



Fairfax County Internal Audit Office

Department of Family Services — General Relief and
Refugee Cash Assistance
18-10-06 DFS Financial and Medical Services Audit
Final Report
January 2020

"promoting efficient & effective local government"

Executive Summary

The Department of Family Services (DFS), Self-Sufficiency Division operates various assistance programs for Fairfax County residents including the General Relief (GR) program and the Refugee Cash Assistance (RCA) program. The GR program has a child and an adult component. The child part is called *GR Unattached Child* which provides assistance for unattached children (i.e., children not residing with relatives), and is financed through State (62.5%) and local (37.5%) funding. The adult part serves temporarily disabled individuals, individuals in institutional care, and interim assistance (permanently disabled individuals applying for Supplemental security income (SSI)) and is 100% funded with local dollars. The RCA program provides a monthly grant to eligible populations (e.g., refugees, asylees, victims of human trafficking, etc) for up to 8 months from their date of entry into the USA, to assist in their economic and social adjustment. This is a 100% federally reimbursed program, and the States' Plan certifies the Commonwealth of Virginia refugee service delivery follows the federal requirements with the Virginia Refugee Resettlement Program (VRRP).

DFS Self-Sufficiency utilizes various software applications to help them manage their business operations. Subsequent to our audit, DFS replaced Prodagio with Open-Text as the system of recordation. As such, we passed on further investigating any potential issues related to Prodagio. Also, while some of the systems reviewed as part of this audit are nearing the end of their useful life, ensuring strong internal controls over the IT systems will reduce the risk of errors being introduced into the new systems.

Our audit was performed to assess the design and operational effectiveness of the program internal controls supporting operational processes by determining whether they supported the company's objectives and could effectively prevent or detect errors. We found that GR and RCA management had in-depth knowledge of the processes. However, we noted the effectiveness of program controls were impaired by weaknesses in the internal control design and operation. We recommended the following for DFS Self-Sufficiency to strengthen internal control effectiveness:

- Correct four identified payment errors and, if possible, pay the \$660 underpayment and recoup the \$1,489 in total overpayments.
- Update procedures for the RCA and Local GR Guidance Manual to:
 - Clarify that staff must always use the VDSS Evaluation of Eligibility form for application assessments;
 - Create a formal process for approving key policy updates, tracking changes, and retaining previous versions of the policy;
 - Perform a review to determine all practices and policies are formally documented;
 - Document detailed requirements on how all forms need to be completed for new and renewal applications; and
 - Require staff to enter the date an application was received into Harmony to ensure an accurate Caseload for Worker Report for monitoring the timeliness of application processing.

- Re-educate and reinforce with Self Sufficiency staff the following:
 - VDSS, VRRP, and Local GR and RCA time standards for processing applications (new and renewal), closing cases, and obtaining required supporting forms;
 - Requirements to send an Advanced Notice of Proposed Action when assistance is terminated and to evidence the notice was sent;
 - Requirement to perform a secondary review; and
 - The importance of updating Harmony with key dates and reasons a case is denied and/or closed.
- Formalize a documentation retention plan to track General Relief Plans submitted and approved by the EAE.
- Consider strengthening weekly one-on-one meetings by providing feedback to staff on the quality of their work.
- Develop a process to provide a manual secondary review of closed cases and changes to a client's payment address, and, for any future systems, document the systems' fields including a description and their source in the system.
- Develop a user access policy that, at a minimum, defines: the proper access to GR and RCA, client information; the proper roles to manage benefit payments in Harmony; and, the frequency for evaluating staff and management access.
- Develop an information security procedure that at a minimum defines who should have access to modify and change the Verification Matrix and established read/view only access for users of the file.

Scope and Objectives

This audit was performed as part of our fiscal year 2018 Annual Audit Plan and was conducted in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. This audit covered the period July 2017 through June 2018 (FY2018). The objectives of the audit were to obtain an understanding of the general process for managing the GR and RCA Program and to determine if:

- Accurate information was used or entered when applying for aid or performing re-certifications.
- Satisfactory staff performance of procedural certification requirements was accomplished.
- Sufficient management oversight was performed to ensure timeliness and accuracy of claims.
- Appropriate staff training for processing applications was provided.
- Effective and efficient processes for monitoring programs and caseloads were in place.
- Proper internal controls for funding and programs were established.
- Compliance with local, state and federal funding regulations were achieved.

