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State of Washington

Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	001	<p>Finding: The State should improve internal controls over the processing and recording of Unemployment Insurance premium payment and wage information and accounting for program activities in the Guaranteed Education Tuition program's (GET) to ensure accurate reporting</p> <p>Questioned Costs: None</p> <p>Status: Corrective action complete</p> <p>Corrective Action: The Office of Financial Management (OFM) has been working with the Employment Security Department (ESD) to improve internal controls over processing and recording of Unemployment Insurance Premium payments.</p> <p>In response to the finding, ESD has established a Next Generation Tax System (NGTS) Interfaces and Data Quality Assurance project team comprising of representatives from the business and technology sectors to address concerns regarding the NGTS. The project team is working on improving the system's internal controls related to processing transactions, reporting and reconciliations between systems. In addition, ESD has contracted with Microsoft to remediate technical issues with the NGTS system and work on eliminating any identified deficiencies.</p> <p>To address the recommendations related to the reporting of accounting activities of the Guaranteed Education Tuition program, the Student Achievement Council (SAC) provided training to agency accounting staff to ensure a better understanding of the year-end closing process with the state's Accounting and Financial Reporting System. The SAC Accounting Manager has also updated year-end accounting procedures to ensure they are complete and adequate.</p> <p>OFM will continue to provide year-end training classes to all state agencies on various topics related to the processing and reporting of financial activities.</p> <p>OFM has also improved the process for reviewing unusual events or unique program activities that are material to the state's financial reporting. Monitoring activities include performing analytical reviews and evaluating significant items to assess the overall statewide impact. For all special and unique transactions, OFM will work with responsible agencies to ensure the transactions are properly accounted for and correctly reported on the financial statements.</p> <p>Completion Date: December 2016</p> <p>Agency Contact: Brian Tinney Statewide Accounting Assistant Director PO Box 43127 Olympia, WA 98504-3127 (360)725-0171 brian.tinney@ofm.wa.gov</p>

Department of Social and Health Services

Agency 300

Fiscal Year	Finding Number	Finding and Corrective Action Plan										
2016	002	<p>Finding: The Department of Social and Health Services improperly charged \$3.6 million to multiple federal grants.</p> <p>Questioned Costs:</p> <table border="0" data-bbox="665 541 982 693"> <thead> <tr> <th><u>CFDA #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>10.551</td> <td>\$3,576,497</td> </tr> <tr> <td>10.561</td> <td></td> </tr> <tr> <td>93.558</td> <td></td> </tr> <tr> <td>93.566</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department partially concurs with this finding.</p> <p>The Department notes that the transactions identified in the audit were accruals and does not agree that accruals result in charges to federal grants. The Department’s accruals automatically reverse in the following fiscal month and there will be related appropriate payments during the same or future period. Due to this reason, the Department’s Economic Services Administration, Division of Finance and Financial Recovery (DFFR) implemented processes to reverse payments from the improperly charged grant year and charge the payments to the appropriate grant year.</p> <p>The auditors identified the payroll for the pay period ending September 30 as the only payroll cycle that was charged to the incorrect grant year. DFFR identified these charges when payment was processed on October 10 and also researched all other related administrative charges and disbursements based on the processing date. Reversals were subsequently processed to move charges to the appropriate grant year.</p> <p>For the Supplemental Nutrition Assistance Program (SNAP), DFFR identified and processed reversals of more than \$3.0 million consisting of payroll, benefits, and goods and services charged to the wrong grant year. However, the Department does not agree that this program should be included in the finding as the related amount substantially increased the final questioned costs from the original \$2.8 million.</p> <p>DFFR also reversed all the accruals for the Refugee and Entrant Assistance (REA) grant and properly charged those to the correct grant period. However, another administration inadvertently posted an accrual transaction on the following day resulting in improper charges of \$14,628.</p> <p>DFFR did not complete reversals for the Temporary Assistance for Needy Families (TANF) program due to its focus on completing the higher-risk TANF claims.</p> <p>The Department acknowledges that additional controls are needed to ensure compliance with the period of performance requirement for the SNAP, REA and TANF grants. The Department is taking the following actions:</p>	<u>CFDA #</u>	<u>Amount</u>	10.551	\$3,576,497	10.561		93.558		93.566	
<u>CFDA #</u>	<u>Amount</u>											
10.551	\$3,576,497											
10.561												
93.558												
93.566												

Department of Social and Health Services

Agency 300

Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	002 (cont'd)	<ul style="list-style-type: none"> • By April 2017, add “Month of Service” to transactions in the agency’s accounting system to help DFFR identify expenditures charged to the incorrect grant year. In addition, accounting staff will include month of service in processing all agency payments from the accounting system. • Continue with the manual process via journal vouchers to move disbursements as needed. • By June 2017, the Economic Services Administration’s Internal Control Administrator will implement procedural changes to include the new requirements. Accounting staff will be required to review and research improperly charged costs monthly and make corrections as needed. • DFFR will move the update of the Automated Cost Allocation Plan from October to November 2017. Procedures will be updated and will include a checklist developed for staff responsible for administering the grants identified in the audit. <p>If the grantors contact the Department regarding questionable costs that should be repaid, the Department will confirm these costs with the grantor and will take appropriate action.</p> <p>The conditions noted in this finding were previously reported in finding 2015-003 and 2014-022, where the improper charges were determined to be centralized costs that are allocated throughout the Department.</p> <p>Completion Date: Estimated October 2017</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>

Department of Health

Agency 303

Fiscal Year	Finding Number	Finding and Corrective Action Plan				
2016	003	<p>Finding: The Department of Health did not have adequate internal controls over and did not comply with requirements to monitor local agency operations timely and at the minimum percentage.</p> <p>Questioned Costs: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: right;"><u>CFDA #</u></td> <td style="text-align: right;"><u>Amount</u></td> </tr> <tr> <td style="text-align: right;">10.557</td> <td style="text-align: right;">\$0</td> </tr> </table></p> <p>Status: Corrective action complete</p> <p>Corrective Action: In response to the finding, the Department implemented the following corrective actions:</p> <ul style="list-style-type: none"> • Completed monitoring visit of the one local agency that did not have monitoring at least once every two years as identified in the finding. This agency was monitored on February 7, 2017. • Obtained clarification from the federal grantor that all sites for each local agency should be included in the calculation to meet the requirement for monitoring at least 20 percent of the clinics in each local agency. The Department added three additional on-site monitoring visits for the current monitoring cycle to meet the 20 percent requirement. Two were added in 2017 for the Public Health -Seattle King County, and one was added in 2018 for Sea Mar Community Care Center. • Developed a spreadsheet for 2017–2018 monitoring schedule. Monitoring visits have been planned quarterly for all local agencies, which may be subject to changes when schedules are finalized with the agencies. • Developed a process for yearly planning of on-site monitoring to be completed by October 1 of each year. Planning work include: <ul style="list-style-type: none"> ○ Assessing changes in the local agencies with funding from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). ○ Verifying the current number of clinics for each agency that has multiple sites. ○ Ensuring WIC program staff review the schedule and verify the accuracy of the list of grant subrecipients. The list will be used to develop a fiscal monitoring schedule for all subrecipients at least once every two years. ○ Scheduling all monitoring visits by the end of the calendar year. ○ Developed a process for supervisors to perform quarterly assessment of the monitoring plan to ensure staff is meeting the requirement to complete all scheduled visits. Contingency plans will be developed to address any unforeseen circumstances that require the need to adjust the planned schedule. <p>Completion Date: February 2017</p>	<u>CFDA #</u>	<u>Amount</u>	10.557	\$0
<u>CFDA #</u>	<u>Amount</u>					
10.557	\$0					

**State of Washington
Corrective Action Plan**

**For the Fiscal Year Ended
June 30, 2016**

Department of Health

Agency 303

Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	003 (cont'd)	Agency Contact: Lynda Karseboom Internal Auditor PO Box 47890 Olympia, WA 98504-7890 (360) 236-4536 lynda.karseboom@doh.wa.gov

Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	004	<p>Finding: The Department of Social and Health Services did not have adequate internal controls over and did not comply with public assistance cost allocation plan requirements.</p> <p>Questioned Costs: <u>CFDA #</u> <u>Amount</u> Numerous Undetermined</p> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department concurs with the finding.</p> <p>The U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services, Region 10, Division of Cost Allocation (DCA) was in possession of the Department's fiscal year 2012, 2013 and 2014 cost allocation plans. While DCA was in possession of those three plans, they were working with the Department to ensure the 2012 plan was approved. The Department was provided verbal directions from DCA's negotiator to stop submitting plans until DCA finished approving the previous years' plans. Therefore, the Department stopped submitting new plans.</p> <p>The Federal Partners are aware of where the Department stands with its plans as they are actively working with the Department on approvals of the previously submitted plans.</p> <p>The Department has since received written directions from DCA and will now ensure, prior to July 1, 2017, that fiscal year 2015, 2016, 2017 and 2018 public assistance cost allocation plans will be submitted to DCA.</p> <p>Completion Date: Estimated July 2017</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>

Employment Security Department

Agency 540

Fiscal Year	Finding Number	Finding and Corrective Action Plan				
2016	005	<p>Finding: The Employment Security Department made unsupported payments to Trade Readjustment Allowance program participants under the Unemployment Insurance program.</p> <p>Questioned Costs: <table border="0" style="display: inline-table; vertical-align: top;"> <tr> <td style="padding-right: 20px;"><u>CFDA #</u></td> <td><u>Amount</u></td> </tr> <tr> <td>17.225</td> <td>\$1,645</td> </tr> </table></p> <p>Status: Corrective action in progress</p> <p>Corrective Action: As of October 2016, the Department established new procedures over the Trade Readjustment Allowance program which includes payment documentation and retention requirements, and managerial oversight and review processes.</p> <p>In December 2016, manuals were developed to provide guidance to staff on the newly implemented policies and procedures to ensure program compliance and payment accuracy.</p> <p>By October 2017, the Department will contact the U.S. Department of Labor to determine what, if any, costs need to be repaid.</p> <p>The conditions noted in this finding were previously reported in finding 2015-008.</p> <p>Completion Date: Estimated October 2017</p> <p>Agency Contact: Ben Hainline Director of Internal Audit PO Box 46000 Olympia, WA 98504-6000 (360) 902-9276 bhainline@esd.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	17.225	\$1,645
<u>CFDA #</u>	<u>Amount</u>					
17.225	\$1,645					

Employment Security Department

Agency 540

Fiscal Year	Finding Number	Finding and Corrective Action Plan				
2016	006	<p>Finding: The Employment Security Department did not establish adequate internal controls over its Next Generation Tax System, which led to improper computations of employer unemployment insurance tax rates.</p> <p>Questioned Costs: <table border="0" style="display: inline-table; vertical-align: top;"> <tr> <td style="text-align: right;"><u>CFDA #</u></td> <td style="text-align: right;"><u>Amount</u></td> </tr> <tr> <td style="text-align: right;">17.225</td> <td style="text-align: right;">\$0</td> </tr> </table></p> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department has established a Next Generation Tax System (NGTS) Interfaces and Data Quality Assurance project team comprised of representatives from the business and technology sectors to address concerns regarding NGTS. The project team is working on improving the system's internal controls related to processing transactions, reporting, and reconciliations between systems.</p> <p>In addition, the Department has contracted with Microsoft to remediate technical issues with NGTS and work on eliminating any identified deficiencies.</p> <p>By November 2017, the Department will complete all material issues with NGTS.</p> <p>Completion Date: November 2017</p> <p>Agency Contact: Ben Hainline Director of Internal Audit PO Box 46000 Olympia, WA 98504-6000 (360) 902-9276 bhainline@esd.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	17.225	\$0
<u>CFDA #</u>	<u>Amount</u>					
17.225	\$0					

**State of Washington
Corrective Action Plan**

**For the Fiscal Year Ended
June 30, 2016**

Department of Transportation

Agency 405

Fiscal Year	Finding Number	Finding and Corrective Action Plan				
2016	007	<p>Finding: The Department of Transportation did not have adequate internal controls over and did not comply with federal wage rate requirements for the High-Speed Rail Corridors program.</p> <p>Questioned Costs: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: right;"><u>CFDA #</u></td> <td style="text-align: right;"><u>Amount</u></td> </tr> <tr> <td style="text-align: right;">20.319</td> <td style="text-align: right;">\$0</td> </tr> </table></p> <p>Status: Corrective action complete</p> <p>Corrective Action: As of November 2016, the Department requested and received the missing weekly-certified payrolls from Sound Transit, and has received certified payrolls for each subsequent Sound Transit invoice submitted.</p> <p>As of February 2017, the Department strengthened its invoice review process to include two independent reviews to verify that rail owners attach certified payroll to invoices covering construction related activities.</p> <p>Completion Date: February 2017</p> <p>Agency Contact: Steven Meyeroff External Audit Liaison 310 Maple Park Avenue SE PO Box 47320, Olympia, WA 98504 360-705-7035 MeyeroS@wsdot.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	20.319	\$0
<u>CFDA #</u>	<u>Amount</u>					
20.319	\$0					

Fiscal Year	Finding Number	Finding and Corrective Action Plan					
2016	008	Finding: Questioned Costs: Status: Corrective Action:	<p>The Department of Enterprise Services did not have adequate internal controls over and was not compliant with federal wage rate requirements.</p> <table border="0" data-bbox="662 541 954 604"> <tr> <td style="text-align: right;"><u>CFDA #</u></td> <td style="text-align: right;"><u>Amount</u></td> </tr> <tr> <td style="text-align: right;">64.005</td> <td style="text-align: right;">\$0</td> </tr> </table> <p>Corrective action in progress</p> <p>In response to the finding, the Department took the following corrective actions:</p> <ul style="list-style-type: none"> • Immediately communicated auditors’ finding and recommendations to agency program representatives and management. • Reviewed all current program contracts subject to similar requirements to identify potential non-compliance. • Amended three contracts to clarify the Davis-Bacon Act requirement of submitting weekly certified payroll reports by contractors and subcontractors to the Department. • Initiated and completed a program-wide verification with each client agency to ensure all projects with federal funding have contracts which comply with the provisions under the Davis-Bacon Act. • Initiated a team-wide project management services training provided by the Attorney General’s Office regarding the federal requirement. • Initiated a new contract development process to ensure Contracts Specialists verify that contractors and consultants meet all applicable federal requirements. The Department will review grant awards to identify all federal requirements. Grantees are required to confirm understanding of those requirements by written confirmation in the contracts or interagency agreements with the Department. The program will carry out the contractual duties and will further define some of the responsibilities within those contracted areas when necessary. The project supervisors overseeing the contracts are responsible for ensuring compliance with the provisions stipulated in the contracts with the grantees. Internal Audit is available to provide program guidance. <p>By March 2017, the Department’s Engineering and Architectural Services Division will develop procedures to ensure all weekly certified payroll reports will be collected and reviewed for compliance with the Davis-Bacon Act. As part of process improvement, eight forms currently used in the contract development process will be updated to ensure compliance.</p> <p>Completion Date: Estimated March 2017</p>	<u>CFDA #</u>	<u>Amount</u>	64.005	\$0
<u>CFDA #</u>	<u>Amount</u>						
64.005	\$0						

