



COMMONWEALTH of VIRGINIA

DAVID A. VON MOLL, CPA
COMPTROLLER

Office of the Comptroller

P. O. BOX 1971
RICHMOND, VIRGINIA 23218-1971

March 9, 2021

Department of Health and Human Services
Office of Inspector General
Office of Audit Services
National External Audit Review Center
1100 Walnut Street, Suite 850
Kansas City, MO 64106

To Whom It May Concern:

In addition to promptly taking corrective action on all findings, in accordance with CFR §200.511 Audit findings follow-up (c) *Corrective action plan*, the State Comptroller of Virginia (auditee) has prepared, in a document separate from the auditor's findings described in CFR §200.516 Audit findings, a corrective action plan to address each audit finding included in the current year auditor's report. The corrective action plan also cites findings relating to the financial statements, which are required to be reported in accordance with *Generally Accepted Government Auditing Standards*. The corrective action plan cites the reference number the auditor assigned to each auditing finding, name(s) of the contact person(s) responsible for corrective action, the corrective action planned, and the anticipated completion date. The corrective action plan does not express a disagreement with any of the audit findings nor does it disclose that corrective action is not required.

Certain corrective actions planned are not contained in this corrective action plan because they contain descriptions of security mechanisms and are Freedom of Information Act Exempt under §2.2-3705.2 of the *Code of Virginia*. Federal awarding agencies or pass-through entities needing such information in formulating their management decisions as required by CFR §200.521 Management decision, should communicate with the contact person responsible for the respective corrective action planned to address the audit finding.

The Commonwealth of Virginia Single Audit Report for the Year Ended June 30, 2020 containing all findings can be found at www.apa.virginia.gov or is available from the Federal Audit Clearinghouse web site.

If you have any questions, please contact our office at (804) 225-2109.

Sincerely,

A handwritten signature in black ink, appearing to read "D. A. Von Moll".

David A. Von Moll
State Comptroller of Virginia

COMMONWEALTH OF VIRGINIA
Corrective Action Plan
For the Year Ended June 30, 2020

Audit Finding Reference Number	Responsible Person(s) Corrective Action Planned Estimated Completion Date
Continue to Improve Controls over SNAP Payments 2020-001 DSS	Responsible Contact Person(s): Ida Witherspoon - Chief Financial Officer Corrective Action Planned: Since the audit, Finance has worked with Information Technology to correct the error noted and to properly account for all transaction types. Additionally, a Supervisor will review each reconciliation and its support to ensure it is accurate. Estimated Completion Date: 9/30/2020
Improve Financial Reporting of Infrastructure Assets 2020-002 VDOT	Responsible Contact Person(s): Greg Lehman, Assistant Controller of General Accounting and Financial Reporting Corrective Action Planned: VDOT will review and strengthen our infrastructure capitalization procedures as needed, create a checklist to ensure accurate financial reporting, and ensure new staff have a thorough comprehension of capital assets reporting. VDOT will continue to review the current methodology for reporting infrastructure and make improvements where feasible to improve accuracy. In addition, we are exploring the feasibility of classifying capitalization at project creation and reviewing this process holistically. This review is Estimated to be completed by September 30, 2021 and we will implement those recommendations by June 30, 2022. Estimated Completion Date: 6/30/2022
Properly Record Financial Transactions 2020-003 DMAS	Responsible Contact Person(s): Chris Gordon Deputy Director of Finance & Technology Finance and Technology Mike Harlow Co-acting Fiscal Director / GL Manager Fiscal & Reporting General Ledger and Reporting Corrective Action Planned: DMAS acknowledges the control weakness noted by APA surrounding Fiscal management's oversight leading to a material transaction being omitted during Fiscal Year 2020 quarterly reporting. Fiscal management prepared the quarterly pharmacy rebate allocation adjustment but did not ensure Fiscal staff processed the adjustment in either the internal financial system or the State Financial System. The omitted transaction in question was identified in July 2020 after year-end close and management notified the Department of Accounts immediately and correcting entries were provided and posted accordingly. DMAS has established corrective actions to address this material weakness. Management established a secondary reviewer in October 2020 in place of the vacant Fiscal Director position. This secondary review ensures both accuracy and completeness of quarterly reporting in the State Financial System and DMAS' internal financial system. Management also created two new accounting multi-purpose codes during the September 2020 quarter for the pharmaceutical drug rebate program to create a more transparent movement of funds from initial receipt to its reallocation among the 14 rebate categories. These codes differentiate receipts between Fee-For-Service, Supplemental, and Managed Care activity. In addition, the quarterly drug rebate reporting requirements have been added to the Fiscal General Ledger calendar to ensure timely reporting. These corrective actions create a stronger control environment to ensure appropriate financial reporting is completed accurately and timely. Estimated Completion Date: 10/1/2020

<p>Strengthen Controls over Commitments Reporting 2020-004 VDH</p>	<p>Responsible Contact Person(s): Stacey Ferrer (CFO) Corrective Action Planned: OFM utilizes a template spreadsheet to survey the offices and districts for commitment information required by the Supplemental Information Directive. OFM will modify the template directions to include the submission of commitments that have been entered into contract as of June 30 of the fiscal year being reported. Estimated Completion Date: 4/30/2021</p>
<p>Strengthen Controls over Year End Accrual Reporting 2020-005 DMAS</p>	<p>Responsible Contact Person(s): Tanyea Darrisaw Division Director Budget Division Mike Harlow / Shionda Scott Co-Acting Fiscal Director Fiscal Division Corrective Action Planned: DMAS collects financial data for the year-end accruals reporting from multiple divisions and units within the agency and has established methodologies to collect and report year-end accruals to DOA which includes supervisory reviews. DMAS management has established corrective actions to implement better communications across divisions and strengthen internal controls surrounding year-end reporting. Agency management including Fiscal and Budget divisions met during November 2020 as the 1st multi-divisional planning session for the upcoming FYE 2021 reporting cycle. The multi-divisional planning sessions will take place at least quarterly and include Fiscal and Budget divisions' stakeholders as primary leads. The multi-divisional meetings will consist of financial and operational personnel that make up the year-end accrual reporting team, to include personnel from the Provider Reimbursement division, Federal Reporting division, Procurement and Contract Management division, and Information Management division. The year-end reporting team's corrective action items include the following efforts: Update the year-end accrual methodology for Medicaid Payables to identify and isolate the Department of Behavioral Health and Disability Services (DBHDS) supplemental payments within the add pays accrual work papers to facilitate DOA's reporting requirements specifically tied to DBHDS. The year-end accrual methodology for Add Pays and Recoveries will also be updated to provide a more detailed narrative identifying the steps taken to calculate these accrual estimates. The updated methodology will be completed after Department of Accounts' year-end guidance is issued, but at least 2 weeks before the first year-end accrual (supplemental items) are due. Incorporate a technical review of year-end accrual work papers to ensure excel formulas are consistent and uniform throughout each procedural step where multiple calculations are built on preceding steps. Supervisory and technical reviews will be documented on the corresponding accrual work papers prior to submission of the final year-end attachments and accrual adjusting journal entries. The Provider Reimbursement Division and Budget Division will also document its management review of their accrual data prior to submitting to the Fiscal Division. The Fiscal Division will continue to document an executive level review of year-end accrual reporting prior to submission of year-end reporting to the Department of Accounts. Completion of these reviews are dependent on DOA's year-end guidance (reporting schedule). The year-end accrual methodology for calculating the Accounts Receivable multiplier rate used for year-end accruals to incorporate all related fund amounts including the addition of the CHIP and MCHIP Programs on the State Financial System YTD prior-year revenue balance.</p>
	<p>The updated methodology will be completed after Department of Accounts' year-end guidance is issued, but at least 2 weeks before the Accounts Receivable year-end accrual is due. Management is actively recruiting critical positions that are vacant in the Finance and Technology divisions to ensure staffing levels are appropriate to allow for more extensive reviews of year-end reporting prior to submission. The Fiscal and Budget divisions will continue to evaluate the existing controls around year-end reporting and incorporate the above action items including updates to existing narratives prior to FYE 2021 accrual reporting deadlines. Estimated Completion Date: 9/30/2021</p>

