AUDIT REPORT

Clark County Social Service

Community Outreach Medical Center Contract Compliance Audit

July 28, 2021

CLARK COUNTY Nevada

Audit Department

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Audit Executive Summary

Community Outreach Medical Center Contract Compliance Audit

July 2021

Background | The Community Outreach Medical Center provides health care, case management, and outreach services through a medical clinic with an emphasis on HIV/AIDS patients. They receive funding from various sources including grant money from Clark County Social Service who oversees funding for the Ryan White Part A and the Minority AIDS Initiative Programs in southern Nevada. Social Service contracted with the Community Outreach Medical Center to supply medical core and support services to HIV/AIDS infected and affected clients in Las Vegas, Ryan White, Transitional Grant Area. Social Service manages the contract with the Center and monitors their overall performance. Since 2017, Social Service has awarded $1,586,059 in grant funding to the Community Outreach Medical Center.

Purpose of Audit | We did this audit as part of our annual audit plan; our objective was to make sure the Community Outreach Medical Center is following the provisions of their service contract with the County for the period of March 1, 2017 through February 26, 2020. We also evaluated Clark County Social Service compliance with recipient requirements, monitoring standards and established policies and procedures for the same period.

Summary and Key Findings | We believe the Community Outreach Medical Center is following the bulk of the contract and patient care is being delivered. However, there were a few areas that needed to be improved to deliver better patient care and adherence to the contract. In addition, we believe Social Services can better manage the contract to ensure compliance and program goals and measures are met.

The key audit findings are:

- Site monitoring visits are not performed following Ryan White standards.
- We found that the contract had canned language, outdated performance data, and omitted pertinent information and needs updating.
- We found that patients were treated but the client information system could not measure critical benchmarks.
- Controls related to computer application security are in place but needs improving.

See audit report for full details.

Recommendations | The audit report includes 45 recommendations related to improving contract compliance and contract management. Detailed recommendations are in the body of the report for each of the 10 findings.

Management agrees with the recommendations and action is scheduled to be taken.

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Background

Clark County Social Service provides a variety of services for disadvantaged residents of Clark County who are not assisted by other state, federal, or local programs. Social Service is responsible for ensuring that the County meets its health, welfare and community responsibilities as set forth by Nevada Revised Statutes and County Ordinances. The primary mandates are to provide financial assistance. Social Service is also responsible for other programs and duties assigned by the Board of County Commissioners. One of those programs is the Ryan White Part A Program.

The Ryan White Program was Funded at $2.39 Billion in Fiscal Year 2020

The Ryan White HIV/AIDS Program, first authorized in 1990 as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, is administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau and was funded at $2.39 billion in fiscal year 2020.

The Ryan White HIV/AIDS Program is a federal program that works with and awards money to states, counties/cities, and local community-based organizations to provide HIV care and treatment services to more than half a million uninsured or underinsured people living with HIV - approximately half of all those diagnosed with HIV in the United States. The program also funds clinician training, quality improvement, and the development of innovative models of care to improve health outcomes and reduce HIV transmission.

Congress amended and reauthorized the Program four times, in 1996, 2000, 2006, and 2009 to accommodate new and emerging needs, such as an increased emphasis on funding core medical services and changes in funding formulas.

In 1999, Congress Established Minority AIDS Initiative to Improve Care for Minority Populations

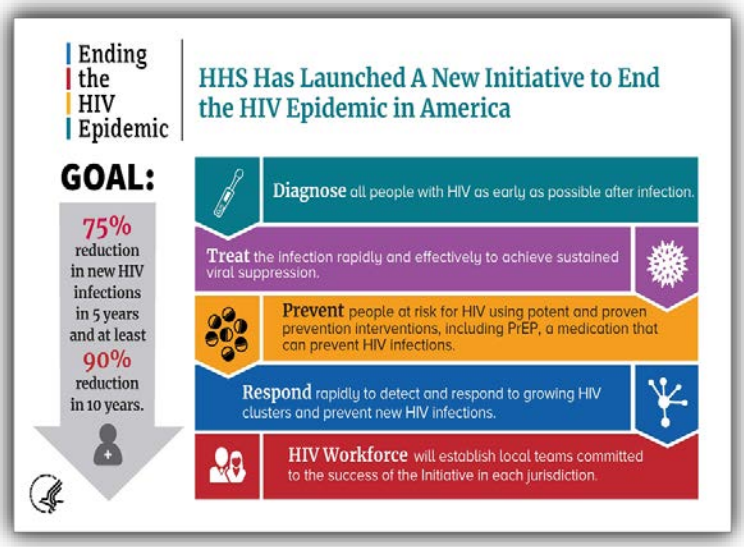
The Ryan White Program is divided into five Parts: Part A, B, C, D, and F. Each Part supplies grant funding for different target populations and different services. In 1999 Congress, under the Ryan White HIV/AIDS Program Parts A, B, C, and D, established the Minority AIDS Initiative to improve access to HIV care and health outcomes for disproportionately affected minority populations, including African American populations.

Trump Announces 10-Year Plan to End HIV Epidemic in America

During the 2019 State of the Union Address, the Trump administration announced the new "Ending the HIV Epidemic: A Plan for America". This is a 10-year initiative beginning in fiscal year 2020 to achieve the important goal of reducing new HIV infections to less than 3,000 per year by 2030. Reducing new infections to this level would mean that

HIV transmissions would be rare and meet the definition of ending the epidemic. Exhibit 1 summarizes the plan goals.

Exhibit 1: Ten Year Initiative for Ending the HIV Epidemic in America



Source: Health Resources and Services Administration

The Ryan White HIV/AIDS Program plays a leading role in helping diagnose, treat, prevent, and respond to end the HIV epidemic.

Part A of the Ryan White HIV/AIDS Treatment Extension Act of 2009 gives aid to eligible metropolitan areas and transitional grant areas most severely impacted by the HIV epidemic.

Clark County Social Service Heads Ryan White Part A Transitional Grant Area Program

Clark County Social Service administers the Ryan White Part A Transitional Grant Area Program for Clark and Nye Counties, NV and Mojave County, AZ. Part A funds go towards providing core medical and support services for people living with HIV. The Las Vegas Transitional Grant Area Planning Council sets the basis for funding decisions and award of contracts to service agencies.

The Planning Council is established by the chief elected official of each eligible metropolitan/transitional grant area. The Council partners with Social Service grant administrative staff in identifying community need and factoring priorities. The Council also takes part in the development of the Comprehensive Plan as detailed by Ryan White Legislation.

Care is delivered by contracted agencies that follow Ryan White standards. Health Resources and Services Administration project officers and technical assistance and

training services help Part A recipients and providers fulfill these responsibilities.

Social Service Contracts with Medical Center to Provide Ryan White Part A Services

Clark County Social Service originally contracted with the Community Outreach Medical Center in 2006 to provide HIV/AIDS medical core and support services to eligible clients. Core services include outpatient ambulatory health, mental health, medical case management, and medical nutrition therapy. Support services include emergency financial assistance, psychosocial support, medical transportation assistance, health education and risk reduction, and food bank/home delivered meals.

The Medical Center Has Provided Over 61,000 People with Medical Services Since 2005

The most recent contract was approved by the Board of County Commissioners on March 21, 2017, running until February 28, 2018 with four (4) one-year renewal options. At the time of the audit, Social Service exercised the second of four (4) one-year options renewing the contract through February 26, 2020. On April 3, 2018, the Board of County Commissioners approved a contract amendment to update the scope of work requirements and service definitions to align with federal grant requirements.

The Community Outreach Medical Center offers wide-ranging medical services that includes but is not limited to prenatal care, cancer screening, family planning, and telehealth medicine to the underserved population in Southern Nevada at a low-cost flat rate fee. The Community Outreach Medical Center also offers HIV/AIDS Ryan White services to eligible clients through Ryan White Part A and Minority AIDS Initiative grants. Since 2005, the Community Outreach Medical Center has provided more than 61,800 people in Southern Nevada with medical services and care that is equal to that of private practice settings. The number continues to grow given the large population of noninsured and disadvantaged families in the state.

Clark County Social Service Has Awarded Over $1.5 Million in Grant Funding to the Center

Since 2017, Social Service has awarded $1,586,059 in grant funding to the Community Outreach Medical Center. Exhibit 2 illustrates the break-down of funding allocations.

Exhibit 2: Three Year Summary of Funds Awarded

Grant Year	Ryan White Part A	Minority AIDS Initiative	Total
2017	$236,601.63	$303,677.00	$540,278.63
2018	$275,532.30	$286,748.08	$562,280.38
2019	$261,770.94	$221,729.06	$483,500.00
Total	**$773,904.87**	**$812,154.14**	**$1,586,059.01**

Source: Auditor Prepared

The Community Outreach Medical Center sends monthly billings to the County based on actual cost of services, detailed in an invoice. Invoices include expenditures of contractual services, program, and administrative expenses.

Ryan White Recipients and Providers Use Free Web Based Information System for Data Management

Clark County Social Service and the Community Outreach Medical Center uses CAREWare for program and grant management. CAREWare is a free electronic health and social support services information system for Ryan White HIV/AIDS Program recipients and providers. CAREWare was developed by the Health Resources and Services Administration's HIV/AIDS Bureau and was first released in 2000. The newest version of CAREWare, CAREWare 6, is downloadable from Health Resources and Services Administration's website.

Formerly, the Clark County Information Technology Department managed the CAREWare information system. In January 2020, Social Service outsourced database management services to TriYoung Business Solutions. However, Social Service remains central administrator of CAREWare, as such they have access to all data information for all agencies in which they have a contract with.

Scope and Objectives

We conducted this audit following our 2020-2021 Audit Plan. Audit objectives were to determine whether the Community Outreach Medical Center is complying with contract terms and conditions. Specifically, we evaluated whether the Medical Center:

- Obtained and kept the minimal required insurance coverage and deductible amounts;
- Followed federal requirements;
- Adhered to Health Resources and Services Administration Part A Program, Fiscal and Universal Monitoring Standards;
- Followed Las Vegas Transitional Grant Area Universal Standards and Policies;
- Implemented proper safeguards and internal controls to prevent the use and disclosure of protected health information; and
- Achieved medical core and support services program goals and target measures.

We also evaluated Clark County Social Service's compliance with federal requirements, Part A Program, Fiscal and Universal Monitoring Standards, and Las Vegas Transitional Grant Area Universal Standards and Policies.

Our procedures considered the period of March 1, 2017 through February 26, 2020. The last day of fieldwork was January 27, 2021.

Methodology

To accomplish our objectives, we conducted a preliminary survey that included reviewing applicable policies, procedures, federal and state regulations, and monitoring standards. We interviewed Social Service staff to obtain an understanding of key operations, controls in place to monitor contract compliance, and specific concerns pertaining to the Medical Center's management of grant funds. We interviewed Community Outreach Medical Center staff to obtain an understanding of key operations. We also performed a virtual walkthrough observation to obtain an understanding of controls and safeguards in place for accounting, employee, and non-electronic medical records.

Based on the risks identified during our preliminary survey and discussions with staff, we developed an audit program and performed the following testing procedures:

- Reviewed insurance documentation for proof of coverage, deductible amounts, and payment.
- Verified that medical staff had professional licensing and certifications prior to employment and were active during the audit period.
- Used statistical sampling to select a sample of 67 (*out of 664*) Ryan White clients to verify that clients were registered in CAREWare prior to receiving services, records contained the required documentation for determining eligibility for Ryan White Part A services, and records were retained in the information system according to the contract.
- Used professional judgment to select a sample of 22 (*out of 45*) employee records, 22 (*out of 664*) non-electronic client medical records and 20 (*out of 73*) requests for reimbursement to verify that pertinent records are kept following the contract.
- Examined evidence of staff completing annual HIPAA trainings and attending mandatory County held meetings.
- Verified that reports sent to Social Service were prompt and included all required information.
- Confirmed that quality improvement work plans are created and updated annually.

- Verified that policies and procedures are in place for grievances.