**State of Washington
Corrective Action Plan**

**For the Fiscal Year Ended
June 30, 2016**

Department of Enterprise Services

Agency 179

Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	008 (cont'd)	Agency Contact: Francis McElroy Internal Audit Manager PO Box 41408 Olympia, WA 98504-1408 360-407-8285 francis.mcelroy@des.wa.gov

Department of Services for the Blind

Agency 315

Fiscal Year	Finding Number	Finding and Corrective Action Plan				
2016	009	<p>Finding: The Department of Services for the Blind failed to establish adequate internal controls over, and was not compliant with, federal requirements to determine client eligibility within a reasonable period of time.</p> <p>Questioned Costs: <table border="0" style="display: inline-table; vertical-align: top;"> <tr> <td style="padding-right: 20px;"><u>CFDA #</u></td> <td><u>Amount</u></td> </tr> <tr> <td>84.126</td> <td>\$0</td> </tr> </table></p> <p>Status: Corrective action in progress</p> <p>Corrective Action: In response to the audit finding, the Department has implemented changes to the case review process to ensure eligibility determinations are completed timely.</p> <p>The Department now runs monthly reports from its case management system to identify all eligibility determinations nearing the 60-day deadline and those that are overdue. These reports are reviewed by Regional Area Managers to assist counselors in meeting the 60-day deadline for each case. For the cases that are overdue, Regional Area Managers review justification for the delay to ensure it is adequately and properly documented in the client's case notes within the case management system. The completed monthly reviews are sent to the Deputy Director to be maintained on file. By April 2017, performance measures will be added to include a target of less than ten percent overdue cases for the agency, and by region and counselor.</p> <p>In December 2016 and January 2017, the Department has held meetings with management and staff to identify and address the common reasons causing delays in eligibility determinations. Training was also provided at these meetings on the required elements of a client's case note justifying a delay, which include circumstances, expected completion date and client agreement.</p> <p>Additionally, the Department will revise the Washington Administrative Code (WAC) by July 2017 to align with the new Workforce Innovation and Opportunity Act of 2014. The revised WAC will include the requirements of delay justification documentation.</p> <p>By December 2017, the Department plans to update all sections of the vocational rehabilitation procedures manual relating to eligibility and the new requirements. The procedure manual will also include eligibility determination timelines and processes for requesting exceptions to the 60-day limit.</p> <p>Completion Date: Estimated December 2017</p> <p>Agency Contact: Mary Bilderback Chief Financial Officer PO Box 40933 Olympia, WA 98504-0933 360-725-3840 mary.bilderback@dsb.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	84.126	\$0
<u>CFDA #</u>	<u>Amount</u>					
84.126	\$0					

Department of Services for the Blind

Agency 315

Fiscal Year	Finding Number	Finding and Corrective Action Plan				
2016	010	<p>Finding: The Department of Services for the Blind failed to establish adequate internal controls over, and was not compliant with, federal requirements to establish timely Individual Plans of Employment for clients.</p> <p>Questioned Costs: <table border="0" style="display: inline-table; vertical-align: top;"> <tr> <td style="padding-right: 20px;"><u>CFDA #</u></td> <td><u>Amount</u></td> </tr> <tr> <td>84.126</td> <td>\$0</td> </tr> </table></p> <p>Status: Corrective action in progress</p> <p>Corrective Action: In response to the audit finding, the Department has implemented changes to the case review process to ensure Individual Plans of Employment (IPEs) for clients are established timely.</p> <p>In the past, the Department performed monthly review of overdue or nearing overdue IPEs at the time of review, and only tracked an overall average number of days for all IPE completion. The Department now runs monthly reports from its case management system to identify all IPEs nearing the 90-day deadline and those that are overdue. These reports are reviewed by Regional Area Managers to assist counselors in meeting the 90-day deadline for each case. For the cases that are overdue, Regional Area Managers review justification for the delay to ensure it is adequately and properly documented in the client’s case notes within the case management system. The completed monthly reviews are sent to the Deputy Director to be maintained on file. By April 2017, performance measures will be added to include a target of less than ten percent overdue IPEs for the agency, and by region and counselor.</p> <p>As of January 2017, the Department has provided training to management and agency field staff on the required elements justifying an IPE extension past 90 days, including client agreement and a specific expected completion date.</p> <p>Additionally, the Department will revise the Washington Administrative Code (WAC) to align with the new Workforce Innovation and Opportunity Act of 2014. The revised WAC will include the requirements of the 90-day delay justification documentation.</p> <p>By December 2017, the Department plans to update all sections of the vocational rehabilitation procedures manual to incorporate the new requirements. The procedures manual will also include IPE establishment timelines and processes for requesting exceptions to the 90-day limit.</p> <p>Completion Date: Estimated December 2017</p> <p>Agency Contact: Mary Bilderback Chief Financial Officer PO Box 40933 Olympia, WA 98504-0933 360-725-3840 mary.bilderback@dsb.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	84.126	\$0
<u>CFDA #</u>	<u>Amount</u>					
84.126	\$0					

Fiscal Year	Finding Number	Finding and Corrective Action Plan				
2016	011	<p>Finding: The Department of Social and Health Services failed to establish adequate internal controls over, and was not compliant with, federal requirements to establish timely individual plans of employment for Vocational Rehabilitation program clients.</p> <p>Questioned Costs: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: right;"><u>CFDA #</u></td> <td style="text-align: right;"><u>Amount</u></td> </tr> <tr> <td style="text-align: right;">93.558</td> <td style="text-align: right;">\$0</td> </tr> </table></p> <p>Status: Corrective action in progress</p> <p>Corrective Action: By April 2017, the Department will conduct internal compliance reviews of the Individual Plans of Employment (IPEs) to determine if they were in compliance with the 90-day requirement from the date the clients were determined eligible.</p> <p>By May 2017, the Director of Vocational Rehabilitation will issue a directive to staff to communicate the 90-day requirement for IPEs.</p> <p>By October 2017, the Department will:</p> <ul style="list-style-type: none"> • Provide statewide training to staff on the federal requirements to establish timely IPEs. • Develop a tool for Vocational Rehabilitation Counselors to create reports from the case management system. This capability will allow counselors to identify cases that are nearing the 90-day limit for appropriate actions. • Enhance the Supervisory Case Review Module in the case management system to include cases that are over the 90-day limit. The module is used by field supervisors to pull and review a percentage of the total counselor cases to ensure requirements are met and appropriate actions were taken for overdue cases. <p>By January 2018, policies and procedures will be updated to ensure IPEs are created in a timely manner, including documentation requirements for the IPE extensions.</p> <p>Completion Date: Estimated January 2018</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	93.558	\$0
<u>CFDA #</u>	<u>Amount</u>					
93.558	\$0					

Fiscal Year	Finding Number	Finding and Corrective Action Plan				
2016	012	<p>Finding: The Department of Social and Health Services did not establish adequate internal controls over and was not compliant with federal requirements to determine client eligibility within a reasonable period of time for the Vocational Rehabilitation program.</p> <p>Questioned Costs:</p> <table border="0" data-bbox="665 604 954 667"> <tr> <td style="text-align: right;"><u>CFDA #</u></td> <td style="text-align: right;"><u>Amount</u></td> </tr> <tr> <td style="text-align: right;">84.126</td> <td style="text-align: right;">\$0</td> </tr> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: By April 2017, the Department will revise procedures to include:</p> <ul style="list-style-type: none"> • Ensuring a transition plan is in place for transferring and retiring supervisors to ensure all outstanding cases are documented and followed up on prior to exiting field offices. • Conducting monthly internal compliance reviews by area managers to ensure eligibility determinations have been completed timely. • Maintaining required documentation of exceptional and unforeseen circumstances for cases requiring extension. <p>By May 2017, the Director of Vocational Rehabilitation will issue a directive to field staff to communicate applicable federal requirements and the updated procedures relating to client eligibility determination.</p> <p>By October 2017, the Department will improve its monitoring process by:</p> <ul style="list-style-type: none"> • Developing a tool for Vocational Rehabilitation Counselors to create reports from the case management system. This capability will allow counselors to identify cases that are nearing the 60-day limit for appropriate actions. • Enhancing the Supervisory Case Review Module in the case management system to include cases that are over the 60-day limit. The module is used by supervisors to monitor compliance with requirements including appropriate actions taken for overdue cases. <p>Completion Date: Estimated October 2017</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	84.126	\$0
<u>CFDA #</u>	<u>Amount</u>					
84.126	\$0					

Department of Social and Health Services

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Fiscal Year	Finding Number	Finding and Corrective Action Plan				
2016	013	<p>Finding: The Department of Social and Health Services did not have adequate internal controls over and was not compliant with requirements to ensure payments paid on behalf of clients and staff time and effort for Vocational Rehabilitation were allowable.</p> <p>Questioned Costs: <table border="0" style="display: inline-table; vertical-align: top;"> <tr> <td style="padding-right: 20px;"><u>CFDA #</u></td> <td><u>Amount</u></td> </tr> <tr> <td>84.126</td> <td>\$11,145,636</td> </tr> </table></p> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department concurs with the finding.</p> <p>Although time certification for six months of the year were completed during fiscal year 2017, rather than 2016, the direct payroll and benefit charges were appropriately charged to the grant and subsequently certified.</p> <p>By May 2017, the Department will follow policies to ensure payroll certifications are accurate and submitted timely.</p> <p>Per federal regulations, the Department’s Vocational Rehabilitation Division must ensure the following types of services are not interrupted or delayed:</p> <ul style="list-style-type: none"> • Progress of an employment outcome. • An immediate job placement. • Services to an individual who is determined to be at extreme medical risk. <p>For the above services, the Department is allowed to verbally authorize and/or purchase client services prior to the Individual Plan for Employment (IPE) approval. The Department will ensure adequate follow-up is done to update and sign the IPE as required.</p> <p>To address the audit recommendations, the Department is taking the following actions to ensure client employment services are included in approved IPEs before they are purchased or paid for. By April 2017, the Department will:</p> <ul style="list-style-type: none"> • Issue a directive to field staff to communicate the federal requirements that client employment services must be included in the IPE along with the counselor and client signatures. • Implement a monitoring process to ensure compliance. The Fiscal Compliance Manager will run reports from the Service Tracking and Reporting System (STARS) and conduct quarterly internal compliance reviews to ensure services were included in appropriately approved IPEs. Any issues identified will be forwarded to management and counselors for corrective actions. • Enhance the STARS system so staff will be alerted when services are purchased which are required to be in the IPE. • Develop tools to assist staff in ensuring IPEs are complete and properly approved before services are paid for. 	<u>CFDA #</u>	<u>Amount</u>	84.126	\$11,145,636
<u>CFDA #</u>	<u>Amount</u>					
84.126	\$11,145,636					

**State of Washington
Corrective Action Plan**

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Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	013 (cont'd)	<ul style="list-style-type: none"><li data-bbox="716 422 1430 485">• The department will consult with the Department of Education regarding resolution of questioned costs. Completion Date: Estimated October 2017 Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov

Fiscal Year	Finding Number	Finding and Corrective Action Plan						
2016	014	<p>Finding: The Department of Social and Health Services did not have adequate internal controls over and did not comply with requirements to ensure subrecipients of the Substance Abuse and Mental Health Services Projects of Regional Significance and Block Grants for Prevention and Treatment of Substance Abuse programs received required audits.</p> <p>Questioned Costs:</p> <table border="0"> <thead> <tr> <th><u>CFDA #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.243</td> <td>\$0</td> </tr> <tr> <td>93.959</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action complete</p> <p>Corrective Action: Since fiscal year 2015, the Department had been working on establishing new sub-recipient monitoring policies and procedures for the Behavioral Health Administration. In September 2016, the Department formalized the monitoring procedures by issuing a management bulletin. The bulletin communicated the need to:</p> <ul style="list-style-type: none"> • Ensure compliance with the federal regulations. • Adhere to the Department’s administrative policy on subrecipient monitoring. • Implement corrective actions to address audit exceptions identified in this finding. <p>The management bulletin also outlines the subrecipient monitoring procedures, which include:</p> <ul style="list-style-type: none"> • Conducting risk assessments. • Ensuring subrecipients obtain their required audit. • Following up on all subrecipient audit findings related to the program and to issue management decisions timely. • Ensuring accurate reporting by subrecipients of federal funds received. <p>In addition, the Department assigned two staff the roles and responsibilities of subrecipient monitoring.</p> <p>The conditions noted in this finding were previously reported in finding 2015-016 and 2014-019.</p> <p>Completion Date: September 2016</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	93.243	\$0	93.959	
<u>CFDA #</u>	<u>Amount</u>							
93.243	\$0							
93.959								