Methodology

Our audit methodology included a review of the **Virginia Department of Social Services' (VDSS) General Relief Guidance Manual (GR Manual)**, **Local GR Guidance Manual**, and the **Virginia Refugee Resettlement Program Manual (VRRP Manual)**, which includes the requirements for determining a client's eligibility for the GR and RCA program. We interviewed DFS Self-Sufficiency management and staff to determine their level of understanding of the case management process for the GR and RCA program, and their knowledge of the state and local eligibility requirements. We also interviewed DFS's IT group to determine if system access was properly secured and monitored.

Based on the understanding we obtained from our documentation review and interviews, we defined potential exceptions to program criterion, such as, applications being completed after the required time standard. Then, we obtained data extracts from Harmony and performed data analytics to identify new applications, renewals, and benefit terminations which were potential exceptions to the program criterion. When the sub-population was less than or equal to 5, we tested 100% of the cases. However, when the sub-population was greater than 5, we performed a judgmental sample. Also, other data analytics were performed in which we followed-up on the results via inquiry rather than detail testing.

The Fairfax County Internal Audit Office (IAO) is free from organizational impairments to independence in our reporting as defined by Government Auditing Standards. We report directly and are accountable to the County Executive. Organizationally, we are outside the staff or line management function of the units we audit. We report the results of our audits to the County Executive and the Board of Supervisors, and IAO reports are available to the public.

Findings, Recommendations, and Management Response

A. The following issue demonstrated errors in assistance benefits paid:

1. Improper Assistance Payments

For GR and RCA we noted four improper assistance over/under payments made to clients:

- GR (#3-New applications) – A client was approved for monthly assistance payments effective November 2017. The actual assistance payments started in February 2018 and did not include a retroactive payment of benefits for the period of November 2017 - January 2018 resulting in a \$660 under payment.
- RCA (#7-New applications) – A client was paid assistance benefits starting in April 2017 when refugee asylee status was granted. However, the effective date for refugee benefit payments should have been when the assistance application was

received, which was August 2017. The client's *period of coverage* for benefits was August 2017 - November 2017, but assistance was paid from April 2017 - November 2017 resulting in a \$1,022 over payment.

- RCA (#17- Closed) – A client was erroneously paid assistance benefits at a GR rate which was lower than the applicable RCA rate. In addition, the client received payments three months beyond the eligibility window. The eligibility window was November - June, but they were paid from December - September resulting in a \$120 over payment.
- RCA (#9- New applications) – A client was paid assistance benefits one month beyond the eligibility period resulting in a \$347 over payment.
- Finally, RCA (#2- Closed) – There was an error in the timing of payments to an RCA client. The client was paid assistance benefits from November 2016 to July 2017 which was one month after their eligibility period. However, the December 2016 payment was not made so there was no over payment of benefits due to the skipped payment.

Overall, for both programs, DFS Self Sufficiency was not in compliance with the **Local GR Guidance Manual** and the **VRRP Manual**, which are the respective program guidance. We noted that new applications and changes in payments were not subject to a secondary review for accuracy. We found the **Local GR Guidance Manual** did not specifically state when entitlement begins, however, it stated, "*the State's GR Program manual will be the default program guide for items not covered by local policy.*" Per the **GR Manual**, "*entitlement shall begin no later than the first day of the month following the month of application.*"

In addition, per the **VRRP Manual** (Chapter 3), "*there is an eight-month time limit on the receipt of RCA...The period of coverage begins on the first day of the month in which the refugee submits the Application of Benefits. There are no retroactive payments back to the date of entry into the U.S.*" In respect to RCA cash payment amount, "*the correct amount for that program should be used.*"

Eligible clients either received less or more assistance benefits than they were entitled. GR and RCA assistance program expenses were over or under spent. The improper payments were caused by staff's inadequate review, misunderstanding of policy, and/or lack of management review.

Recommendation: DFS Self Sufficiency should assess if they can still make a payment to compensate the GR client for the \$660 underpayment, and if they can recoup the over-paid amounts to the RCA clients. If so, action should be taken. Then, policies or standard operation procedures should be updated to include sufficient detail regarding eligibility dates and the requirement of a documented secondary approval for new applications or changes to payment and/or payment address. DFS Self Sufficiency should ensure that all staff have a proper understanding of program requirements through training and reinforcing policy.

Management Response: DFS Self-Sufficiency management acknowledges an opportunity to improve in this area. In December 2019, DFS Self-Sufficiency sent all the overpayments identified in the audit to Fraud/Collections and corrected the underpayment. DFS Self Sufficiency management will update all staff and supervisors at a Post Audit Debrief training on effective dates and time limits for payments. The anticipated completion date is March 31, 2020.

