State of Arkansas

Single Audit Report

For the Year Ended June 30, 2019
Submit your questions and I'll do my best to help. What would you like to know about this document?
The Single Audit Act, as amended in 1996, was enacted to streamline the effectiveness of audits of federal awards. The Single Audit Act gives the Office of Management and Budget (OMB) the authority to develop government-wide guidelines and policy on performing audits to comply with the Act. OMB issued Uniform Guidance (2 CFR § 200) to establish audit guidelines and policies on all aspects of managing federal awards. A Single Audit under Uniform Guidance is required to determine whether:

- The State’s financial statements are presented fairly, in all material respects, in conformity with generally accepted accounting principles (GAAP).
- The Schedule of Expenditures of Federal Awards (SEFA) is presented fairly, in all material respects, in relation to the State’s financial statements taken as a whole.
- The State has adequate internal controls in place to ensure compliance with the requirements of various federal awards.
- The State has complied with federal statutes, regulations, and the terms and conditions of federal awards that may have a direct and material effect on each of its major programs.

The State of Arkansas Single Audit for the fiscal year ended June 30, 2019, as performed by Arkansas Legislative Audit, meets these requirements.

Expenditures of federal awards have varied over the past five years, remaining approximately $9 billion. The chart below depicts the five-year trend of expenditures of federal awards. The 2019 Single Audit includes federal expenditures from 413 federal programs.
In accordance with Uniform Guidance, larger federal programs are identified and labeled as Type A. The following table outlines how the Type A programs for the State of Arkansas were identified.

### Type A Program Determination

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total expenditures of federal awards</td>
<td>$9,422,710,989</td>
</tr>
<tr>
<td>Three-tenths of one percent x 0.003</td>
<td>0.003</td>
</tr>
<tr>
<td>Type A threshold</td>
<td>$28,268,133</td>
</tr>
</tbody>
</table>

All federal programs with expenditures of at least $28,268,133 were labeled Type A. All other federal programs were labeled Type B. Of the 413 federal programs represented in the June 30, 2019, State of Arkansas Single Audit, 20 were Type A programs with expenditures totaling $8,733,645,012, which is 93% of total expenditures, and 393 were Type B programs with expenditures totaling $689,065,977, which is 7% of total expenditures.

### Type A and Type B Programs

#### Expenditures of Federal Awards

- **Type A Programs**: 93%
- **Type B Programs**: 7%

Uniform Guidance requires the auditor to perform risk assessments on all Type A programs and to audit, as major, each Type A program assessed as high-risk based on various risk factors. There were 20 Type A programs and the risk assessments performed identified 9 of those programs as high-risk or major. The **Type A major programs** are:

- Child Nutrition Cluster
- Medicaid Cluster
- Special Supplemental Nutrition Program for Women, Infants, and Children
- Child and Adult Care Food Program
- Children’s Health Insurance Program
- CCDF Cluster
- Research and Development Cluster
- National Guard Military Operations and Maintenance (O&M) Projects
- Federal Family Education Loans
Additionally, Uniform Guidance requires the auditor to perform risk assessments on larger Type B programs with expenditures that exceed 25% of the Type A threshold; the auditor is not expected to perform risk assessments on the relatively small federal programs.

<table>
<thead>
<tr>
<th>Threshold for Type B Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type A Threshold</td>
</tr>
<tr>
<td>25%</td>
</tr>
<tr>
<td>Threshold of Type B programs</td>
</tr>
</tbody>
</table>

The auditor is not required to select as major, more high-risk Type B programs than at least one-fourth of the Type A programs identified as low-risk. Eleven low-risk Type A programs were identified, so three high-risk Type B programs were selected as major. The **Type B major programs** are:

- Clean Water State Revolving Fund Cluster
- Drinking Water State Revolving Fund Cluster
- Head Start

For the year ended June 30, 2019, major program expenditures represented approximately 67% of total expenditures of federal awards.