- Used statistical sampling to select a sample of 67 (o*ut of 664*) Ryan White clients to examine evidence that grievance procedures are in client electronic files and reviewed with clients at least two times a year.

- Downloaded listing of incoming referrals from CAREWare for the audit period. Verified that referrals were resolved following Ryan White policies and procedures.

- Downloaded listing of outgoing referrals from CAREWare for the audit period. Verified that all data fields were completed for referrals.

- Used statistical sampling to select a sample of 87 (*out of 349*) outgoing referrals to verify compliance with Ryan White policies and procedures.

- Obtained most recent site visit report. Verified that follow up visit occurred to confirm that corrective actions addressed issues found during site visit.

- Confirmed that independent auditors performed annual financial audits.

- Verified that policies and procedures and internal controls are in place for safeguarding protected health information.

- Examined evidence that background checks were performed for all 8 employees hired after 08/29/2019.

- Reviewed all 73 requests for reimbursement to determine if requests were submitted, approved, and paid within specified time frames per the contract.

- Used professional judgment to select 18 *(out of 73)* requests for reimbursement to verify that billings were accurate, for services covered under contract provisions, properly supported, within allocated amounts, and in adherence to uses of Part A funding limitations.

- Downloaded All Service Report and performance measure data from CAREWare for the audit period. Examined data to determine if program goals and target measures were achieved.

- Verified the reliability of data used for testing.
- Reviewed computer application's security controls to determine whether password parameters, user access management, user permissions, and audit log capabilities and usage are in accordance with County Information Technology Directives.

- Verified that partnership agreement with the Ogden Family Foundation and contract with Lacy L. Thomas Consulting Services did not violate contract terms and conditions.

- Verified that there was no conflict of interest with a Community Outreach Medical Center employee serving as a board member for the Ogden Family Foundation.

While some samples selected were not statistically relevant, we believe they are sufficient to provide findings for the population as a whole.

Our review included an assessment of internal controls in the audited areas. Any significant findings related to internal control are included in the detailed results.

We conducted this performance audit in accordance with generally accepted government auditing standards (GAGAS). 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. Our department is independent per the GAGAS requirements for internal auditors.

Conclusions

The Community Outreach Medical Center followed contract requirements pertaining to client registration, keeping and updating their annual quality improvement work plans, site visits, having annual external audits, and implementing appropriate safeguards and internal controls to prevent the use and disclosure of protected health information. In addition, the Center performed background checks according to policy.

However, we identified concerns and opportunities for improvement. These include:

- Keeping documentation to verify insurance, medical certifications, required trainings, attendance to mandatory meetings, submission of reports and requests for reimbursement;
- Updating policies and procedures for determining client eligibility, grievances, document retention and requests for reimbursement;
- Staff is not following referral policies and procedures;
- Program goals and target measures were not achieved;
- No process in place for monitoring goals and targets;
- Clerical errors found in requests for reimbursement; and
- Requests for reimbursement are not submitted promptly.

We also found concerns and opportunities for improvement for Clark County Social Service. These include:

- Contract needs updating;
- On-going monitoring efforts need improving and processes documented;
- Staff is not following policies and procedures for approving requests for reimbursement; and
- Opportunities to improve application access monitoring, user access monitoring, and password management.

Each finding includes a ranking of risk based on the risk assessment that takes into consideration the circumstances of the current condition including compensating controls and the potential impact on reputation and customer confidence, safety and health, finances, productivity, and the possibility of fines or legal penalties.

Auditee responses were not audited, and the auditor expresses no opinion on those responses.

Findings, Recommendations, and Responses

Annual Site Visits Not Performed or Followed-Up On (High)

Although, the Community Outreach Medical Center met their contractual requirements pertaining to site visits, we found due to staffing issues, Clark County Social Service performs site visits every other year. This violates Ryan White Part A Universal Monitoring Standards which requires Ryan White recipients to conduct annual site visits with each subrecipient to ensure compliance on proper use of federal grant funds and adherence to fiscal, clinical, programmatic, and professional guidelines put in place.

Clark County Social Service Conducts Site Visit 11/26/2018

Social Service did not conduct a site visit in 2017. The most recent site visit is for the 2018 – 2019 period which was conducted on 11/26/2018. Social Service provided the Community Outreach Medical Center with an audit report on 07/12/2019 and requested that the Center forward a detailed corrective plan regarding the noted areas of concern within 60 days of receipt of the report. In addition, Social Service would schedule a follow-up visit within 90 days to verify that the Community Outreach Medical Center addressed issues found. The Community Outreach Medical Center sent corrective action plan to Social Service on 09/03/2019 - within the required 60 days, however, at the time of the audit, Social Service had not scheduled a follow-up visit.

Site visits serve to monitor the contract on an on-going basis and help evaluate continued funding in future grant years. By performing annual site visits, County Social Service can properly monitor the Community Outreach Medical Center's performance and ensure federal grant funds are used as intended.

In addition, effective site monitoring requires prompt follow-up to ensure that any issues are properly addressed.

Recommendation

Clark County Social Service:

1.1 Perform follow-up visit to verify that issues found during the 2018-2019 site visit are resolved.

1.2 Implement a plan for performing site monitoring visits annually and prompt follow-up visits to ensure compliance with Ryan White Part A Universal Monitoring Standards.

Management Response

Clark County Social Service:

1.1 Site visits were waived by HRSA for the 20-21 and 21-22 grant years due to COVID. Our team is planning a

comprehensive desk monitoring to occur in late summer/early fall 2021.

1.2 Monitoring policies and procedures are being developed to support and guide future site visits and desk reviews.

Program Goals and Targets Not Achieved or Monitored (High)

Program goals establish criteria and standards against which program performance can be determined. A performance measure provides an indication of an organization's performance over time in relation to a specified process or outcome. We reviewed performance goals and measures for each service category for compliance, relevancy, attainability, validity, and overall program performance.

Overall, we found:

- There are no policies and procedures in place for monitoring achievement of goals;
- Not all programs goals and measures were tracked;
- The Center is not meeting some performance targets;
- Some performance goals and targets are outdated; and
- Performance measures and goals related to Psychosocial Support Services could not be reviewed, due to Clark County Social Service could not supply Exhibit A contract details for this service category.

No Policies and Procedures for Monitoring Achievement

Neither Clark County Social Service nor the Community Outreach Medical Center have procedures in place for monitoring or communicating achievement of goals. In addition, Social Service does not have any procedures in place for evaluating established program goals, measures and target percentages for relevancy and attainability.

Further, within CAREWare the Performance Measurement Module can be used to enter and tabulate data for many performance measures, but due the complexity of some of the measures, not all performance measures can be incorporated. The Performance Measurement Module also allows users to customize performance measures. We found performance measure data in CAREWare related to some program goals and measures for outpatient ambulatory health services, however, neither Social Service nor the Community Outreach Medical Center uses this data to assess achievement.

Not All Program Goals and Measures were Monitored

Clark County Social Service nor the Community Outreach Medical Center Monitored Goals

Some program goals and target measures in the contract were not tracked for several reasons including:

- Program goal and target measure is no longer a Health Resources and Services Administration requirement.
- Clark County Social Service did not require the Community Outreach Medical Center to track goals.
- No performance measure in CAREWare to track goal and assessing achievement would be a manual process and time consuming.
- Goal did not apply to the Community Outreach Medical Center because they used funding for other eligible purposes.
- The Community Outreach Medical Center did not supply the service related to the program goal.

The Community Outreach Medical Center is Not Meeting Some Performance Targets

The Center did not meet some performance targets related to outpatient ambulatory health services, emergency financial assistance, food bank/home delivered meals, and medical transportation services.

Appendix A provides a comprehensive listing by service category of each program goal, measure, performance target and the Community Outreach Medical Center's performance for the audit period.

Exhibit 3 summarizes the results of our review.

Exhibit 3: Results of Performance Goals and Measures Review

Service Category	Total # of Goals	Goals Not Tracked	Goals Not Tested	Goals No Longer Federally Required	# of Goals Not Met 2017	# of Goals Not Met 2018	# of Goals Not Met 2019
Outpatient Ambulatory Health Services	29	10	3	1	13	13	13
Emergency Financial Assistance	4	2	0	0	0	0	2
Medical Case Management	13	0	11	0	0	0	0
Mental Health Services	9	7	0	0	0	0[1]	0[1]
Medical Transportation	6	2	0	0	3	2	2
Medical Nutrition Therapy	5	0	5	0	0	0	0
Health Education/Risk Reduction	2	0	0	0	0	0	0
Food Bank/Home Delivered Meals	2	0	0	0	0	1	2
Psychosocial Support Services[2]							

[1] The Community Outreach Medical Center did not receive funding.

[2] No testing performed.

Source: Auditor Prepared

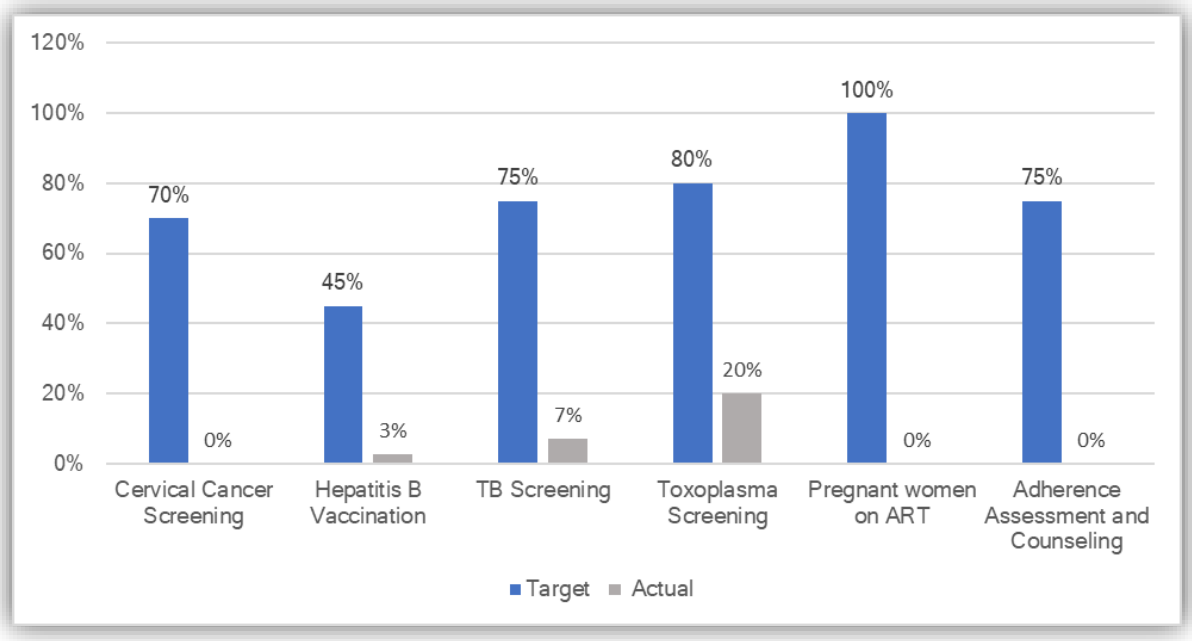
Performance Targets are Based Off Seven-Year Old Data

Outdated Performance Goals and Targets

Program goals have either a targeted percentage or targeted number to measure achievement. Clark County Social Service set performance targets based on a clinical quality management analyses done over 7 years ago and have not

reviewed or updated them since that time. We further analyzed some of the targets set by Social Services and found disparities between targets as compared to the Center's performance. The disparities are due to several reasons, which include advances in medical treatment and prevention options, increased availability of medical insurance and Medicaid, and changes in the services the Community Outreach Medical Center provides. This resulted in some targets being overstated, outdated, or not applicable to the organization and do not accurately reflect achievement of outcome. For the 2019-2020 grant year Exhibit 4 provides a chart showing the disparity between some program goals and the Center's performance.

Exhibit 4: Comparison of Targeted Percentages vs. 2019 Actual



Source: Auditor Prepared

Monitoring program goals and target measures ensures grant funds are used for intended purposes and care and treatment services is given to people with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations.