<p>Improve Controls Over Financial Systems Reconciliations 2020-006 DBHDS</p>	<p>Responsible Contact Person(s): Andrew Diefenthaler, Chief Financial Officer Ken Gunn, Director of Budget Execution and Financial Reporting Corrective Action Planned: All facilities are aware of current reconciliation requirements. DBHDS will work with facilities to improve reconciliation documentation and ensure standard recon sign-offs are performed. DBHDS Finance has already established quarterly facility CFO meetings where these issues will be presented and resolved. Documentation requirements will be formalized. Training will be provided as necessary. Estimated Completion Date: 5/1/2021</p>
<p>Continue to Improve Policies and Procedures over Unclaimed Property Reconciliations 2020-007 TD</p>	<p>Responsible Contact Person(s): Bradley Earl, Director of Unclaimed Property Corrective Action Planned: The Unclaimed Property Division (UCP) will improve its reconciliation procedures to ensure a timely review and a clear audit trail. These improved procedures will follow guidance provided in the CAPP manual. Estimated Completion Date: 6/30/2021</p>
<p>Ensure Timely Approval of ChartField Changes 2020-008 DOA</p>	<p>Responsible Contact Person(s): Melinda Pearson, Director - General Accounting Corrective Action Planned: Develop procedures to streamline the process of assembling electronic ChartField Maintenance packets in order to reduce the assembly time, the time it takes to make updates to the documentation if needed, and review. Set a timeline for providing the ChartField Maintenance packet to the Reviewer and for the Reviewer to complete the review and return the signed packet. This will allow the Reviewer to receive the ChartField Maintenance packet for review, request and receive updates needed based on review, and to complete the review of the ChartField Maintenance packet in timely manner. Estimated Completion Date: 12/31/2021</p>
<p>Improve Lease Policies and Procedures and Review of Lease Classifications 2020-009 DGS</p>	<p>Responsible Contact Person(s): Holly Law Eve, Director Division of Real Estate and Facilities Management Corrective Action Planned: Revise policies and procedures. Estimated Completion Date: 6/1/2021</p>
<p>Improve Financial Reporting of Capital Assets Other than Roadway Infrastructure 2020-010 VDOT</p>	<p>Responsible Contact Person(s): Vince Pate, Assistant Controller Compliance, Capital Assets, and Inventory Programs Corrective Action Planned: The Department acknowledges improvements are needed in reporting of capital assets. As a result, internal procedures will be updated, training will be provided to other divisions that assist with the compilation and checklists will be developed to ensure a proper review. Estimated Completion Date: 6/30/2021</p>
<p>Improve Cash Reconciliation and Review Process 2020-011 UVAH</p>	<p>Responsible Contact Person(s): Kim Holdren - Director of Finance/Controller Corrective Action Planned: To establish and maintain a monthly cash reconciliation process for the University of Virginia Medical Center. Estimated Completion Date: 6/30/2021</p>

<p>Develop a Schedule of Routine Accounting Adjustments 2020-012 DMV</p>	<p>Responsible Contact Person(s): Cindi Fellows - Financial Controller Corrective Action Planned: The Department of Motor Vehicles understands the need to establish a routine schedule for accumulating and processing general ledger journals each month. DMV has a plan in place to develop, document, and retain schedules for the adjustments. Estimated Completion Date: 6/30/2021</p>
<p>Strengthen the Schedule of Expenditures of Federal Awards Review Process 2020-013 VPISU/ID</p>	<p>Responsible Contact Person(s): Melinda West, Interim AVP for Finance & University Controller Corrective Action Planned: Update the SEFA query to create the data subset for subcontracts at the beginning of the program prior to any coding that sets expenditure amounts for funds received from other state agencies. (Completed October 26, 2020). Prepare a review check list that must be completed prior to the submission of the SEFA to the Department of Accounts. (Completed November 19, 2020). Estimated Completion Date: 11/19/2020</p>
<p>Implement Standardized Off-Boarding Procedures 2020-014 DBHDS</p>	<p>Responsible Contact Person(s): Stacy Pendleton, HR Director Corrective Action Planned: DBHDS HR staff met with the APA to review these findings. Termination process/policy will be updated and shared with all facilities. Training will be provided and presentations will be given at the DBHDS HR Forum in April. Estimated Completion Date: 4/1/2021</p>
<p>Improve Controls over Payroll Certifications 2020-015 DBHDS</p>	<p>Responsible Contact Person(s): Andrew Diefenthaler, Chief Financial Officer Ken Gunn, Director of Budget Execution and Financial Reporting Corrective Action Planned: DBHDS will address the need to adjust specific procedures in this area at our quarterly CFO meetings this year. Specific and standardized procedures across all facilities and the Central Office will be developed. Estimated Completion Date: 5/1/2021</p>
<p>Improve Controls over Payroll Reconciliations 2020-016 DBHDS</p>	<p>Responsible Contact Person(s): Andrew Diefenthaler, Chief Financial Officer Ken Gunn, Director of Budget Execution and Financial Reporting Corrective Action Planned: DBHDS will continue its bimonthly facility CFO meetings. These meetings consist of internal control topics and include payroll controls assessment and analysis. Follow up audits of selected payroll operations will also take place. Estimated Completion Date: 7/1/2021</p>
<p>Properly Approve and Monitor Administrative Employee Overtime 2020-017 DBHDS</p>	<p>Responsible Contact Person(s): Stacy Pendleton, HR Director Corrective Action Planned: Training on DHRM policies regarding hours of work and OT will be reviewed at the DBHDS HR Forum. Estimated Completion Date: 4/1/2021</p>