**Fiscal Year 2019**  
**Major vs. Non-Major Programs**  
$9,422,710,989
Five state departments expended the majority (84%) of federal awards, as noted below:

- Department of Human Services 68%
- Arkansas Department of Transportation 6%
- Department of Education 6%
- University of Arkansas, Fayetteville 2%
- Arkansas Development Finance Authority 2%
- Other Departments 16%

The State received federal awards from 29 different federal agencies. Most of the federal awards (95%) came from four federal agencies as follows:

- US Department of Health and Human Services 65%
- US Department of Education 15%
- US Department of Agriculture 9%
- US Department of Transportation 6%
- Other Departments 5%

The audit resulted in 21 findings regarding non-compliance and deficiencies in internal control over compliance for 3 of the 12 major programs identified on page 15. As illustrated below, 9 of the 21 findings, or 43%, were repeat findings. Repeat findings indicate that an agency has not taken adequate measures to correct non-compliance and deficiencies in internal control over compliance reported in the previous Single Audit. The Schedule of Findings and Questioned Costs is located on page 18.
The number of findings reported in the Single Audit has fluctuated over the past five years as illustrated in the chart below.

### Trend of Findings over Past 5 Years

<table>
<thead>
<tr>
<th>Administered By/Program</th>
<th>SFY 2015</th>
<th>SFY 2016</th>
<th>SFY 2017</th>
<th>SFY 2018</th>
<th>SFY 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Title I</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ADEM</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Disaster</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ADH</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medicaid</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ARS</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rehab</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DHS</td>
<td>19</td>
<td>25</td>
<td>21</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>CACFP</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>CHIP</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>CNC</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>FC</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>LIHEAP</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medicaid</td>
<td>11</td>
<td>12</td>
<td>7</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Medicaid/CHIP</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Rehab</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Various</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DWS</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
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<tr>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>PCCUA</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SFA</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>UAM</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SFA</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>UAMS</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>H1-B</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Head Start</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>R&amp;D/Head Start</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>SFA</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>30</strong></td>
<td><strong>29</strong></td>
<td><strong>23</strong></td>
<td><strong>25</strong></td>
<td><strong>21</strong></td>
</tr>
</tbody>
</table>

**Legend - Programs:**

- CACFP: Child and Adult Care Food Program
- Rehab: Vocational Rehabilitation_Grants to States
- FC: Foster Care_Title IV-E
- Medicaid: Medical Assistance Program (Medicaid Cluster)
- CHIP: Children's Health Insurance Program
- Various: Various Federal Programs
- LIHEAP: Low-Income Home Energy Assistance Program
- CNC: Child Nutrition Cluster
- TANF: Temporary Assistance for Needy Families
- Title I: Title I Grants to Local Educational Agencies
- Disaster: Disaster Grants - Public Assistance
- SFA: Student Financial Assistance Cluster
- H1-B: H1-B Job Training Grants
- R&D: Research and Development Cluster (Various programs)

**Legend - Agencies/Higher Education Institutions:**

- DHS: Arkansas Department of Human Services
- ARS: Arkansas Rehabilitation Services
- ADH: Arkansas Department of Health
- UAMS: University of Arkansas for Medical Sciences
- PCCUA: Phillips Community College of University of Arkansas
- UKM: University of Arkansas at Monticello
- ADEM: Arkansas Department of Emergency Management
- ADE: Arkansas Department of Education
- DWS: Arkansas Department of Workforce Services
Many findings result in questioned costs. Uniform Guidance defines “questioned costs” as costs that resulted from a violation or possible violation of a statute, regulation, or the terms and conditions of a federal award, including funds used to match federal funds; where the costs, at the time of the audit, are not supported by adequate documentation; or where the costs incurred appear unreasonable and do not reflect the actions a prudent person would take in the circumstances.

The table below depicts findings with questioned costs that were not resolved by the federal awarding agency as reported in the June 30, 2018 Single Audit. In addition, the table notes each finding’s questioned costs status including recoupments, other adjustments, or recoupments not required, as of September 30, 2019.