Note: IAO confirmed that the overpayments had been referred for collection. Follow-up will not be needed on the overpayments

B. Compliance to GR and RCA program requirements:

2. Untimely Processing of New Applications and Benefit Terminations

We noted eight GR new applications and four RCA benefit terminations were not processed in accordance with state and /or local time standard (i.e., 45 days to process an application per State (**GR Manual**); 10 days to obtain an Authorization release form after approval per a tip sheet created by DFS Self-Sufficiency; 8-months expiration date on RCA cases per **VRRP Manual**).

- Six GR applications did not have eligibility reviewed in a timely manner.

Eligibility Determination	Days Late
Approved	49
Approved	63
Approved	149
Denied	51
Denied	206
Denied	250

- One GR application did not have the required *Authorization for Release of SSI check* obtained until 5 days after due date
- One GR application was noted as not having an *Authorization for Release of SSI check* form until 3 months after due date.
- Three RCA client benefits were terminated late (i.e., two were 1 month late and one was 3 months late). As these terminations were late, two resulted in over payments, see finding #1.
- One RCA case had a timely stopped payment but was not closed in the system as of our review. For more detail, see finding #11.

The **Local GR Guidance Manual** does not specify the time standard for processing an application. Per the **Local GR Guidance Manual**, “the State’s GR Program manual will be the default program guide for items not covered by local policy.” Per the **GR Manual**, effective for the instances mentioned above, “the time standard for taking action to grant or deny General Relief maintenance is 45 days following the date of application.”

The **Local GR Guidance Manual** is also silent as to when an *Authorization for Release of SSI Check* should be obtained. DFS Self Sufficiency staff informally noted in their tip sheet that an *Authorization for Release of SSI Check* should be obtained within 10 days after approval; however, the **GR Manual** mentions “*if the form is not completed, eligibility for GR will not exist.*” DFS Self Sufficiency needs to determine whether they wish to follow the State’s guidance or their tip sheet. For more detail, see finding #7. Per the **VRRP Manual**, benefits should be terminated eight months after the date the asylee refugee status was granted.

Untimely review of new applications; confirming receipt of required forms; and, terminating benefits increases the likelihood of delaying a payment to a client in need; creating difficulties in obtaining re-payment from the SSA; and, over-paying a client. Additionally, not completing required processing by stated deadlines does not comply with the **GR Manual**, thereby, increasing the risk of withdrawn funding. Staff’s inadequate review and insufficient management review led to non-timely processing of applications, benefit terminations, and acquisition of required forms.

Recommendation: DFS Self Sufficiency management should reinforce with staff the State and Local time limits for applications, closing cases, and obtaining required forms with supervisors and staff. Also, to prevent and timely detect missed deadlines, as mentioned in finding #6, DFS Self Sufficiency should implement a secondary review of the support when determining eligibility for new applications and when closing a case due to an ad-hoc change (i.e., a status change reported by the client due to circumstances unrelated to the intake or renewal process) or failing a renewal. Additionally, as discussed in finding #9, DFS Self Sufficiency should improve their monitoring control report, *Caseload for Worker Report*.

Management Response: DFS Self-Sufficiency management understands the responsibility to establish, maintain, and monitor internal control systems and acknowledges an opportunity to improve processes related to timely processing. DFS Self-Sufficiency management will update all staff and supervisors at a Post Audit Debrief training on timeliness standards; secondary review requirements for workers; and, what supervisors should be looking for when reviewing work. The anticipated completion date is March 31, 2020.

3. Incorrect Evaluation Form used for Eligibility Determination

We noted 3 of 6 GR and 3 of 3 RCA new applications for which evaluation forms were not properly completed.

- 3 GR applications had an ADAPT form rather than the local and state required *Evaluation of Eligibility Form* completed.
- 3 RCA applications did not have an evaluation form completed.

The **Local GR Guidance Manual** and the **GR Manual** stipulated that staff must use state forms such as the *Evaluation of Eligibility Form* when determining eligibility. When assessing RCA applicants, per DFS Self Sufficiency management and as a best practice with other State programs, the *Evaluation of Eligibility Form* should be

used. Not using the proper form when determining eligibility increases the risk of an incorrect eligibility determination being made and undetected errors. In addition, inefficiencies for supervisory review and assessing appealed cases are created. The required form was not used due to staff's use of a form that was not as thorough as the required form; lack of management review; and local RCA policy/procedures ambiguity regarding the proper form to use. Neither the **VRRP Manual**, nor DFS's Self Sufficiency procedures mentioned staff must use the State's *Evaluation of Eligibility* form for RCA cases.