<p>Comply with Employment Eligibility Requirements 2020-018 DBHDS</p>	<p>Responsible Contact Person(s): Stacy Pendleton, HR Director Corrective Action Planned: DBHDS will ensure all facility Human Resources staff are trained on employment eligibility requirements, on how to fill out the I9, and on how to use the Employment verification program. It should be noted that training was offered to staff in December 2018. In 2020 we will continue to offer training on completing the I9 process. USCIS is offering training in March and April on the I9 - this information has been shared with field HR. Estimated Completion Date: 4/1/2021</p>
<p>Improve Processes over Employment Eligibility Verification 2020-019 UVA/AD</p>	<p>Responsible Contact Person(s): Adam Weikel, Assistant Vice President for HR Service Jennifer Weaver, Talent Support Manager Corrective Action Planned: The University will implement additional business process controls as it pertains to stated weakness in controls and compliance, but would like to ensure that both risk and materiality are considered upon business process implementation. Root cause analysis of the data points presented in this management comment indicate opportunities around hiring notifications, student worker documentation, document requirement notification, as well as reporting for compensating controls around onboarding and notification requirements. As a result, the University has already created reporting that allows UVA HR to begin communicating with all new employees on their hire date in the Human Resources and Payroll System eliminating several compliance concerns. The new report/process was put into place in August 2020 for the Fall Student Hiring season. To date, the University has been able to meet compliance standards around documentation of the I-9 and any e-verify processes due to COVID-19 exemptions set by DHS. New efforts regarding training are also underway. Estimated Completion Date: 3/31/2021</p>
<p>Follow-Up with Supervisors to Ensure the Separating Employee Checklist is Properly Completed 2020-020 VDOT</p>	<p>Responsible Contact Person(s): Jill Guice, Assistant Division Administrator, Human Resources Corrective Action Planned: Human Resources should take all possible steps to ensure Supervisors are aware of their responsibility to facilitate timely and complete submission of separation checklists, and to escalate issues of non-compliance with appropriate management to ensure the Department of Transportation has a properly completed separation checklist for each terminated employee. On January 6, a new Standard Operating Procedure (SOP) was issued to field HR staff to create more structure for dissemination, follow-up, and collection of checklists, inclusive of escalation reporting for any areas of noncompliance in a timely fashion so that gaps can be addressed quickly. In addition, a communication slide was created for our Employee Bulletin Boards (EBB), which will run in February and August, annually, as a reminder of the separation notification responsibilities for supervisors. Lastly, the HR Division will work to incorporate additional content in our People Manager Fundamentals (Supervisory Training Program) to enhance understanding of this supervisory responsibility and will seek opportunities with future automated systems technology and workflow to make completion more consistent and seamless. Estimated Completion Date: 12/1/2021</p>

Strengthen Process over Employee Separations
2020-021
VDH

Responsible Contact Person(s): Jamie Porter, Chief of Shared Business Services (SBS)
Corrective Action Planned: Separating employees are marked inactive in the system and leave balances must be verified and updated the pay period immediately after the report is completed to ensure that leave balances for separated classified employees are paid after their last regular paycheck. SBS Human Resources Managers (HRM) will be required to pull system Separations Reports every Monday. Health's CFO will add the language as a requirement in the Office of Financial Management's (OFM) Policies and on the Agency Calendar as a reminder. SBS HR managers will pull the report for leave balances and submit to OFM by the Office of Human Resources (OHR) deadline. HRMs will pull system separation reports VDH Workers and separations report/Employees weekly (Mondays) to verify that all separations are entered into the system and will pull the separation folder for their SBS Office to review termination checklists ensuring each checklist is completed in its entirety for each separated employee.
Estimated Completion Date: 5/21/2021

Improve Internal Controls Over Terminated
Employee Access Removal
2020-022
ABC

Responsible Contact Person(s): John Singleton, Human Resources Director
Corrective Action Planned: The Division of Human Resources, in consultation with the Division of Information Technology and the Division of Finance, will review current termination practices in order to ensure reasonableness of practices and whether they are effective in establishing a strong control environment. Additionally, these divisions will review and develop access removal procedures which properly take into account risks associated with certain types of access that vary across ABC, depending on the nature of the business being conducted. Finally, ABC will continue to use email reminders to prompt managers to complete their respective portions of the checklist, while the responsible divisions undergo an analysis of existing procedures as well as development of any new procedures.
Estimated Completion Date: 6/30/2021

Ensure Segregation of Duties During Payroll
Certifications
2020-023
DOC/CA

Responsible Contact Person(s): Anita Palmore
Corrective Action Planned: Employees are working in the office on certification day to ensure segregation of duties during the payroll pre-certification and post-certification exist.
Estimated Completion Date: 9/1/2020

Improve Information Security Program and Controls
2020-024
DMAS

Responsible Contact Person(s): Diane Enroughty Chief Information Security Officer Office of Compliance and Security
Mike Jones Chief Information Officer Information Management
Corrective Action Planned: The details of this corrective action plan are exempt pursuant to the Freedom of Information Act under §2.2-3705.2 of the Code of Virginia.
Estimated Completion Date: 12/31/2021

<p>Continue to Improve Access Controls to Critical Systems 2020-025 DSS</p>	<p>Responsible Contact Person(s): Barry Davis, Director of Information Security and Risk Management; John Vosper, IT Audit Manager Corrective Action Planned: Social Services will continue to update policies and procedures for all critical systems to reflect the requirements in the Security Standard. This will include ensuring access is granted based on the principal of least privilege, access is removed timely, and access does not involve conflicting roles. Social Services will perform an annual access review for all critical systems and retain documentation of this review indicating the review was performed and any actions that were taken as a result of the review. Estimated Completion Date: 3/30/2022</p>
<p>Continue Improving Web Application Security 2020-026 DSS</p>	<p>Responsible Contact Person(s): Roland Rivera, Deputy Commissioner, Technology; Barry Davis, Director of Information Security and Risk Management; John Vosper, IT Audit Manager Corrective Action Planned: A current reorganization will more clearly align dedicated resources to remediate the configuration issues. DSS will improve web application security and develop a plan to implement FOIAE controls. Estimated Completion Date: 12/31/2021</p>
<p>Continue Improving IT Risk Management Program 2020-027 DSS</p>	<p>Responsible Contact Person(s): Barry Davis, Director of Information Security and Risk Management Corrective Action Planned: Social Services will develop a plan and dedicate the necessary resources to complete Risk Management documentation for its sensitive systems and review those documents annually to validate that the information reflects the current environment. Additionally, Social Services will dedicate the necessary resources to implement security controls to mitigate the risks and vulnerabilities identified in its Risk Assessments. Doing this will help to ensure the confidentiality, integrity, and availability of the agency's sensitive systems and mission essential functions. Estimated Completion Date: 12/31/2021</p>
<p>Continue to Improve Database Governance and Security 2020-028 DPB</p>	<p>Responsible Contact Person(s): Michelle Vucci - Associate Director for Administrative Services Corrective Action Planned: The agency is developing additional policies and procedures to address security controls and anticipates resolution of this finding in fiscal year 2021. Estimated Completion Date: 6/30/2021</p>
<p>Improve Audit Logging and Monitoring Controls 2020-029 DPB</p>	<p>Responsible Contact Person(s): Michelle Vucci - Associate Director for Administrative Services Corrective Action Planned: The agency is working with its database vendor to put controls in place and is working with the VITA Shared Services Bureau to develop long-term solutions to address monitoring controls. Estimated Completion Date: 6/30/2021</p>
<p>Improve Database Security 2020-030 ABC</p>	<p>Responsible Contact Person(s): Paul Williams, CIO Corrective Action Planned: Virginia ABC will adopt the appropriate benchmark in order to align with industry best practice and implement the controls and configurations within our capability. For any that remain, Virginia ABC will document our business needs, explore mitigating, compensating controls, and will pursue security exceptions as may be necessary. Estimated Completion Date: 3/26/2021</p>

Improve Database Security
2020-031
UVAH

Responsible Contact Person(s): Erin Trost - Information Security Manager
Corrective Action Planned: The Database Security Management Point contains 7 areas where the Medical Center needs to improve. The Medical Center lists very specific action items related to the 7 areas pertaining to this Management Point in the response to the APA.
Estimated Completion Date: 6/30/2021

Continue to Develop and Implement Compliant
Application Access Management Procedures
2020-032
DBHDS

Responsible Contact Person(s): Robert Hobbelman, CIO
Glenn Schmitz, CISO
Corrective Action Planned: DBHDS concurs with the finding. DBHDS will work with its facilities to ensure their procedures match the Agency's existing Policy.
Estimated Completion Date: 5/31/2021