<table>
<thead>
<tr>
<th>Federal Program</th>
<th>Finding #</th>
<th>Questioned Costs</th>
<th>Recoupment</th>
<th>Other Adjustment</th>
<th>Recoupment not required</th>
<th>Outstanding Balance (as of September 30, 2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>Rehabilitation Services</td>
<td>2016-005</td>
<td>$5,719</td>
<td>$4,011</td>
<td>$1,708</td>
<td>$0</td>
</tr>
<tr>
<td>2017</td>
<td>CACFP</td>
<td>2017-002</td>
<td>645</td>
<td>645</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CACFP</td>
<td>2017-003</td>
<td>13,977</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medicaid and CHIP</td>
<td>2017-011</td>
<td>8,337,709</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2018</td>
<td>CACFP</td>
<td>2018-002</td>
<td>1,339,409</td>
<td></td>
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<tr>
<td></td>
<td>Medicaid and CHIP</td>
<td>2018-005</td>
<td>146,619</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Medicaid and CHIP</td>
<td>2018-006</td>
<td>1,779</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Medicaid and CHIP</td>
<td>2018-007</td>
<td>13,572</td>
<td>13,572</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHIP</td>
<td>2018-010</td>
<td>4,920,931</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medicaid</td>
<td>2018-012</td>
<td>475</td>
<td>475</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medicaid</td>
<td>2018-013</td>
<td>2,073</td>
<td>492</td>
<td>1,581</td>
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<tr>
<td></td>
<td>Medicaid</td>
<td>2018-014</td>
<td>376,595</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Medicaid</td>
<td>2018-015</td>
<td>47,343,219</td>
<td></td>
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<tr>
<td></td>
<td>Medicaid</td>
<td>2018-016</td>
<td>12,421</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medicaid</td>
<td>2018-017</td>
<td>392,746</td>
<td>4,766</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medicaid</td>
<td>2018-019</td>
<td>209,046</td>
<td>209,046</td>
<td></td>
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<tr>
<td></td>
<td>Medicaid</td>
<td>2018-021</td>
<td>2,882</td>
<td></td>
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</tr>
<tr>
<td>Totals</td>
<td></td>
<td>$66,691,925</td>
<td>$232,362</td>
<td>0</td>
<td>$3,289</td>
<td></td>
</tr>
</tbody>
</table>

Legend:
- Rehabilitation Services
- Rehabilitation Services_Vocational Rehabilitation Grants to States
- CACFP Child and Adult Care Food Program
- CHIP Children's Health Insurance Program
Independent Auditor’s Reports

For the Year Ended June 30, 2019
Independent Auditor’s Report

The Honorable Asa Hutchinson, Governor, and Members of the Legislative Joint Auditing Committee
State of Arkansas:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States, the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of the State of Arkansas (the State) as of and for the year ended June 30, 2019, and the related notes to the financial statements, which collectively comprise the State’s basic financial statements, and have issued our report thereon dated December 23, 2019. Our report includes a reference to other auditors who audited the financial statements of the discretely presented component units, the University of Arkansas for Medical Sciences (a portion of the Higher Education Fund), the Construction Assistance Revolving Loan Fund (non-major enterprise fund), and the Other Revolving Loan Funds (non-major enterprise funds), as described in our report on the State’s financial statements. This report does not include the results of the other auditors’ testing of internal control over financial reporting or compliance and other matters that are reported on separately by those auditors. The financial statements of the University of Arkansas Foundation, Inc., and the University of Arkansas Fayetteville Campus Foundation, Inc. (discretely presented component units), were not audited in accordance with Government Auditing Standards.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the State’s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the State’s internal control. Accordingly, we do not express an opinion on the effectiveness of the State’s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity’s financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.
Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the State’s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under Government Auditing Standards.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity’s internal control or on compliance. This report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the entity’s internal control and compliance. Accordingly, this communication is not suitable for any other purpose. However, pursuant to Ark. Code Ann. § 10-4-417, all reports presented to the Legislative Joint Auditing Committee are matters of public record, and distribution is not limited.
Report on Compliance For Each Major Federal Program; 
Report on Internal Control Over Compliance; and 
Report on Schedule of Expenditures of Federal Awards 
Required by the Uniform Guidance