In addition, regular review of program goals, measures and target percentages for relevancy and attainability ensures Social Service and the Center are identifying core performance measures that are most critical to the care and treatment of people living with HIV/AIDS.

Further, by periodically measuring performance for achievement, the Community Outreach Medical Center can

properly implement and evaluate the effectiveness of their quality improvement processes.

Recommendation

Clark County Social Service:

2.1 Establish and implement procedures to periodically monitor program goals and measures to assess achievement and communicate results in a timely manner.

2.2 Review program goals and amend contract to update goals so that they are relevant to the services the Community Outreach Medical Center provides, measurable, trackable by the client information system, and in compliance with Health Resources and Service Administration's current guidelines.

2.3 For goals that cannot be tracked by CAREWare, work with the Center to establish and implement procedures to track goals manually.

2.4 Review performance targets for goals and amend contract to update targets so that they are realistic and reflect a correct assessment of the Center's performance.

2.5 Update contract to include terms and conditions related to supplying Psychosocial Support Services.

Community Outreach Medical Center:

2.1 Establish and implement procedures to regularly monitor performance targets to assess achievement. When measures are below targeted amounts, develop and implement an action plan detailing steps to take to ensure targets are achieved.

Management Response

Clark County Social Service:

2.1 Monitoring policies and procedures are being developed to support and guide future site visits and desk reviews.

2.2-2.5 COMC and all other Ryan White Part A subrecipients are in their final contract year with Clark County (contracts will end 2/28/2022). Our office will amend the contract to incorporate these necessary corrections and will be included in the scope of work for any future contracts. New performance reporting procedures will also be integrated in future contracts.

Community Outreach Medical Center:

2.1 Community Outreach Medical Center (COMC) is requesting that updated performance goals be provided as well as procedures from Clark County Social Service.

Upon receipt of updated performance goals from the Grantee, COMC can start the process of entering and/or capturing the applicable data into CAREWare, in accordance with our procedures for monitoring program goals and measures with the Grantee.

Although CAREWare has the ability to report on performance measures, much of the data necessary to monitor performance requires staff to manually input data into CAREWare. Due to terminology variances within the system and actual lab reports, very minimal data is automatically captured in CAREWare. The inefficiency of the system causes our team to spend additional clinical administrative time on manually capturing required deliverables. COMC has requested assistance from the Grantee in the past to help provide a resolution to the addressed issues and unfortunately, there have been no corrections made.

If there is no way to correct the inadequacies of the system, COMC will request further funding to acquire additional staff in order to input required information and adequately track performance goals as this process is extremely time consuming.

COMC will also request from the Grantee the capability to capture administrative hours related to the data entry and tracking of program goals.

Upon receipt of updated program goals from the Grantee, COMC will adhere to all procedures for monitoring program goals as outlined by the Grantee.

COMC will develop and implement an internal policy and a standard operating procedure for self-monitoring of program goals.

COMC's clinical and case management departmental supervisors will run reports for performance measures from CAREWare and review program goals and targets for achievement on a monthly basis. The findings will be reviewed with all staff in each department on a monthly basis. When measures are below the targeted amounts, COMC will develop and implement an action plan detailing steps to take to ensure targets are achieved.

Improvements to CAREWare Application User Lists, User Permissions, Passwords, and Access Monitoring Controls Are Needed (High)

Ryan White HIV/AIDS Program recipients are required to report data to the HIV/AIDS Bureau as a condition of their award. Data is reported on clients served, services provided, and expenditures. CAREWare is a client level data collection system used to manage and monitor HIV clinical and supportive care. The CAREWare system allows Providers to enter pertinent information about each client, including demographics, housing and poverty information, health status, clinical information such as viral loads and cluster of differentiation 4 (CD4) counts and core and support services provided. Providers can use CAREWare to track services for clients and for monitoring and evaluation of activities and quality management purposes. CAREWare will produce agency-level, statewide and federally required service reports that reflect utilization of medical case management, health-related support services, the HIV Drug Assistance Program, and align with corresponding health outcomes along the HIV care continuum.

TriYoung Business Solutions manages CAREWare on behalf of Clark County Social Service, however, the County handles setting up providers and provider staff (users) in CAREWare.

While testing user access, user permissions, password security and unauthorized access monitoring for CAREWare, we identified the following concerns:

User Access Monitoring in CAREWare Needs Formalizing

Both the Community Outreach Medical Center and Clark County Social Service have a process in place for setting up, retiring, and reviewing active users accounts in CAREWare, however, they have not documented these processes.

Documented policies and procedures allow for enhanced performance measurement of internal control and consistency within job functions. In addition, documented procedures allow for all employees to understand and follow policies and can be helpful during staffing changes.

CAREWare User Access Concerns

Active Accounts

Social Service reviews user accounts on an annual basis. At the time of our testing, February 2019 was the last review.

As of 9/3/2020, there were 44 active user accounts consisting of 31 user accounts, 11 administrative accounts, and 2 system accounts.

We reviewed the 44 active accounts and found:

- 7 (*16%*) were inactive administrative accounts. These accounts were retired during the audit.

- 6 (*14%*) accounts were former Community Outreach Medical Center employees whose accounts were retired prior to the audit; however, their account status was still active in CAREWare due to an error in the system.
- 1 (*2%*) account was for an employee who separated from the Community Outreach Medical Center. User account was retired during the audit.
- 1 (*2%*) account, user did not need access based on job duties. Account was retired prior to the audit; however, their account status was still active in CAREWare due to a system error.
- 1 (*2%*) account was a duplicate user account created due to an error in the original account. Social Service retired the account during the audit.

For the 2 system accounts, we found one account is to ensure users have the WinAuth program installed and working properly, which facilitates 2-factor authentication when logging into CAREWare. The second account is related to an eligibility portal that links to CAREWare.

Only active employees should have access to the CAREWare application. Regular user access reviews identify accounts of employees who have separated from the organization and dormant accounts. This increases accountability and reduces the applications exposure to unauthorized access.

CAREWare System Error Causes Retired Accounts to Remain Active

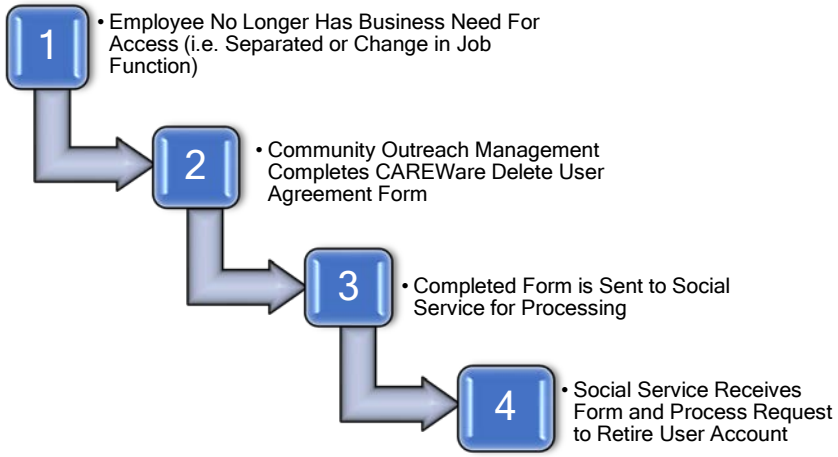
NOTE: When a user account is retired in CAREWare, the permissions tied to the Community Outreach Medical Center domain should be revoked and the status field in the database should change from "Active" to "Retired." In some cases, this is not happening. The user's access stays active. This is an error in the database that should have been fixed in more recent versions of CAREWare but was not.

The longer an error in the system is left unfixed, the greater the exposure to unauthorized access and the potential for client information to be compromised.

Retired Accounts

There were 30 retired user accounts as of 9/3/2020. Retired accounts are accounts of users who have either separated from the organization or no longer have a need for access to CAREWare. When a user account is retired, either access to a specific provider domain is revoked or access to the entire CAREWare application is revoked. The process for retiring user accounts is tiered as follows:

Exhibit 5: Process for Retiring Community Outreach Medical Center User Accounts in CAREWare



Source: Auditor Prepared

Although Clark County's Information Technology requires user ID's to be disabled immediately for any individual who is no longer affiliated with the County, based on the process for retiring accounts, we determined that 5 business days is a reasonable timeframe to retire user accounts - 2 business days for the Community Outreach Medical Center to complete and send CAREWare Delete User Agreement Form to Social Service and 3 business days for Social Service to retire user account after receiving form.

During our testing, we found:

- 14 of 30 (*47%*) of retired user accounts were not retired within 5 business days of separation. Accounts were retired ranging from 8 to 523 days after separation.
- 3 of 30 (*or 10%*) we could not assess the timeliness in which accounts were retired due to Social Service being unable to supply separation dates for staff members (two Southern Nevada Health District employees and one University Medical Center employee) or CAREWare Delete User Agreement Forms.

We also found one retired account was logged into 126 days after separation with no explanation.

CAREWare Delete User Agreement Forms Was Not Sent Promptly for 71% of Retired Accounts

We further evaluated the 14 user accounts above to determine the root cause of why accounts were not retired within 5 business days and found:

- 10 (*71%*) accounts, the Community Outreach Medical Center did not send CAREWare Delete User Agreement Forms to Social Service within 2 business days of employee separating. They sent forms ranging from 7 to 522 days after employee separated.

- 3 (*21%*) accounts were not retired within 3 business days of Clark County Social Service receiving Delete User Agreement Forms. Accounts were retired ranging from 33 to 80 days after Social Service received forms.
- 2 (*14%*) retired accounts, CAREWare Delete User Agreement Forms could not be supplied. Therefore, we could not assess the timeliness in which the Center sent forms to Social Service or when Social Service retired accounts after receiving forms.

Prompt submission and/or processing requests to retire user access decreases the application's exposure to unauthorized access.

In addition, keeping documentation of CAREWare Delete User Agreement Forms increases accountability, and could minimize delays in user accounts being retired, thereby reducing the risk of an account being used to add or change client data without authorization.

CAREWare User Permission Concerns

User groups are set up to control user access in CAREWare. The Community Outreach Medical Center assigns users to groups based on their job function. The Center has seven user groups (All Permissions, Data Entry, Clinical Data, Reports, View Only, Referral and Supervisor). There are roughly 350 permissions assigned to each group. Access is controlled within each group by either granting or denying access to permissions. There are 33 users with assigned permissions and users can be assigned to multiple user groups.

Clark County Social Service does not have a process in place to periodically review user permissions. During our testing, we found 12 of 33 (*36%*) users had access to CAREWare who no longer needed access either due to separation from the Center or transfer of job duties. Of the 12 users, 5 user accounts were retired during the audit and 7 user accounts were retired prior to the audit, however, users still had permissions and access in CAREWare due to system error previously mentioned.

User permissions dictate the ability of a user to do certain functions within an application. Monitoring and adjusting those permissions is an important part of maintaining system security and integrity, as users who have access to functions outside their job duties can perform accidental or malicious functions.

Password Security Concerns

CAREWare prompts users and system administrators to change passwords every 30 days or at their next log-in after the 30 days have expired. We reviewed password changes for 44 active users and found:

- 17 (*or 39%*) of users did not change their passwords within 30 days. User changed passwords ranging from 31 to 51 days.
- 7 (*16%*) of administrative users did not change their passwords within 30 days. Of which 6 accounts were retired during the audit.

Administrative users do not log into CAREWare regularly, as such it is common for these users to not change their passwords for an extended time. These users changed their passwords ranging from 344 to 1,351 days.

