OFFICE OF THE STATE INSPECTOR GENERAL

Annual Follow-up of Previous Findings

Performance Audit Fiscal Year 2022



Michael C. Westfall, CPA State Inspector General Report No. 2023-PA-003



COMMONWEALTH OF VIRGINIA Office of the State Inspector General

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January 20, 2023

The Honorable Glenn Youngkin Governor of Virginia P.O. Box 1475 Richmond, VA 23219

Dear Governor Youngkin,

Under § 2.2-309 [A](10) of the *Code of Virginia*, the Office of the State Inspector General is empowered to conduct performance reviews of state agencies to ensure that state funds are spent as intended and to evaluate the efficiency and effectiveness of programs in accomplishing their purposes. As part of carrying out those responsibilities, OSIG performs follow-up audits on significant items included in its reports to ensure agencies have taken corrective action. OSIG completed a follow-up audit of findings related to performance audit reports where corrective action was scheduled to be completed by June 30, 2022.

OSIG issued no additional findings following its review and recommends agencies continue to implement corrective actions agreed to by agency management. Review of corrective actions that agencies did not implement will be included in the next follow-up audit.

OSIG would like to thank all agencies and staff for their cooperation and assistance during the follow-up audit.

Respectfully,

Michael C. Westfall, CPA State Inspector General cc: The Honorable Jeff Goettman, Chief of Staff to Governor Youngkin

Isabella Warwick, Deputy Chief of Staff to Governor Youngkin

The Honorable Margaret McDermid, Virginia Secretary of Administration

The Honorable Stephen Cummings, Virginia Secretary of Finance

The Honorable John Littel, Virginia Secretary of Health and Human Resources

The Honorable Travis Voyles, Acting Virginia Secretary of Natural and Historic Resources

The Honorable Craig Crenshaw, Virginia Secretary of Veterans and Defense Affairs

Joseph Damico, Director, Department of General Services

Robert Osmond, Chief Information Officer, Virginia Information Technologies Agency

Craig Burns, Commissioner, Virginia Department of Taxation

David Walsh, Internal Audit Director, Virginia Department of Taxation

Richard Mitchell, Commissioner, Department for the Blind and Vision Impaired

Cheryl Roberts, Director, Department of Medical Assistance Services

Susan Smith, Internal Audit Director, Department of Medical Assistance Services

Dr. Danny Avula, Commissioner, Department of Social Services

Matthew Wells, Director, Department of Conservation and Recreation

Eric Surratt, Internal Audit Director, Department of Conservation and Recreation

Jamie Green, Commissioner, Marine Resources Commission

Ryan Brown, Director, Department of Wildlife Resources

Daniel Gade, Commissioner, Department of Veterans Services

Staci Henshaw, Auditor of Public Accounts

Annual Follow-up of Previous Findings

What OSIG Found

Agencies Implemented Most Corrective Actions or Made Advancements

Agencies implemented corrective actions or were making progress on the implementation of corrective action for 52 of 57 findings. All outstanding actions have been fully implemented for the following audits:

- Department for the Blind and Vision Impaired Virginia Enterprise Business Program Performance Audit.
- Department of Medical Assistance Services Health and Human Resources Subrecipient Monitoring Performance Audit.
- Department of Conservation and Recreation Conservation Easements Performance Audit.
- Department of Taxation Conservation Easements Performance Audit.
- Department of Veterans Services Virginia Transition Assistance Program Performance Audit.
- Virginia Information Technologies Agency Commonwealth of Virginia's Cybersecurity Program Performance Audit.

For 11 of the 57 findings, the Department of Conservation and Recreation, Department of Wildlife Resources and the Department of Social Services submitted new corrective action plans in response to findings in their performance audits. A combination of environment changes and turnover have contributed to these new corrective action plans being submitted.

One Entity Did Not Implement Corrective Actions

The Department of Social Services did not provide documentation to validate management's response or declined to implement sufficient corrective action for five of its findings.

OSIG provides additional details for the entities in the Audit Results section of this report. For findings not corrected as of June 30, 2022, management has revised completion dates from October 2022 to June 2023. We encourage agencies to continue implementing corrective action on findings issued by OSIG.

January 2023

HIGHLIGHTS

Why OSIG Performed This Audit

OSIG conducted this audit to report on the status of agencies implementing recommendations from earlier audit reports.