Recommendation: DFS Self Sufficiency should update their procedures for RCA and to clarify that staff must use the **GR Manual's** *Evaluation of Eligibility* form for GR or RCA application assessments and reinforce this requirement with staff. In addition, the performance of a secondary review of new eligibility cases will confirm that the correct evaluation form was used. See related finding #6.

Management Response: DFS Self-Sufficiency management acknowledges the opportunity to improve. DFS Self-Sufficiency management will update all staff and supervisors at a Post Audit Debrief training on the state evaluation form requirement including how complete and well documented the evaluation needs to be. The anticipated completion date is March 31, 2020.

4. Advance Notices of Proposed Action Required by Policy Were Not Sent

Two GR case benefits were terminated without sending an *Advanced Notice of Proposed Action* to the client. In one case, only a *Notice of Action* for TANF was sent indicating the client was approved for TANF, but no *Advanced Notice of Proposed Action* was sent indicating the client's GR benefits would be terminated. In the other case, no *Advanced Notice of Proposed Action* was on record, therefore, we were unable to ascertain if a notice was sent. The **GR Manual** states that "*an Advanced Notice of Proposed Action must be sent to recipients to terminate assistance when the case is determined to be ineligible or the recipient withdraws.*" Not providing a client formal notice of changes to their program makes the County non-compliant with the State's requirement for notification. Additionally, program participants may be caught unaware of their program status and the termination of their assistance benefits. *Advanced Notices of Proposed Action* were not sent due to staffs' error.

Recommendation: DFS Self Sufficiency should reinforce with staff the requirement that *Advanced Notices of Proposed Action* must be sent when assistance is being terminated and evidence that the notice has been created and sent must be retained.

Management Response: DFS Self-Sufficiency management acknowledges the opportunity to improve. DFS Self Sufficiency management will update all staff and supervisors at a Post Audit Debrief training on when policy requires an advanced notice of proposed action be sent to the customer; the requirement that the record contains proof of notice; and, the requirement of a secondary reviewer to check that required notices are maintained in the case file in accordance with policy. The anticipated completion date is March 31, 2020.

5. General Relief Plan Not Retained

DFS Self Sufficiency was unable to provide the General Relief Plan effective for 7/1/17-3/1/18, which pertains to most of our audit scope period. The plan provided was effective as of 3/1/18, which pertained to only four months of our audit scope period. Per the **GR Manual**, localities must complete and submit for approval to the EAE unit, Division of Benefit Programs, VDSS, a General Relief Plan which details how the GR Program will operate in the County. Not maintaining documentation of previous approved General Relief Plans fails to provide a historical audit trail of policy guidance to use if past transactions are disputed. The General Relief Plan was not retained due to staff and management lacking a process for retaining the documents.

Recommendation: DFS Self Sufficiency should establish its own formal document retention policy to track submitted and approved General Relief Plans. The policy should define who is responsible and how the process will be implemented including retaining submitted General Relief Plans and evidence of EAE's approval.

Management Response: DFS Self-Sufficiency management has taken action to assign responsibility for this process. A GR plan formal retention policy to retain plans by date is now in place by our QA team. All changes will be tracked on a spreadsheet and updated plans stored in the QA Folder. Additionally, DFS Self-Sufficiency management will update Standard Operating Procedures (SOPs) to include written guidance on the retention plan. The anticipated completion date is March 31, 2020.

Note: IAO was aware that a formal retention policy for GR plans was implemented during the audit. IAO will follow up after sufficient time has passed to be able to determine that the process is consistently applied.

C. Control Weakness and Gaps Over the GR and RCA Program Case Management Process:

6. No Secondary Approval of Eligibility Determination for GR and RCA Applications

For the seven cases (4 GR and 3 RCA) sampled for testing the proper approval of applications approved for benefits, no secondary review of eligibility determinations was performed. In addition, we were unable to determine if staff performed a proper eligibility review for two of the GR and all three of the RCA cases (See finding #3). Also, for one of the GR applications, documentation not identified on the program verification matrix and in program guidance was used to support the eligibility determination without documented authorization for the exception to program guidance.

