

STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

GRETCHEN WHITMER GOVERNOR

LANSING

ELIZABETH HERTEL DIRECTOR

May 13, 2022

Rick Lowe, Chief Internal Auditor Office of Internal Audit Services George W. Romney Building 111 South Capitol Avenue, 8<sup>th</sup> Floor Lansing, Michigan 48913

Dear Mr. Lowe:

In accordance with the State of Michigan, Financial Management Guide, Part VII, attached is the summary table identifying our responses and corrective action plans to address recommendations contained within the Office of the Auditor General's Performance Audit of 2021 Aging and Adult Services Agency Follow-Up.

Questions regarding the summary table or corrective action plans should be directed to me at 517-241-4237 or MyersP3@michigan.gov.

Sincerely,

## Pam Myers

Pam Myers, Director Bureau of Audit

PM:wb

Enclosure

c: Office of the Auditor General House Fiscal Agency Senate Fiscal Agency Executive Office DHHS, David Knezek DHHS, Farah Hanley House Appropriations Committee House Standing Committee Senate Appropriations Committee Senate Standing Committee DHHS, Scott Wamsley

## PERFORMANCE AUDIT OF 2021 OAG AGING AND ADULT SERVICES AGENCY FOLLOW-UP

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

AUDIT RESPONSE

Approved:\_

Farah A. Hanley, Chief Health Director Department of Health and Human Services

Date: 04/15/2022



# **AUDIT REPORT SUMMARY**

DEPARTMENT:	Aging & Adult Services Agency	
AUDIT PERIOD:	October 1, 2019 through September 30, 2020	
REPORT DATED:	October 14, 2021	

# **DISPOSITION OF AUDIT RECOMMENDATIONS**

CITATIONS	CITATIONS TO BE	CITATIONS DHHS DID
COMPLIED WITH	COMPLIED WITH	NOT AGREE WITH
Finding 1		

## Audit Response Performance Audit 2021 OAG Aging and Adult Services Agency Follow-up Department of Health and Human Services October 1, 2019 through September 30, 2020

#### <u>Recommendation 1:</u> <u>Improvement needed in monitoring and oversight of subcontracted service</u> provider activities

We recommend that AASA ensure that local agency staff and AASA field representatives conduct monitoring and oversight of subcontracted service provider activities as required.

#### <u>Response</u>

MDHHS agrees.

During the audit period, AASA was challenged with competing priorities due to the COVID-19 pandemic which caused a delay in performing oversight and monitoring of subcontracted service provider activities. In addition, at the beginning of calendar year 2020, an AASA staff person who had a significant role in oversight and monitoring provided short-term notice of retirement. With the local office restrictions in place because of COVID, AASA staff were not able to get into the office where the files were located on a timely basis which caused a delay in determining outstanding oversight still necessary.

AASA has filled the staff vacancy and all oversight and monitoring deficiencies cited in the finding have been completed. AASA has also developed a tracking spreadsheet to help ensure that all assessments are completed in a timely manner.

AASA reviews a list of local agency subcontractors, including POS providers, for Aging programs in place during the fiscal year being assessed. Although a POS provider may not have incurred expenditures in the year that is being assessed, they must still be compliant with program requirements because a POS provider could receive a call for immediate services. AASA has since instructed field representatives to review the Financial Summary Profile Report and select POS providers that were utilized during the assessment period. If there are no POS providers with expenditures in the selection, then the field representative is required to select two additional local agency subcontractors with expenditures for review.