



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# Audit Updates

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Office of Inspector General

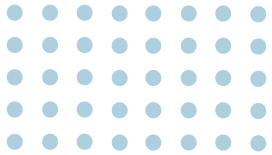
August 14, 2025





# Our Purpose

Shaping the future of *A Healthy Georgia* by improving access and ensuring quality to strengthen the communities we serve.





# OIG Mission

OIG safeguards the integrity of the DCH from risk internally and externally. Detecting fraud, waste and abuse is the office's clear charge.

OIG rigorously reviews, investigates and audits Medicaid providers and recipients to uncover criminal conduct, administrative wrongdoing, poor management practices, and other waste, fraud, and abuse.

OIG also reviews the State Health Benefit Plan (SHBP), Healthcare Facility Regulation and other offices at DCH.





## 1. Office of Audits Updates

### Status of Current & Completed Audits

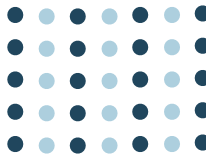
- Centers for Medicare and Medicaid Services (CMS)
- United States Government Accountability Office (GAO)
- Department of Audits and Accounts (DOAA)

## 2. Financial Audit Update: GASB 75 Employer Schedules

- Georgia State Employees Post-employment Health Benefit Fund
- Georgia School Personnel Post-employment Health Benefit Fund

## 3. Performance Audit Update

- Personal Care Home Program  
Healthcare Facility Regulation Division (HFRD)



## Current Audits

- **CMS/GAO Audits:**
  - Home and Community Based Services Assessment (HCBS)
  - Medicaid Managed Care Plan Program Integrity Audit
  - Enhanced Data Matching Could Help Prevent Duplicate Benefits and Yield Substantial Savings
- **DOAA Audits:**
  - Medicaid Dental Program (follow-up) Performance Audit
  - Hospital Provider Fee Performance Audit
  - New Option Waiver (NOW) and Comprehensive Support Waiver (COMP) Programs Performance Audit



## Completed Audits

### DOAA:

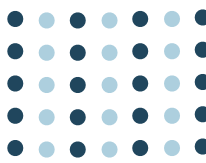
- Financial Audit: GASB 75 Employer Schedules
  - Georgia State Employees Post-employment Health Benefit Fund
  - Georgia School Personnel Post-employment Health Benefit Fund
- Personal Care Home Program Performance Audit
- FY 2024 Georgia Annual Comprehensive Financial Report & Single Audit including Prior Year Findings



## Performance Audit Overview

- The purpose of this audit was to evaluate HFRD's efficiency & effectiveness related to conducting routine inspections, addressing complaints, & ensuring violations are corrected within state-licensed residential facilities, which include assisted living communities, personal care homes, and community living arrangements.
- Six (6) Findings

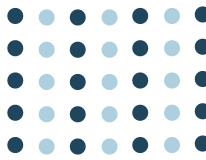




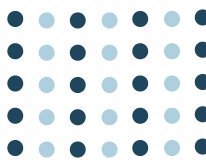
- The **Personal Care Home** Program includes three facility types (Personal Care Homes, Assisted Living Centers and Community Living Arrangements) for a total of over 2,800 facilities and caring for over 48,000 vulnerable residents.
- While the complexity of the residents of these facility types has increased over the last 10 years, the resident mix remains at a lower level of care needs compared to the nursing home population, and skilled care is not provided in these facility types.
- The Personal Care Home Program is State Funded Program only, no federal funding for oversight activities conducted by a team of 25 surveyors.
- All state program survey and enforcement activities are directed by state statute in addition to the individual rules for each program and general enforcement rules. A state program matrix grid is used to determine severity of the citation and is based on both the impact to the resident and how many times the violation has been cited.
- Unlike the federal programs, state programs do not have survey frequency requirements in statute or within the rules. This applies to both complaint survey timelines and full compliance survey frequencies.