Department of Social and Health Services

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Fiscal Year	Finding Number	Finding and Corrective Action Plan				
2016	015	<p>Finding: The Department of Social and Health Services did not have adequate internal controls over and did not comply with requirements to sanction Temporary Assistance for Needy Families program participants who were not cooperative with the Department regarding child support issues</p> <p>Questioned Costs: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="padding-right: 20px;"><u>CFDA #</u></td> <td><u>Amount</u></td> </tr> <tr> <td>93.558</td> <td>\$3,218</td> </tr> </table></p> <p>Status: Corrective action in progress</p> <p>Corrective Action: All issues identified by the auditors were for clients served by both Division of Child Support (DCS) and the Community Services Division (CSD).</p> <p>The system glitch between the two divisions identified in the prior year’s audit affected cases through September 1, 2016, some of which were included in the current audit test sample. As a response to the prior audit finding, DCS immediately fixed the glitch and sent all potentially affected cases to the CSD for review.</p> <p>The Department recognizes that it did not properly apply sanctions for 18 clients who did not cooperate with child support requirements which led to overpayments to seven of those clients. The Department will review these cases and establish overpayments as appropriate by March 2017.</p> <p>In response to the finding, CSD now prioritize non-cooperation notices received from DCS to ensure sanctions are applied timely and accurately. By May 2017, the following monitoring process will be implemented:</p> <ul style="list-style-type: none"> • DCS will run monthly reports on clients that were non-cooperative. • Based on the non-cooperation documents received, CSD Quality & Compliance team at headquarters will perform post audits of a random sample of clients. • Post audit results will be provided to the policy administrative unit to determine if additional training or guidance for staff is needed. <p>By June 2017, the Department will:</p> <ul style="list-style-type: none"> • Develop and provide online refresher training of existing policies and procedures on reducing benefits for clients in non-cooperation status. • Continue to pursue a long-term, automated solution to ensure all cases in non-cooperation status are properly sanctioned. • Consult with the Department of Health and Human Services regarding resolution of questioned costs. <p>CSD and DCS will continue to work together to identify and eliminate potential gaps in appropriately sanctioning a client in non-cooperation status.</p>	<u>CFDA #</u>	<u>Amount</u>	93.558	\$3,218
<u>CFDA #</u>	<u>Amount</u>					
93.558	\$3,218					

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Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	015 (cont'd)	The conditions noted in this finding were previously reported in finding 2015-018. Completion Date: Estimated June 2017 Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov

Department of Social and Health Services

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Fiscal Year	Finding Number	Finding and Corrective Action Plan				
2016	016	<p>Finding: The Department of Social and Health Services did not have adequate internal controls in place for submitting quarterly reports for the Temporary Assistance for Needy Families Grant.</p> <p>Questioned Costs: <table border="0" style="display: inline-table; vertical-align: top;"> <tr> <td style="padding-right: 20px;"><u>CFDA #</u></td> <td><u>Amount</u></td> </tr> <tr> <td>93.558</td> <td>\$0</td> </tr> </table></p> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department partially agrees with this finding.</p> <p>The Department currently has the following processes in place:</p> <ul style="list-style-type: none"> • Maintain extensive documentation on algorithms for deriving the data needed in federal reporting. This includes specifications on tables and codes in the Automated Client Eligibility System and the Social Service Payment System, and documentation on how Statistical Analysis System processes use this data to comply with reporting requirements. Staff also run a quality assurance process that identifies potential fatal and warning edits; these results are reviewed by the supervisor. • Monitor, review, and perform manual testing of coding changes to ensure they were applied correctly. While no version control software was used by the Department, staff is keeping systematic copies of all old code versions using filename conventions, duplicating most of the functionality of version control software. The Department is not aware of any federal regulations that require the use of version control software. • Disseminate monthly summary data to multiple partners for review prior to submission of quarterly reports to ensure they are complete and accurate. <p>By June 2017, the Department’s Research and Data Analysis Division will:</p> <ul style="list-style-type: none"> • Ensure all proposed coding changes are documented, approved by the supervisor, and reviewed after implementation. This process will be formally documented for each major change. • Research version control software packages to determine feasibility. • Document current source code archiving processes. • Ensure policies and procedures are updated to reflect these changes. <p>Completion Date: Estimated June 2017</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	93.558	\$0
<u>CFDA #</u>	<u>Amount</u>					
93.558	\$0					

Department of Social and Health Services

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Fiscal Year	Finding Number	Finding and Corrective Action Plan				
2016	017	<p>Finding: The Department of Social and Health Services did not have adequate internal controls in place to ensure compliance with the maintenance of effort requirements for the Temporary Assistance for Needy Families grant program.</p> <p>Questioned Costs: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="padding-right: 20px;"><u>CFDA #</u></td> <td><u>Amount</u></td> </tr> <tr> <td>93.558</td> <td>\$0</td> </tr> </table></p> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department partially concurs with the finding.</p> <p>In response to the prior year’s finding, the Department created a collaborative work group to develop written policies and procedures as part of the effort to strengthen internal controls specific to meeting maintenance of efforts (MOE) compliance. The new policies and procedures will be finalized by April 2017 and will identify the steps and processes for staff to ensure accurate and timely reporting of MOE. Specifically, procedures will:</p> <ul style="list-style-type: none"> • Ensure that adequate documentation is collected and reviewed to support all MOE expenditures. • Allow for the continued use of attestations between the Department and other state agencies to meet federal requirements. However, an improved protocol will be developed to review final expenditure data from outside agencies to ensure the expenditures allowable, supported, and accurate. • Establish an adequate and structured monitoring protocol to facilitate management review of MOE expenditure data to ensure federal requirements are met. <p>To address the audit recommendation, the Department currently monitors, reviews and performs manual testing of coding changes to ensure they were applied correctly. While no version control software was used by the Department, staff is keeping systematic copies of all old code versions using filename conventions, duplicating most of the functionality of version control software. By June 2017, the Department’s Research and Data Analysis Division will:</p> <ul style="list-style-type: none"> • Ensure all proposed coding changes are documented, approved by the supervisor, and reviewed after implementation. This process will be formally documented for each major change. • Research version control software packages to determine feasibility. • Document current source code archiving processes. • Ensure policies and procedures are updated to reflect these changes. <p>The conditions noted in this finding were previously reported in finding 2015-020.</p>	<u>CFDA #</u>	<u>Amount</u>	93.558	\$0
<u>CFDA #</u>	<u>Amount</u>					
93.558	\$0					

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Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	017 (cont'd)	Completion Date: Estimated April 2017 Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov

Fiscal Year	Finding Number	Finding and Corrective Action Plan				
2016	018	<p>Finding: The Department of Social and Health Services did not have adequate internal controls in place and was not compliant with requirements for submitting quarterly and annual reports for the Temporary Assistance for Needy Families grant.</p> <p>Questioned Costs: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="padding-right: 20px;"><u>CFDA #</u></td> <td><u>Amount</u></td> </tr> <tr> <td>93.558</td> <td>\$0</td> </tr> </table></p> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department partially concurs with the finding.</p> <p>The Department acknowledged that existing policies and procedures in place were not adequate to ensure financial reports for the Temporary Assistance for Needy Families (TANF) grant are submitted completely and accurately.</p> <p>In response to the prior year’s finding, the Department created a work group comprised of staff from the Department’s Division of Finance and Financial Recovery (DFFR), Community Services Division (CSD), and Research & Data Analysis Division (RDA). In February 2017, the work group developed and adopted additional written procedures to strengthen internal controls to ensure federal reporting requirements are met. Due to timing of the audit, the corrective actions taken by the Department were not included in the current audit period.</p> <p>The Department ensures that state agencies’ expenditures are verifiable and allowable by reviewing the agencies’ reporting methodologies and record maintenance protocols, and analyzing the agencies’ expenditure data to the extent allowable under state regulations and policies protecting confidentiality.</p> <p>The Department does not agree with the auditors’ assertion that federal regulations require the state to verify the amounts of spending by other non-state government agencies before including those expenditures toward the state’s basic Maintenance of Effort (MOE) requirement. Federal regulations stated that an expenditure may be counted and reported if it “is verifiable and meets all applicable requirements” and if there is “an agreement between the state and the other party allowing the state to count the expenditure toward its MOE requirement.” The Department maintains that obtaining attestations from other agencies is sufficient to meet federal requirements.</p> <p>By May 2017, the Department will:</p> <ul style="list-style-type: none"> • Convene and lead a TANF MOE workgroup consisting of representatives from CSD, DFFR, and RDA. The workgroup will hold quarterly meetings to review the MOE projection data. 	<u>CFDA #</u>	<u>Amount</u>	93.558	\$0
<u>CFDA #</u>	<u>Amount</u>					
93.558	\$0					

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Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	018 (cont'd)	<ul style="list-style-type: none"> • Develop a quarterly report review checklist to ensure sufficient documentation is maintained for the quarterly and annual reports currently in use. Written policies and procedures will be updated to include this new process. • Initiate a meeting with the auditors to discuss the interpretation of the federal regulations and obtain feedback on the newly developed written policies and procedures. <p>The conditions noted in this finding were previously reported in finding 2015-021.</p> <p>Completion Date: Estimated May 2017</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>

Fiscal Year	Finding Number	Finding and Corrective Action Plan				
2016	019	<p>Finding: The Department of Social and Health Services did not have adequate internal controls over and did not comply with requirements to ensure payments to child care providers for the Temporary Assistance for Needy Families program were allowable.</p> <p>Questioned Costs: <table border="0" style="display: inline-table; vertical-align: top;"> <tr> <td style="padding-right: 20px;"><u>CFDA #</u></td> <td><u>Amount</u></td> </tr> <tr> <td>93.558</td> <td>\$5,176</td> </tr> </table></p> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department partially concurs with the finding.</p> <p>The Working Connections Child Care program policy and guidance, as maintained by the Department of Early Learning (DEL), does not require staff to verify employment or school schedule as a condition of eligibility. The Individual Responsibility Plan (IRP) outlines the approved activities for Temporary Assistance for Needy Families (TANF) clients participating in the Department’s WorkFirst program. The IRP also lists the number of hours the client is required to participate, which determines the client’s authorization for full-time or part-time child care. The WorkFirst program staff and contractors maintain a client’s schedule, and regularly track and report actual hours of participation.</p> <p>The Department acknowledges that adequate attendance records are necessary in the reconciliation process to determine allowable payments. DELs policy requires providers receiving subsidy payments to maintain attendance records and provide them upon request. However, because attendance records are paper-based, it is not feasible for staff to request, review and reconcile all records before subsidy payments are made.</p> <p>The Department will continue to conduct post-payment reviews of cases where an improper payment appears likely to have occurred, such as when providers bill the maximum authorization each month. For these cases, staff will review the case specifics and perform verification, to include, requesting attendance records to determine if an overpayment has occurred. The review will also determine if it is a provider or a client overpayment, the amount of the improper payment, and establish an overpayment if appropriate.</p> <p>The Department plans on implementing major changes to improve internal controls, while minimizing impact to the clients. The Department will seek to add 25 additional full-time employees and necessary resources to staff the business-process redesign and support the information technology initiatives necessary to improve our internal controls.</p> <p>The Department will also explore other options to strengthen our processes including third-party reviews and pre-authorization reviews on high-risk and/or high cost cases. These initiatives focus on improving</p>	<u>CFDA #</u>	<u>Amount</u>	93.558	\$5,176
<u>CFDA #</u>	<u>Amount</u>					
93.558	\$5,176					

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Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	019 (cont'd)	accuracy in eligibility and authorization determinations, which will reduce the risk for improper billings from providers. Completion Date: Estimated March 2018 Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov

Department of Early Learning
 Department of Social and Health Services

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Fiscal Year	Finding Number	Finding and Corrective Action Plan						
2016	020	<p>Finding: The Department of Early Learning and the Department of Social and Health Services did not have adequate internal controls over and did not comply with requirements to identify and detect fraud in the Child Care and Development Fund program.</p> <p>Questioned Costs:</p> <table border="0" data-bbox="667 638 951 730"> <thead> <tr> <th><u>CFDA #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.575</td> <td>\$0</td> </tr> <tr> <td>93.596</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: To address the finding, the Department of Early Learning (DEL) and the Department of Social and Health Services (DSHS) have taken the following actions:</p> <ul style="list-style-type: none"> • DEL implemented formal procedures in January 2016 for staff to follow when potential fraud is suspected. By April 2017, formal policies will be finalized that clearly defines fraud in accordance with state laws and set reasonable suspicion thresholds for staff. • DEL delivered fraud training, in collaboration with the DSHS Office of Fraud and Accountability (OFA), to audit and licensing staff. The training took place in April and June 2016, and covered procedures for referring cases to the Subsidy Policy and Audit Manager, who makes the final decision to refer to OFA for action. • Conducted targeted training for licensing regional administrators to review recent referrals and identify best practices in recognizing and reporting suspected fraud. • Actively engaged its partners at OFA to ensure more timely response and review of cases referred for investigation. <p>DEL is also taking the following actions to:</p> <ul style="list-style-type: none"> • Develop specific fraud training for Subsidy Quality Assurance staff by May 2017, which will include the requirement of expanding review of provider attendance records in cases of suspected fraud to support investigation. • Recruit for a position responsible for developing an agency-wide fraud detection and referral system including risk-based fraud detection methods and case development. A process will be established to ensure all suspected incidents of child care subsidy fraud are referred to OFA, as required. • Continue the procurement process for an electronic time and attendance tracking system that will maintain electronic copies of records and potentially reduce provider errors. This system will also allow DEL to perform data analysis and audit of all payments to significantly increase fraud detection and referral. DEL will request additional funding from the Legislature to replace the 40-year-old mainframe-based authorization and 	<u>CFDA #</u>	<u>Amount</u>	93.575	\$0	93.596	
<u>CFDA #</u>	<u>Amount</u>							
93.575	\$0							
93.596								

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Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	020 (cont'd)	<p>payment processing system, the Social Services Payment System, once the new time and attendance system is in place. The new system will be capable of providing a robust provider interface and creating a rules engine solution that validates authorizations with attendance and billing data. Once these projects are complete, the combined systems will be able to generate an accurate invoice and payment to providers.</p> <ul style="list-style-type: none"> • Make necessary changes to program rules such as reducing authorizations to Family, Friends and Neighbor (FFN) providers under the 110-hour rule, and specifying consequences for attendance record deficiencies. • Employ risk-based approach to audit providers billing and payments. Assign audit caseloads on a regional basis so that Subsidy Quality Assurance staff can foster better working relationships with providers to ensure compliance. • Continue to provide statewide fraud trainings as needed and provide targeted training to licensing regional administrators on a quarterly basis. • Improve communication with DSHS Services and collaborate efforts to ensure accurate eligibility determination and authorization. <p>To address the finding, DSHS will take the following actions:</p> <ul style="list-style-type: none"> • The aged-out fraud referral cases that were identified in the audit were requests for current eligibility issues known as Fraud Early Detection (FRED) cases. Under the current system, referrals are assigned priority based upon an approved algorithm for fraud. These current eligibility issues are time sensitive and, if not completed timely, will be sent back to financial services workers. OFA intends to work with the Economic Service Administration to review the current algorithm logic and discuss and implement appropriate adjustments to include FRED cases. • Continue to follow up on open criminal fraud cases beyond the audit period since many child care fraud cases involve lengthy investigations. • Focus on improving the functionality of the current fraud case management system as well as cleaning up data contained in the system. • OFA will investigate all of the anticipated monthly DEL provider fraud referrals without aging out the cases. DSHS will continue to review and improve its referral process. • DSHS's Office of Financial Recovery is implementing a new case management system. Upon completion, DSHS will be able to improve both the tracking and collection of fraud referrals by program types. <p>The conditions noted in this finding were previously reported in finding 2015-025.</p>