Independent Auditor's Report

The Honorable Asa Hutchinson, Governor,
and Members of the Legislative Joint Auditing Committee,
State of Arkansas:

Report on Compliance for Each Major Federal Program

We have audited the State of Arkansas’s compliance with the types of compliance requirements described in the OMB Compliance Supplement that could have a direct and material effect on each of the State’s major federal programs for the year ended June 30, 2019, except for the major federal programs listed below:

<table>
<thead>
<tr>
<th>Program/cluster title</th>
<th>Administered by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research and Development Cluster</td>
<td>University of Arkansas for Medical Sciences</td>
</tr>
<tr>
<td>Head Start</td>
<td>University of Arkansas for Medical Sciences</td>
</tr>
<tr>
<td>Federal Family Education Loans</td>
<td>Arkansas Development Finance Authority (Arkansas Student Loan Authority)</td>
</tr>
<tr>
<td>Clean Water State Revolving Fund Cluster</td>
<td>State of Arkansas Construction Assistance Revolving Loan Fund Program</td>
</tr>
<tr>
<td>Drinking Water State Revolving Fund Cluster</td>
<td>State of Arkansas Safe Drinking Water Revolving Loan Fund Program</td>
</tr>
</tbody>
</table>

Those major federal programs were audited by other auditors whose reports have been furnished to us, and our opinion, insofar as it relates to those major federal programs’ compliance with the types of compliance requirements described in the OMB Compliance Supplement, is based solely on the report of the other auditors. The State’s major federal programs are identified in the summary of auditor’s results section of the accompanying Schedule of Findings and Questioned Costs.

The State of Arkansas’s basic financial statements include the operations of the Disability Determination for Social Security Administration, which expended $45,535,909 in federal awards, which is not included in the State’s Schedule of Expenditures of Federal Awards during the year ended June 30, 2019. Our audit, described below, did not include the operations of Disability Determination for Social Security Administration because the entity engaged other auditors to perform an audit in accordance with the Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and audit Requirements for Federal Awards (Uniform Guidance) that is based on a September 30 year end.

Management’s Responsibility

Management is responsible for compliance with the requirements of federal statutes, regulations, and the terms and conditions of federal awards applicable to its federal programs.
Auditor’s Responsibility

Our responsibility is to express an opinion on compliance for each of the State’s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance).

Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the State’s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our qualified and unmodified opinions on compliance for major federal programs. However, our audit does not provide a legal determination of the State’s compliance.

Basis for Qualified Opinion on the Children’s Health Insurance Program and the Medical Assistance Program

As described in the accompanying Schedule of Findings and Questioned Costs, the State did not comply with requirements regarding the Children’s Health Insurance Program (CFDA 93.767) and the Medical Assistance Program (CFDA 93.778), as described in finding numbers 2019-006 for Special Tests and Provisions – Provider Eligibility (Fee-for-service) and 2019-007 for Special Tests and Provisions – Provider Eligibility (Managed Care Organization), and regarding the Medical Assistance Program (CFDA 93.778), as described in finding number 2019-017 for Matching, Level of Effort, Earmarking. Compliance with such requirements is necessary, in our opinion, for the State to comply with the requirements applicable to that program.

Qualified Opinion on the Children’s Health Insurance Program and the Medical Assistance Program

In our opinion, except for the noncompliance described in the Basis for Qualified Opinion paragraph, the State complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on the Children’s Health Insurance Program and the Medical Assistance Program for the year ended June 30, 2019.

Unmodified Opinion on Each of the Other Major Federal Programs

In our opinion, the State complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its other major federal programs identified in the summary of auditor’s results section of the accompanying Schedule of Findings and Questioned Costs for the year ended June 30, 2019.