Continue Enhancing Reviews of System Access
2020-033
VDH

Responsible Contact Person(s): Suresh Soundararajan, Chief Information Officer;
Stephanie Williams-Hayes, Information Security Officer
Corrective Action Planned: OIM is working on a proposed process and solution for quarterly certification of user accounts.
Estimated Completion Date: 9/30/2021

Continue to Improve Controls Over User Access
2020-034
TAX

Responsible Contact Person(s): Vengatesh Agaram/Assistant Commissioner
Corrective Action Planned: Phase I (Jan-March 2020): Assemble a leadership workgroup to review circumstances surrounding the 14 of 35 roles accessed which provided excess authority of employee job duties. Goal is to identify communication, technology and operational breakdowns and opportunities for strengthening controls. Phase II (April-May 2020): Prioritize specific steps and initiatives to further strengthen controls, reduce unnecessary critical access, and ensure least privilege is maintained. These efforts may include technology enhancements, training and educational opportunities, policy and procedure changes, ongoing monitoring and review of roles, and memorialized documentation. Phase III (June-August 2020): Implementation of enhancements to include; communications, training and education, systems changes, and post recertification quality review.
Estimated Completion Date: 12/9/2020

Improve Financial Management System Access
Controls
2020-035
DMAS

Responsible Contact Person(s): Jonathan Dodd Fiscal System Administrator Fiscal Division
Mike Harlow / Shionda Scott Co-Acting Fiscal Director Fiscal Division

Corrective Action Planned: DMAS has limited ability to establish restrictive access controls globally without adversely affecting day-to-day operations due to staffing constraints. Fiscal management understands the need for segregation of duties and has assigned access roles at 3 levels according to each user's employee work profiles (EWPs). Roles are identified and assigned within their respective units, to include update roles, approver roles, and manager roles to reflect the segregation of duties in place. Inquiry-only roles are assigned as needed when users need to view data outside of their respective units. There are 2 exceptions to the general assignment of roles:

1) The General Ledger Manager position is assigned the GL Super User role which provides access to chart of accounts mapping, flexfield assignments, system calendars, and report schedulers.

2) The Systems Administrator position is assigned the GL Super User role, Systems Administration role, and the manager role for each subsidiary module. These roles allow access to administration requirements to include chart of accounts mapping, accounting periods, concurrent schedules, reports setups, user role assignments, etc.

Fiscal management has evaluated the Systems Administrator position and established the following corrective actions to improve system access controls.

a) Limit the Systems Administration role to only the Systems Administrator. Only assign this role to a dedicated back-up (GL Manager) if the Systems Administrator is out of the office or unavailable for multiple days. This role is critical to daily operations to ensure end users are able to access the system and keep the system operational. This action is complete and in place.

b) Remove the Accounts Receivable Manager role – create a new role to allow the administrator to perform system maintenance/setups, but not allow update or approval on any transactions.

c) Remove the Accounts Payable Manager role – create a new role to allow the administrator to perform system maintenance/setups, but not allow update or approval on any transactions.

d) Submit a transfer request to HCD to move the Systems Administrator position from the GL & reporting unit to the Fiscal Administration unit. The Systems Administrator will start reporting to the special assistant to the Fiscal Director.

e) Secondary reviews and sign-off of systems access reviews will be approved by the new Fiscal Director, when available. Fiscal Management will continue to reevaluate the existing System roles and access levels within the Super User/Manager role to determine if any of the existing functions may be reassigned in an effort to develop more stringent compensating controls. Limit the Systems Administration role to only the Systems Administrator. Only assign this role to a dedicated back-up (GL Manager) if the Systems Administrator is out of the office or unavailable for multiple days. This role is critical to daily operations to ensure end users are able to access the system and keep the system operational. This action is complete and in place.

Estimated Completion Date: 6/30/2021

<p>Improve Controls over User Access to the Payroll and Human Resources System 2020-036 UVA/AD</p>	<p>Responsible Contact Person(s): Syed Mahmood, Director of HR People Augie Maurelli, AVP for Financial Operations Teresa Wimmer, AVP of Enterprise Applications Corrective Action Planned: A cross-functional team has been created to support this effort, as well as a risk rated approach around Segregation of Duties and Access Provisioning and De-Provisioning. As part of the remediation effort, the UVA cross functional team will ensure the following: - Identify and evaluate the current business process for provisioning and de-provisioning access to the UVA Human Resources and Payroll System - Re-evaluate the current business process for provisioning and de-provisioning access to, and establish a plan for access to the new roles in Human Resources and Payroll System Financials prior to implementation - Review current system roles and established conflicts, to evaluate readiness for transition to Human Resources and Payroll System Financials - Identify finance-impacted business processes and prioritizing potential conflicting roles for Human Resources and Payroll System Financials - Establish a plan for continuous monitoring of system access, for Human Resources and Payroll System and for future Human Resources and Payroll System Financials - Continue to work on all comments around UVA Internal Audit report Development. Estimated Completion Date: 6/30/2021</p>
<p>Align System Access with the Principle of Least Privilege 2020-037 DOC/CA</p>	<p>Responsible Contact Person(s): Pamela Wilmoth Corrective Action Planned: Petty cash access in the State Financial System was removed for all 43 employees before the audit was completed. Estimated Completion Date: 8/31/2020</p>
<p>Continue Improving the Contingency Management Program 2020-038 VDH</p>	<p>Responsible Contact Person(s): Suresh Soundararajan, Chief Information Officer; Stephanie Williams-Hayes, Information Security Officer Corrective Action Planned: OIM will work with the Office of Emergency Preparedness (OEP) on a tabletop IT COOP exercise and tests in January 2022. Estimated Completion Date: 1/30/2022</p>
<p>Continue Improving the Disaster Recovery Plan 2020-039 VDH</p>	<p>Responsible Contact Person(s): Suresh Soundararajan, Chief Information Officer; Stephanie Williams-Hayes, Information Security Officer Corrective Action Planned: VDH is seeking funding for disaster recovery services. OIM is working with VITA Partnership and VDH Business Owners on disaster recovery services for the 11 prioritized applications. Estimated Completion Date: 9/30/2021</p>
<p>Improve IT Contingency Management Program 2020-040 DBHDS</p>	<p>Responsible Contact Person(s): Robert Hobbelman, CIO Corrective Action Planned: DBHDS is changing the infrastructure to a more cloud based architecture which will provide greater availability of resources. This change is based on approved cloud based funding. Continuity of Operations Plans and Disaster Recovery Plans are changing to support the new infrastructure and will be completed. Estimated Completion Date: 5/31/2021</p>