Potential Impact of Audit

Much of the benefit from audit work is not in the findings reported or the recommendations made, but in their effective resolution. When OSIG completes audit work and issues recommendations, the aim is to improve the way the Commonwealth serves its citizens. The intention of OSIG's follow-up audits is to work with management to verify that their agencies have addressed identified issues.



For more information, please contact OSIG at 804-625-3255 or www.osig.virginia.gov.

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BACKGROUND

As part of the audit process, OSIG provides recommendations to state agencies to address risks identified during performance audits. OSIG offers audited agencies the opportunity to concur or not concur with its recommendations and provide a written response to the audit findings and recommendations prior to finalizing the audit report. Agencies have the responsibility to ensure timely implementation of audit recommendations through development of corrective action plans that address what OSIG recommends. In the audit process, OSIG uses audit recommendations tracking as an integral part of monitoring the implementation status of audit recommendations. This provides OSIG with a vehicle to gather feedback and communicate on the status of the audit recommendations with the Governor and the audited agencies.

SCOPE

The follow-up audit scope covered outstanding audit findings as of June 30, 2022. The scope did not include all findings previously reported by OSIG, only those that OSIG identified as being of high risk, where failure to implement corrective action would result in a failure of the process that would have an effect on or result in agency management not achieving goals.

OBJECTIVE

The objective of this follow-up audit was to report on the progress of agencies to ensure that management has effectively implemented corrective actions or that senior management has accepted the risk of not taking action.

METHODOLOGY

OSIG conducted this follow-up audit in accordance with generally accepted government auditing standards. Those standards require that OSIG plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for the findings and conclusions based on the audit objectives. OSIG believes that the evidence obtained provides a reasonable basis for the findings and conclusion based on the audit objective.

To accomplish the audit objective, OSIG performed the following:

- Obtained the list of corrective actions due to be completed on or before June 30, 2022.
- Assessed relevant corrective actions and selected those identified needing further evaluation.
- Notified agencies whose corrective actions would be included in the follow-up audit.
- Corresponded with agency points of contact by email, virtual meetings or telephone interviews to obtain the status of their corrective actions.

- Requested and obtained documentation in support of corrective action progress made by agencies.
- Evaluated information obtained related to the corrective action status and assigned a
 disposition of action in progress, action complete or action not implemented, and
 obtained updated estimated completion dates where applicable.

AUDIT RESULTS

The tables in the exhibits below detail the status of outstanding audit recommendations as of June 30, 2022. The tables categorize corrective actions as either implemented, in progress or not implemented. Corrective actions have been fully implemented for the following audits:

- DBVI Virginia Enterprise Business Program Performance Audit.
- DMAS Health and Human Resources Subrecipient Monitoring Performance Audit.
- DCR Conservation Easements Performance Audit.
- TAX Conservation Easements Performance Audit.
- DVS Virginia Transition Assistance Program Performance Audit.
- VITA Commonwealth of Virginia's Cybersecurity Program Performance Audit.

For entities that altered their corrective action plan, OSIG provides additional information as follows:

- 2019-PA-002 Health and Human Resources Subrecipient Monitoring Performance Audit:
 - As reported in the <u>prior year report</u>, VDSS had not progressed in its corrective action plan. OSIG agreed to a more current corrective action plan that was submitted on October 15, 2021. OSIG conducted follow-up on the new plan and concluded that VDSS is not progressing in its corrective action for five of the nine outstanding findings from the audit. The VDSS Commissioner was formally notified on August 25, 2022, of the ongoing concerns at VDSS. In response to that letter, the Commissioner indicated that VDSS was working on a solution that would address many of the concerns. OSIG offered to meet to discuss this situation prior to the issuance of OSIG's Annual Follow-up Report; however, no further communication has been provided by VDSS.
- <u>2021-PA-002 Natural Resources Law Enforcement Recruitment Performance Audit:</u>
 - O DWR, DCR and MRC collaborated and concluded that a shared recruiter for law enforcement would not be feasible because of the differences in work. Alternate plans and related actions have taken place to ensure these findings are addressed.
 - DCR has provided OSIG with a new corrective action plan, where several of the
 actions have changed significantly. DCR has provided alternate courses of action
 to address the other issues. OSIG intends to follow up on these as part of next
 year's follow-up project.

Progress on MRC's correction action was delayed due to significant turnover.
 MRC has demonstrated a focus on addressing the issues. OSIG will follow up on MRC's status in next year's follow-up project.