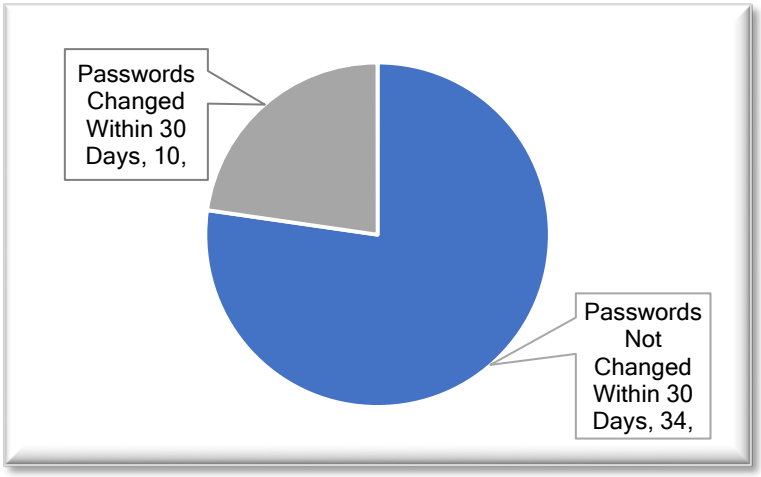
Fifteen of 44 (*34%*) users had only one password change. Therefore, we compared the password change to either the account creation date or last log-in date and found:

- 6 users did not change their passwords within 30 days of account creation. Days in which users changed their passwords after account creation ranged from 49 to 820 days. Of which, one user account was retired during the audit.
- 3 users had not logged into CAREWare since their accounts were created. Of which,
    - One employee separated from the Community Outreach Medical Center 65 days after Social Service created their account;
    - One employee's account was created 48 days prior to report creation date of 9/2/2020; and
    - One employee account was retired 172 days after account was created and prior to the audit. However, due to the system error in CAREWare, the user account was still active.
- One user changed their password when Social Service created their account. However, user has not logged into CAREWare since changing initial password 477 days prior.

77% of CAREWare Users Are Not Changing Passwords Every 30 Days

Overall, 77% of active users are not changing their passwords according to policy. Exhibit 6 shows the break-down of those who are changing their passwords every 30 days versus those who are not.

Exhibit 6: 77% of Users Are Not Changing Passwords Every 30 Days



Source: Auditor Prepared

Clark County Social Service does not have any policies and procedures in place to address password compliance. Having strong password controls promotes application security and reduces the risk of unauthorized access and a brute force attack.

Monitoring for Unauthorized Access Needs Implementing

Monitoring logs are recordings of certain application events that can be reviewed later. Often, these logs include system events such as logons and logoffs, failed logon attempts, failed file access attempts, and other suspicious activity. Reviewing monitoring logs is a cornerstone activity for system and application security.

During our audit we found that Clark County Social Service is not reviewing login/logout activity for the CAREWare application.

In addition, CAREWare supplies system messages to administrators about administrative alarms which are notifications, typically user-related, about attempted permission violations, account locks or unlocks. We found that Social Service does not review administrative alarms.

Recommendation

Clark County Social Service:

3.1 Establish, document, and implement policies and procedures to periodically review:

a. User and administrator password changes for compliance with system policy;
b. Login/Logout reports and administrative alarms for unauthorized activity; and
c. User permissions.

3.2 Document policies and procedures related to setting up, retiring, and reviewing active user accounts. Policies related to retiring user accounts should include timeframes for when accounts should be disabled/retired in compliance with the County's IT Directive.

3.3 Review and distribute all policies and procedures to appropriate County personnel and make them available as a resource in a location accessible to all employees.

3.4 Distribute documented policies and procedures related to retiring user accounts to the Community Outreach Medical Center for awareness and accountability.

3.5 Perform a review of user accounts. Retire accounts of separated employees or users who no longer need access.

3.6 Keep documentation of CAREWare Delete User Agreement Forms as support that access was retired promptly after receiving form.

3.7 Work with the database administrator to ensure that the system error in CAREWare is fixed. In the interim, a workaround should be established and implemented to ensure that when an account is retired, permissions and access to the Community Outreach Medical Center domain is revoked and the account is no longer active.

Community Outreach Medical Center:

3.1 Document policies and procedures for retiring user accounts in CAREWare, policies should align with the County's timeframe for retiring user accounts.

3.2 Review and distribute all documented policies and procedures to appropriate staff and make them available as a resource in a location accessible to all employees.

3.3 Keep documentation of when CAREWare Delete User Agreement Request Forms are sent to Social Service as support that requests to retire employee access are prompt and in alignment with policies and procedures.

Management Response

Clark County Social Service:

3.1 Our office transitioned all CAREWare support functions to TriYoung, effective April 2021.

3.2-3.3 Our office supported the cost of a system-wide upgrade of CAREWare which will automatically retire accounts that have not been accessed in 45 days.

3.4, 3.6 Our office will develop and implement a written procedure about how and when subrecipients should report the need to disable CAREWare user accounts in the event that an employee is no longer employed or goes on extended leave.

3.5 This was completed during the audit.

3.7 Our office transitioned all CAREWare support functions to TriYoung, effective April 2021. It is our understanding that error has been resolved.

Community Outreach Medical Center:

3.1 To ensure the proper management of the CAREWare user permissions, the Community Health Manager or an assigned designee may provide new staff members with the following forms: RWISE Access Form, remote user access agreement, dial-in, virtual private network and wireless user security guidelines and network user access agreement. The Community Health Manager or an assigned designee will review the form(s) for completeness and accuracy and have the staff member's supervisor sign the form. Once the form is completed, the Community Health Manager or an assigned designee will email the forms to point of contacts at either RWPA and will be emailed to: rwsupport@triyoung.com. The Community Health Manager or an assigned designee will store the completed access forms in the corresponding employee file.

After employment termination, or it is identified staff no longer needs access: Within 24 business hours of employment termination, the Community Health Manager or the designee will complete the following form: Clark County Nevada CAREWare Delete User Form (for RWPA). The Community Health Manager or the designee will review the form(s) for completeness and accuracy and have the staff member's supervisor sign the form(s). The Community Health Manager or the designee will email the form(s) to point of contacts at RWPA. RWPA forms will be emailed to: rwsupport@triyoung.com. The Community Health Manager or designee will document submitted request(s) and maintain a copy of correspondence in files.
No less than annually, COMC management will review all COMC Standard Operating Procedures.

3.2 COMC policies and procedures are reviewed annually and distributed to all employees. Employees have access to said policies and procedures at all times,

virtually, on a privately shared network drive and physically in the form of a policy and procedure resources binder located in the office of operation management, both of which are accessible to all employees.

3.3 COMC will ensure all staff with CAREWare access adhere to CAREWare prompts associated with changing user passwords every 30 days, or upon their next log-in after the 30 days have expired and/or otherwise recommended. In addition, COMC will also ensure only staff needing access to CAREWare will be provided with access.

Employee Records and Credentials Are Not Consistently Retained (High)

The contract requires current job descriptions as well as curriculum vitae, resumes, copies of certificates, licenses, and other pertinent credentials of all employees serving in positions funded under the contract to be retained for a minimum 5 years subsequent to the expiration date of the contract, making them available to the County upon request. The Centers retention policy for resumes and job descriptions is 3 years.

In addition, the Community Outreach Medical Center must have on file updated yearly certification of HIPAA training completed by members of staff.

There were 48 staff members on the Center's employee roster of which 45 staff members were employed during the audit period. Time of employment for 3 staff members were outside the scope of the audit, therefore, we excluded them from detailed testing. Of the 45 staff members, we identified 14 licensed medical professionals and 13 medical assistants. Based on education requirements, job titles and/or industry standards, we determined that 18 staff members needed to be CPR-AED certified in 2017 and 2018, 25 staff members in 2019 and 19 staff members in 2020.

The Center Could Not Supply Medical Assistant Certifications for 92% of Medical Assistants

During our testing we found the Community Outreach Medical Center did not consistently keep documentation of medical assistant and CPR-AED certifications, job descriptions or HIPAA trainings. The Community Outreach Medical Center could not supply:

- Medical assistant certifications for 12 of 13 (*92%*) of medical assistants.
- CPR-AED certifications prior to the start of employment for:
  - 15 of 18 (*83%*) of employees in 2017,
  - 4 of 18 (*22%*) of employees in 2018,
  - 12 of 25 (*48%*) of employees in 2019 and
  - 1 of 19 (or *5%*) of employees in 2020.

- Active CPR-AED certifications during the audit period for:
    - 14 of 18 (*78%*) of employees in 2017,
    - 16 of 18 (*89%*) of employees in 2018,
    - 23 of 25 (*92%*) of employees in 2019 and
    - 14 of 19 (*74%*) of employees in 2020.

Five of 19 (*26%*), staff members obtained CPR-AED certifications in 2020 after the audit period.

We sampled 22 employee personnel files and found that 2 (*9%*) of employees did not have a job description in their employee file.

The Community Outreach Medical Center conducts HIPAA training annually. We reviewed HIPAA training certifications for staff members who were employed at the time training occurred and found that proof of training could not be supplied for:

- All 21 (*100%*) employees in 2017,
- 9 of 18 (*50%*) of employees in 2018,
- 7 of 19 (*37%*) of employees in 2019 and
- 1 of 19 (or *5%*) of employees for 2020.

Keeping documentation of required certifications, trainings and job descriptions ensures that staff members have:

- An understanding of tasks they are to perform, and responsibilities associated with their role to provide quality healthcare;
- The knowledge and skills required for successful job performance;
- The proper training to respond in a medical emergency and handle privacy issues to ensure the health, safety, and confidentiality of clients; and
- Consistency in standard daily operations to minimize errors in work.

Recommendation

Community Outreach Medical Center:

4.1 Increase retention policy for employee personnel files to 5 years.

4.2 Update retention policy to include keeping medical assistant, CPR-AED, and HIPAA training certifications for a minimum of 6 years.

4.3 Distribute updated policy to appropriate personnel and make them available as a resource in a location accessible to all employees.

4.4 Implement an annual process to verify that staff members have completed the required medical, and

professional development trainings and training certificates are on file.

4.5 Implement a process to periodically review employee files to ensure the required documents are kept per the contract.

Management Response

Community Outreach Medical Center:

4.1 COMC is actively working to update its employee personnel file retention policy to 6 years to mirror the recommendation in 4.2.

4.2 COMC is actively working to update its certification retention policy to include all pertinent staff certifications, including but not limited to, CPR-AED, and HIPAA training certifications to a minimum of 6 years.

4.3 COMC policies and procedures are reviewed annually and distributed to all employees. Employees have access to said policies and procedures at all times, virtually, on a privately shared network drive and physically in the form of a policy and procedure resources binder located in the office of operation management, both of which are accessible to all employees.

4.4 COMC has enlisted the service of Relias, a training management software, which allows for the systematic assignment of needed staff training and the accurate verification of staff completion of required medical and professional development training. The Relias software also allows for accurate and storing of completed certifications. Additionally, pertinent certifications will also be housed in staff personnel files.

Furthermore, all mandatory Ryan White Program trainings will be attended by Ryan White Program staff and proof of attendance will be maintained by the Community Health Manager or designee.

4.5 COMC has already begun conducting personnel files audits to ensure that all required documents are being kept per the grant contract. This process will be conducted at least yearly for all active COMC staff personnel files.

Referral Policies and Procedures Are Not Always Followed (Medium)

The Community Outreach Medical Center is considered the best referral choice when it comes to providing clinical and case management services. There are two types of referrals within CAREWare: internal and external. Internal referrals are made between providers within the Ryan White Part A

provider network via CAREWare electronic transmittal and upload of scanned referral documents. External referrals are referrals made to non-Ryan White Part A funded agencies. Ryan White Part A funded agencies are only required to enter in CAREWare internal referrals. Therefore, we only performed detailed testing on internal referrals.

Internal referrals can be either incoming or outgoing. Referrals to the Community Outreach Medical Center from other agencies are incoming. Most incoming referrals come from agencies within the Las Vegas Transitional Grant Area. On rare occasions clients are referred by other community resources such as 211 helpline and Access to Healthcare Network. Outgoing referrals are from the Community Outreach Medical Center to other agencies. The Center sends an outgoing referral when a client needs or ask for services that the Community Outreach Medical Center cannot provide.