**State of Washington
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**Department of Early Learning
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Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	020 (cont'd)	<p>Completion Date: Estimated December 2017</p> <p>Agency Contact: Mike Steenhout Chief Financial Officer PO Box 40970 Olympia, WA 98504-0970 (360) 725-4920 mike.steenhout@del.wa.gov</p> <p>Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>

Department of Early Learning

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Fiscal Year	Finding Number	Finding and Corrective Action Plan						
2016	021	<p>Finding: The Department of Early Learning did not have adequate internal controls over and was not compliant with requirements to ensure payments to child care providers for the Child Care and Development Fund program were allowable.</p> <p>Questioned Costs:</p> <table border="0" data-bbox="665 604 950 693"> <thead> <tr> <th><u>CFDA #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.575</td> <td>\$22,463</td> </tr> <tr> <td>93.596</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department of Early Learning (Department) and the Department of Social and Health Services (DSHS) continue to make consistent progress in actively auditing and recovering overpayments.</p> <p>To address the auditors' recommendations, the Department has taken the following actions:</p> <ul style="list-style-type: none"> • Began auditing providers based on month of payment rather than month of service in an effort to improve the timeliness of audit reviews. • Finalized changes to all program guidance and documentation, including the Child Care and Development Fund (CCDF) Plan, to align with federal and state regulations. Billing guides are being updated and training will be provided to staff on the updated policies and procedures. • Continue to work with DSHS to address internal and external audit issues, and improve internal controls over client eligibility and direct payments to child care providers. • Continue to collaborate and coordinate with DSHS in the review of staff training, desk aids, communications, and policies and procedures to ensure field staff understand and correctly interpret policy regarding eligibility. <p>The Department is also taking the following actions:</p> <ul style="list-style-type: none"> • Improve internal controls and implement preventative controls to assist in the detection of unallowable provider billing and reduce the risk of unallowable payments, including: <ul style="list-style-type: none"> ○ Recruiting for a position tasked with monitoring the CCDF program compliance with state and federal laws. The incumbent will: <ul style="list-style-type: none"> ▪ Act as the lead on system implementation and training. ▪ Provide input on risk-based categories of pre-authorization review at DSHS. ▪ Work with DSHS to implement internal controls on eligibility determination and provider payments. ▪ Assist with implementing system changes at DSHS to alert staff when household composition differs between systems. ▪ Act as the lead for corrective action plan implementation to address audit findings. 	<u>CFDA #</u>	<u>Amount</u>	93.575	\$22,463	93.596	
<u>CFDA #</u>	<u>Amount</u>							
93.575	\$22,463							
93.596								

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Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	021 (cont'd)	<ul style="list-style-type: none"> ○ Continuing to clarify subsidy program rules and policies. Provider feedback will be obtained to improve training and in the development of standardized record-keeping templates. ○ Adopting rules and implementing policies to include the Department's definition of other intentional program violations, in addition to fraud, and their consequences for clients and providers. ● Employ a risk-based approach to audit providers billing and payments which include selecting providers billing in excess of licensed capacity and providers billing the limit of their authorizations. ● Implement a process where Subsidy Quality Assurance staff review provider billings by verifying parents' work schedules in Barcode to determine if the authorization is appropriate, and that the amount billed does not exceed the total authorized amount. ● Work with DSHS to ensure they are addressing known problems with the initial eligibility process for the CCDF program as a top priority. Continue to collaborate through the Working Connection Childcare reframe workgroup and the Child Care Audit Committee which focus on aligning and clarifying state rules and requirements with the reauthorization of the Child Care Development Fund grant. The Department will also reinstitute a quarterly meeting of the Departments' Quality Assurance staff to discuss issues identified in the quality assurance process. ● Continue the procurement process for an electronic time and attendance tracking system that will maintain electronic copies of attendance records and potentially reduce provider errors. This system will also allow the Department to perform data analysis and audit of all payments to significantly increase fraud detection and referral. ● Request additional funding from the Legislature to replace the 40-year-old mainframe-based authorization and payment processing system, Social Services Payment System, once the new time and attendance system is in place. The new system will be capable of providing a robust provider interface and creating a rules engine solution that validates authorizations with attendance and billing data. Once these projects are complete, the combined systems will be able to generate accurate invoices and payments to providers. ● Continue to improve the reconciliation process by following Department's policies, and ensure the policies meet all federal and state regulations when reviewing provider payments. ● Expand auditor examinations when significant provider overpayments are found to determine if the issue is isolated or systemic. Thresholds by provider type will be determined for expanding review. Training will be provided to staff which will cover sample scenarios. ● Work with DSHS to review and process overpayments as required for questioned costs identified.

**State of Washington
Corrective Action Plan**

**For the Fiscal Year Ended
June 30, 2016**

Department of Early Learning

Agency 357

Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	021 (cont'd)	<p>The conditions noted in this finding were previously reported in finding 2015-023, 2014-023, 2013-016, 12-28, 11-23, 10-31, 09-12, and 08-13.</p> <p>Completion Date: Estimated December 2017</p> <p>Agency Contact: Mike Steenhout Chief Financial Officer PO Box 40970 Olympia, WA 98504-0970 (360) 725-4920 mike.steenhout@del.wa.gov</p>

Fiscal Year	Finding Number	Finding and Corrective Action Plan						
2016	022	<p>Finding: The Department of Early Learning did not have adequate internal controls over and did not comply with health and safety requirements for the Child Care and Development Fund program.</p> <p>Questioned Costs:</p> <table border="0" data-bbox="662 573 950 661"> <thead> <tr> <th><u>CFDA #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.575</td> <td>\$1,882</td> </tr> <tr> <td>93.596</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department concurs with this finding.</p> <p>To address the audit recommendations, the Department has implemented the following corrective actions:</p> <ul style="list-style-type: none"> • Initiated emergency rulemaking and updated policies to clarify that licensors do not need to inspect inactive licensees. • Implemented new monitoring and compliance policies and procedures in July 2016, and provided training to licensing staff. • Created five new positions to address workload increase created by the new federal regulations requiring the Department to monitor non-relative family, friend, and neighbor caregivers. • Restructured licensing regions in January 2017 to enable more efficient and effective management of licensing staffing and workload. <p>The Department is also taking the following actions:</p> <ul style="list-style-type: none"> • Rewriting all licensing policies and procedures to ensure that they align with current state and federal rules and regulations. Final implementation date is targeted for July 2017. • Requesting additional funding from the Legislature for additional employees needed to satisfy the licensor-to-childcare provider staffing ratio requirements of the Child Care and Development Fund Block Grant for fiscal year 2017. • Creating an objective enforcement system by weighing all licensing standards based on the level of risk to children. The system will connect licensing infractions with the level of risk to children and provide more information and clarity about the risk of each standard and the consequences for violations. This process is currently taking place and should be completed by end of March 2017. • Launching an electronic caseload management system, WA Compass, in April 2017. The system will allow licensing staff to make timely updates, improve data integrity, streamline staff work processes, and provide electronic reminders to licensing staff and supervisors. The new system will also provide electronic tools for tracking the ten-day health and safety rechecks requirement. • Developing training to staff on the new system and new weighted licensing rules, and will create an on-going training plan for licensing staff. 	<u>CFDA #</u>	<u>Amount</u>	93.575	\$1,882	93.596	
<u>CFDA #</u>	<u>Amount</u>							
93.575	\$1,882							
93.596								

Department of Early Learning

Agency 357

Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	022 (cont'd)	<ul style="list-style-type: none"> • Working with the Department of Social and Health Services to review and process overpayments as required for questioned costs identified. <p>The conditions noted in this finding were previously reported in finding 2015-024.</p> <p>Completion Date: Estimated December 2017</p> <p>Agency Contact: Mike Steenhout Chief Financial Officer PO Box 40970 Olympia, WA 98504-0970 (360) 725-4920 mike.steenhout@del.wa.gov</p>

Department of Social and Health Services

Agency 300

Fiscal Year	Finding Number	Finding and Corrective Action Plan									
2016	023	<p>Finding: The Department of Social and Health Services did not have adequate internal controls over and did not comply with client eligibility requirements for the Child Care Development Fund.</p> <p>Questioned Costs:</p> <table border="0" data-bbox="487 567 941 661"> <tr> <td></td> <td style="text-align: center;"><u>CFDA #</u></td> <td style="text-align: center;"><u>Amount</u></td> </tr> <tr> <td></td> <td style="text-align: center;">93.575</td> <td style="text-align: center;">\$18,882</td> </tr> <tr> <td></td> <td style="text-align: center;">93.596</td> <td></td> </tr> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department partially concurs with this finding.</p> <p>The Department thoroughly reviewed each of the 50 exceptions identified by the auditors, and agrees that 26 of them were exceptions on eligibility determination. The Department’s review indicated one case of likely fraud when the client failed to accurately report household composition and 18 cases where overpayments occurred. The Department referred the fraud case for prosecution and the 18 overpayments to the Office of Financial Recovery for collection.</p> <p>The Department does not concur with the remaining 24 audit exceptions. The disagreement centers on two primary policy interpretations:</p> <ul style="list-style-type: none"> • Allowing self-attestation of work schedules. • Allowing 60 days for verification of new/changed employment. <p>The U.S. Department of Health and Human Services’ (HHS) Administration of Children and Families Administration (ACF) encourages states to adopt family-friendly policies in determining child care subsidy eligibility. The Department of Early Learning (DEL) has embraced this philosophy when addressing the prior’s year finding on the same issue. DEL clarified and ratified these two policies and highlighted them in the fiscal year 2016-2018 Child Care and Development Fund (CCDF) Washington State Plan. The State Plan was approved by the HHS in June 2016, but was made effective as of March 2016. In addition,</p> <ul style="list-style-type: none"> • In April 2016, DEL revised WAC 170-290-0012 and created WAC 170-290-0014 outlining the specific information that must be verified before making a payment to a provider. The rules specifically allow for self-attestation of work schedule. • In July 2016, DEL revised WAC 170-290-0095 which included language to allow 60 days for verification of new employment. <p>The Department also has concerns with the auditors’ sampling methodology and associated extrapolation of questioned costs. The Department is planning on scheduling a meeting with the auditors to review sampling and extrapolation formulas.</p> <p>In response to the audit recommendations, the Department is taking the following actions:</p>		<u>CFDA #</u>	<u>Amount</u>		93.575	\$18,882		93.596	
	<u>CFDA #</u>	<u>Amount</u>									
	93.575	\$18,882									
	93.596										

Department of Social and Health Services

Agency 300

Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	023 (cont'd)	<p>(1) Eligibility Determination Reviews: The Department will continue to use the following criteria in child care authorization audits:</p> <ul style="list-style-type: none"> • At least one percent of child care caseload monthly. • Exceptional payment authorizations are reviewed and approved by a supervisor before payments can be made. • 100 percent audit of pre- and post-authorizations made by new child care eligibility staff until they attain proficiency. • Review cases where an improper payment appears likely to have occurred, such as when providers bill the maximum authorization each month. For these cases, staff will review case specifics and perform verification, including requesting attendance records and determining if an overpayment has occurred. The review will also determine if it was a provider or a client overpayment, the amount of the improper payment, and establish an overpayment if appropriate. <p>By January 2018, the Department’s Community Service Division (CSD) will optimize usage of Audit Plus for child care reviews. The program is an auditing tool designed to randomly sample case actions based on a pre-determined criteria and support manually added case actions. Requests for enhancements to the program have been made to:</p> <ul style="list-style-type: none"> • Update the auto-add sampling criteria to ensure appropriate cases are randomly selected for review. • Add a new review type for child care cases with a higher risk of errors. • Add child care reports to review error trends which will be used to determine focus accuracy review areas. <p>The Department is also working on identifying high-risk cases where care was authorized more than full-time. These cases have separate coding indicating supervisory review is required prior to authorization. The Department is working with system staff to identify these high-risk cases without the required coding. By July 2017, CSD will generate a monthly report listing these cases and will submit the report to the field child care leadership team for supervisory review and determination of next steps.</p> <p>CSD will work with the Department’s Economic Services Administration Division of Program Integrity (DPI) and DEL to implement a third-party review process similar to that used for Basic Food. CSD will use the third-party review to identify categories that have a potential high-risk of error and based on their findings may institute additional categories of pre-authorization review.</p> <p>The Department will also participate in the Improper Payments Information Act audit conducted by DEL every three years in accordance with the Federal Office of Child Care requirement. For the audit conducted in federal fiscal year 2013, less than one percent of the total amount of payments for the sampled cases was found to be made in error.</p>

Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	023 (cont'd)	<p>(2) Employee Training: By May 2017, the CSD Child Care Program Manager will compile and submit training work requests. Training focus will include ensuring staff review and compare client eligibility documents with available source documents. By June 2017, the Child Care Program Manager will work with Child Care Operations and the division's training and development team to determine if existing training and desk aids need to be updated for child care workers. New training will also be created as needed to ensure understanding of existing policies and systems used in eligibility determination.</p> <p>By September 2017, relevant training will be provided to staff. The Department has an expectation for staff to complete training within 30 days, and strives to achieve at least 95 percent as a successful completion rate.</p> <p>(3) Segregation of Duties: By October 2017, the Department will transition the responsibility to approve Family Friends or Neighbor (FFN) providers to DEL, segregating a part of the approval process for these licensed-exempt providers where the potential for fraud has historically been above average. CSD staff will not be able to authorize payments until DEL approves these providers.</p> <p>By March 2018, CSD will initiate the process of gathering IT requirements to support changes in the child care subsidy procedures, separating the eligibility determination from the authorization process. This includes IT and CSD staffing changes needed for appropriate segregation of duties, and for pre-authorization review of highest cost cases and high-risk cases. The Department's consideration of potential solutions will include weighing the associated adverse impact to timeliness of service delivery.</p> <p>(4) System Enhancements: By July 2017, the Department will also pursue system enhancements to the Working Connections Automated Program (WCAP) that will actively alert a worker when the household composition in WCAP is different from the household composition for other department-administered programs. This will ensure workers are reviewing and assessing all available information prior to making an eligibility determination.</p> <p>By March 2018, CSD will explore the feasibility of WCAP enhancements to automatically generate and send notifications to clients specifying the due dates for their income verification, and that their benefits will be terminated if verification is not received by the due date.</p> <p>If HHS contacts the Department regarding questionable costs that should be repaid, the Department will work with HHS and will take appropriate action.</p>