Other Matters

The results of our auditing procedures disclosed other instances of noncompliance, which are required to be reported in accordance with the Uniform Guidance and which are described in the accompanying Schedule of Findings and Questioned Costs as items 2019-001 through 2019-003, 2019-005, 2019-008 through 2019-016, 2019-018 through 2019-019, and 2019-021. Our opinion on each major federal program is not modified with respect to these matters.

The State’s response to the noncompliance findings identified in our audit is described in the accompanying Schedule of Findings and Questioned Costs and Corrective Action Plan. The State’s response was not
subjected to the auditing procedures applied in the audit of compliance, and accordingly, we express no opinion on the response.

Report on Internal Control over Compliance

Management of the State is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above.

In planning and performing our audit of compliance, we considered the State’s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the State’s internal control over compliance.

Our consideration of internal control over compliance was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and, therefore, material weaknesses or significant deficiencies may exist that have not been identified. However, as discussed below, we did identify certain deficiencies in internal control over compliance that we consider to be material weaknesses and significant deficiencies.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct noncompliance with a type of compliance requirement of a federal program on a timely basis.

A material weakness in internal control over compliance is a deficiency or combination of deficiencies in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented or detected and corrected on a timely basis. We consider the deficiencies in internal control over compliance described in the accompanying Schedule of Findings and Questioned Costs as items 2019-001 through 2019-014, 2019-016 through 2019-018, and 2019-020 through 2019-021 to be material weaknesses.

A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance yet important enough to merit attention by those charged with governance. We consider the deficiencies in internal control over compliance described in the accompanying Schedule of Findings and Questioned Costs as items 2019-015, and 2019-019 to be significant deficiencies.

The State’s response to the internal control over compliance findings identified in our audit is described in the accompanying Schedule of Findings and Questioned Costs and Corrective Action Plan. The State’s response was not subjected to the auditing procedures applied in the audit of compliance, and accordingly, we express no opinion on the response.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.
Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

We have audited the financial statements of the State as of and for the year ended June 30, 2019, and have issued our report thereon dated December 23, 2019, which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole.

The accompanying Schedule of Expenditures of Federal Awards is presented for purposes of additional analysis as required by Uniform Guidance and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In our opinion, the Schedule of Expenditures of Federal Awards is fairly stated in all material respects in relation to the financial statements as a whole.

ARKANSAS LEGISLATIVE AUDIT

Roger A. Norman, JD, CPA, CFE, CFF
Legislative Auditor

Little Rock, Arkansas
February 18, 2020, except for the
Schedule of Expenditures of Federal
Awards, dated December 23, 2019
State of Arkansas Single Audit

Schedule of Findings and Questioned Costs

For the Year Ended June 30, 2019
Audit findings regarding compliance and internal controls over compliance for the major programs are disclosed on the following pages. Each finding has been evaluated and assigned one or more of the following designations:

- **Material Noncompliance** with the provisions of federal statutes, regulations, or terms and conditions of federal awards related to a major program. The determination of whether noncompliance is material for the purpose of reporting is in relation to 1 of the 12 types of compliance requirements for a major program identified in the OMB Uniform Guidance Compliance Supplement.

- **Noncompliance** with the provisions of federal statutes, regulations, or terms and conditions of federal awards related to a major program

- **Material Weakness** in internal control over compliance. A deficiency, or combination of deficiencies, in internal control over compliance such that there is a reasonable possibility that material noncompliance with a type of compliance requirement will not be prevented or detected and corrected timely.

- **Significant Deficiency** in internal control over compliance. A deficiency, or combination of deficiencies, in internal control over compliance with a type of compliance requirement that is less severe than a material weakness yet important enough to merit attention by those charged with governance.