The Community Outreach Medical Center Does Not Review Referrals Regularly

Although the Community Outreach Medical Center have policies and procedures in place for reviewing referrals, referrals are not reviewed or monitored regularly. This is primarily due to inconsistencies with referring agencies entering referrals in CAREWare. Often the referral is not in the system or the referring agency enters it after the Center has already seen the client. In addition, the Community Outreach Medical Center indicated there is no formal notification process, although we found that notifications for incoming internal referrals can be found in the System Messages section in CAREWare. Lastly, reviewing referrals is not a routine job task for medical case managers.

All internal referrals should be resolved, e.g., Referral Status changed to Completed, Lost to Follow-up, or Rejected, within 30 days. Referring providers are to complete all the required data fields in the CAREWare Referrals tab, as well as scan and upload all necessary documentation to the Referral Documents tab.

A referral is complete when an appointment has been scheduled, check has been issued, or other applicable item/service has been prepared. Lost to follow-up are referrals in which Community Outreach Medical Center was not able to contact the client or obtain the necessary items to complete referral within 30 days. A minimum of 3 attempts must be made to contact client prior to changing the referral status to lost to follow up. Rejected referrals are referrals that do not make sense, e.g. a request for a service the Community Outreach Medical Center does not provide, no specific purpose for the referral, or a referral that was entered more than 5 business days after the client encounter.

While the Community Outreach Medical Center is waiting for more documentation or information, the referral is classified as pending.

There was a total of 104 incoming internal referrals for the audit period consisting of: 63 (*61%*) completed, 17 (*16%*) lost to follow-up, 14 (*13%*) rejected, and 10 (*10%*) pending.

There were 350 outgoing referrals during the audit period. We found a referral for a fake client was set up for training purposes - we removed this referral from the testing population.

The Community Outreach Medical Is Not Resolving Incoming Internal Referrals Promptly

Overall, we found that Community Outreach Medical Center is not:

- Resolving incoming internal referrals within 30 days;
- Reviewing pending referrals;
- Completing all required data fields in CAREWare for outgoing referrals; and
- Uploading all necessary documentation in CAREWare for outgoing referrals.

Incoming Internal Referrals

We reviewed all incoming internal referrals. Exhibit 7 summarizes the results.

Exhibit 7: Incoming Internal Referrals Findings

Criteria	Rejected	% of Total Rejected	Complete	% of Total Complete	Lost to Follow Up	% of Total Lost to Follow-up	Pending	% of Total Pending
Referral not resolved within 30 days	3	21%	22	35%	17	100%	10	100%
Name of employee completing referral was not listed	2	14%	15	24%	6	35%	10	100%
Reason for rejection or lost to follow-up not documented	1	7%	N/A	N/A	9	53%	N/A	N/A
Lack of documentation; could not determine if rejecting referral was appropriate action or if the Center contacted the client within 5 days of receiving referral	1	7%	15	24%	N/A	N/A	N/A	N/A
No action taken to resolve referral	N/A	N/A	N/A	N/A	N/A	N/A	10	100%
3 attempts to contact client not documented before categorizing referral as lost to follow-up	N/A	N/A	N/A	N/A	15	88%	N/A	N/A
The Center did not contact client within 5 days of receiving referral	N/A	N/A	10	16%	N/A	N/A	N/A	N/A
Client not seen or appointment scheduled within 30 days of referral date	N/A	N/A	5	8%	N/A	N/A	N/A	N/A

N/A-Criteria not applicable to type of referral
Source: Auditor Prepared

For referrals not resolved within 30 days, we found days ranging from 41 to 120 days for rejected referrals, 31 to 376 days for lost to follow-up, and 38 to 2,597 days for completed referrals. At the time of the audit, referrals in pending status ranged from 162 to 692 days.

Outgoing Internal Referrals

39% of Outgoing Internal Referrals Do Not Have Name of Employee Making Referral

Of the 349 referrals we found the following required data fields in CAREWare were not complete:

Data Field	# of Referrals	% of Total Referrals
• Name of Employee Making Referral	135	39%
• Referral Class	93	27%
• Comments from Employee Making Referral	79	23%

We statistically sampled 87 of 349 (*25%*) of outgoing referrals for further testing and found:

- 28 (*32%*), the Center did not document referrals within 5 days of encounter with client. Days ranged from 6 to 34.
- 19 (*22%*), the Community Outreach Medical Center did not concisely document purpose of referral.
- 19 (*22%*), staff member did not upload referral coversheet in CAREWare.
- 10 (*12%*), staff member did not upload supporting documentation in CAREWare.
- 1 (*1%*), there was not enough documentation in CAREWare to determine the encounter date, therefore we could not assess compliance.

Referrals are a necessary part of the continuum of care. As such, it is important that an organization be able to monitor, track and document the outcome of referrals to ensure the care requirements are being met for each client.

In addition, following policies and procedures ensures consistency in job functions and prompt resolution of referrals which assist clients in accessing and maintaining timely medical and supportive services for the delivery of efficient quality patient care.

Recommendation

The Community Outreach Medical Center:

5.1 Review referral policies and procedures with appropriate personnel and implement a process to monitor staff compliance.

5.2 Review system messages in CAREWare daily for notifications of internal referrals.

Management Response

The Community Outreach Medical Center:

5.1 COMC will adhere to LVTGA Ryan White Part A Program Referral Policies and Procedures and review with all appropriate staff.

COMC will adhere to standard operating procedures pertinent to the initiation, maintenance and completion of Ryan White Program and Program affiliated referrals.

Community Outreach Medical Center's Clinical Department will update its current Ryan White specialty referral standard operating procedure to reflect both internal and external referral policies of the Ryan White Program.

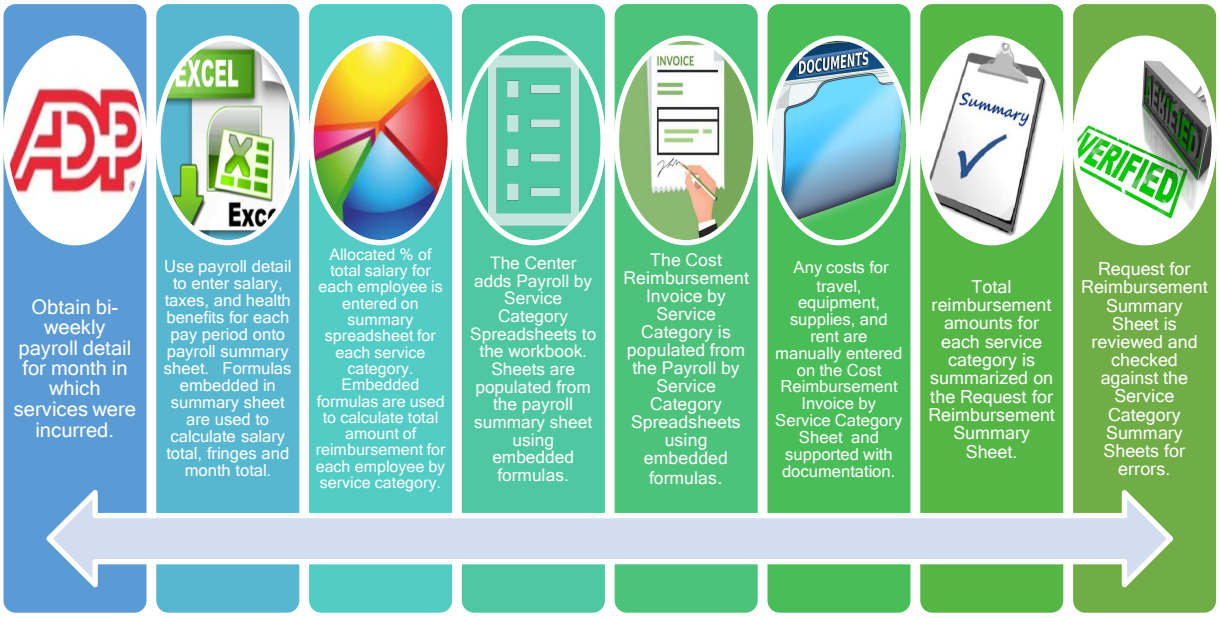
5.2 COMC will assign a Case Manager (on a weekly rotation) who will be responsible for the following:

- Reviewing CAREWare system messages daily for notifications of internal and external referrals.
- Printing a daily log that captures all incoming and outgoing referrals.
- Assigning referrals to all appropriate staff member(s)
- Assuring completion and follow-up of weekly referrals with whom the referral was assigned.
- Compiling all CAREWare printouts of system messages for internal and external referrals in a designated binder.

Clerical Errors and Lack of Documentation in Requests for Reimbursement (Medium)

The Community Outreach Medical Center sends monthly invoices (requests for reimbursement) to Clark County Social Service. The request for reimbursement is an excel workbook template supplied by County Social Service. The workbook consists of the request for reimbursement summary sheet, cost reimbursement invoices for each service category detailing personnel, travel, supplies, administration, and other direct costs. The Community Outreach Medical Center completes workbooks for both Ryan White Part A and Minority AIDS Initiative Programs. Exhibit 8 illustrates the Center's process for completing the request for reimbursement workbook.

Exhibit 8: Community Outreach Medical Center's Process for Completing Reimbursement Requests



Source: Auditor Prepared

An independent review of reimbursement request is performed to verify that amounts on all summary sheets match and totals on the request for reimbursement are correct. Once reviewed and approved, the Center sends requests for reimbursement workbooks and supporting documentation via email to Clark County Social Service. Exhibit 9 summarizes Social Service review process.

Exhibit 9: Clark County Social Service Process for Reviewing and Approving Requests for Reimbursement

Source: Auditor Prepared

A second review is performed to verify that services provided by an employee aligns with the amount they are requesting reimbursement for. Lastly, Social Services management performs a high-level review. Once approved, the request for reimbursement is processed for payment.

We sampled 18 of 73 requests for reimbursement totaling $348,272.23 (*24%*) of total reimbursements for the audit period.

Clerical Errors in Payroll Amounts Resulted in Net Overpayment of $1,775.12 to the Medical Center

Overall, we found that billings adhere to Part A funding guidelines, however, based on our testing, Social Service is not verifying the accuracy of calculated amounts on requests for reimbursement. Likewise, the Community Outreach Medical Center does not perform independent reviews of payroll calculations to ensure the accuracy of dollar amounts requested for reimbursement. We found various clerical errors in payroll amounts. The net effect of the errors resulted in a net overpayment of $1,775.12, detailed as follows:

Grant Year	Month	Ryan White Part A	Minority AIDS Initiative	Total
2017	March 2017	($193.77)	($193.77)	($387.54)
2018	December 2018	$654.66	$714.53	$1,369.19
2019	May 2019	($47.16)	$776.82	$729.66
2019	September 2019	($0.35)	($0.13)	($0.48)
2019	February 2020	$95.94	($31.65)	$64.29
Total Over/(Under) Payment		$509.32	$1,265.80	$1,775.12

Clerical errors consisted primarily of data entry and formula errors such as:

- Miscalculation of salary and fringes;
- Double counting of employee health benefits, fringes, and taxes;
- Omission of employee payroll totals and FED MEDCARE-ER taxes; and
- Including taxes for an employee who did not work any hours.

In addition, the Community Outreach Medical Center could not supply documentation to support medical expenses of $95.94 billed under the Outpatient Ambulatory Health Service Category for the February 2020 Ryan White Part A request for reimbursement. However, Social Service approved the medical expense.

Although the Center's policies and procedures for reimbursement requests do not include ensuring documentation for other costs (e.g. medical expenses) are properly supported by an invoice, the Las Vegas Transitional Grant Areas policies and procedures used by Social Service to approve requests for reimbursement states:

> ***"Support documentation that will be provided with the invoice would include: Medical Supplies/Other Direct Medical Costs – The grantee should submit aggregate actual expenditures in the summary invoice."***

Further, the Community Outreach Medical Center could not supply documentation to support 48 hours billed for one employee for the period of 5/11/2019 - 5/24/2019. However, Social Service approved the billings.

Policies and procedures reinforce and clarify the standards expected of employees and holds employees accountable for work performed. Following policies and procedures minimizes errors and ensures compliance.