Department of Social and Health Services

Agency 300

Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	023 (cont'd)	<p>DEL concurs with this finding and the auditors' recommendations. In collaboration with the Department, DEL will:</p> <ul style="list-style-type: none"> • Prioritize internal controls improvement on eligibility determinations. • Adopt rules and policy changes simplifying and clarifying eligibility determination and authorization to prevent error. • Support the Department's commitment in the planned actions on increasing reviews, continuing monitoring protocols, segregating eligibility determination and payment authorization duties, and implementing necessary system enhancements. <p>By October 2017, DEL will amend sections of Chapter 170-290 WAC and align supporting guidance and documentation to simplify and clarify eligibility determination and payment authorization within the bounds of federal and state law, and regulations. The Department will implement these changes to ensure eligibility determinations and authorizations are adequately supported.</p> <p>Specific rules and policy changes will include the following:</p> <ul style="list-style-type: none"> • Model household composition determination requirements after those for the Supplemental Nutrition Assistance Program, requiring questionable client statements of household composition be supported with additional third-party verification. • Clearly define "new employment" so that client attestation of income for the first 60 days of new employment is unambiguous. • Eliminate the requirement to use three months of wages for income determination. Provide flexibility in income counting rules and income verification requirements to allow use of income documentation that most accurately reflects the consumer's economic situation and allows income eligibility determination to be completed. • Standardize authorization amounts for all families, including those with parents participating in approved activities full-time and part-time, for traditional, non-traditional, and variable working schedules, and for school-age and non-school-age children, across all provider types. Clarify and simplify rules and policy as to how parent and child schedules may impact the authorization. • Clarify rules and policy regarding work schedules to specify circumstances where schedule information and third-party verification may be required. Specify acceptable forms of documentation and timelines for submission. • Create rules and policy describing consequences for client and provider intentional program violations, including potential ineligibility for client benefits and provider payment. Intentional program violations in this context will be defined and will likely include intentional acts that knowingly result in an unallowable payment but exclude fraud.

**State of Washington
Corrective Action Plan**

**For the Fiscal Year Ended
June 30, 2016**

Department of Social and Health Services

Agency 300

Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	023 (cont'd)	<p>The conditions noted in this finding were previously reported in finding 2015-026, 2014-026, 2013-017, and 12-30.</p> <p>Completion Date: Estimated March 2018</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>

Fiscal Year	Finding Number	Finding and Corrective Action Plan				
2016	024	<p>Finding: The Department of Social and Health Services did not have adequate internal controls over and did not comply with foster care payment rate setting and application requirements for the Foster Care program.</p> <p>Questioned Costs: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="padding-right: 20px;"><u>CFDA #</u></td> <td><u>Amount</u></td> </tr> <tr> <td>93.959</td> <td>\$0</td> </tr> </table></p> <p>Status: Corrective action in progress</p> <p>Corrective Action: During the current audit, the Children’s Administration (CA) did not have a policy that defined the time period required to perform a periodic review of foster care payment rates since current federal regulation did not specify a time table for states to comply with the requirement.</p> <p>During fiscal year 2015, the Family First Act was introduced to Congress which included setting time parameters for foster care payment rate review to be done every three years. The Act failed to pass and was later incorporated into the 21st Century Cures Act and reintroduced to Congress in fiscal year 2016.</p> <p>The 21st Century Cures Act passed in December 2016. The Department intended to create a new department policy which aligns with potential new federal regulations resulting from implementation of the Act. However, the Family First Act was subsequently dropped along with the three-year rate review requirement.</p> <p>The Department will review the maintenance payment rate again in 2019, based upon an economic analysis, to determine if the rate needs to be adjusted. If an increase is necessary, the Department will submit a decision package for additional funding. Reviews after 2019 will occur every four years.</p> <p>By June 2017, the Department will update the policy to include that the economic analysis be completed every four years after 2019. This policy will be included in the Title IV-E State Plan submission.</p> <p>The conditions noted in this finding were previously reported in finding 2015-028 and 2014-027.</p> <p>Completion Date: Estimated June 2017</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	93.959	\$0
<u>CFDA #</u>	<u>Amount</u>					
93.959	\$0					

Department of Social and Health Services

Agency 300

Fiscal Year	Finding Number	Finding and Corrective Action Plan				
2016	025	<p>Finding: The Department of Social and Health Services did not have adequate internal controls over federal eligibility requirements for the Foster Care program.</p> <p>Questioned Costs:</p> <table border="0" data-bbox="665 573 950 632"> <tr> <td style="text-align: right;"><u>CFDA #</u></td> <td style="text-align: right;"><u>Amount</u></td> </tr> <tr> <td style="text-align: right;">93.658</td> <td style="text-align: right;">\$3,218</td> </tr> </table> <p>Status: Corrective action complete</p> <p>Corrective Action: The Department does not concur with the finding.</p> <p>The Department had verified that all providers included in the auditors' test sample had background checks completed prior to payment for the period under review. Nevertheless, the Department will continue to communicate to staff the requirement of properly conducting background checks for providers.</p> <p>With regard to documentation for income eligibility, the Department contends that it is not a federal rule or requirement that documentation be printed and placed in clients' files. The Department uses FamLink as the official case management system and source for Title IV-E income verification information. The Department prints income source documentation when the information contains amounts over zero dollars and places the information in the title IV-E eligibility folder which is a part of the client's file. The Department also makes note of the zero dollar resource information in FamLink.</p> <p>The department will continue to ensure proper documentation is maintained to support eligibility determination.</p> <p>Completion Date: February 2017</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	93.658	\$3,218
<u>CFDA #</u>	<u>Amount</u>					
93.658	\$3,218					

Department of Social and Health Services

Agency 300

Fiscal Year	Finding Number	Finding and Corrective Action Plan				
2016	026	<p>Finding: The Department of Social and Health Services did not have adequate internal controls over and did not comply with federal level of effort requirements for the Adoption Assistance program.</p> <p>Questioned Costs:</p> <table border="0" data-bbox="665 573 950 632"> <tr> <td style="text-align: right;"><u>CFDA #</u></td> <td style="text-align: right;"><u>Amount</u></td> </tr> <tr> <td style="text-align: right;">93.659</td> <td style="text-align: right;">\$0</td> </tr> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department partially concurs with the finding.</p> <p>Given this is a new program requirement along with the delay in federal guidance; the program was at a disadvantage in setting up the structure to track expenditures within this audit period.</p> <p>While the Department could account for and identify the savings expenditures, the Department agrees that improvement can be made to the process. By October 2017, the Department’s Children’s Administration will:</p> <ul style="list-style-type: none"> • Establish a coding structure to track expenditures specifically related to Adoption Savings spending which will also support expenditures reported. • Establish policies and procedures specifying how to determine adoption savings, and reporting annually to the grantor. <p>Completion Date: Estimated October 2017</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	93.659	\$0
<u>CFDA #</u>	<u>Amount</u>					
93.659	\$0					

Fiscal Year	Finding Number	Finding and Corrective Action Plan				
2016	027	<p>Finding: The Department of Social and Health Services did not have adequate internal controls over federal eligibility requirements for the Adoption Assistance program.</p> <p>Questioned Costs: <table border="0" style="display: inline-table; vertical-align: top;"> <tr> <td style="padding-right: 20px;"><u>CFDA #</u></td> <td><u>Amount</u></td> </tr> <tr> <td>93.659</td> <td>\$3,069</td> </tr> </table></p> <p>Status: Corrective action in progress</p> <p>Corrective Action: The auditors found the Department did not complete background checks for the providers of one child. While the Department cannot produce the physical document showing a cleared background check conducted in 1995, there is a notation by the case worker in the case management system that a background check did occur at that time, which was prior to the adoption. There was also a notation of a background check occurring in early 1997.</p> <p>To address the auditor’s recommendation, it should be noted that in the event a background check was not conducted prior to adoption, the Department has no legal authority to run a background check retroactively on the adoptive parent.</p> <p>Nevertheless, the Department will continue to communicate the importance of the background check requirement to staff responsible for eligibility determination.</p> <p>The Department maintains adequate internal controls to ensure background checks of providers and prospective providers are performed in accordance with state regulations and program rules. This is evidenced in the audit testing result that only one over 20-year old case was not in compliance.</p> <p>By June 2017, the Department will consult with the U.S. Department of Health and Human Services to discuss any necessary repayment of the questioned costs.</p> <p>Completion Date: Estimated June 2017</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	93.659	\$3,069
<u>CFDA #</u>	<u>Amount</u>					
93.659	\$3,069					

Fiscal Year	Finding Number	Finding and Corrective Action Plan										
2016	028	<p>Finding: The Health Care Authority did not perform semi-annual data sharing with health insurers as required by state law.</p> <p>Questioned Costs:</p> <table border="0"> <thead> <tr> <th style="text-align: left;"><u>CFDA #</u></th> <th style="text-align: left;"><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.775</td> <td>\$0</td> </tr> <tr> <td>93.777</td> <td></td> </tr> <tr> <td>93.778</td> <td></td> </tr> <tr> <td>93.778A</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: RCW 74.09A.020 requires the Authority to provide routine and periodic computerized information to health insurers regarding client eligibility and coverage information, and requires health insurers to use this information to identify joint beneficiaries. The Authority meets the intent of the law by performing data matching with insurance carriers in the state of Washington on a regular basis. Data exchanges occur in real time using information and electronic data available to the state Medicaid program.</p> <p>In addition, the Authority implemented the national Payor Initiated Eligibility/Benefit (PIE) transaction standard in July 2013, which meets the intent of RCW 74.09A.005 by instituting “a transfer of information between the authority and health insurers.”</p> <p>The Authority is continuing to refine the logic for loading PIE data from insurance carriers into the Medicaid Management Information System (MMIS). Some changes were made to the transaction logic in August 2016 and the Authority is continuing to work through the logic to ensure accurate automated loading of the files to the MMIS. The Authority will complete those refinements and will continue to work with carriers currently engaged in PIE transaction submissions. The Authority will continue to encourage health insurers to develop systems capable of participating in the PIE data exchange.</p> <p>While the Authority does not have legal authority to compel insurers to comply with this law, we will consider options for working with the Legislature to align state law with current practice.</p> <p>The conditions noted in this finding were previously reported in finding 2015-030, 2014-034, 2013-020, 12-49, 11-38, 10-40, 09-19, and 08-25.</p> <p>Completion Date: Estimated July 2017</p> <p>Agency Contact: Kathy E. Smith Audit & Accountability Manager PO Box 45502 Olympia, WA 98504-5502 (360) 725-0937 kathy.smith2@hca.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	93.775	\$0	93.777		93.778		93.778A	
<u>CFDA #</u>	<u>Amount</u>											
93.775	\$0											
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**State of Washington
Corrective Action Plan**

**For the Fiscal Year Ended
June 30, 2016**

**State Health Care Authority
Department of Social and Health Services**

**Agency 107
300**

Fiscal Year	Finding Number	Finding and Corrective Action Plan								
2016	029	<p>Finding: The Health Care Authority and the Department of Social and Health Services did not have adequate internal controls and did not comply with requirements to ensure Medicaid service verifications were performed for all eligible claims.</p> <p>Questioned Costs:</p> <table border="0"> <thead> <tr> <th><u>CFDA #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.775</td> <td>\$0</td> </tr> <tr> <td>93.777</td> <td></td> </tr> <tr> <td>93.778</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department of Social and Health Services (Department) completes an annual Client Service Verification survey that includes a statistically significant sample of clients to verify whether services billed by providers were received. Although it is a manual process, this method satisfies the verification requirement as outlined in federal regulations. The State Health care Authority (Authority) questions the auditor’s interpretation that federal regulations require additional verifications be done through ProviderOne. Nonetheless, the Authority will expand the ProviderOne verification process and ensure social service payments will be included in the universe from which samples are selected in the Medicaid service verification survey process.</p> <p>By January 2018, an automated verification process through ProviderOne will be implemented. This will include establishing a written agreement between the Authority and the Department detailing each of their roles and responsibilities regarding the Medicaid service verification survey process. The Department’s manual survey process will continue until this written agreement becomes effective.</p> <p>The conditions noted in this finding were previously reported in finding 2015-032, 2014-039, and 13-031.</p> <p>Completion Date: Estimated January 2018</p> <p>Agency Contact: Kathy E. Smith Audit & Accountability Manager PO Box 45502 Olympia, WA 98504-5502 (360) 725-0937 kathy.smith2@hca.wa.gov</p> <p>Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	93.775	\$0	93.777		93.778	
<u>CFDA #</u>	<u>Amount</u>									
93.775	\$0									
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**State of Washington
Corrective Action Plan**

**For the Fiscal Year Ended
June 30, 2016**

State Health Care Authority

Agency 107

Fiscal Year	Finding Number	Finding and Corrective Action Plan								
2016	030	<p>Finding: The Health Care Authority made improper Medicaid payments to Federally Qualified Health Centers and Rural Health Clinics.</p> <p>Questioned Costs:</p> <table border="0"> <thead> <tr> <th><u>CFDA #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.775</td> <td>\$122,539</td> </tr> <tr> <td>93.777</td> <td></td> </tr> <tr> <td>93.778</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: By December 2017, the Authority will recoup the overpayments made to Federally Qualified Health Centers and Rural Health Clinics.</p> <p>The Authority will consult with the U.S. Department of Health and Human Services regarding resolution of the questioned costs.</p> <p>The conditions noted in this finding were previously reported in finding 2015-033. The prior finding numbers for FQHCs alone are 2014-036 and 2013-026.</p> <p>Completion Date: Estimated December 2017</p> <p>Agency Contact: Kathy E. Smith Audit & Accountability Manager PO Box 45502 Olympia, WA 98504-5502 (360) 725-0937 kathy.smith2@hca.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	93.775	\$122,539	93.777		93.778	
<u>CFDA #</u>	<u>Amount</u>									
93.775	\$122,539									
93.777										
93.778										