<p>Continue Developing Record Retention Requirements and Processes for Electronic Records 2020-041 DSS</p>	<p>Responsible Contact Person(s): Roland Rivera, Deputy Commissioner, Technology Corrective Action Planned: Social Services will continue to identify the remaining retention requirements for the data within its case management system. Additionally, Social Services will continue coordinating with its vendor to develop and implement a process, whether manual process or automated control, to ensure consistent compliance with the retention requirements for each data set within Social Services' IT systems. Estimated Completion Date: 12/31/2021</p>
<p>Continue to Improve Disaster Recovery Planning Documentation 2020-042 TAX</p>	<p>Responsible Contact Person(s): Ed Cooper, Deputy CTO Corrective Action Planned: Virginia Tax is working to update the Contingency Plan (CP) and Disaster Recovery Plan (DRP) to reflect Business Impact Analysis (BIA) business requirements. Due to delayed responses from VITA regarding the Disaster Recovery contract offerings to include definition of Recovery Time Objectives (RTO), the project completion date will be impacted. Estimated Completion Date: 6/30/2021</p>
<p>Develop Baseline Configurations for Information Systems 2020-043 DBHDS</p>	<p>Responsible Contact Person(s): Robert Hobbelman, CIO Corrective Action Planned: DBHDS is will be resubmitting to SAIC a request to receive all the base configurations from the infrastructure side. Access was requested from SAIC, unable to be provided. DBHDS will work with SAIC directly to obtain needed information. Estimated Completion Date: 6/30/2021</p>
<p>Continue Improving IT Change and Configuration Management Process 2020-044 DSS</p>	<p>Responsible Contact Person(s): Roland Rivera, Deputy Commissioner, Technology Corrective Action Planned: Social Services will continue its progress to resolve the remaining two weaknesses discussed in the communication marked FOIAE in accordance with the Security Standard in a timely manner. Continuing to improve Social Services' IT change and configuration management process will decrease the risk of unauthorized modifications to sensitive systems and help maintain the confidentiality, integrity, and availability of sensitive and mission critical data. Estimated Completion Date: 12/31/2021</p>
<p>Improve Information Technology Change Management Process for a Sensitive System 2020-045 VDH</p>	<p>Responsible Contact Person(s): Suresh Soundararajan, Chief Information Officer; Stephanie Williams-Hayes, Information Security Officer Corrective Action Planned: OIM is working with OFHS staff on improving the change management process. Estimated Completion Date: 6/30/2021</p>
<p>Review and Update Baseline Configuration Standards 2020-046 DPB</p>	<p>Responsible Contact Person(s): Michelle Vucci - Associate Director for Administrative Services Corrective Action Planned: The agency met with its database vendor to commence an annual review process in January 2021 and requested that VITA provide baseline standards for review. The standards were provided in February 2021 and are currently under review. Estimated Completion Date: 3/31/2021</p>

<p>Continue Strengthening the System Access Removal Process 2020-047 VDH</p>	<p>Responsible Contact Person(s): Suresh Soundararajan, Chief Information Officer; Stephanie Williams-Hayes, Information Security Officer Corrective Action Planned: Corrective Action Plan is now with the CIO as it pertains not only to financial system, but also to personnel and patient management systems. ISO and CIO are working with different departments to ensure the proper mechanisms are in place to ensure timely reviews are done. OIM discussed the COV termination process with VITA who entered into a SLA with an external party to perform service catalog services to terminate access within 30 minutes or if request is submitted via email termination access removal is done w/in 24 hours. OIA will re-test process. Estimated Completion Date: 1/30/2021</p>
<p>Continue Improving Controls for Processing Access Terminations and Changes 2020-048 DMV</p>	<p>Responsible Contact Person(s): Beau Hurley - Chief IT Security & Agency Risk Management Corrective Action Planned: The Department of Motor Vehicles understands the need for timely account disablement for separating employees and has made significant progress on our internal controls. In the evaluation of the controls supporting this process we considered all technical controls and those requiring human interaction. Estimated Completion Date: 6/30/2021</p>
<p>Remove Separated Employee Access in a Timely Manner 2020-049 DMAS</p>	<p>Responsible Contact Person(s): Diane Enroughty Chief Information Security Officer Office of Compliance and Security Corrective Action Planned:</p> <ol style="list-style-type: none"> 1. In January 2019, DMAS implemented a workflow to ensure all divisions receive uniform notification and acknowledge when they completed the assigned tasks. This gives more visibility to the process. In December 2019, the CISO Office of Compliance and Security (OCS) notified all agency supervisors of the gaps arising out of delayed notification. OCS will continue to work with HR on improving the workflow process to ensure supervisors and managers are properly following the exit clearance process. HR has been monitoring the system to ensure all separated employees have been entered into the system. HR includes this process in the quarterly HR Compliance and Process Training for DMAS Managers. 2. OCS reviewed its process and identified a control gap. OCS changed the process to ensure system access is removed before signing off in the workflow that the task was completed. 3. Access is removed on the last day of work which meets or exceeds the Security Standard. 4. OCS Updated its policy to accurately state that access must be removed within 24 hours after separation. <p>Estimated Completion Date: 6/30/2021</p>
<p>Continue Improving Web Application Security 2020-050 DBHDS</p>	<p>Responsible Contact Person(s): Robert Hobbelman, CIO Don Tyson, IT Manager Corrective Action Planned: DBHDS plans to have the System administrator cross train other IT developers to support Systems as secondary and tertiary resources for backup administrator support. The application is in the process of moving to a cloud based platform. DBHDS is currently updating the risk assessment to ensure sufficient mitigating controls are in place. Estimated Completion Date: 4/1/2021</p>

<p>Continue Completing a Risk Assessment for Each Sensitive System 2020-051 TAX</p>	<p>Responsible Contact Person(s): Andy Hallberg, Acting CISO Corrective Action Planned: Virginia Tax will implement a risk assessment plan that will assess and report risks of sensitive systems as required by SEC 501. Estimated Completion Date: 8/30/2021</p>
<p>Improve Information Technology Governance 2020-052 VEC</p>	<p>Responsible Contact Person(s): David Portner, Information Technology Director Corrective Action Planned: VEC's Director of IT will work with the Commissioner's Office to establish an IT Strategy and Governance Committee. Estimated Completion Date: 7/1/2021</p>
<p>Complete and Approve the System Security Plan 2020-053 DMAS</p>	<p>Responsible Contact Person(s): Diane Enroughty Chief Information Security Officer Office of Compliance and Security Mike Jones Chief Information Officer Information Technology Management Division Corrective Action Planned: DMAS OCS reviewed the latest update received from Conduent in January 2020 and communicated the major gaps in February 2020. OCS has approved 147 out of 450 controls but many are still not at a maturity level that OCS expects for a compliant system. Over the next quarter, DMAS OCS will work with Conduent through direct weekly meetings with the SMEs at Conduent to review individual controls. DMAS OCS will validate the documentation that supports the controls. The next check point for phase 1 will be March 31, 2020 with a goal of over 200 controls approved. DMAS OCS will approve the SSP after it thoroughly reviews the documentation and ensures that the SSP meets the COV Information Security Standards. OCS will set deadlines for Conduent with the overall completion date to be June 30, 2020, and will work with the DMAS Contract Monitor for Conduent to prioritize this requirement. Estimated Completion Date: 6/30/2021</p>
<p>Improve Patching to Mitigate Vulnerabilities 2020-054 TAX</p>	<p>Responsible Contact Person(s): Vengatesh Agaram/Assistant Commissioner Corrective Action Planned: Tax Technology personnel will apply the missing patches and comply with the requirements noted in SEC 501 on a go-forward basis by September 30, 2021. Estimated Completion Date: 9/30/2021</p>
<p>Continue Improving Web Application Security 2020-055 VDH</p>	<p>Responsible Contact Person(s): Suresh Soundararajan, Chief Information Officer; Stephanie Williams-Hayes, Information Security Officer Corrective Action Planned: The web application continues with user acceptance testing. The latest version is included in this testing phase. Estimated Completion Date: 6/30/2021</p>
<p>Continue Improving Database Security 2020-056 DSS</p>	<p>Responsible Contact Person(s): Barry Davis, Director of Information Security and Risk Management; John Vosper, IT Audit Manager Corrective Action Planned: Social Services will continue implementing the database procedures and controls in accordance with the Security Standard. This will help maintain the confidentiality, integrity, and availability of sensitive and mission-critical data. Estimated Completion Date: 3/30/2022</p>