EXHIBIT 1 - Audit Reports with Corrective Actions Implemented

| Agency | Report ID & Date | Finding Number & Title | Implementation Date |
|--|--|---|------------------------|
| Department for the Blind and Vision Impaired | 2021-PA-004 Virginia Enterprise Business Program Performance Audit February 24, 2021 | 01.1 - Waiver Notification Documentation Not Adequate | 6/14/2022 |
| | | 02.1 - Oversight of Vendor Operator Financials Was Not Provided | 6/14/2022 |
| | | 03.1 - Documentation to Support the Determination of Set-Aside is Not Maintained | 6/14/2022 |
| | | 04.1 - Contract with Nominee Does Not Include all Services Performed | 6/14/2022 |
| | 2021-PA-006 Conservation Easement/Land Preservation Tax Credit Program Performance Audit June 23, 2021 | 01.1 - Quality of Conservation in Tax Credits Below \$1 Million - DCR | 1/11/2023 |
| | | 02.1 - Reduced Tax Credits - DCR | 1/11/2023 |
| | | 03.1 - Easement Monitoring - DCR | 1/11/2023 |
| | | 03.2 - Easement Monitoring - DCR | 1/11/2023 |
| Department of Conservation and Recreation | | 04.1 - Conservation Purpose - DCR | 1/11/2023 |
| | | 05.2 - Subdivided Property - DCR | 1/11/2023 |
| | 2021-PA-002 Natural Resources Law Enforcement Diversity in Hiring and Recruitment Performance Audit August 19, 2020 | 1A.1 - Corrective Action for Need for A Collaborative Diversity Strategy - DCR | 9/28/2022 |
| | | 1A.2 - Corrective Action for Need for A Collaborative Diversity Strategy - DCR | 10/6/2022 |
| | | 2B.1 - Corrective Action for Involve NRLE Officers More to Enhance Community Engagement - DCR | 10/6/2022 |
| | | 3A.1 - Corrective Action for Establish and Improve Diversity and Inclusion Strategic Plans - DCR | 8/31/2021 |

| | | 3A.2 - Corrective Action for Establish and Improve Diversity and Inclusion Strategic Plans - DCR | 9/28/2022 |
|--|--|--|------------|
| | | 3C.1 - Corrective Action for Focus on Future Interest in NRLE Careers - DCR | 8/29/2022 |
| | | 4A.1 - Corrective Action for Expand Recruitment to Reach Diverse Populations - DCR | 1/1/2021 |
| | | 4B.1 - Corrective Action for Evaluate and Modify Hiring Practices -DCR | 10/7/2022 |
| | | 5A.1 - Corrective Action for Collect and Analyze NRLE Employment Data - DCR | 8/29/2022 |
| Department of General Services | 2022-PA-004 Removal of Commonwealth Data from Electronic Storage Performance Audit June 23, 2022 | 03.1 - Unapproved Vendor - Corrective Action | 8/29/2022 |
| Department of Medical | 2019-PA-002 Health and Human Resources | 03b.1 - DMAS Corrective Action to Medicaid Program Performance Metrics | 12/16/2021 |
| Assistance Services | Assistance Subrecipient Monitoring Performance Audit | 07b.1 - DMAS Corrective Action to Subrecipient Monitoring Results | 12/16/2021 |
| | Department of Taxation 2021-PA-006 Conservation Easement/Land Preservation Tax Credit Program Performance | 04.2 - Conservation Purpose - TAX | 6/22/2022 |
| - | | 05.1 - Subdivided Property - TAX | 10/27/2022 |
| | Audit June 23, 2021 | 05.2 - Subdivided Property - TAX | 9/22/2022 |
| Department of Veteran Services | 2021-PA-001 Virginia Transition Assistance Program Performance Audit July 21, 2020 | 02.1 - Corrective Action for Outdated Performance Metric Methodology | 6/30/2022 |
| Department of Wildlife Resources | 2021-PA-002 Natural Resources Law Enforcement Diversity in | 1A.1 - Corrective Action for Need for A Collaborative Diversity Strategy - DWR | 10/6/2022 |