**State of Washington
Corrective Action Plan**

**For the Fiscal Year Ended
June 30, 2016**

State Health Care Authority

Agency 107

Fiscal Year	Finding Number	Finding and Corrective Action Plan								
2016	031	<p>Finding: The Health Care Authority did not repay the federal government for improper payments made to Medicaid Managed Care Organizations.</p> <p>Questioned Costs:</p> <table border="0"> <thead> <tr> <th><u>CFDA #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.775</td> <td>\$130,598</td> </tr> <tr> <td>93.777</td> <td></td> </tr> <tr> <td>93.778</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Authority identified the duplicate premium payments reported by the auditors in this finding. The Authority is currently recouping the duplicate payments.</p> <p>The Authority will consult with the U.S. Department of Health and Human Services regarding resolution of the questioned costs.</p> <p>Completion Date: Estimated June 2017</p> <p>Agency Contact: Kathy E. Smith Audit & Accountability Manager PO Box 45502 Olympia, WA 98504-5502 (360) 725-0937 kathy.smith2@hca.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	93.775	\$130,598	93.777		93.778	
<u>CFDA #</u>	<u>Amount</u>									
93.775	\$130,598									
93.777										
93.778										

Fiscal Year	Finding Number	Finding and Corrective Action Plan								
2016	032	<p>Finding: The Health Care Authority did not establish adequate internal controls and did not comply with requirements to ensure it sought reimbursement for all eligible Medicaid outpatient prescription drug rebate claims.</p> <p>Questioned Costs:</p> <table border="0"> <thead> <tr> <th><u>CFDA #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.775</td> <td>\$273,598</td> </tr> <tr> <td>93.777</td> <td></td> </tr> <tr> <td>93.778</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: In response to the audit finding, the Authority has implemented the following corrective actions:</p> <ul style="list-style-type: none"> • In September 2016, identified and corrected the system issue concerning the Medicaid eligibility code. • In February 2017, corrected the system issue concerning the managed care plan coding errors. <p>The Authority has also strengthened its review process by:</p> <ul style="list-style-type: none"> • Preparing a checklist of steps for staff to consider when a new code is added to the ProviderOne System. • Implementing quarterly monitoring reports designed to validate the completeness and accuracy of each invoicing cycle. <p>By August 2017, the Authority will invoice the unclaimed rebates of \$273,598 identified by the auditors.</p> <p>The Authority will consult with the U.S. Department of Health and Human Services regarding resolution of questioned costs.</p> <p>The conditions noted in this finding were previously reported in finding 2015-034 and 2014-031.</p> <p>Completion Date: Estimated August 2017</p> <p>Agency Contact: Kathy E. Smith Audit & Accountability Manager PO Box 45502 Olympia, WA 98504-5502 (360) 725-0937 kathy.smith2@hca.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	93.775	\$273,598	93.777		93.778	
<u>CFDA #</u>	<u>Amount</u>									
93.775	\$273,598									
93.777										
93.778										

**State of Washington
Corrective Action Plan**

**For the Fiscal Year Ended
June 30, 2016**

State Health Care Authority

Agency 107

Fiscal Year	Finding Number	Finding and Corrective Action Plan								
2016	033	<p>Finding: The Health Care Authority did not have adequate internal controls over its Medicaid inpatient hospital rate setting process and made overpayments to inpatient hospitals.</p> <p>Questioned Costs: <table border="0" style="display: inline-table; vertical-align: top;"> <tr> <td style="text-align: right;"><u>CFDA #</u></td> <td style="text-align: right;"><u>Amount</u></td> </tr> <tr> <td style="text-align: right;">93.775</td> <td style="text-align: right;">\$358,754</td> </tr> <tr> <td style="text-align: right;">93.777</td> <td></td> </tr> <tr> <td style="text-align: right;">93.778</td> <td></td> </tr> </table></p> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Authority has implemented additional internal controls to notify providers in a timely manner and to prevent errors from occurring in the annual rate setting process, including adding calendar reminders and conducting a final review of rates after they are entered into ProviderOne.</p> <p>By February 2018, the Authority will amend WAC 182-550-3830 to eliminate the contradiction between it and WAC 182-550-3800.</p> <p>The Authority will consult with the U.S. Department of Health and Human Services regarding resolution of questioned costs.</p> <p>Completion Date: Estimated February 2018</p> <p>Agency Contact: Kathy E. Smith Audit & Accountability Manager PO Box 45502 Olympia, WA 98504-5502 (360) 725-0937 kathy.smith2@hca.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	93.775	\$358,754	93.777		93.778	
<u>CFDA #</u>	<u>Amount</u>									
93.775	\$358,754									
93.777										
93.778										

State Health Care Authority

Agency 107

Fiscal Year	Finding Number	Finding and Corrective Action Plan								
2016	034	<p>Finding: The Health Care Authority did not have adequate internal controls over and did not comply with requirements to ensure Children’s Health Insurance Program funds were claimed for eligible Medicaid expenditures.</p> <p>Questioned Costs:</p> <table border="0"> <thead> <tr> <th><u>CFDA #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.775</td> <td>\$130</td> </tr> <tr> <td>93.777</td> <td></td> </tr> <tr> <td>93.778</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: By September 2017, the Authority will update eligibility during the post eligibility review process to reflect the most appropriate eligibility category when it is determined self-attestation has placed the household in the incorrect eligibility category.</p> <p>The Authority will consult with the U.S. Department of Health and Human Services regarding resolution of questioned costs.</p> <p>Completion Date: Estimated September 2017</p> <p>Agency Contact: Kathy E. Smith Audit & Accountability Manager PO Box 45502 Olympia, WA 98504-5502 (360) 725-0937 kathy.smith2@hca.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	93.775	\$130	93.777		93.778	
<u>CFDA #</u>	<u>Amount</u>									
93.775	\$130									
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**State of Washington
Corrective Action Plan**

**For the Fiscal Year Ended
June 30, 2016**

State Health Care Authority

Agency 107

Fiscal Year	Finding Number	Finding and Corrective Action Plan								
2016	035	<p>Finding: The Health Care Authority did not notify Medicaid providers of revalidation requirements as required by the Center for Medicare and Medicaid Services.</p> <p>Questioned Costs:</p> <table border="0"> <thead> <tr> <th><u>CFDA #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.775</td> <td>\$0</td> </tr> <tr> <td>93.777</td> <td></td> </tr> <tr> <td>93.778</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: By December 2017, the Authority will notify providers of the revalidation requirement and will complete revalidations of all providers who enrolled with Medicaid prior to December 2012.</p> <p>To meet federal compliance, the Authority will continue to revalidate providers every five years from their date of enrollment or date of last revalidation.</p> <p>Completion Date: Estimated December 2017</p> <p>Agency Contact: Kathy E. Smith Audit & Accountability Manager PO Box 45502 Olympia, WA 98504-5502 (360) 725-0937 kathy.smith2@hca.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	93.775	\$0	93.777		93.778	
<u>CFDA #</u>	<u>Amount</u>									
93.775	\$0									
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93.778										

Department of Social and Health Services

Agency 300

Fiscal Year	Finding Number	Finding and Corrective Action Plan										
2016	036	<p>Finding: The Department of Social and Health Services, Aging and Long-Term Support Administration, did not have adequate internal controls over requirements to ensure surveys for Medicaid nursing home facilities were completed in a timely manner.</p> <p>Questioned Costs:</p> <table border="0" data-bbox="667 604 954 751"> <thead> <tr> <th><u>CFDA #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.775</td> <td>\$0</td> </tr> <tr> <td>93.777</td> <td></td> </tr> <tr> <td>93.778</td> <td></td> </tr> <tr> <td>93.778A</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department partially agrees with this finding.</p> <p>While the Department surveyed nursing homes within the required timeframes, documentation for nursing homes with deficiencies was not sent or received in a timely manner.</p> <p>The Department recognized that the Plans of Correction (POCs) were not always received within ten calendar days from issuance of the statement of deficiencies (SOD). However, the Department used the POC receipt date as its metric whereas the auditor’s testing used the date POC was determined acceptable by the Department.</p> <p>The Department follows the Centers for Medicare and Medicaid Services (CMS) State Operational Manual (SOM) guidelines for receiving POCs. If deficiencies are noted on the initial POC, it will not be accepted. Sometimes, the process may require more than ten calendar days to complete an acceptable POC.</p> <p>During the current audit, the Department requested and received clarification from the CMS Technical Director for Enforcement and Certification for the Division of Nursing Homes. Email correspondences with CMS supported and confirmed the Department’s interpretation of the CMS policy which was consistent with the current practices of other states when initial POCs are not acceptable.</p> <p>The Department agreed with the Statement of Deficiency (SOD) finding based on the auditor’s testing methodology. While the CMS SOM does not require formal tracking, the Department did develop an internal tracking spreadsheet for SODs and POCs in January 2016 for use by field offices statewide. The Department will continue to enhance its ability to distribute SODs in ten working days and receive POCs in 10 calendar days.</p> <p>By March 2017, the Department’s Residential Care Services Division will be working with Management Services Division to finalize a tracking website for SODs requiring enforcement review and action. This website</p>	<u>CFDA #</u>	<u>Amount</u>	93.775	\$0	93.777		93.778		93.778A	
<u>CFDA #</u>	<u>Amount</u>											
93.775	\$0											
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93.778												
93.778A												

Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	036 (cont'd)	<p>will enable daily tracking of SOD processing between field managers and headquarters enforcement staff to ensure electronic SOD delivery within ten working days of survey exit date.</p> <p>By April 2017, the Department will implement the web-based electronic Plan Of Correction (ePOC) system. The system will:</p> <ul style="list-style-type: none"> • Electronically communicate and time-stamp distribution of SODs to providers and submission of POCs from providers. • Track and monitor the sending and receipt of documents through reporting functions. • Notify the Residential Care Services (RCS) headquarter and regional offices when surveys have been completed, but not posted to the ePOC website. • Notify facility and RCS Field Manager that a SOD is issued. Email notification will also be sent ten calendar days after the date of SOD issuance and every other day thereafter until the facility submits a POC. • Notify RCS headquarter and regional offices when a POC has been submitted and has not been reviewed within 5 business days after submission and every other day thereafter until it is reviewed. <p>The conditions noted in this finding were previously reported in finding 2015-044 and 2014-046.</p> <p>Completion Date: Estimated April 2017</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>

Fiscal Year	Finding Number	Finding and Corrective Action Plan										
2016	037	<p>Finding: The Department of Social and Health Services, Aging and Long-Term Support Administration, did not have adequate internal controls over and did not comply with requirements to ensure surveys for Medicaid intermediate care facilities were completed in a timely manner.</p> <p>Questioned Costs:</p> <table border="0" data-bbox="665 604 954 751"> <thead> <tr> <th><u>CFDA #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.775</td> <td>\$0</td> </tr> <tr> <td>93.777</td> <td></td> </tr> <tr> <td>93.778</td> <td></td> </tr> <tr> <td>93.778A</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department partially agrees with this finding.</p> <p>The Department has established internal controls to ensure statement of deficiencies (SODs) are mailed out to providers within ten working days and Plans of Correction (POCs) are received from providers within ten calendar days.</p> <p>The Department did not agree with the auditors' finding that four facilities submitted their acceptable POCs after ten calendar days. The Department received the initial POCs from the providers within the required time frame, which were then deemed not acceptable by the Department.</p> <p>The Department recognizes that the POCs were not always received within ten calendar days from issuance of the SODs. However, the Department used the POC receipt date as its metric whereas the auditor's testing used the date POC was determined acceptable by the Department. The Department follows the Centers for Medicare and Medicaid Services (CMS) State Operational Manual (SOM) guidelines for receiving POCs. If deficiencies are noted on the initial POC, it will not be accepted. Sometimes, the process may require more than ten calendar days to complete an acceptable POC.</p> <p>During the current audit, the Department requested and received clarification from the CMS Technical Director for Enforcement and Certification for the Division of Nursing Homes. Email correspondences with CMS supported and confirmed the Department's interpretation of the CMS policy which was consistent with the current practices of other states when initial POCs are not acceptable.</p> <p>The Department agrees with the Statement of Deficiency (SOD) finding based on the auditor's testing methodology. Beginning in September 2016, additional data elements were added to enable tracking due dates and receipt dates on a shared document located on the Department's SharePoint site.</p> <p>By April 2017, procedures will be updated to direct staff to forward SODs to the provider by facsimile when necessary and retain supporting documentation on file to meet compliance requirement.</p>	<u>CFDA #</u>	<u>Amount</u>	93.775	\$0	93.777		93.778		93.778A	
<u>CFDA #</u>	<u>Amount</u>											
93.775	\$0											
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93.778A												

Department of Social and Health Services

Agency 300

Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	037 (cont'd)	<p>The Department also agrees that surveys were not performed in accordance with the frequency required by state and federal laws of 12.9 months. This was attributable to providers' non-compliance with the federal Conditions of Participation (CoPs) identified in subsequent surveys conducted in the prior fiscal year. Under this condition, the Department cannot conduct annual surveys unless the Department conducts credible allegation surveys to verify the facilities have met the CoPs. This condition caused delays in conducting the annual recertification surveys.</p> <p>To assist facilities in meeting compliance with CoPs, the Department conducted informal presentations in April 2016 to four facilities to provide proper interpretation of the regulations. The remaining training requests from facilities will be completed by July 2017.</p> <p>The Department has initiated actions to amend the State Plan. By September 2017, three alternative sanctions will be added to strengthen the Department's ability to impose sanctions on non-complying facilities.</p> <p>The Department's Residential Care Services Unit was fully staffed by July 2016 which would improve the department's ability to meet survey timeframes.</p> <p>The conditions noted in this finding were previously reported in finding 2015-045 and 2014-046.</p> <p>Completion Date: Estimated September 2017</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>