Continue Dedicating Resources to Support
Information Security Program
2020-057
DBHDS

Responsible Contact Person(s): Robert Hobbelman, CIO
Corrective Action Planned: DBHDS IT has conducted a review of current applications and certified approximately 133 sensitive systems. DBHDS management will analyze staff requirements to maintain current applications and implement information security controls efficiently. Based on the analysis result, staffing will be increased to necessary levels to meet the audit finding objectives.
Estimated Completion Date: 4/18/2021

Improve Security Awareness Training Program
2020-058
ABC

Responsible Contact Person(s): Amy Luffey, ISO
Corrective Action Planned: ABC will require users to take annual security awareness training within a set time of assignment and will produce monthly tracking reports communicated to directors throughout the organization and quarterly reports to the ABC Board. All users who have not completed training after the set period of time will have their accounts disabled until the training is complete. ABC will also establish a program for new hires to take training as an integrated part of the current new employee orientation. ABC will also conduct role-based security training for all appropriate employees.
Estimated Completion Date: 6/30/2021

Continue Addressing Compliance with the Conflicts
of Interest Act
2020-059
VDH

Responsible Contact Person(s): Rebecca Bynum, Director of Human Resources; Jennifer Ferguson (OHR)
Corrective Action Planned: The Office of Human Resources has taken ownership of this process. Upon review, the agency has implemented yearly (Due by December 31) training to ensure compliance. OHR has developed SOPs and reviewed transfer of data to ensure compliance
Estimated Completion Date: 2/1/2021

Develop Policies and Procedures to Ensure
Compliance with Conflict of Interest Act
Requirements
2020-060
UVA/AD

Responsible Contact Person(s): Julie Bird, Sr. Director of Continuous Improvement
Gary Nimax, Assistant Vice President for Compliance
Michael Latsko, Sr. Director of HR Strategic Initiatives
Corrective Action Planned: The University of Virginia will make the following corrective actions:

- By January 10, 2020 , notify employees to complete SOEI training.
- By January 10, 2020 , notify employees to file their SOEI.
- By March 31, 2020, implement a process that would require SOEI training for SOEI identified positions, and implement a process for continuous monitoring of completion.
- By March 31, 2020, implement a process through which new employees will file the SOEI and complete training as they are hired.

Estimated Completion Date: 12/31/2020

Ensure Employees Complete Required Conflict of
Interest Training
2020-061
TAX

Responsible Contact Person(s): Karen Doty - HR Director
Corrective Action Planned: The training was completed on November 20, 2020.
Estimated Completion Date: 11/20/2020

<p>Perform and Document Commonwealth's Retirement Benefits System Reconciliations 2020-062 DBHDS</p>	<p>Responsible Contact Person(s): Stacy Pendleton, HR Director Corrective Action Planned: All facilities have the identical policy; however, it is not always being followed properly. DBHDS will work with its facilities to ensure all employees are trained on the procedures. This will be completed by July 1, 2019. DBHDS has reached out to VRS for further training and draft policy/process on the VNAV process. This will allow CO to better train and audit the facilities compliance with this requirement. DBHDS HR staff met with the APA to discuss this finding. APA gave guidance on what was missing in policy/process. Estimated Completion Date: 4/1/2021</p>
<p>Improve Timeliness of the Commonwealth's Retirement Benefits System Reconciliation Process 2020-063 VCU/AD</p>	<p>Responsible Contact Person(s): Veronica King, Executive Director of Payroll and Tax Services Corrective Action Planned: Payroll will confirm the snapshot in the system, schedule the payment within the system, and initiate the wire transfer from VCU no later than the 5th of the following month for the VALORs payments and no later than the 8th of the following month for the VRS payments. All reconciliations will be completed and reviewed with the benefits specialist by the 5th day of the following month. Estimated Completion Date: 2/10/2021</p>
<p>Continue Improving the Overpayment Collection Process 2020-064 DMAS</p>	<p>Responsible Contact Person(s): Shionda Scott Co-Acting Fiscal Director, Fiscal Division Mike Harlow Co-Acting Fiscal Director, Fiscal Division Corrective Action Planned: To ensure adequate resources, the Fiscal Division management will evaluate the staffing needs of the Accounts Receivable unit to ensure that not only the critical functions are performed but also adequate controls are in place for effective compliance with state policies. Fiscal already started by filling a staff vacancy to balance the workload of the unit. Also, Fiscal initiated the hiring process for a classified Accounts Receivable Manager and has screened the applicants. Interviews have been scheduled for February 2020. To address the recommendation to "evaluate its current policies," the Fiscal Division is utilizing the experience of the part time contract AR manager to review and update Accounts Receivable policies and procedures. The policies and procedures will be updated by May 1, 2020. This review will include the process of establishing a dollar threshold to guide collections efforts as well as clarify policy in terms of business days or calendar days. The DMAS CFO will review and approve the implementation of the proposed updated procedures by May 15, 2020. When the Accounts Receivable Manager is hired, this effort will support implementation before June 30, 2020. February 2021- Currently the Fiscal Division is recruiting for an Accounts Receivable Manager. Expected hire date is February 25, 2021. Estimated Completion Date: 3/31/2021</p>
<p>Improve Controls Over the Creation of Medicaid Cost Settlement Report Estimates 2020-065 UVAH</p>	<p>Responsible Contact Person(s): Brian Wilmoth - Strategic Planning and Reimbursement Officer Corrective Action Planned: To document changes in calculating the Medicaid Cost Report estimates each month, to include source and reasoning behind each monthly estimate. To establish monthly logs for the monthly Medicaid estimate in order to provide a clearer audit trail. Estimated Completion Date: 6/30/2021</p>
<p>Continue to Improve Process for Payment of Risk Management Invoices 2020-066 TD</p>	<p>Responsible Contact Person(s): Brian Parker, Director of Risk Management Corrective Action Planned: Treasury will continue to improve the payment process for Risk Management Invoices by automating the process and increasing management oversight. Estimated Completion Date: 6/30/2021</p>

Strengthen Controls over Small Purchase Charge Cards
2020-067
DOC/CA

Responsible Contact Person(s): Laura Bishop
Corrective Action Planned: P-Card audits for the field are being conducted by the P-Card/Procurement Trainer, as well as the PA for Headquarters, this will be an ongoing process. Throughout the Fiscal Year, communication will be sent out to recap all PA's job duties and responsibilities.
Estimated Completion Date: 6/30/2021

Strengthen Review of System and Organization Control Reports for Third-Party Service Providers
2020-068
DMAS

Responsible Contact Person(s): Diane Enroughty Chief Information Security Officer Office of Compliance and Security
Corrective Action Planned: OCS acknowledges the importance of obtaining and reviewing the appropriate SOC report (Type 2) from its contracted vendors as defined in the contract and documenting the review. A recently developed coordinated approach between Procurement and Contract Management division, the Office of Compliance and Security, and Information Management, as well as contract administrator designated program staff, will strengthen DMAS' process to obtain, review and respond, as appropriate, to vendor submitted SOC reports. Elements of the developed process includes the identification of responsible parties, timeline for SOC submission and review, and reporting. DMAS will ensure that the reviews are appropriately documented for tracking purposes. In addition, OCS will work with Procurement to provide updated contract language to include the appropriate penalties for non-compliance of SOC 2 and other security reporting requirements. OCS will establish Third party management standard security requirements independent of the VITA ECOS process requirements for its own use. To be completed by End of Calendar Year 2021.
Estimated Completion Date: 12/31/2021