| | Hiring and Recruitment Performance Audit April 30, 2019 | 2C.1 - Corrective Action for Better Involvement of External Partners to Enhance Community Engagement - DWR | 4/27/2022 |
|-----------------------------------|--|---|------------|
| | | 3C.1 - Corrective Action for Focus on Future Interest in NRLE Careers - DWR | 4/27/2022 |
| | | 4A.1 - Corrective Action for Expand Recruitment to Reach Diverse Populations - DWR | 4/27/2022 |
| | | 03a.1 - VDSS Corrective Action to Medicaid Program Performance Metrics | 12/16/2021 |
| Department of | 2019-PA-002 Health and Human Resources Subrecipient Monitoring Performance Audit April 30, 2019 | 05a.1 - VDSS Corrective Action to Cover Virginia/Central Processing Unit | 4/13/2022 |
| Social Services | | 07a.1 - VDSS Corrective Action to Subrecipient Monitoring Results | 12/16/2021 |
| | | 09.1 - Corrective Action for Coordination with Other State Agencies | 11/16/2021 |
| Marine Resources Commission | 2021-PA-002 Natural Resources Law Enforcement Diversity in Hiring and Recruitment Performance Audit April 30, 2019 | 1A.1 - Corrective Action for Need for A Collaborative Diversity Strategy - MRC | 10/6/2022 |
| | | 2A.2 - Corrective Action for Prioritize Investments in Community Engagement - MRC | 9/30/2022 |
| | | 2D.1 - Corrective Action for Better Coordinate Community Engagement Events - MRC | 2/1/2021 |
| | | 4A.1 - Corrective Action for Expand Recruitment to Reach Diverse Populations - MRC | 9/30/2022 |
| | | 5A.1 - Corrective Action for Collect and Analyze NRLE Employment Data - MRC | 9/30/2022 |
| | | 5A.3 - Corrective Action for Collect and Analyze Employment Data - MRC | 10/30/2022 |

| | 2018-PA-003 The | | |
|--------------|--------------------------|------------------------------------|-----------|
| Virginia | Commonwealth of | | |
| Information | Virginia's Cybersecurity | 03.1 - Funding for Security Audits | 9/15/2021 |
| Technologies | Program Performance | 03.1 - Funding for Security Audits | 9/13/2021 |
| Agency | Audit | | |
| | June 29, 2018 | | |

EXHIBIT 2 - Audit Reports with Corrective Actions in Progress

| Agency | Report ID & Date | Finding Number & Title | Current Due Date |
|---|---|--|---------------------|
| | 2021-PA-002 Natural Resources Law Enforcement Diversity in Hiring and Recruitment Performance Audit August 19, 2020 | 1A.3 - Corrective Action for Need for A Collaborative Diversity Strategy - DCR | 6/30/2023 |
| | | 2A.1 - Corrective Action for Prioritize Investments in Community Engagement - DCR | 6/30/2023 |
| Department of Conservation and Recreation | | 2C.1 - Corrective Action for Better Involvement of External Partners to Enhance Community Engagement - DCR | 6/30/2023 |
| | | 2D.1 - Corrective Action for Better Coordinate Community Engagement Events - DCR | 6/30/2023 |
| | | 3B.1 - Corrective Action for Collect Evidence on Outreach Events to Enhance Future Programming - DCR | 6/30/2023 |
| Department of Wildlife Resources | 2021-PA-002 Natural Resources Law Enforcement Diversity in Hiring and Recruitment Performance Audit August 19, 2020 | 2A.1 - Corrective Action for Prioritize Investments in Community Engagement - DWR | 4/28/2023 |
| | | 2B.1 - Corrective Action for Involve NRLE Officers More to Enhance Community Engagement - DWR | 4/30/2023 |
| | | 2D.1 - Corrective Action for Better Coordinate Community Engagement Events - DWR | 10/31/2022 |
| | | 3B.1 - Corrective Action for Collect Evidence on Outreach Events to Enhance Future Programming - DWR | 6/30/2023 |
| | | 4B.1 - Corrective Action for Evaluate and Modify Hiring Practices - DWR | 6/30/2023 |

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| | 5A.1 - Corrective Action for Collect and Analyze NRLE Employment Data - DWR | 6/30/2023 |
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EXHIBIT 3 - Audit Reports with Corrective Actions Not Implemented

| Agency | Report ID & Date | Finding Number & Title |
|----------------------------------|--|---|
| Department of Social Services | 2019-PA-002 Health and Human Resources Subrecipient Monitoring Performance Audit April 30, 2019 | 01.1 - Corrective Action for Medicaid Subrecipient Monitoring Process Oversight |
| | | 02.1 - Corrective Action for Locality Corrective Plans |
| | | 04.1 - Corrective Action to Job Transition |
| | | 06.1 - Corrective Action for Information Bridging Between VaCMS and MMIS |
| | | 08.1 - Corrective Action for Medicaid Subrecipient Monitoring Process Methodology |