Department of Social and Health Services

Agency 300

Fiscal Year	Finding Number	Finding and Corrective Action Plan								
2016	038	<p>Finding: The Department of Social and Health Services did not have adequate internal controls over its examinations of Medicaid nursing home cost reports.</p> <p>Questioned Costs:</p> <table border="0"> <thead> <tr> <th style="text-align: left;"><u>CFDA #</u></th> <th style="text-align: left;"><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.775</td> <td>\$0</td> </tr> <tr> <td>93.777</td> <td></td> </tr> <tr> <td>93.778</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department partially agrees with the finding.</p> <p>While there was adequate documentation when cost reports examiners determined an adjustment was needed for Unallowable Costs and Account Code Reclassification reason codes, the Department did not have a process for examiners to document their reviews when no issue was found.</p> <p>By March 2017, the Department will implement the following corrective actions:</p> <ul style="list-style-type: none"> • Add a description in the cost report examination manual to clarify the minimum requirement in the review of the Unallowable Costs and Account Code Reclassification reason codes, particularly when no adjustments are necessary. • Update the electronic cost report exam guide to include designated areas for reviewer's initials and date. In addition, a new statement will be added to the exam guide for examiners' comments and notes. • Update the examination manual to instruct cost report examiners to initial and date all reason code pages reviewed. • Provide training and communicate to all cost report examiners on the requirement of properly documenting examination for all reason codes. <p>Establish an official policy including a supervisory review requirement for all nursing home cost report examinations. A copy of the new policy will be distributed to all staff in the unit.</p> <p>Completion Date: Estimated April 2017</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	93.775	\$0	93.777		93.778	
<u>CFDA #</u>	<u>Amount</u>									
93.775	\$0									
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93.778										

Department of Social and Health Services

Agency 300

Fiscal Year	Finding Number	Finding and Corrective Action Plan								
2016	039	<p>Finding: The Department of Social and Health Services, Aging and Long-Term Support Administration, did not have adequate internal controls over and did not comply with requirements to ensure complaints of abuse and neglect of clients at Medicaid residential facilities were responded to properly.</p> <p>Questioned Costs:</p> <table border="0" data-bbox="487 630 941 756"> <thead> <tr> <th><u>CFDA #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.775</td> <td>\$0</td> </tr> <tr> <td>93.777</td> <td></td> </tr> <tr> <td>93.778</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department partially concurs with this finding.</p> <p>The Department disagrees with the non-statistical sampling methodology the auditors used when reviewing the Complaint Resolution Unit's (CRU) daily extract reports. It may have appeared that the Department was not tracking complaints received in 22 out of 24 days examined but the extract reports were not considered a valid tracking tool. At the time of the audit, the Department was using the Tracking Incidents of Vulnerable Adults (TIVA) 2016 report to determine timeliness of responses from initiation of complaints.</p> <p>The Department has taken the following corrective actions:</p> <ul style="list-style-type: none"> • Since April 2016, the Department added additional staff to assist with processing complaints. The Department has also been authorizing overtime as a temporary measure to ensure that complaints are responded to within 24 hours of receipt. • In May 2016, the on-call staffing program was implemented to help improve the timeliness of field investigations. • Since July 2016, CRU implemented weekly monitoring using the TIVA 2016 report for complaints that required responses within 24 hours and those that required two working days response time. Management reviews all complaints that exceed the required response time and correct errors or discuss timeliness issues with the CRU staff. The weekly reports and statistics are also communicated to staff each week to compare performance with required benchmarks. Ongoing monitoring of complaint investigation timeliness will be performed. • In August 2016, CRU implemented the public online reporting system which is a shared system with Adult Protective Services. The online reports are imported into TIVA, streamlining the complaint process by reducing manual transcription time. The hotline script was updated the following month informing callers that an online option was available for providers and the public. <p>These actions taken by the Department have helped reduce the backlog of complaint investigations, improve the timeliness of complaint processing at intake, as well as improve the timeliness of investigations.</p>	<u>CFDA #</u>	<u>Amount</u>	93.775	\$0	93.777		93.778	
<u>CFDA #</u>	<u>Amount</u>									
93.775	\$0									
93.777										
93.778										

Department of Social and Health Services

Agency 300

Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	039 (cont'd)	<p>By April 2017, the Department will implement planned enhancements to the TIVA database to eliminate input errors. CRU staff will no longer be able to link a nursing home or intermediate care facilities/Individuals with Intellectual Disabilities (ICF/IID) complaint to the system information field without prior review by a clinical triage nurse. In addition, a message will appear if the response time exceeds 24 hours from the time the complaint is received.</p> <p>By July 2017, CRU will develop Standard Operating Procedures to define extenuating circumstances for non-immediate jeopardy complaints. A TIVA system enhancement has been requested to allow only supervisors to link a complaint that falls into one of the approved extenuating circumstances. This enhancement will not allow any complaint over two working days old to be linked without supervisor override.</p> <p>To improve response times to initiate complaint investigations, the Department continues to work on filling vacancies and ensuring new hires complete the federally required basic surveyor training for Nursing Home and ICF/IID surveys. In addition, the Department will continue to pursue TIVA design and processing enhancements to mitigate the need for overtime and to meet timeliness requirements. The conditions noted in this finding were previously reported in finding 2015-047, 2014-045, and 2013-033.</p> <p>Completion Date: Estimated July 2017</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>

Fiscal Year	Finding Number	Finding and Corrective Action Plan								
2016	040	<p>Finding: The Department of Social and Health Services, Aging and Long-Term Support Administration, did not have adequate internal controls to ensure Medicaid Community Options Program Entry System and Community First Choice in-home care providers had proper background checks.</p> <p>Questioned Costs:</p> <table border="0" data-bbox="667 604 954 722"> <thead> <tr> <th><u>CFDA #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.775</td> <td>\$58,973</td> </tr> <tr> <td>93.777</td> <td></td> </tr> <tr> <td>93.778</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department does not concur with the finding.</p> <p>The Department disagrees with the auditors' statement that there were inadequate internal controls to ensure in-home care providers (IPs) had proper background checks. Of the 200 IPs sampled and tested by the auditors, four were found to have errors with their background checks ranging from a data entry mistake to a missing fingerprint check. This represented 98 percent proficiency rate which reflected the strong internal controls established by the Department to ensure that IPs had proper background checks.</p> <p>As noted by the auditors, due to the Washington Service Employees International Union Training Partnership lawsuit, the Department was not able to access provider documents held by the Partnership. Due to this reason, the Department did not complete its quality assurance IP review until August 2016 when a work around was put in place to access the data. The auditors determined that IP monitoring and file review was not performed during the audit period. However, there is no federal requirement stipulating that file reviews must be completed by fiscal year rather than calendar year.</p> <p>The Department also disagrees with the auditor's determination that providers for whom a background check or a character, competence, or suitability (CC&S) was not renewed every two years are unqualified. WAC 388-71-0510 states that the provider must complete a background check to become an individual provider, but does not state that the IP will become unqualified if another background check is not completed within two years. WAC 388-71-0513 states an IP must not have a disqualifying crime or be determined unqualified based on a CC&S. There is no state or federal regulations requiring that a background check or CC&S be repeated every two years. As such, the Department does not agree that the findings should be tied to questioned costs.</p> <p>In December 2016, the Department submitted the change request to modify the Department's Agency Contract Database and the Background Check Central Unit's data feed for better monitoring and tracking of IP background check compliance.</p>	<u>CFDA #</u>	<u>Amount</u>	93.775	\$58,973	93.777		93.778	
<u>CFDA #</u>	<u>Amount</u>									
93.775	\$58,973									
93.777										
93.778										

Department of Social and Health Services

Agency 300

Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	040 (cont'd)	<p>By July 2017, the Department will:</p> <ul style="list-style-type: none"> • Develop a report from the contract database that will include IP background check due dates. Field staff will be able to access the report as a tool to monitor contracted providers to ensure ineligible providers do not have access to vulnerable Medicaid clients. • Consult with Health and Human Services regarding the disagreement with repayment of questioned costs. <p>The conditions noted in this finding were previously reported in finding 2015-040, 2014-049, 2013-040, 12-41, and 11-34.</p> <p>Completion Date: Estimated July 2017</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>

Department of Social and Health Services

Agency 300

Fiscal Year	Finding Number	Finding and Corrective Action Plan								
2016	041	<p>Finding: The Department of Social and Health Services, Developmental Disabilities Administration, did not have adequate internal controls over and did not comply with requirements for cost of care adjustments paid to Medicaid supported living providers.</p> <p>Questioned Costs:</p> <table border="0" data-bbox="665 604 954 724"> <tr> <td><u>CFDA #</u></td> <td><u>Amount</u></td> </tr> <tr> <td>93.775</td> <td>\$34,366</td> </tr> <tr> <td>93.777</td> <td></td> </tr> <tr> <td>93.778</td> <td></td> </tr> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department partially concurs with this finding.</p> <p>The Department agrees that two payments were made to providers when clients were in a hospital and that one payment was inaccurately calculated. However, the Department disagrees that justification forms were inadequate.</p> <p>The Department believes that the exceptions identified in the finding are based upon the auditors' subjective analysis of the justification information contained in the cost of care adjustment (COCA) requests. The auditors did not give consideration to the Resource Managers' knowledge or expertise of the program. Furthermore, they did not consider the review of other related documents performed by Resource Managers while processing the COCA requests.</p> <p>Department staff who are responsible for reviewing and approving COCA requests have in-depth knowledge of the policies and of the instructions that are given to providers. The Department believes the instructions are concise and clear.</p> <p>The Department will continue to communicate the justification requirements to staff in accordance with department policies. In addition, instructions will be provided on accurately completing the COCA forms to the Residential Providers and to the Resource Managers.</p> <p>By July 2017, the Department will review the policy as part of contract negotiations with stakeholders and will update the policy if necessary.</p> <p>By January 2018, any updates to policy will be submitted as part of the waiver renewal or amendment. The Department will communicate the changes and provide on-going training to staff and providers.</p> <p>The Department will consult with the U.S. Department of Health and Human Services regarding resolution of questioned costs.</p> <p>The conditions noted in this finding were previously reported in finding 2015-052, 2014-041, and 2013-038.</p>	<u>CFDA #</u>	<u>Amount</u>	93.775	\$34,366	93.777		93.778	
<u>CFDA #</u>	<u>Amount</u>									
93.775	\$34,366									
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**State of Washington
Corrective Action Plan**

**For the Fiscal Year Ended
June 30, 2016**

Department of Social and Health Services

Agency 300

Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	041 (cont'd)	Completion Date: Estimated January 2018 Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov

Fiscal Year	Finding Number	Finding and Corrective Action Plan								
2016	042	<p>Finding: The Department of Social and Health Services, Developmental Disabilities Administration did not ensure two Medicaid Community First Choice in-home care providers had proper background checks.</p> <p>Questioned Costs:</p> <table border="0" data-bbox="665 573 950 693"> <thead> <tr> <th><u>CFDA #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.775</td> <td>\$16,124</td> </tr> <tr> <td>93.777</td> <td></td> </tr> <tr> <td>93.778</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department concurs with the audit finding.</p> <p>The Department recognizes client safety as a top priority and will ensure background checks are completed as required.</p> <p>Employees are trained throughout the year and the Department has found training employees in the area of background checks has proven to be effective.</p> <p>The Department confirmed the two individual providers identified in the finding have completed and passed the background checks, including the fingerprint check for the one individual.</p> <p>By January 2018, the Department will implement a new system that will provide an automated solution to prevent and/or cancel active service authorizations to individual providers who fail to meet or comply with background check requirements.</p> <p>The Department will consult with the U.S. Department of Health and Human Services regarding resolution of questioned costs.</p> <p>Completion Date: Estimated January 2018</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	93.775	\$16,124	93.777		93.778	
<u>CFDA #</u>	<u>Amount</u>									
93.775	\$16,124									
93.777										
93.778										

Fiscal Year	Finding Number	Finding and Corrective Action Plan								
2016	043	<p>Finding: The Department of Social and Health Services, Developmental Disabilities Administration, did not have adequate internal controls over and did not comply with requirements to ensure Medicaid Community First Choice client support plans were properly approved.</p> <p>Questioned Costs:</p> <table border="0"> <thead> <tr> <th><u>CFDA #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.775</td> <td>\$79,912</td> </tr> <tr> <td>93.777</td> <td></td> </tr> <tr> <td>93.778</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department concurs with the audit finding.</p> <p>The auditors' review found 18 person-centered service plans that did not have signatures or signatures not received timely. The auditors also identified one case relating to financial eligibility. The Department acknowledges that the target for timely signatures and accurate financial eligibility determination is 100 percent and seeks to reach that mark.</p> <p>To ensure person-centered service plans are signed timely in accordance with federal requirements, the Department provides training to staff responsible for obtaining the signatures. Training is also provided to the compliance monitoring team who are responsible for annual monitoring.</p> <p>In addition, the Department will:</p> <ul style="list-style-type: none"> • By May 2017, clarify written policies regarding signature requirements. • By June 2017, provide additional statewide training regarding signature requirements. • By September 2017, conduct an enhanced, targeted review to monitor adherence to policies and compliance with signature requirements. <p>The Department will consult with the Department of Health and Human Services to discuss repaying the questioned costs.</p> <p>Completion Date: Estimated September 2017</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	93.775	\$79,912	93.777		93.778	
<u>CFDA #</u>	<u>Amount</u>									
93.775	\$79,912									
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Fiscal Year	Finding Number	Finding and Corrective Action Plan								
2016	044	<p>Finding: The Department of Social and Health Services, Aging and Long-Term Support Administration, did not have adequate internal controls and did not comply with regulations to adequately monitor Adult Family Home providers to ensure Medicaid providers and their employees had proper background checks.</p> <p>Questioned Costs:</p> <table border="0" data-bbox="487 630 958 756"> <thead> <tr> <th><u>CFDA #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.775</td> <td>\$416,523</td> </tr> <tr> <td>93.777</td> <td></td> </tr> <tr> <td>93.778</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department partially concurs with the audit finding.</p> <p>The Department agrees with the number of audit exceptions. The following actions have been taken to address adult family homes' (AFH) noncompliance with background check licensing requirements:</p> <ul style="list-style-type: none"> • As of November 2016, the Department updated the AFH provider orientation and AFH provider administration training to include the requirement of timely completion of background checks and the possible penalties for not meeting the requirement. • As of December 2016, the Department: <ul style="list-style-type: none"> ○ Revised the online training on the Department's Residential Care Services Division internet site to include information on the background check renewal process. ○ Worked with the AFH provider association to share information about background checks through the association's newsletters and intranet site, as well as the Department's Background Check Central Unit's project communication plan. The Department also ensured that all providers have access to the information. • As of January 2017, the Department added language to the provider contract renewal letter and the annual license renewal statement reminding providers that they need a current background check to renew the contract. <p>The following additional step will be taken to ensure compliance with background check requirements:</p> <ul style="list-style-type: none"> • The Department has created a report that will proactively identify provider renewals coming due. When a provider has 60 days left before expiration, the Department will send a reminder notice. This report is currently in the testing phase with a target implementation of April 2017. • By July 2017, the Department will review and revise the State Plan and WAC if necessary to consistently reflect the minimum AFH provider qualifications as stated in RCW. <p>The Department does not agree the exceptions should be tied to questioned costs. The auditor's finding did not identify any providers who did in fact have a disqualifying crime or negative action.</p>	<u>CFDA #</u>	<u>Amount</u>	93.775	\$416,523	93.777		93.778	
<u>CFDA #</u>	<u>Amount</u>									
93.775	\$416,523									
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Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	044 (cont'd)	<p>Neither RCW 70.128.120 nor RCW 74.39A.056 requires the Department or the provider to conduct additional background checks after the initial screening.</p> <p>While the adult family homes identified in the finding were not in compliance with the Department’s licensing requirements by not having current background check results in their files, and are therefore subject to corrective action and sanctions by the Department, the providers are not unqualified to provide Medicaid paid services. Thus, the payments to the providers were proper.</p> <p>The Department will consult with the U.S. Department of Health and Human Services regarding resolution of questioned costs.</p> <p>The conditions noted in this finding were previously reported in finding 2015-051, 2014-048, and 13-37.</p> <p>Completion Date: Estimated July 2017</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>