Per discussion with DFS Self Sufficiency management, secondary reviews were expected to be performed on program applications processed during the audit scope period. In other DFS Self Sufficiency financial assistance programs, secondary reviews were performed on eligibility determinations to decrease the likelihood of error

or not completing certain local/state requirements. The lack of secondary review performance increases the risk of not detecting an error in eligibility determination. Also, a secondary review would detect if documentation used to support eligibility conclusions are not in compliance with documentation identified in the program Verification Matrix or other acceptable guidance. Secondary reviews of eligibility determination were not performed as expected.

Recommendation: DFS Self Sufficiency should reinforce the practice of a secondary review with staff. Policies or procedures should be updated to include clearly identified roles, expectations, and specific review procedures required for staff; and the requirement of a secondary review and approval process. Supervisors should formally approve any documentation used to support eligibility determination that is different from what is specified in the program verification matrix or other program guidance.

Management Response: Corrections in this area have already been implemented and will continue to be reinforced to prevent future occurrences. The sample reviewed as part of the audit was older. Just prior to the audit, DFS Self Sufficiency management sent out clarification to staff that all the Harmony payments require second review. DFS Self Sufficiency will reinforce to all staff and supervisors at a Post Audit Debrief training the secondary requirement; review requirements for workers; and, what the supervisor should be looking for in work reviews. The anticipated completion date is March 31, 2020.

Note: IAO was made aware of the communication and reinforcement of the requirement for a secondary review during the audit. IAO will follow up after sufficient time has passed to be able to review enough transactions to determine that the process is consistently applied.

7. Incomplete Local Policy and/or Procedures

The **Local GR Guidance Manual** and/or Self-Sufficiency Caseload Management SOPs were missing key policy requirements and clarifications supporting program practices when guidance from the **GR Manual** or **VRRP Manual** were unclear. In addition, there was no formal process for approving key policy updates; tracking policy changes; and retaining previous versions of department policy documents.

There was no formal documentation requiring or clarifying the following:

- Supervisor/Senior Worker's required review of the case and approval in Harmony for new applications, and payment changes including address changes and amounts for both GR & RCA programs
- Defined start dates for processing timeframes for both GR & RCA new and renewal applications
- Requirement to use the State *Evaluation of Eligibility Form* for the RCA program
- Policy to leverage the requirements in Temporary Assistance for Needy Families (TANF) when the **VRRP Manual** is silent on acceptable documentation to confirm certain eligibility requirements. And, if TANF is silent, using the requirements in Supplemental Nutrition Assistance Program (SNAP).

- Due date for obtaining an *Authorization for Release of SSI Check* for new and renewal GR applications. There was a contradiction between the DFS Self Sufficiency 's tip sheet and the **GR Manual**. DFS Self Sufficiency noted in their tip sheet that an *Authorization for Release of SSI Check* should be obtained within 10 days after approval. However, the **GR Manual** states, "if the form is not completed, eligibility for GR will not exist."
- Management of GR and RCA assistance payments that need to be cancelled due to recent information disqualifying the client. When inquiring DFS Self-Sufficiency management and staff on identifying the last day payment changes can be made (e.g., cancel, modify amount, etc), they were unaware.
- Handling and reporting procedures for the actual physical cancelled or returned check. Per the DFS Finance group, there was no formal documented process for the handing of cancelled checks including how and when the DFS program staff should notify DFS Finance.
- Applicability of state guidance for GR program entitlement start dates. The policy is not clear whether staff should follow the previous **GR Manual** guidance for entitlement (i.e., entitlement begins no later than the first day of the month following the month of application) or the new guidance provided in March 2018 (i.e., entitlement begins the first of the month in which the application was received).
- Effective date and evidence of management's approval of the **Local GR Guidance Manual**.

Staff should have access to policies and procedures that are accurate and complete to properly complete their work in determining eligibility for financial assistance. Not having updated and complete policy and procedures increases the likelihood of errors and that management's business objectives will not be met as the process is not executed as intended.

Recommendation: DFS Self Sufficiency should develop the guidance that is needed and, then, update the **Local GR Guidance Manual** and/or SOPs for the items mentioned above and perform a review to determine other items that should be included. In addition, DFS Self Sufficiency should create a formal process for approving key policy updates; tracking changes; and retaining previous versions of the policy.

Management Response: DFS Self-Sufficiency management acknowledges the opportunity to improve. DFS Self Sufficiency management will update Standard Operating Procedures (SOPs) to include written guidance on the items noted. For some of the processes listed collaboration will be required to create and put guidance in place. DFS Self Sufficiency management will update all staff and supervisors at a Post Audit Debrief training on the effective dates and time limits for payments. The anticipated completion date is March 31, 2020.

