Arkansas



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LEGISLATIVE JOINT AUDITING COMMITTEE ARKANSAS LEGISLATIVE AUDIT

December 1, 2022

Legislative Joint Auditing Committee 500 Woodlane Street, Suite 172 Little Rock, AR 72201-1099

During its September 2021 meeting, the Executive Committee of the Legislative Joint Auditing Committee (LJAC) approved a request for Arkansas Legislative Audit (ALA) to review the expenses associated with contracts for COVID-19 contact tracing at the Arkansas Department of Health (ADH). We inquired of ADH staff and others to develop our understanding of contact tracing costs.

Based on our discussions with ADH, COVID-19 costs in general can be coded to a variety of funds, fund centers, cost centers, and internal orders within the Arkansas Administrative Statewide Information System (AASIS). Contact tracing charges specifically were coded to general ledger #5080015000 (02 MiscTech SrvNonIT) and coded to Fund Center 34PV (COVID-19 Response) within Business Area 0645 (ADH). However, other services that are not contact tracing are also coded to this account. As a result, AASIS reports must be filtered and adjusted to obtain only the desired cost information. With the assistance of ADH, ALA identified five purchase orders (PO) to four vendors for contact tracing activities:

- 1. Arkansas Foundation for Medical Care (AFMC).
- 2. General Dynamics Information Technology (GDIT).
- 3. University of Arkansas for Medical Sciences (UAMS).
- 4. Northwest Arkansas Council Foundation (NWAC).

Purchase orders within AASIS are associated with contracts/agreements and are used to accumulate costs and ensure that a contract/agreement is not overspent. Contact tracing contracts began in FY2021, and the amounts included in the table on page 2 represent expenses assigned to specific POs in AASIS through June 30, 2022. Contact tracing contracts/agreements were paid 100% with federal funds.

AFMC, GDIT, and UAMS were part of a comprehensive, statewide COVID-19 contact tracing system. Contract requirements for AFMC and GDIT included (but were not limited to) managing call centers, contacting patients and suspected patients, providing educational health/medical information and guidance, and coordinating social assistance. UAMS had similar expectations but with defined target populations, such as colleges and universities and specific cultural communities. The vendors provided weekly contact reports, and each vendor's most recent report, which included cumulative data from prior months, was available on the ADH website.

According to ADH, contact tracing activities ceased on January 17, 2022, but case investigation continued. Therefore, the existing POs were amended to cover case investigation activities. ALA requested definitions of "contact tracing" and "case investigation" from ADH and was supplied with the following:

- Contact Tracing: Contacts of positive patients are located and informed of their situation, educated, isolated or quarantined, and supported during their period of illness.
- Case Investigation: Investigation of positive patient to determine close contacts; provide education, health/medical information, and guidance to each patient/household; enroll patient in Sara Alert; and continue follow-up with each patient until released from quarantine/isolation.

Contact Tracing Contracts and Agreements				
Vendor	Target Population/ Activities	PO #	PO Maximum	Cumulative Expense as of June 30, 2022
AFMC	Statewide	4501961806	\$ 52,688,300	\$ 41,631,272
GDIT	Statewide	4501957079	52,454,894	47,391,201
UAMS	Higher education and Marshallese and Latino communities	4501971062	6,473,175	6,473,175
UAMS &	Communication and	4501973826	1,692,854	1,692,854
NWAC	support for community-based organizations for isolation/quarantine, enhanced case management, and testing in the Marshallese and Spanish language communities	4501975395	2,600,047	2,600,047
			Total	\$ 99,788,549

If we can provide additional information regarding these matters, please do not hesitate to contact us.

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