Excel spreadsheets embedded with formulas can hide simple calculation errors and manipulation of formulas can cause errors that are difficult to visually detect. Random double-checking, when performed independently, can reduce payment errors, and make sure columns and rows add up like they are intended to.

Overpayment of invoices could result in reimbursements exceeding awarded amounts. Conversely, underpayment of invoices could result in underusage of awarded amounts, both of which could affect future funding.

Recommendation

Clark County Social Service:

6.1 Update request for reimbursement approval policies to include double checks of payroll totals to ensure the accuracy of dollar amounts requested for reimbursement.

6.2 Distribute updated policies to appropriate personnel and make them available as a resource in a location accessible to all employees.

6.3 Review policies and procedures related to documentation required to support billings with appropriate staff and implement procedures to check staff compliance.

Community Outreach Medical Center:

6.1 Update request for reimbursement policies to include verifying other expenses are supported by an invoice and performing independent double checks of payroll totals to ensure the accuracy of dollar amounts requested for reimbursement.

6.2 Distribute updated policies to appropriate personnel and make them available as a resource in a location accessible to all employees.

Management Response

Clark County Social Service:

6.1-6.3 Our office is currently reviewing and updating written procedures for the development and review of Requests for Reimbursement (RFR). These will

be distributed to applicable staff at the County and subrecipient agencies upon completion and training will also be provided.

Community Outreach Medical Center:

6.1 Payroll is completed as a 2-step process, to verify accuracy of hours paid, hours of time worked, and hourly wage. Step 1: Time and Attendance and Step 2: Auditing and processing. This process helps to fulfill a "check and balance" for accuracy of payroll; which then flows into the RFR process ensuring the payroll reports are accurate.

COMC has implemented a secondary oversight review for Data entry on the RFR Spreadsheet for accuracy of allocations, percentages, and dollars charged monthly to grant for reimbursement tying back to the payroll reports for the month.

A new RFR checklist has been put in place, for what to check, what to balance to, and what types of variances to look for.

6.2 COMC requests for reimbursement policies and procedures are reviewed annually and distributed to all appropriate employees. Those designated employees have access to said policies and procedures at all times, virtually, on a privately shared network drive and physically in the form of a policy and procedure resources binder located in the office of operation management and the office of the bookkeeper, all of which are accessible to appropriate employees.

Reports and Requests for Reimbursement Are Not Submitted Timely (Medium)

Reports

The Community Outreach Medical Center has the following reporting requirements:

- Submit quarterly report detailing services provided and narrative of program.
- Complete and submit the Grievance Log on a quarterly basis within 15 calendar days of the end of each calendar quarter.
- Supply County with a summary of all current fiscal year funding sources with dollar amounts or estimate of amounts no later than 90 days after execution of contract.
- Supply County with a Quality Improvement Plan within 60 days of executed contract.
- Submit a copy of the annual financial auditor's report, financial statements, and management letter, if any, for the prior fiscal year to the County for review along with any required corrective action plan.

The Community Outreach Medical Center does not have a process in place to track when they send reports to Social Service. In addition, the Center does not keep adequate documentation to prove that they are sending reports within specified timeframes.

Social Service Does Not Have Process in Place to Monitor Compliance with Reporting Requirements

Due to staffing issues, Clark County Social Service does not have a process in place to check compliance with reporting requirements. In addition, Social Services does not keep adequate documentation to determine if the Community Outreach Medical Center is sending reports within specified time frames.

During our testing we found:

- The Community Outreach Medical Center sent quarterly provider reports ranging from 10 to 60 days past the due date for the 2017 grant year and 3 to 9 days past due date for the 2018 grant year. The Center or Social Service could not supply quarterly provider submissions for the 2019 grant year; therefore, we could not assess the timeliness in which the Center sent, or Social Service received reports.
- Grievance logs ranged from 13 to 418 days past due date during the audit period.
- Funding summaries were 80 days late in 2017 and 69 days late in 2019.
- Quality improvement plans ranged from 8 to 110 days past the due date during the audit period.
- The Community Outreach Medical Center sent the 2018 fiscal year audit 38 days past the due date. The Medical Center or Social Service could not supply documentation for the 2017 external audit; therefore, we could not assess the timeliness in which the Center sent, or Social Service received the report.

Routine monitoring and prompt reporting allow Clark County Social Service to conduct informative assessments, find potential issues related to the grant and supply relevant feedback to the Community Outreach Medical Center about performance and continuous improvement.

Submitting Requests for Reimbursement

Federal requirements listed in the contract require that reimbursement requests be submitted no later than 60 days from the end of the month in which the costs were incurred.

There were 73 requests for reimbursement during the audit period. During our testing we found 5 (*or 7%*) requests, in which the Community Outreach Medical Center did not send to Social Service within 60 days from the end of the month in

which they incurred services. Days ranged from 67 to 91 days from when the Center incurred services.

In addition, the Community Outreach Medical Center did not have documented policies and procedures in place for submitting requests for reimbursement. Policies and procedures were documented during the audit.

We found that Clark County Social Service was not consistent with enforcing the requirement that the Center submit reimbursement requests within 60 days from the end of the month in which costs were incurred.

We also found that Clark County Social Service follows the Las Vegas Transitional Grant Area Ryan White Part A Program Policies and Procedures which states:

> ***"Each month sub-grantees will submit a complete invoice/reimbursement and summary face sheet for the Ryan White Part A expenditures by the 15th of the month."***

Social Service's Policy for Submitting Reimbursement Request is not Consistent with Contract

Although Social Service historically was not consistent with enforcing this policy either, this policy is not consistent with the contract. In addition, Social Service could not supply evidence that they distributed the Las Vegas Ryan White Part A Program Policies and Procedures to the Community Outreach Medical Center for awareness and accountability.

Policies and procedures provide a roadmap for day-to-day operations. They ensure compliance with laws and regulations, give guidance for decision-making, and streamline internal processes. Having consistent policies and procedures removes ambiguity, increases accountability, and aligns expectations.

Recommendation

Clark County Social Service:

7.1 Establish, document, and implement a process to track the receipt of reports to ensure that the Community Outreach Medical Center complies with contractual reporting requirements.

7.2 Amend contract to update requests for reimbursement submission requirements to align with current policies and procedures.

7.3 Distribute current policies and procedures for sending requests for reimbursement to the Community Outreach Medical Center to ensure awareness and accountability.

Community Outreach Medical Center:

7.1 Establish, document, and implement a process to track dates reports and requests for reimbursement are sent to and received by Social Service to ensure compliance with time sensitive reporting requirements.

7.2 Review request for reimbursement policies and procedures with appropriate personnel and make them available as a resource in a location accessible to all employees.

Management Response

Clark County Social Service:

7.1-7.2 COMC and all other Ryan White Part A subrecipients are in their final contract year with Clark County (contracts will end 2/28/2022). Our office will amend the contract to incorporate these necessary corrections and will be included in the scope of work for any future contracts.

7.3 Our office is currently reviewing and updating written procedures for the development and review of Requests for Reimbursement. These will be distributed to applicable staff at the County and subrecipient agencies upon completion and training will also be provided.

Community Outreach Medical Center:

7.1 Currently all reports for all grants are submitted by the 15th of every month. If an extension is needed, an email request is sent, when authorized, it is printed and scanned with the packet on the shared drive accessible to Management, and a hard copy kept with the packet in the binder with all documentation. Any and all communication with HHS is kept/scanned with the RFR in a shared folder with management for ease of access.

All RFR packets include all back up documentation, and an invoice matching what the RFR is requesting for reimbursement.

This includes a matching itemized Journal Transaction List generated from QuickBooks reflecting the allocations billed by class, (the grant billing equaling the amount of the reimbursement).

Lastly, a printed copy of the sent email (for a date/time stamp) of when the RFR's were submitted to the Grantor.

All packets are scanned and saved in a shared Management folder, as well as a hard copy in a binder.

7.2 COMC requests for reimbursement policies and procedures are reviewed annually and distributed to all appropriate employees. Appropriate employees have access to said policies and procedures at all times, virtually, on a privately shared network drive and physically in the form of a policy and procedure resources binder located in the office of operation management and the office of the bookkeeper, all of which are accessible to appropriate employees. Additionally, any changes or proposed updates will be reviewed with appropriate staff prior to implementation.

Insurance Certificate and Policy Documents Do Not Include Required Information (Low)

We could not verify the coverage limit amount of $1,000,000 for hired and non-owned automobile liability listed on the Community Outreach Medical Center's certificate of insurance. The coverage amount was not in the policy declaration.

In addition, the request for proposal number and name of contract was not on the certificate of insurance.

Being able to verify coverage amounts as well as having all pertinent information on the certificate of insurance ensures the Community Outreach Medical Center has the proper type of insurance and adequate coverage amounts to protect itself and the County from losses.

Recommendation

Community Outreach Medical Center:

8.1 Ensure the request for proposal number and name of contract is on all certificates of insurance in compliance with contract provisions.

8.2 Ensure coverage amounts for hired and non-owned automobile liability are detailed in the general liability policy declaration to verify coverage.

Management Response

Community Outreach Medical Center:

8.1 COMC will work with the designated insurance broker to review all regulatory guidelines and ensure that any and all certificates of insurance are properly marked. The RFP and name of contract will be indicated as requested on any corresponding and/or necessary documents.

8.2 COMC will work with the designated insurance broker to review the general liability policy declaration in order to verify coverage and ensure that the necessary requirements are met with regard to the contract.

Policies and Procedures for Approving Requests for Reimbursement and Grievances Are Not Always Followed and Policies and Procedures for Determining Eligibility Do Not Follow Federal Guidelines (Low)

Approving Requests for Reimbursement

Las Vegas Transitional Grant Area Ryan White Part A Program Policy and Procedures Approval Process for Invoices for Contractual and Program Expenses requires:

1. All invoices received for payment for contractual and program expenses should be time stamped when they are received.

2. Contractual and program invoices should be reviewed by administrative specialist and either approved or denied within 5 days after they were originally time stamped as received in the office.

We reviewed all 73 requests for reimbursement and found:

- 9 (*12%*) of requests, Social Service did not approve within 5 days of stamping request received by the County. Days ranged from 6 to 15 days.
- 4 (*6%*) of requests were not time stamped when received by Social Service.
- 2 (*3%*) of requests, Social Service did not document fiscal approval date, as such we could not assess if approval occurred within 5 days of the County stamping reimbursement request received.

Following policies and procedures ensures consistency in job functions, compliance with operations and minimizes errors.

Grievance Procedures

Federal requirements in the contract require grievance procedures to be made readily accessible to clients, such as through the posting or distribution of the procedures in areas frequented by clients.

In addition, Las Vegas Transitional Grant Area Universal Standards requires grievance procedures to be reviewed with each client no less than 2 times per year.

The Community Outreach Medical Center does not make client grievance procedures readily accessible. If a client wants to file a grievance, they must request procedures and forms from a staff member.

The Center includes grievance procedures in the client's initial eligibility determination packet. They review procedures with clients at intake and at 6-month reassessment, however this process is not documented in their grievance policy. The client signs and dates the procedures attesting they received a copy of the grievance procedure and understand the process for filing a complaint.

The Center keeps signed copies of grievance procedures in the client's medical record.

10% of Clients Sampled Did Not Have Documentation of Reviewing Grievance Procedures

We statistically sampled 67 out of 664 (*10%*) clients during the audit period and found 7 (*10%*) clients did not have documentation of reviewing grievance procedure at least 2 times a year.

Regular review of grievance procedures and having procedures readily accessible fosters an environment where clients feel comfortable to communicate their concerns about the quality of services received or an employee's behavior without fear.

Client Eligibility Determination Procedures

Ryan White Part A Universal Monitoring Standards require the process and timelines for establishing initial client eligibility, assessment, and recertification takes place at a minimum every 6 months be documented.

The Community Outreach Medical Center documented their process for determining eligibility during the audit. However, the process did not detail procedures for determining client eligibility or timing for setting up initial client eligibility assessment or recertification.