Department of Social and Health Services

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Fiscal Year	Finding Number	Finding and Corrective Action Plan										
2016	045	<p>Finding: The Department of Social and Health Services, Developmental Disabilities Administration, did not have adequate internal controls over and did not comply with requirements to ensure Medicaid payments to supported living providers were allowable.</p> <p>Questioned Costs:</p> <table border="0" data-bbox="665 604 950 756"> <thead> <tr> <th><u>CFDA #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.775</td> <td>\$43,573</td> </tr> <tr> <td>93.777</td> <td></td> </tr> <tr> <td>93.778</td> <td></td> </tr> <tr> <td>93.778A</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department does not concur with this finding.</p> <p>Statute provides the Department the authority to authorize payments for individuals in community residential programs. The Department uses the annual cost reporting process which requires payments for the total annual contracted Instruction and Support Services (ISS) hours to be reconciled to the actual hours provided. The supported living (SL) providers attest to the accuracy of their cost report. The Department may request additional evidence to verify if the ISS hours were provided. The Department seeks recovery through an overpayment if the cost report indicates that either the hours or the funds provided for the ISS hours were not used by the agency for ISS purposes.</p> <p>The approved system is designed to allow resource flexibility for the SL provider throughout the year to meet the changing needs of the individual client. It also enables more efficient use of taxpayer resources by allowing additional staffing for peak demand. The Department requires that clients served by the agency receive all authorized ISS hours for the year. Providers are given the calendar year to address client instructions and support needs. As such, audit reviews based on a fiscal year timeframe do not accurately capture the entire delivery of service, or any corresponding annual underpayment or overpayment.</p> <p>The Department also believes the audit inappropriately treated cost settlements as overpayments. Cost settlements are based on reimbursement methodologies defined in policy, rule and contract, and are typically done in the aggregate on an annual basis, rather than a client by client or case by case basis.</p> <p>In response to the audit recommendations, the Department:</p> <ul style="list-style-type: none"> • Continues its cost report reconciliations annually. • Revised its policy to: <ul style="list-style-type: none"> ○ Clarify the expectations that the service provider's payroll system must adequately document ISS hours delivered. ○ Outline acceptable margins of flexibility of ISS hours delivered. 	<u>CFDA #</u>	<u>Amount</u>	93.775	\$43,573	93.777		93.778		93.778A	
<u>CFDA #</u>	<u>Amount</u>											
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Department of Social and Health Services

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Fiscal Year	Finding Number	Finding and Corrective Action Plan
2016	045 (cont'd)	<ul style="list-style-type: none"> ○ Require additional schedules to report ISS hours in a format reconcilable to payroll records. <p>Training on updated policies occurred over the summer and fall of 2015.</p> <p>By June 2017, the updated policy will be reviewed as a part of contract negotiations and changes will be made if necessary. By January 2018, the updated policy will be submitted to Center for Medicaid and Medicare Services along with the waiver renewals and amendments.</p> <ul style="list-style-type: none"> • Conducted reviews on approximately 20 percent of residential providers' ISS hours. The scope of this compliance review includes reconciling hours in the contract by households with employee payroll records delivered to the household. Consultation and training to service providers related to the tracking and documentation of ISS hours is provided at the time of the review. • Implemented the following additional measures in auditing provider cost reports: <ul style="list-style-type: none"> ○ The Department's Residential Care Services performs a cursory review of hours provided as part of the certification evaluation process. If concerns are identified, the Department will conduct an additional review of the SL provider. ○ Review a sample of 24 agencies per year. Technical assistance and training are provided to SL providers during these reviews. ○ Remove the two-year settlement request option from the policy effective January 2017 when the existing approvals expire. The Department discontinued the approval of this option in calendar year 2014. <p>The Department will consult with the U.S. Department of Health and Human Services regarding resolution of questioned costs.</p> <p>The conditions noted in this finding were previously reported in finding 2015-049, 2014-042, 2013-036, and 12-39.</p> <p>Completion Date: Estimated January 2018</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>

Department of Social and Health Services

Agency 300

Fiscal Year	Finding Number	Finding and Corrective Action Plan								
2016	046	<p>Finding: The Department of Social and Health Services did not accurately claim the federal share of Medicaid payments processed through the Social Service Payment System.</p> <p>Questioned Costs:</p> <table border="0" data-bbox="665 567 958 693"> <thead> <tr> <th><u>CFDA #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.775</td> <td>\$106,055</td> </tr> <tr> <td>93.777</td> <td></td> </tr> <tr> <td>93.778</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action complete</p> <p>Corrective Action: The Department concurs with the audit finding.</p> <p>During the implementation and data conversion for Community First Choice, not all data converted correctly from the Social Service Payment System (SSPS). Due to accounting and staff workload related to the implementation of Provider One and Individual Provider One (IPOne), it took an unanticipated amount of time to obtain data reports from SSPS and to process corrections in the state's accounting system.</p> <p>For cases where incorrect cost allocation social service codes were authorized by case managers resulting in incorrect federal matching rates, Department staff notified accounting upon discovery and expenditures were subsequently corrected. Even though this is normal business practice, the auditors included these journal voucher transactions in the calculation of the questioned costs.</p> <p>As of March 2016, with the exception of some minor prior authorization corrections, services are no longer authorized in SSPS. With the implementation of Provider One and IPOne, there are more controls to limit the selection of service codes for case managers when authorizing services. Additionally, the Home and Community Services Quality Assurance Unit continues to monitor payment authorizations for compliance with requirements.</p> <p>As of October 2016, the questioned costs were returned to the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services.</p> <p>Completion Date: October 2016</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	93.775	\$106,055	93.777		93.778	
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Fiscal Year	Finding Number	Finding and Corrective Action Plan								
2016	047	<p>Finding: Medicaid funds were overpaid to supported living agencies that contracted with the Department of Social and Health Services, Developmental Disabilities Administration because of employee misappropriation and non-compliance with contract terms.</p> <p>Questioned Costs:</p> <table border="0"> <thead> <tr> <th><u>CFDA #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.775</td> <td>\$1,258,250</td> </tr> <tr> <td>93.777</td> <td></td> </tr> <tr> <td>93.778</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department partially concurs with the finding.</p> <p>The Department processed the payment notice to the Department’s Office of Financial Recovery (OFR) in February 2017.</p> <p>Per federal rules, the Department is not required to refund the federal share of an overpayment made to a provider to the extent that the Department is unable to recover the overpayment because the provider has been determined bankrupt.</p> <p>The agency in question has filed for bankruptcy. The Department has submitted the required information to the bankruptcy court for the amount owed.</p> <p>The Department will work with OFR to follow the federal and state rules for financial recovery that pertains to bankruptcy proceedings.</p> <p>Before fiscal year 2017 close, the Department will confirm with the U.S. Department of Health and Human Services that the funds do not need to be repaid.</p> <p>Completion Date: Estimated June 2017</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	93.775	\$1,258,250	93.777		93.778	
<u>CFDA #</u>	<u>Amount</u>									
93.775	\$1,258,250									
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Fiscal Year	Finding Number	Finding and Corrective Action Plan									
2016	048	<p>Finding:</p> <p>Questioned Costs:</p> <p>Status:</p> <p>Corrective Action:</p> <p>Completion Date:</p> <p>Agency Contact:</p>	<p>The Department of Social and Health Services, Aging and Long-Term Care Administration, made improper Medicaid payments to individual providers.</p> <table border="1" data-bbox="686 573 971 695"> <thead> <tr> <th>CFDA #</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>93.775</td> <td>\$90,685</td> </tr> <tr> <td>93.777</td> <td></td> </tr> <tr> <td>93.778</td> <td></td> </tr> </tbody> </table> <p>Corrective action in progress</p> <p>The Department partially concurs with the audit finding.</p> <p>The auditors used payment data to identify payments made to individual providers who claimed payment for personal care and mileage services on the same date of service that payment was made to a hospital or long-term care facility. The Department concurs that unallowable payments were made, but it is not known whether payments were incorrectly claimed by the individual providers, rather than the hospital or long term care facility.</p> <p>The audit work was performed during the first three months after the Department’s new billing system, Individual ProviderOne (IPOne), went live. During this time, providers were experiencing a learning curve in using the new system, which may have contributed to incorrect claims made during this time period.</p> <p>Since the implementation of the IPOne system, internal controls have strengthened in processing payments to individual providers. It is now easier for the Department to discover incidents when providers are claiming hours for a time period in which a client is in a hospital, long-term care facility, or other institutional setting.</p> <p>By July 2017, the Department will develop a process to research and remediate occurrences of payments made for personal care and mileage services while a client was either hospitalized or admitted to a long-term care facility.</p> <p>The Department will consult with the Department of Health and Human Services to discuss repayment of the questioned costs.</p> <p>Estimated January 2018</p> <p>Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>	CFDA #	Amount	93.775	\$90,685	93.777		93.778	
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93.775	\$90,685										
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Department of Social and Health Services

Agency 300

Fiscal Year	Finding Number	Finding and Corrective Action Plan								
2016	049	<p>Finding: The Department of Social and Health Services, Developmental Disabilities Administration, did not have adequate internal controls over and did not comply with requirements to ensure Medicaid payments made through the Social Service Payment System to individual providers were allowable.</p> <p>Questioned Costs:</p> <table border="0" data-bbox="665 604 966 724"> <thead> <tr> <th><u>CFDA #</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>93.775</td> <td>\$161,299</td> </tr> <tr> <td>93.777</td> <td></td> </tr> <tr> <td>93.778</td> <td></td> </tr> </tbody> </table> <p>Status: Corrective action in progress</p> <p>Corrective Action: The Department partially concurs with this finding.</p> <p>The Department concurs that there were 48 payments not supported with timesheets or other documentation for hours worked or mileage claimed. However, the Department does not concur with all of the questioned costs associated with duplicate payments.</p> <p>To address the audit recommendations, the Department is taking the following corrective actions:</p> <ul style="list-style-type: none"> • With the implementation of the Individual ProviderOne system in March 2016, provider timesheets are now submitted electronically by providers as supporting documentation prior to payment. • As of June 2016, a portion of the duplicate payments were submitted for overpayments and were returned to the federal government. • In January 2017, the Department’s Developmental Disabilities Administration started verifying providers’ services by phone calls to a random sample of clients each month. • By April 2017, the new system will automatically send letters to a random sample of clients to verify services as part of the quality assurance review process. • By June 2017, overpayments will be submitted to the Office of Financial Recovery for recoupment from individual providers. <p>The Department will consult with the U.S. Department of Health and Human Services to discuss the repayment of other questioned costs.</p> <p>Completion Date: Estimated September 2017</p> <p>Agency Contact: Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	93.775	\$161,299	93.777		93.778	
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Fiscal Year	Finding Number	Finding and Corrective Action Plan					
2016	050	<p>Finding:</p> <p>Questioned Costs:</p> <p>Status:</p> <p>Corrective Action:</p> <p>Completion Date:</p> <p>Agency Contact:</p>	<p>The Department of Social and Health Services did not have adequate internal controls over the level of effort requirements for the Block Grants for Prevention and Treatment of Substance Abuse.</p> <table border="0"> <tr> <td style="text-align: right;"><u>CFDA #</u></td> <td style="text-align: right;"><u>Amount</u></td> </tr> <tr> <td style="text-align: right;">93.959</td> <td style="text-align: right;">\$0</td> </tr> </table> <p>Corrective action in progress</p> <p>The Department agrees with the finding.</p> <p>The Department will formalize a written procedure to ensure established policies are followed in monitoring and managing maintenance of efforts requirement for both treatment services for pregnant women and women with dependent children, as well as for tuberculosis services. The procedure will reference the data sources necessary for monitoring expenditure levels; frequency of monitoring efforts; and the appropriate actions to be implemented if expenditures are below the maintenance of effort levels. The formal procedure will be communicated to responsible staff across the agency.</p> <p>The Department will collaborate with the Department of Health to capture tuberculosis data quarterly and will develop a methodology to determine and document the percentage of expenditures spent on individuals in substance abuse disorder treatment.</p> <p>The conditions noted in this finding were previously reported in finding 2015-053 and 2014-051.</p> <p>Estimated May 2017</p> <p>Rick Meyer External Audit Compliance Manager PO Box 45804 Olympia, WA 98504-5804 (360) 664-6027 Richard.meyer@dshs.wa.gov</p>	<u>CFDA #</u>	<u>Amount</u>	93.959	\$0
<u>CFDA #</u>	<u>Amount</u>						
93.959	\$0						