Improve Oversight of Third-Party Service Providers
2020-069
ABC

Responsible Contact Person(s): Amy Luffey, ISO
Corrective Action Planned: ABC agrees that we do not have documented policies, procedures, and processes specific to "on-going" monitoring of third-party service providers. Going forward ABC will create and implement a policy specific to third-party service providers, which includes our process for ongoing monitoring. Additionally, ABC will ensure management's risk decisions are documented.
Estimated Completion Date: 6/30/2021

Ensure ITISP Suppliers Meet All Contractual Requirements
2020-070
VITA

Responsible Contact Person(s): Jonathan Ozovek - VITA Chief Operating Officer
Corrective Action Planned: VITA has made substantial progress on addressing the issue, as set forth in our agency response. VITA intends to complete that work to resolve the finding by: (1) publishing client and server application lists to clarify patching responsibilities; (2) continuing to monitor and manage patching performance to meet or exceed contractual SLAs, as well as reviewing both the platform's patching data and the patching data from the audit finding to identify any technical or reporting issues that need to be addressed; (3) implementing a new logging tool that will provide direct agency access (with a project plan and pilot reports and access being deliverables along the way); and (4) reviewing the security standard and the IT infrastructure platform to confirm that the tools and processes are adequate to ensure compliance.
Estimated Completion Date: 12/15/2021

Improve Compliance with Unclaimed Property Act
2020-071
UVAH

Responsible Contact Person(s): Kim Holdren - Director of Finance/Controller
Corrective Action Planned: To change the filing of unclaimed property from a bank delivered period of 5 years to annually to comply with the Unclaimed Property Act.
Estimated Completion Date: 10/31/2020

Comply with Federal RESEA Requirements
2020-072
VEC

Responsible Contact Person(s): Jason Brown, Deputy Commissioner of Workforce Services
Corrective Action Planned: The Program Manager will take a multi-step approach to resume the operations of the program.

- Return profiling model to production and update call-in letter.
- Run the profiling model in the evening batch against first pay file for BWE October 17, 2020 and continue weekly thereafter.
- Key notices beginning October 27, 2020 and continue weekly thereafter.
- Mail notices.
- Resume program services November 9, 2020.
- Conduct staff refresher training
- Ensure the program is fully functional with the staff-directed service option.
- Add self-directed service option

Estimated Completion Date: 6/30/2021

Review Eligibility Information as Required
2020-073
DMAS

Responsible Contact Person(s): Cindy Olson Division Director Eligibility and Enrollment Services
Corrective Action Planned: There is currently no automated communication between DMAS System and the VDSS eligibility determination system. VDSS System sends DMAS System enrollment information for all active individuals, but DMAS System does not communicate back to VDSS System when changes are made in DMAS system. On a monthly basis, DMAS sends an enrollment file to VDSS of everyone who is enrolled. Currently, VDSS places this file in their data warehouse, but does not use the DMAS System file to reconcile our data with what is housed in VDSS System. DMAS staff have been working with VDSS business and technical staff to develop a VDSS system change that will take the information already provided to VDSS on a monthly basis and use that information to reconcile with information contained in VDSS System. The requirements for the system change are being developed at this time and the change is currently scheduled to go into production in June 2021. The June 2021 release is the first step in a long-term plan to implement 360 communication between the DMAS System and VDSS System. This automated reconciliation will ensure alignment of the two systems.

Further corrective action includes DMAS working with VDSS to develop additional training or informational broadcasts to remind eligibility workers of the need to ensure that changes that are made in VDSS System are successfully bridged over to DMAS System.

Estimated Completion Date: 6/30/2021

<p>Ensure Appropriate Oversight over Divisions' Monitoring Activities 2020-074 DSS</p>	<p>Responsible Contact Person(s): Ross McDonald - Director of Compliance Corrective Action Planned: Social Services will follow the requirements specified in 2 C.F.R. § 200.332(d) regarding pass-through entities to monitor the activities of subrecipients as necessary to ensure that the sub-award is meeting grant requirements. To aid in this process and mitigate risk, Social Services' approach will include developing annual monitoring plans across divisions, which outline the review process, and reporting the results of the reviews to Executive Management quarterly. Social Services will ensure all divisions are adhering to the established approach for monitoring subrecipients. Specifically, Social Services will work to ensure progress reports from each division are consolidated and provided to Executive Management for review and monitoring of subrecipients. Estimated Completion Date: 6/30/2021</p>
<p>Review Audit for Non-Locality Subrecipients and Communicated Results Timely 2020-075 DSS</p>	<p>Responsible Contact Person(s): Ross McDonald - Director of Compliance Corrective Action Planned: Social Services will ensure non-locality subrecipients are monitored in accordance with all federal requirements. Additionally, Social Services will develop a process to ensure that senior management and other responsible parties are notified timely of the results of the non-locality audit reviews so that prompt and meaningful management decisions can be issued in accordance with federal requirements. Estimated Completion Date: 6/30/2021</p>
<p>Define and Communicate Subrecipient Monitoring Responsibilities 2020-076 DSS</p>	<p>Responsible Contact Person(s): Ross McDonald - Director of Compliance Corrective Action Planned: Compliance will update the Agency Monitoring Plan to define the Compliance Division and Subrecipient Monitoring Lead Coordinator's responsibilities and communicate these subrecipient monitoring responsibilities to divisions to ensure compliance with federal regulations. Estimated Completion Date: 6/30/2021</p>
<p>Improve Controls over Income Verification for the TANF Program 2020-077 DSS</p>	<p>Responsible Contact Person(s): Toni Washington - Director of Benefit Programs Corrective Action Planned: Social Services will work to ensure the implementation of the new IEVS process for local agencies processing TANF applications properly verifies income and is utilized when determining eligibility for TANF. Additionally, Social Services will implement policy and procedures when the legislation is passed requiring background checks of local agency employees who access IEVS. Estimated Completion Date: 12/31/2021</p>
<p>Continue to Improve Controls over SNAP Federal Reporting 2020-078 DSS</p>	<p>Responsible Contact Person(s): Ida Witherspoon-Chief Financial Officer; Toni Washington-Director of Benefit Programs Corrective Action Planned: Finance and Enterprise Business Solutions will continue to ensure that all amounts in the FNS-209 reports are adequately supported. Estimated Completion Date: 12/31/2021</p>
<p>Continue to Improve Controls over TANF Federal Performance Reporting 2020-079 DSS</p>	<p>Responsible Contact Person(s): Ida Witherspoon-Chief Financial Officer; Toni Washington-Director of Benefit Programs Corrective Action Planned: Enterprise Business Solutions will continue to correct system deficiencies to ensure all information submitted in two TANF performance reports is accurate. Estimated Completion Date: 12/31/2021</p>

Report Student Status Enrollment Changes Timely
to National Student Loan Data System
2020-080
VPISU/ID

Responsible Contact Person(s): Rick A. Sparks Jr Associate Vice Provost and University Registrar
Corrective Action Planned: VPISU/ID will implement a post-submission audit of a representative sample to confirm accuracy in program and campus level reporting to NSLDS for graduate status. Based on the results, Management will continue to collaborate with the vendor to identify and implement corrective actions. Given that this issue has impacted a number of institutions who partner with the same vendor, VPISU/ID will also seek to utilize professional organizational membership influence at the third-party servicer to facilitate improvement in NSLDS reporting for known issues.
Estimated Completion Date: 4/30/2022

