improved cooperation after we presented our concerns to OCFS officials, it is important to note that this audit experience is not an isolated incident. Rather, following similar OCFS responses to previous audits, it constitutes a pattern of poor cooperation by OCFS and a disregard for transparency and accountability. Our reports titled *Oversight of Residential Domestic Violence Programs* (2017-S-16), *Oversight of Direct Placement of Children* (2017-S-30), and *Oversight of Child Protective Services* (2021-S-17) all specify instances where OCFS officials delayed and/or restricted information, which, in some cases, affected OSC auditors' ability to draw conclusions.

Recommendation 1

Develop a process to monitor vacancies and turnover at APS providers to determine if compensating efforts, such as conducting more frequent Practice Reviews or additional training and technical assistance, are necessary to improve case management.

OCFS Response

OCFS added reviews of staffing numbers and caseload averages for the last three years to its practice reviews for a more comprehensive look at trends in caseload sizes. If staffing is the cause of deficiencies in case management, then a PIP will be required for those deficiencies and to address staffing concerns. A PIP can also be issued to direct that staff be trained or re-trained on matters of concern. OCFS follows up on all PIPs with new case samples to determine if those PIPs require continuation, modification, or are completed.

State Comptroller's Comment – Monitoring involves more than just collecting staffing numbers and caseload averages; it requires systemic review, timely analysis, and proactive follow-up. Further, while OCFS asserts that it requires a PIP when deficiencies are identified during Practice Reviews, our audit report demonstrates that this is not accurate. As detailed on pages 16 and 17 of our audit report, OCFS did not require APS providers to develop PIPs to address staffing and case management deficiencies, even though eight Practice Reviews cited staffing shortages as a problem.

Recommendation 2

Develop basic standards or guidance for caseloads that are flexible and adaptable based on the unique needs of each LDSS, including conducting periodic studies to evaluate manageable caseload ratios and

determine effective case management practices.

OCFS Response

OCFS is willing to develop a policy with basic standards for case ratios as best practice guidance. As previously stated, due to the different types of cases that come in for APS, it is difficult to determine a prescriptive caseload with simple arithmetic due to the nature of some cases and case stages being more time consuming and difficult than others.

Recommendation 3

Improve oversight of LDSS staffing and case management practices including, but not limited to, assessing and noting deficiencies for staffing and case management practices during OCFS Practice Reviews and issuing PIPs as necessary to address deficiencies.

OCFS Response

OCFS has revised existing practice reviews to incorporate sections in the review tool that specifically address staffing and case management practices to improve oversight and monitoring of the staffing and case ratios in each district. OCFS will determine if staffing and case ratios play a role in case management and will issue a PIP for staffing under the following conditions:

- the district is not meeting their statutory and regulatory compliance threshold;
- the threshold is not being met due to staffing shortages; and
- there is no plan for the district to hire more staff.

OCFS will utilize PIPs to address all problems identified during a case review.

OCFS has improved oversight of the county plans by adding questions to the APS section of the annual county plans that specifically address the staffing for APS and if the staffing is meeting the needs of the vulnerable population.

Thank you for meeting with OCFS to discuss the report and for the opportunity to respond to provide clarity on OCFS's commitment to monitoring.

Sincerely,



Gail Geohagen-Pratt, Deputy Commissioner
Division of Child Welfare and Community Services

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