Having clearly defined policies and procedures allows performance to be measured, staff to be trained, consistency within job functions, and minimizes delays in providing services to eligible clients.

Recommendation

Clark County Social Service:

9.1 Review policies and procedures for approving invoices with appropriate personnel and implement a process to periodically check compliance with policy.

Community Outreach Medical Center:

9.1 Update grievance procedures to include reviewing procedures with clients at least 2 times a year.

9.2 Update procedures for determining client eligibility to include timing for setting up initial client eligibility and recertification following Ryan White universal standards.

9.3 Distribute all updated procedures to appropriate personnel and make them available as a resource in a location accessible to all employees.

9.4 Place grievance procedure forms in areas readily accessible to clients.

Management Response

Clark County Social Service:

9.1 Our office is currently reviewing and updating written procedures for the development and review of Requests for Reimbursement. These will be distributed to applicable staff at the County and subrecipient agencies upon completion and training will also be provided.

Community Outreach Medical Center:

9.1 As part of the eligibility process, COMC will update grievance procedures to include reviewing procedures with clients at least two times a year.

COMC will continue to adhere to Ryan White Part A Universal Monitoring standards.

COMC will update the grievance policy to ensure the standard operating procedures are included as part of the grievance policy and procedure.

COMC will ensure management updates policies and procedures, no less than annually and as needed.

The Grievance log will be updated as grievances occur and quarterly, the log will be sent to the RWPA office. Documentation of submission will be maintained by the Community Health Manager or designee.

COMC staff will address all patient grievances in accordance with the following:

All patients will be provided with information on the grievance policy and procedure upon admission to COMC. The patient may report a grievance verbally or in writing to any COMC staff member. Once the patient has identified they want to file a grievance, the staff member will notify the Department Manager (or designee). He or she will meet with the patient to obtain more information regarding the concern(s). The Department Manager will assist the patient in processing the grievance through the appropriate resolution channel(s). The patient has the option of addressing the grievance in writing or verbally communicating the concern. If the patient wants to verbally communicate the grievance, the Department Manager (or designee) will document a summary of the patient's verbal comments on the designated form. The Department Manager (or designee) will submit the "Grievance Form" to the Quality Assurance Manager for further investigation as needed and response.

9.2 COMC will update procedures per Ryan White Part A Universal Monitoring standards and performance eligibility requirements as outlined in the Ryan White

Part A guidance. COMC staff will complete but are not limited to performing the following eligibility activity: completing annual and biannual eligibility reassessments, which include updating the screening tool, acuity form, and updated service plan.

9.3 COMC grievance policies and procedures are reviewed annually and distributed to all appropriate employees. Appropriate employees have access to said policies and procedures at all times, virtually, on a privately shared network drive and physically in the form of a policy and procedure resources binder located in the office of operation management and the office of the community health manager, all of which are accessible to appropriate employees.

9.4 COMC's Grievance Policy and Form are readily accessible to clients in the following ways:

- COMC Patient Registration/Intake Packet:
  Policy & Form provided as a handout within packet
- COMC Lobby:
  Instructions for form request
  -Posted for patients/visitors
- COMC Website: (in process)
  https://www.communityoutreachmedicalcenter.org
  https://www.nvcomc.org

Documentation for Meetings Is Not Adequately Maintained (Low)

The Community Outreach Medical Center is required to attend mandatory medical case management, clinical quality management and quarterly one-on-one meetings held by Clark County Social Service.

Social Service holds mandatory action planning group meetings for medical case management and clinical quality management individuals monthly. Meetings are held the fourth Thursday of each month and include Ryan White providers and various other agencies and is co-partnered with the health district.

The Community Outreach Medical Center does not keep documentation to prove attendance to meetings. In addition, due to employee turnover at Social Service and Social Service not having access to sign-in sheets kept by the health district, they did not consistently keep sign-in sheet documentation. Therefore, we could not verify the Center's attendance to action plan group meetings for the entire audit period.

Furthermore, Clark County Social Service does not hold mandatory quarterly one on one meetings as required by the contract. Social Service holds meetings on an as needed

basis, and they nor the Community Outreach Medical Center keep documentation of meetings.

Sign-in sheets serve as a record of attendance. Keeping sign-in sheets allows attendance to be verified and keeping documentation of meetings serves as a record of topics discussed, actions taken, decisions made to ensure all Ryan White providers are up to speed on emerging issues and their work is consistent.

Recommendation

Clark County Social Service:

10.1 Implement an attendance log for all County held meetings to verify attendance.

10.2 Amend contract to update the frequency in which one-on-one meetings are held in alignment with current business practices.

Community Outreach Medical Center:

10.1 Keep documentation of all mandatory meetings as proof of attendance.

Management Response

Clark County Social Service:

10.1 Although Action Planning Group meetings are not considered mandatory, attendance records are available with our partners in the Office of HIV at the State of Nevada. Our office will develop a written procedure for properly documenting attendance for contractually- and programmatically-required meetings.

10.2 COMC and all other Ryan White Part A subrecipients are in their final contract year with Clark County (contracts will end 2/28/2022). Our office will amend the contract to incorporate these necessary corrections and will be included in the scope of work for any future contracts.

Community Outreach Medical Center:

10.1 COMC Ryan White Program staff will continue to attend all required Program meetings. COMC staff will store proof of attendance by keeping a log of all required meetings. Community Health Manager or designee will bring a sign-in sheet to all mandatory meetings as proof of attendance. Documentation will be maintained in a binder by the Community Health Manager or designee.

Appendices

Appendix A – Review of Service Category Program Goals and Measures

Outpatient Ambulatory Health Services Program Goals and Measures Grant Year 2018 – 2020 (1)

Goal #	Goal Name	Performance Measure	Target	2017	2018	2019
1	Service Delivery	Minimum number of unduplicated clients shall receive Outpatient Ambulatory Health Services during the award period.	250	298	346	272
2	Service Delivery	Minimum number of service units to be provided each month during the award period in Outpatient Ambulatory Health Services.	30	167	299	187
3	Initial Comprehensive Assessment	Percentage of new clients who will have documentation in the client chart of an initial comprehensive assessment including a general medical history, a comprehensive HIV related history and a comprehensive physical examination within 30 days of initial appointment.	100%	NT[1]	NT[1]	NT[1]
4	Annual Reassessment	Percentage of existing clients who will have documentation in a client chart of an annual comprehensive assessment including a detailed medical history and physical examination.	100%	NT[1]	NT[1]	NT[1]
5	Medical Visits	Percentage of clients with HIV infection who will have two or more medical visits in an HIV care setting within a 12-month period.	75%	70%	74%	69%
6	AIDS clients on Highly Active Antiretroviral Therapy (HAART)	Percentage of clients who have a diagnosis of AIDs (history of a CD4 T-cell count below 200 cells/mm or other AIDS defining condition) who should be prescribed HAART.	95%	75%	82%	85%
7	CD4 < 200 with Pneumocystis Carinii Pneumonia (PCP) Prophylaxis	Percentage of clients with HIV infection and a CD4 T-cell count below 200 cells/mm who should be prescribed PCP prophylaxis.	80%	14%[*]	14%[*]	7%[*]
8	Mycobacterium Acium Complex (MAC) prophylaxis	Percentage of clients with HIV infection in a CD4 T-cell count < 50 cells/mm who will be prescribed MAC prophylaxis within a 12-month period.	85%	N/A[1]	N/A[1]	N/A[1]
9	HIV Risk Counseling	Percentage of clients with HIV infection who will receive HIV risk counseling within a 12-month period.	80%	88%[**]	92%[**]	96%[**]
10	Syphilis Screening	Percentage of clients who are >= 18 years old or had a history of sexual activity at < 18 years who will have a syphilis screening documented at least once within the last 12 months.	80%	56%	50%	60%

Outpatient Ambulatory Health Services Program Goals and Measures Grant Year 2018 – 2020 [1]

Goal #	Goal Name	Performance Measure	Target	2017	2018	2019
11	Chlamydia Screening	Percentage of clients who were either: a) newly enrolled in care; b) sexually active; or c) had an Sexually Transmitted Infection (STI) within the last 12 months who will have a chlamydia screening documented at least once within the last 12 months.	70%	15%	18%	68%
12	Gonorrhea Testing	Percentage of clients who were either: a) newly enrolled in care; b) sexually active; or c) had an STI within the last 12 months who will have a gonorrhea screening documented at least once within the last 12 months.	70%	1%	6%	58%
13	Influenza Vaccination	Percentage of clients with HIV infection who will have an influenza vaccination documented within the last 12 months.	50%	0%[*]	0%[*]	0%[*]
14	Mental Health Screening	Percentage of clients with HIV infection who will have a mental health screening documented at least once within the last 12 months.	45%	80%[**]	94%[**]	97%[**]
15	Substance Use Screening	Percentage of clients with HIV infection who will have a substance use screening at least once within the last 12 months.	45%	80%[**]	95%[**]	97%[**]
16	Lipid Screening	Percentage of clients with HIV infection on HAART who will have a fasting lipid panel (cholesterol and triglycerides) panel within the last 12 months.	75%	45%	43%	49%
17	Tobacco Cessation Counseling	Percentage of clients that admit to using tobacco who will receive tobacco cessation counseling within the last 12 months.	70%	N/R[1]	N/R[1]	N/R[1]
18	Hepatitis/HIV Alcohol Counseling	Percentage of clients diagnosed with Hepatitis B or Hepatitis C who will receive alcohol counseling within the last 12 months.	70%	N/A[1]	N/A[1]	N/A[1]
19	Oral Exam	Percentage of clients who will report having received an oral exam by a dentist at least once within the last 12 months.	70%	N/A[1]	N/A[1]	N/A[1]
20	Cervical Cancer Screening	Percentage of women with HIV infection who will have a pap screening at least once within the measurement year.	70%	0%	0%	0%
21	Hepatitis B Vaccination	Percentage of clients with HIV infection who will have documentation of a completed vaccine series for Hepatitis B.	45%	3%	3%	3%
22	Hepatitis B Screening	Percentage of clients with HIV infection who will be screened for Hepatitis B virus infection status.	80%	38%	41%	53%
23	Hepatitis C Screening	Percentage of clients with HIV infection who will have a Hepatitis C Virus (HCV) screening performed at least once since diagnosis.	75%	54%	53%	62%

Outpatient Ambulatory Health Services Program Goals and Measures Grant Year 2018 – 2020 (1)

Goal #	Goal Name	Performance Measure	Target	2017	2018	2019
24	Tuberculosis (TB) Screening	Percentage of clients with HIV infection who do not have a history of previous documented culture-positive TB disease or previous documented positive Tuberculin Skin Test (TST) or Interferon-Gamma Release Assays (IRGA) who will have documentation of testing for Latent TB Infection (LTBI) at least once since HIV diagnosis.	75%	7%	7%	7%
25	Pneumococcal Vaccination	Percentage of clients with HIV infection who will have a pneumococcal vaccine documented at least once in their lifetime.	75%	3%[*]	3%[*]	3%[*]
26	Toxoplasma Screening	Percentage of clients with HIV infection who will have a toxoplasma screening performed at least once since diagnosis.	80%	21%	18%	20%
27	Pregnant Women Prescribed Antiretroviral Therapy (ART)	Percentage of pregnant women with HIV infection who will be prescribed ART.	100%	0%	0%	0%
28	Medication Education	Percentage of clients with HIV infection who were prescribed new medication who will receive medication education concurrently documented in the client chart.	80%	NT[1]	NT[1]	NT[1]
29	Adherence Assessment and Counseling	Percentage of clients with HIV infection on Antiretroviral Drugs (ARV's) who will be assessed and counseled for adherence two or more times within a 12-month period as part of their primary care.	75%	0%[*]	0%[*]	0%[*]

Source: Auditor Prepared

(1) 2018 Grant Year runs from March 1, 2017 through February 28, 2018; 2019 Grant Year runs from March 1, 2018 through February 28, 2019; 2020 Grant Year runs from March 1, 2019 through February 26, 2020.