8. Inadequate Supporting Documentation for New Applications, Renewal Applications and Benefit Terminations

We noted inadequate supporting documentation for 11 GR cases that were either reviewed at intake (i.e., new applications), renewal, or close; and, 3 RCA cases reviewed at intake.

- One GR new application was missing responses to questions related to being part of other programs, violation of parole, and other issues. There was no evidence of how these criteria were being considered for the eligibility determination. In addition, the evaluation form did not document how these items were addressed.
- Four GR new applications and one renewal application had documents indicating performance of evaluation procedures, but the evaluation results were not documented on the evaluation form.
- One GR benefit termination lacked documentation to be able to verify the renewal due date. For this unattached child case, per **GR Manual** guidance, the expected renewal dates were 9/30/17 and 2/28/17. However, based on the due date in the renewal letter, DFS Self Sufficiency was working towards a 12/31/17 renewal due date.
- Four GR benefit terminations had incomplete documented reasons for staff reviewing eligibility outside of planned renewal periods. Program staff may periodically receive information on clients such as an individual leaving a treatment center; an individual having an increase in income; or an individual having a change in other assistance. We were unable to determine if benefit terminations were timely and we found inconsistency in staff documenting the information source and the timing of information being received.
- One GR benefit termination had no guidance (i.e., formal policy) as to which date on the *Medical Report for General Relief* should be used in determining the effective date for a medical change. The report included three different fields for dates: Date the physician signs the form (which was used for this benefit termination); Date of Physical Examination; Date of Onset.
- Three RCA new applications lacked documentation considered best evidence for unearned and earned income such as the Virginia Employment Commission (VEC) report and/or SOLQ query results as a SPIDER report was not generated. In addition, there was no support for the changing the client's payment address.
- Additionally, we noted new and renewal GR applications evaluation forms did not include adequate support for evaluation criteria used to determine an applicant's qualification for the program. For example, form fields pertaining to financial resources were left blank making it unclear if the applicant's financial resources were adequately evaluated.

Per discussion with DFS Self Sufficiency, as a best practice, the notations on the *Evaluation Form* and the supporting documentation retained should have enough detail so that another can re-perform the evaluation and determine if the evaluation complies with the State and/or Local requirements. The **Local GR Guidance Manual** states, "*staff will continue to use the appropriate state forms...Evaluation of Eligibility – Use VDSS Evaluation form.*" For RCA, per DFS Self Sufficiency management and as a best practice with other State programs, staff are required to use the appropriate state forms such as the *Evaluation of Eligibility Form*.

Inadequate documentation increases the risk of errors in eligibility determinations and of non-timely benefit terminations; inefficiencies in the supervisory review and assessments of appealed cases; and inadequacy of evidence of work performed. Some documentation was not obtained, and the evaluation form was incomplete due

to staff's inadequate review or misunderstanding of program requirements; lack of management review; and/or the local policy was not clear.

Recommendation: DFS Self Sufficiency should update the GR and RCA local policy/procedure to reflect more detailed requirements for all forms completed for new and renewal applications. The revised policy and procedure should address but not be limited to the topics of: 1) required use of evaluation forms; 2) documentation requirements for events that trigger a client review that results in benefit termination including how and when the event became known; and 3) defining the specific date from the *Medical Report For General Relief* form to use as the effective date of medical changes.

Management Response: In April 2019, the updated Medical Form was approved by the GR Council, the updated form makes it clear that the length of disability is based on the date the doctor is signing the form and therefore making that determination. DFS Self-Sufficiency management will update all staff and supervisors at a Post Audit Debrief training on the need for accurate data entry in Harmony; accurate completion of needed fields for staff; the need for the secondary reviewer to verify accuracy during review; documentation requirements addressing the dates and circumstances of triggering events. The anticipated completion date is March 31, 2020.

Note: *IAO confirmed that the Medical Report for General Relief Form was updated and approved during the audit. No follow-up will be needed on this item.*

9. Caseload for Worker Report Accuracy Impairment

We noted some application dates included in the *Caseload for Worker Report* used to monitor the timeliness of application processing were incorrect due to staff entering erroneous application dates in Harmony. The application date was supposed to be the date application was received, which starts the State's processing time standard. A GR supervisor reviews the *Caseload for Worker Report* to identify applications approaching the required evaluation due date, and if necessary, will follow-up with staff to ensure the applications are processed timely. For two GR applications reviewed, the application dates in Harmony were entered by staff incorrectly. One date was 13 days too early and the other date was 3 days too late.