Continue Following Administrative Code
Requirements for Above-50-Percent Vendors
2020-081
VDH

Responsible Contact Person(s): Paula Garrett (OFHS)
Corrective Action Planned: To refine reporting and reviewing capabilities to allow identification of vendors who make more than 50 percent of their grocery revenue from WIC sales within their first six months of authorization. VDH updated their policy on assessing 50% vendors which includes assessing new vendors within their first 6 months per federal and state policy. VDH also received an approval letter from MARO on the policy.
Estimated Completion Date: 9/30/2020

Continue to Improve Subrecipient Monitoring for
the Opioid Grant
2020-082
DBHDS

Responsible Contact Person(s): Margaret Steele, Director of Adult Community Behavioral Health;
Mike Zohab, SUD Operations Manager
Corrective Action Planned: DBHDS' Division of Community Behavioral Health has begun the process of developing standardized subrecipient monitoring procedures as well as documentation standards for these procedures for the opioid grant to ensure that CSBs are properly following all requirements.
Estimated Completion Date: 4/1/2021

Provide Federal Award Requirements to
Subrecipients
2020-083
DBHDS

Responsible Contact Person(s): Margaret Steele, Director of Adult Community Behavioral Health;
Mike Zohab, SUD Operations Manager
Corrective Action Planned: DBHDS' Division of Community Behavioral Health has begun the process of providing CSBs with the federal requirements attached to their federal awards. Also, DBHDS' Division of Community Behavioral Health is in the process of developing standards to guide subrecipient monitoring over federal award to ensure that DBHDS will be able to properly monitor whether the CSB complies with federal regulations set forth in the contract.
Estimated Completion Date: 4/1/2021

Match Federal Grants with Qualifying State Expenses
2020-084
VSU

Responsible Contact Person(s): Mary Gromovsky - Director of Budget, Policy and Planning (College of Agriculture); Kevin Davenport - VP of Finance Manager of Grants & Contracts (vacant)

Corrective Action Planned: The University and College of Agriculture will implement the following actions to correct this audit finding:

1. Establish a formal review and approval process for all research and extension expenditures to ensure no expenses have been charged from outside of research and extension.
2. Work with NIFA to determine the due dates for repayment of the 2015-2017 under matched expenditures and return all funds within the agreed upon timeframe.
3. The University will continue to work with the College of Agriculture to get back on cycle where the University uses current year state expenditures to match federal awards.

Estimated Completion Date: 12/31/2021

Strengthen Internal Control over Federal Awards
2020-085
DMA

Responsible Contact Person(s): Donald Sutherland - Chief Financial Officer

Corrective Action Planned: Properly classify all expenses to the correct CFDA number. Update policies and procedures to address how DMA allocates costs by program, project, or facility. Maintain a comprehensive master listing of all term contracts. Conduct a data call for all subordinate procurement departments to identify current term contracts, ending dates, renewal dates etc. Develop and enforce an SOP that captures all term contracts and post them to a common location.

Estimated Completion Date: 3/15/2021

Improve Timeliness of Grant Closeout
2020-086
VPISU/ID

Responsible Contact Person(s): Trudy Riley, AVP for Research Innovation Sponsored Programs

Corrective Action Planned: The Office of Sponsored Programs (OSP) will revise the Sponsored Projects Closeout Procedure 30005 to ensure that financial obligations are liquidated timely by the academic departments and institutes to allow the Post-Award Associates sufficient time to comply with the Uniform Guidance closeout requirements. OSP will also revise the University's Cost Transfer policy 3255 to reinforce timely processing of labor and non-labor transfers by the departments. OSP will furthermore socialize the open encumbrances query already available in the system to ensure timely liquidation of available sponsored funds. OSP will also provide training on policy and procedure revision along with the reminders of encumbrance reports.

Estimated Completion Date: 6/30/2021

Ensure Consistent Application of Subrecipient Monitoring Controls
2020-087
DBHDS

Responsible Contact Person(s): Lisa Jobe-Shields, Deputy Director of Community Services

Corrective Action Planned: Subrecipient monitoring policies went into effect July 1, 2020. DBHDS meets quarterly to ensure that all subrecipients are monitored, and continue to improve the controls over time, particularly as pre-existing contracts are correctly classified as subrecipients vs. contractors.

Estimated Completion Date: 7/1/2021

Perform Independent Peer Reviews of Community Mental Health Programs
2020-088
DBHDS

Responsible Contact Person(s): Lisa Jobe-Shields, Deputy Director of Community Services
Margaret Steele, Director of Adult Community Behavioral Health

Corrective Action Planned: A peer review process for MHBG has been initiated. In short, the process that was already used for SABG peer reviews has now been expanded for MHBG as well. The initial reviews will occur during state fiscal year 2022.

Estimated Completion Date: 7/1/2021

<p>Ensure Compliance with National Correct Coding Initiative Technical Guidance Manual 2020-089 DMAS</p>	<p>Responsible Contact Person(s): Chris Foca Division Director Procurement and Contract Management Corrective Action Planned: The Conduent contract under discussion was reviewed and approved by the Center for Medicare and Medicaid Services (CMS) and other external review agencies, including the Office of the Attorney General (OAG), the Virginia Department of General Services (DGS) and the Virginia Information Technologies Agency (VITA), prior to award and execution. The Department of Medical Assistance Services (DMAS) includes Confidentiality language, developed and approved by the OAG, DGS and VITA in all of its contracts. Confidentiality language is also included in the Business Associate Agreement made part of any contract when Personal Health Information or Personal Identifiable Information is expected to be used, stored, and/or transmitted by and between the parties. The Procurement and Contract Management division will work with program staff, including the contract administrator(s), to review specific contractual requirements identified by governing authorities. Any additional requirements identified will be assessed and, as appropriate, follow on actions will be completed. Estimated Completion Date: 6/30/2021</p>
<p>Improve Internal Controls over Financial Reporting 2020-090 DCJS</p>	<p>Responsible Contact Person(s): Albert Stokes, Manager, Grants Management; Mark Fero, Financial Services Manager Corrective Action Planned: DCJS has developed a review process to ensure that similar errors will not occur in the future. The quarterly federal financial reports submitted to the Department of Justice will be reviewed for accuracy and initialed by the preparer. The Manager of Grants Administration will then review and initial the reports. The Division Director of Finance and Administration will ensure compliance with this new process which will be immediately implemented. Estimated Completion Date: 4/16/2021</p>
<p>Submit Required Reports Timely 2020-091 VEC</p>	<p>Responsible Contact Person(s): Trish Williams, Unemployment Insurance Director Corrective Action Planned: Finance hired additional staff in January 2021 who will assist in preparing reports by the deadline. The VEC received confirmation from our ETA regional representative dated January 22, 2021, confirming "all of the missing reports for VA have been submitted and that VA is currently up to date on all reports." The UI Director, Finance Director and EIA Director will communicate quarterly to ensure that all parties have the information necessary to submit the reports as they become due. Estimated Completion Date: 3/31/2021</p>
<p>Monitor Statewide WIOA Grant Program According to Policy 2020-092 VCCS-SO</p>	<p>Responsible Contact Person(s): Grants Administration Manager for WIOA Title I Corrective Action Planned: VCCS will complete a monitoring review through a risk assessment and review of records of sub recipients and issue the final monitoring review report by September 30, 2021. Estimated Completion Date: 9/30/2021</p>