NOTES:

- NT[1] Not Tested. No performance measure in CAREWare and assessing achievement would be labor intensive and time consuming.
- N/A[1] Not Applicable. Program goal and measure not tracked by Clark County Social Service or the Community Outreach Medical Center.
- N/R[1] Not required. No longer a Health Resources and Services Administration requirement.
- [*] Clark County Social Service did not require program goal and measure to be tracked. The Community Outreach Medical Center tracked the program goal and measure; however, the target was not achieved.
- [**] Clark County Social Service did not require program goal and measure to be tracked. The Community Outreach Medical Center tracked the program goal and measure; target achieved.

Emergency Financial Assistance Program Goals and Measures Grant Year 2018 – 2020 [1]

Goal #	Goal Name	Performance Measure	Target	2017	2018	2019
1	Service Delivery	Minimum number of unduplicated clients shall receive Emergency Financial Assistance (EFA) during the award period.	30	45	32	18
2	Service Delivery	Minimum number of service units to be provided each month during the award period in EFA.	5	7	5	4
3	Timely Payments	Percentage of clients receiving EFA who will have documentation that request was paid 48 hours after approval.	85%	N/A[2]	N/A[2]	N/A[2]
4	Documentation of Denial from at Least Three Other Sources	Percentage of clients receiving EFA who will have a planning session documented in case notes that a least 2 other community resources were approached for emergency assistance prior to EFA being issued. This must include the name of the community resource/agency, date contacted, and reason for denial.	90%	N/A[2]	N/A[2]	N/A[2]

Source: Auditor Prepared

[1] 2018 Grant Year runs from March 1, 2017 through February 28, 2018; 2019 Grant Year runs from March 1, 2018 through February 28, 2019; 2020 Grant Year runs from March 1, 2019 through February 26, 2020.

NOTES:

- N/A[2] Not Applicable. Program goal and measure not tracked by County Social Service or the Community Outreach Medical Center as funding was used by the Center to purchase in-house medication, which is acceptable use of funding.

Medical Case Management Program Goals and Measures Grant Year 2018 – 2020 [1]

Goal #	Goal Name	Performance Measure	Target	2017	2018	2019
1	Service Delivery	Minimum number of unduplicated clients shall receive Medical Case Management services during the award period.	225	274	314	290
2	Service Delivery	Minimum number of service units to be provided each month during the award period in Medical Case Management.	100	258	340	422
3	Assigned Case Manager	Percentage of clients who will be assigned to a case manager upon intake.	100%	NT[1]	NT[1]	NT[1]
4	Complete Ryan White Part A Client Registration Form	Percentage of newly enrolled clients during the measurement period who will have a Ryan White Part A client registration form documented in the client chart on intake.	100%	NT[1]	NT[1]	NT[1]
5	Complete Client Acuity Form	Percentage of newly enrolled clients during the measurement period who will have an Acuity Form documented in the client chart on intake.	100%	NT[1]	NT[1]	NT[1]
6	Client Care Plan or Individual Service Plan (ISP)	Percentage of newly enrolled clients during the measurement period who will have a Client Care Plan or ISP documented in the client chart on intake.	100%	NT[1]	NT[1]	NT[1]
7	Current Labs(*)	Percentage of clients who will have current labs (dated no more than 12 months from current date of service) documented on intake.	95%	NT[1]	NT[1]	NT[1]
8	Client Reassessment	Percentage of clients who will have a completed reassessment form documented twice each at least three months apart within the 12-month measurement period.	85%	NT[1]	NT[1]	NT[1]
9	Updated Client Acuity	Percentage of clients who will have an updated client acuity documented at least twice each at least three months apart within the 12-month measurement period.	85%	NT[1]	NT[1]	NT[1]
10	Updated ISP	Percentage of clients who will have an updated ISP documented at least twice each at least three months apart within the 12-month measurement period.	85%	NT[1]	NT[1]	NT[1]
11	Current Labs(*)	Percentage of clients who will have current labs (dated no more than 12 months from current date of service) documented within the measurement period.	95%	NT[1]	NT[1]	NT[1]
12	Follow up Every Three Months	Percentage of clients with an acuity score of 15 or more will have a follow-up documented in the client chart or CAREWare at least every three months.	85%	NT[1]	NT[1]	NT[1]
13	Discharge Summary	Percentage of clients discharged from case management who will have a discharge summary documented in the client chart or in CAREWare.	100%	NT[1]	NT[1]	NT[1]

Source: Auditor Prepared

[1] 2018 Grant Year runs from March 1, 2017 through February 28, 2018; 2019 Grant Year runs from March 1, 2018 through February 28, 2019; 2020 Grant Year runs from March 1, 2019 through February 26, 2020.

NOTES:

- (*) Line items were duplicated in the contract.
- NT[1] Not Tested. No performance measure in CAREWare and assessing achievement would be labor intensive and time consuming.

Mental Health Services Program Goals and Measures Grant Year 2018 – 2020 [1]

Goal #	Goal Name	Performance Measure	Target	2017	2018	2019
1	Service Delivery	Minimum number of unduplicated clients shall receive Mental Health services during the award period.	5	47	N/A[3]	N/A[3]
2	Service Delivery	Minimum number of service units to be provided each month during the award period in Mental Health.	2	26	N/A[3]	N/A[3]
3	Mental Health Screening - Individual Treatment Only	Percentage of clients who will have a complete mental health screening performed and completed within their first three appointments with their mental health provider.	80%	NT[2]	N/A[3]	N/A[3]
4	Biopsychosocial - Individual Treatment Only	Percentage of clients who will have a biopsychosocial documented within their first three appointments with their mental health provider.	80%	NT[2]	N/A[3]	N/A[3]
5	DSM IV Diagnosis - Individual Treatment Only	Percentage of clients will have a Diagnostic and Statistical Manual IV (DSM IV) diagnosis documented on intake or completed no later than within the first three appointments with their mental health provider.	80%	NT[2]	N/A[3]	N/A[3]
6	Treatment Plan - Individual Sessions Only	Percentage of clients in individual treatment who will have a treatment plan documented on intake or completed no later than within the first three appointments with the mental health provider.	80%	NT[2]	N/A[3]	N/A[3]
7	Progress Notes - Individual Sessions Only	Percentage of clients who will have progress notes documented at each of their appointments throughout treatment in the measurement year.	80%	NT[2]	N/A[3]	N/A[3]
8	Treatment Plan - Individual Sessions Only	Percentage of clients in individual treatment who will have their treatment plan revised and updated at a minimum of every 180 days while the client is in mental health treatment.	80%	NT[2]	N/A[3]	N/A[3]
9	Discharge Plan - Individual Sessions Only	Percentage of clients exiting mental health services who will have a discharge plan completed no later than 365 days from the client's last contact/appointment with the service provider.	95%	NT[2]	N/A[3]	N/A[3]

Source: Auditor Prepared

[1] 2018 Grant Year runs from March 1, 2017 through February 28, 2018; 2019 Grant Year runs from March 1, 2018 through February 28, 2019; 2020 Grant Year runs from March 1, 2019 through February 26, 2020.

NOTES:

- N/T[2] Not Tracked. CAREWare was not set up to track goals specific to mental health treatment. Tracking of mental health services pertained to attending support groups.
- N/A[3] Not Applicable. The Community Outreach Medical Center did not receive funding in grant years 2018 and 2019.

Medical Transportation Program Goals and Measures Grant Year 2018 – 2020 [1]

Goal #	Goal Name	Performance Measure	Target	2017	2018	2019
1	Service Delivery	Minimum number of unduplicated clients shall receive Medical Transportation services during the award period.	25	19	27	38
2	Service Delivery	Minimum number of service units to be provided each month during the award period in Medical Transportation.	10	11	7	11
3	Eligible Utilization of Bus Passes	Percentage of Medical Transportation service encounters for bus pass utilization which will have documentation in the client file of eligible appointment/utilization.	95%	88%	100%	91%
4	Eligible Utilization of Bus Passes	Percentage of Medical Transportation service encounters for bus pass utilization which will have documentation in the client file of proof of service/appointment received.	95%	31%	33%	60%
5	Eligible Utilization of Van Transportation	Percentage of Medical Transportation service van encounters which will have documentation in CAREWare corresponding to the date of service on the provider log for all Medical Transportation service van encounters.	95%	N/A[4]	N/A[4]	N/A[4]
6	Van Transportation Requirements Met	Percentage of Medical Transportation service van transportation specific contract requirements which will be submitted to the grantee at the end of the grant year including: Vehicle Maintenance; Registration/Insurance; Drivers defensive driving and CPR course completion; Log ensuring van was not utilized for outside activities; Preventative maintenance schedules; Receipts and logs; Copies of repair receipts; Quarterly review of clients need for transportation services with case management staff.	100%	N/A[4]	N/A[4]	N/A[4]

Source: Auditor Prepared

[1] 2018 Grant Year runs from March 1, 2017 through February 28, 2018; 2019 Grant Year runs from March 1, 2018 through February 28, 2019; 2020 Grant Year runs from March 1, 2019 through February 26, 2020.

NOTES:

- N/A[4] Not Applicable. Program goal and measure not tracked by Social Service or the Community Outreach Medical Center. The Center does not own a van.

Medical Nutrition Therapy Program Goals and Measures Grant Year 2018 – 2020 [1]

Goal #	Goal Name	Performance Measure	Target	2017	2018	2019
1	Service Delivery	Minimum number of unduplicated clients shall receive Medical Nutrition Therapy services during the award period.	5	N/A[5]	N/A[6]	N/A[6]
2	Service Delivery	Minimum number of service units to be provided each month during the award period in Medical Nutrition Therapy.	2	N/A[5]	N/A[6]	N/A[6]
3	Intake and Initial Assessment	Percentage of clients who receive a comprehensive intake an initial assessment: 24-hour Dietary Recall; Nutrition and Wellness Assessment; Individualized Nutrition Plan (if applicable)	85%	N/A[5]	N/A[6]	N/A[6]
4	Reassessment	Percentage of clients who will receive a comprehensive six-month reassessment: 24-hour Dietary Recall; Nutrition and Wellness Assessment; Individualized Nutrition Plan (if applicable)	85%	N/A[5]	N/A[6]	N/A[6]
5	Discharge Note	Percentage of clients discharged who will have a discharge note documenting the date and reason for discharge.	85%	N/A[5]	N/A[6]	N/A[6]

Source: Auditor Prepared

[1] 2018 Grant Year runs from March 1, 2017 through February 28, 2018; 2019 Grant Year runs from March 1, 2018 through February 28, 2019; 2020 Grant Year runs from March 1, 2019 through February 26, 2020.

NOTES:

- N/A[5] Not Applicable. No Medical Nutrition Therapy services provided. Funds were used for eligible services with greater need.
- N/A[6] Not Applicable. No funding awarded for 2018 and 2019 grant years.

Health Education/Risk Reduction Program Goals and Measures Grant Year 2018 – 2020 [1]

Goal #	Goal Name	Performance Measure	Target	2017	2018	2019
1	Service Delivery	Minimum number of unduplicated clients shall receive Health Education/Risk Reduction services during the award period.	100	127	186	176
2	Service Delivery	Minimum number of unduplicated clients shall receive Health Education/Risk Reduction services during the award period.	25	26	114	52

Source: Auditor Prepared

Food Bank/Home Delivered Meals Program Goals and Measures Grant Year 2018 – 2020 [1]

Goal #	Goal Name	Performance Measure	Target	2017	2018	2019
1	Service Delivery	Minimum number of unduplicated clients shall receive Food Bank/Home Delivered Meals services during the award period.	50	64	51	24
2	Service Delivery	Minimum number of service units to be provided each month during the award period in Food Bank/Home Delivered Meals.	20	33	14	10

Source: Auditor Prepared

[1] 2018 Grant Year runs from March 1, 2017 through February 28, 2018; 2019 Grant Year runs from March 1, 2018 through February 28, 2019; 2020 Grant Year runs from March 1, 2019 through February 26, 2020.