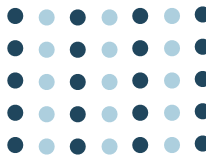
# Audit Finding 1



Conducted few routine inspections, leading to limited oversight	Management Response
<b>Finding 1.1:</b> The General Assembly should consider codifying a required frequency for HFRD to perform routine inspections of residential facilities.	<b>Not Applicable</b>
<b>Finding 1.2:</b> Perform routine inspections in accordance with its internal frequency goal.	<b>Agree</b>
<b>Finding 1.3:</b> In its new online portal, incorporate a place for facilities to document their accreditation status and provide copies of inspection reports performed by accredited bodies.	<b>Agree</b>



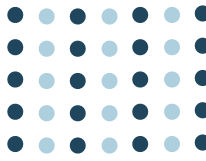
<b>Inconsistently followed its standards for how severe allegations are categorized and when they are investigated.</b>	<b>Management Response</b>
<b>Finding 2.1:</b> Establish guidelines within written procedures that identify allegations that may be border between priority categories, set clearer criteria, and clarify more examples on which allegations fall in each category.	<b>Disagree</b>
<b>Finding 2.2:</b> Require Intake and Triage staff to document all factors that contributed to determining how an allegation was ultimately prioritized.	<b>Partially Agree</b>
<b>Finding 2.3:</b> Take steps to ensure that IJ and Non-IJ allegations are investigated within required timeframes.	<b>Partially Agree</b>
<b>Finding 2.4:</b> Senior management should perform regular reviews of overall complaint categorization and investigation timeframes to ensure consistent adherence to internal standards.	<b>Partially Agree</b>



<b>Inconsistently sanctioned noncompliant facilities or verified return to compliance</b>	<b>Management Response</b>
<b>Finding 3.1:</b> Ensure that facilities found to have violated state requirements are appropriately fined in accordance with state law, rules, regulations, and established internal procedures.	<b>Agree</b>
<b>Finding 3.2:</b> Document penalizing actions taken against specific violations.	<b>Agree</b>
<b>Finding 3.3</b> Establish timeframes for notifying facilities of payment obligations when fines are assessed and if facilities fail to pay.	<b>Agree</b>
<b>Finding 3.4:</b> With its new data system, ensure that facilities submit required Plans of Correction within 10 days and consider subsequent sanctioning actions (such as fines) for facilities that do not comply.	<b>Partially Agree</b>
<b>Finding 3.5:</b> Establish clear criteria and relevant documentation related to suspending or revoking facilities' licenses.	<b>Partially Agree</b>



## Audit Finding 4



### Websites maintained by HFRD and facilities do not enable the public to easily identify violations and compare them across facilities

### Management Response

**Finding 4.1:** Ensure facilities comply with the requirement to post violations on their websites.

**Agree**

**Finding 4.2:** Consider penalizing facilities that fail to post inspection reports and Plans of Correction on their websites.

**Partially Agree**

**Finding 4.3:** The General Assembly could consider requiring HFRD to publish on its website aggregated data on facilities' noncompliance so that consumers can more easily compare facilities by the number and severity of their violations.

**Not Applicable**

HFRD – Healthcare Facility Regulation Division

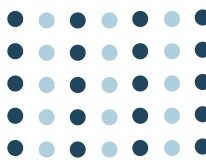


<b>HFRD and DBHDD’s shared oversight of community living arrangements could be improved with increased coordination</b>	<b>Management Response</b>
<p><b>Finding 5.1:</b> While responsibilities remain shared:</p> <ul style="list-style-type: none"> <li>a. DCH should coordinate with DBHDD to establish criteria to determine when a complaint or incident should be investigated by HFRD or DBHDD.</li> <li>b. HFRD should coordinate with DBHDD to investigate opportunities for sharing data and detailed information about CLA investigations.</li> </ul>	<p style="text-align: center;"><b>Agree</b></p>

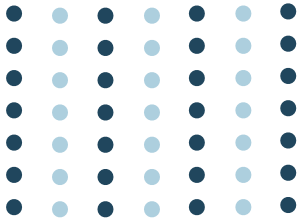
HFRD – Healthcare Facility Regulation Division

DHBDD – Department of Behavioral Health and Developmental Disabilities

CLA – Community Living Arrangement



<b>Lacks written, formalized policies and procedures for certain core operations</b>	<b>Management Response</b>
<b>Finding 6.1:</b> Develop and implement formal policies and procedures specific to state operations, including survey processes and staff training.	<b>Disagree</b>
<b>Finding 6.2:</b> Assess the sufficiency of existing procedures and consider what procedures may be missing from them, particularly regarding how the division ensures consistency across operations.	<b>Partially Agree</b>



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**THANK YOU!**  
**QUESTIONS /**  
**COMMENTS?**