The *Caseload for Worker Report* requires accurate application dates to be an effective tool in monitoring the timeliness of application processing. An impaired monitoring control increases the likelihood that program management will not follow-up on applications approaching the required evaluation due date and detect applications processed beyond the State's time standard in a timely manner. Harmony had the incorrect application dates because of staff data entry error; lack of supervision; and weaknesses in procedure documentation. Neither the **Local GR Guidance Manual** or *Self-Sufficiency Caseload Management* SOPs specified that staff needed to enter the received date (e.g., stamped/faxed etc) as the application date in Harmony for GR and RCA cases. Additionally, we found the program standard operating procedure (SOP) did not emphasize the importance of entering the date the application was received in Harmony as the application date (See finding #7).

Recommendation: DFS Self Sufficiency should update the *Self-Sufficiency Caseload Management* SOPs to require staff to enter the date an application was received into the application date field in Harmony. The updated guidance should be reinforced with staff. In performing the secondary review recommended at finding #6, supervisors will be able to monitor the staff's accuracy in entering the application date and detect errors in the *Caseload for Worker Report*.

Management Response: DFS Self-Sufficiency management acknowledges the opportunity to improve. DFS Self-Sufficiency management will update all staff and supervisors at a Post Audit Debrief training on the accurately recording dates; secondary review requirements for workers; and, what the supervisor should be looking for in work reviews. The anticipated completion date is March 31, 2020.

10. Inadequate Quality Review Process

We found results from quality reviews performed of the GR and RCA program were not shared. The quality reviews are performed to verify the level of accuracy in staff work. Per discussion with DFS Self Sufficiency management for Quality Assurance and Compliance, when there was a change to GR or RCA policy, quality reviews were performed to assess adherence to changes, but no feedback or statistics indicating if staff successfully adjusted to the changes was retained or shared. An element of a good and mature quality review includes providing staff timely feedback on review results. Not providing staff timely feedback of their work quality in respect to policy changes increases the likelihood that DFS Self Sufficiency staff will not comply with State and local policy changes, and individuals erroneously receive or are denied benefits. Unlike other self-sufficiency programs which can leverage state systems to obtain statistics on staff's performance, GR and RCA programs do not use a state system for quality checks. GR and RCA supervisors perform the quality reviews but do not share the results.

Recommendation: GR and RCA program management should share the feedback from quality reviews performed with staff. Consideration should be given to strengthening weekly one-on-one meetings by providing feedback to staff on the quality of their work. In addition, GR and RCA program supervisors should consider documenting the feedback to share at these weekly meetings as supervisors perform a secondary review of cases.

Management Response: DFS Self-Sufficiency management acknowledges the opportunity to improve. This item will require a local work group to meet and develop local tracking strategies. The anticipated completion date is March 31, 2020.

11. Harmony System Data Entry Integrity Impairment

Data in Harmony related to participant applications denied eligibility and a benefit termination was inaccurate. Twenty-five GR cases were marked denied in Harmony, but close date and close reason fields were not completed in the system. Additionally, another GR case denied eligibility had a close date and close reason properly entered

in Harmony; however, the disposition field in Harmony was marked closed rather than denied. Finally, there was one RCA case in which the system was updated timely to stop making payments as the term expired; however, the close date and close reason were not updated in the system. When a case is denied or closed, DFS Self Sufficiency management expects the relevant fields in Harmony to be updated accurately. Having incomplete or inaccurate data in Harmony increases the likelihood of having inaccuracies and/or inefficiencies with generating reports for management decisions and oversight.

Recommendation: DFS Self Sufficiency should reinforce their procedures with staff to emphasize the proper way to update Harmony when a case is denied and/or closed. Also, DFS Self Sufficiency should perform a cost/benefit analysis to determine the value of periodically monitoring these fields for completeness and accuracy to be able to develop more effective management reporting for more efficient secondary review methodologies.

Management Response: DFS Self-Sufficiency management acknowledges the opportunity to improve. DFS Self-Sufficiency management will update all staff and supervisors at a Post Audit Debrief training on the need for accurate data entry in Harmony; accurate completion of required fields for staff; and, proper secondary review verifying these are correct. The anticipated completion date is March 31, 2020.

12. Harmony System Controls Limitation and Lack of Documentation

The Harmony system did not require an approval entry for closing a case or changing an individuals' payment address. In addition, DFS Self Sufficiency did not have documentation that described each data entry field in Harmony for the programs, or the specific sources in Harmony that populates the fields for the programs audited.

An element of a good and mature information systems internal control environment includes segregation of duties by using system functionality or a design to capture transaction initiation and approval. In addition, it includes maintaining documented information that describes the system fields and/or specific source of those fields. Not having a second approver que for closing cases and changing an individuals' payment address increases the likelihood of improperly closing a case and the opportunity for fraud to occur, respectively. Inadequate documentation describing system fields and the sources increases the likelihood of inaccurate data entry and/or inefficiencies when capturing data and generating reports for management and/or audit. The Harmony weaknesses were due to the system design and, at its current stage in the system life cycle, management is not making any enhancements. In addition, the inadequate system documentation was due to management's limited documentation requirements for understanding system fields.

Recommendation: In conjunction with DFS-IT, DFS Self Sufficiency management should develop a process to provide a manual secondary review of closed cases and changes to a client's payment address. The process may involve DFS Self Sufficiency performing a periodic analytic procedure to review a sample of closed cases and payment address changes to determine if they were timely and appropriate. Also, for

any future systems, DFS-IT should require functionality to segregate initiation and approval of transactions and document the systems' fields including a description and their source in the system.

Management Response: The Harmony system is in need of replacement and these findings will be incorporated into the business requirements for the new system. The additional secondary review procedures implemented from this audit will be a compensating control.

13. Inadequate Review of Access to Client Personal Information & System Roles

DFS evaluates Harmony access across all DFS divisions on an annual basis, but, per discussion with DFS-IT, there was no review to monitor access to the respective systems used within the Self-Sufficiency division. The Harmony system and eTracker system are both classified as Confidential systems in accordance with the DIT Security Policy. Moreover, all staff and management within Self-Sufficiency have the authorizer role in Harmony that allows read and write access to client personal information and the ability to approve a benefit payment for self-sufficiency programs outside of their job responsibilities. Per the DIT Security Policy, section 3.5.2 Account Administrations, *user access to Fairfax County systems shall be periodically reviewed and adjusted as necessary by the system owners to ensure that access is in accordance with the concept of least privilege*. Lack of periodic verification that system user access is in accordance with the concept of least privilege increases the likelihood of having users making unauthorized changes to data stored in the system, or inappropriately viewing or distributing confidential data. DFS does not monitor user access to Harmony and eTracker for the GR and RCA, programs.

Recommendation: In collaboration with DFS-IT, DFS Self Sufficiency program managers should develop a user access policy that, at a minimum, defines: the proper access to GR and RCA client information; the proper roles to manage benefit payments in Harmony; and, the frequency for evaluating staff and management access. In addition, we recommend DFS-IT to establish a periodic review of user access for any systems used by DFS Self Sufficiency.

Management Response: DFS Self Sufficiency has an intentional business process design allowing our employees access to work on cases across units. This is a necessary design. All staff have already been reviewed for their need to have access and informed of all governing rules around confidentiality. This has not caused problems, and we feel this is a minimal acceptable risk for the fluidity of our work force to perform work at optimum efficiency. No change planned.

14. Improper Access to the Verification Matrix

The Verification Matrix (i.e., job-aide tool), an excel spreadsheet that assists RCA and GR staff with identifying acceptable documentation for 16 items of eligibility (e.g., Identity, Residency, etc) was not secured from improper or unauthorized changes. Per discussion with DFS Self Sufficiency staff, all DFS Self Sufficiency staff have "write access" to the Verification Matrix via a link from FairfaxNET. An element of a good

and mature information systems internal control environment is securing guidance documents used by staff from improper or unauthorized changes. Not properly securing the Verification Matrix from improper or unauthorized access increases the likelihood that the matrix could have erroneous information added, and necessary information deleted or changed by any user accidentally or intentionally. DFS Self Sufficiency did not have procedures for properly securing the Verification Matrix to prevent unauthorized changes.

Recommendation: In collaboration with DFS-IT, DFS Self Sufficiency program managers should develop an information security procedure that at a minimum defines who should have access to modify and change the Verification Matrix and established read/view only access for users of the file.

Management Response: Corrections in this area have already been implemented and will continue to be reinforced to prevent future occurrences. Staff work groups already met to review and revise all matrices and agree them to a correct policy citation. In addition, the information will be retained in a way that it can't be altered or hacked and catalogued versions by date. The anticipated completion date is March 31, 2020.