In addition, known questioned costs that are greater than $25,000 for a type of compliance requirement for a major program are required to be reported. Questioned costs are questioned by the auditor because of an audit finding (a) that resulted from a violation or possible violation of a statute, regulation, or the terms and conditions of a federal award, including funds used to match federal funds; b) for which the costs, at the time of the audit, are not supported by adequate documentation; or (c) for which the costs incurred appear unreasonable and do not reflect the actions a prudent person would take in the circumstances.

As part of the audit process, the findings were provided to the applicable State/Educational Agency (Agency) for management’s response. The responses were prepared by management of each Agency and are included at the end of each finding beginning on page 18 under the caption “Views of Responsible Officials and Planned Corrective Action.” The responses include the planned corrective action, the anticipated completion date, and the Agency contact.

We have presented our findings, generally, by Federal Grantor Agency, State/Educational Agency, and Catalog of Federal Domestic Assistance Number (CFDA). Each finding is assigned a seven-digit reference number (e.g., 2019-xxx). The first set of digits represents the fiscal year audited, and the second set represents the sequential finding number. An index of the findings is located on page 17.
Section I - Summary of Auditor’s Results

**Financial Statements**

- Type of auditor’s report issued: [Unmodified]
- Internal control over financial reporting:
  - Material weakness(es) identified? [Yes] [No] [X]
  - Significant deficiency(s) identified not considered to be a material weakness(es)? [Yes] [None reported] [X]
  - Noncompliance material to financial statements noted? [Yes] [No] [X]

**Federal Awards**

- Internal control over major programs:
  - Material weakness(es) identified? [X] [Yes] [No]
  - Significant deficiency(s) identified not considered to be a material weakness(es)? [X] [Yes] [None reported]

- Type of auditor’s report issued on compliance for major programs: [Unmodified*]
  *Except for the programs listed on page 10 of this report, which were Qualified*

- Any audit findings disclosed that are required to be reported in accordance with 2 CFR § 200.516(a) [X] [Yes] [No]

- Dollar threshold used to distinguish between Type A and Type B programs: $28,268,133

- Auditee qualified as low-risk auditee? [Yes] [X] [No]
<table>
<thead>
<tr>
<th>CFDA Number(s)</th>
<th>Name of Cluster or Federal Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.553, 10.555, 10.559</td>
<td>Child Nutrition Cluster</td>
</tr>
<tr>
<td>93.575, 93.596</td>
<td>CCDF Cluster</td>
</tr>
<tr>
<td>66.458</td>
<td>Clean Water State Revolving Fund Cluster</td>
</tr>
<tr>
<td>66.468</td>
<td>Drinking Water State Revolving Fund Cluster</td>
</tr>
<tr>
<td>93.775, 93.777, 93.778</td>
<td>Medicaid Cluster</td>
</tr>
<tr>
<td>Various</td>
<td>Research and Development Cluster</td>
</tr>
<tr>
<td>10.557</td>
<td>Special Supplemental Nutrition Program for Women, Infants and Children</td>
</tr>
<tr>
<td>10.558</td>
<td>Child and Adult Care Food Program</td>
</tr>
<tr>
<td>12.401</td>
<td>National Guard Military Operations and Maintenance (O&amp;M) Projects</td>
</tr>
<tr>
<td>84.032</td>
<td>Federal Family Education Loans</td>
</tr>
<tr>
<td>93.600</td>
<td>Head Start</td>
</tr>
<tr>
<td>93.767</td>
<td>Children's Health Insurance Program</td>
</tr>
</tbody>
</table>
Section II – Financial Statement Findings

No findings reported
State of Arkansas  
Schedule of Findings and Questioned Costs  
For the Year Ended June 30, 2019  

Section III - Federal Award Findings and Questioned Costs

<table>
<thead>
<tr>
<th>Federal Program Name</th>
<th>Page Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas Department of Human Services</td>
<td></td>
</tr>
<tr>
<td>Child and Adult Care Food Program</td>
<td>18 - 19</td>
</tr>
<tr>
<td>State Administrative Expenses for Child Nutrition</td>
<td>18 - 19</td>
</tr>
<tr>
<td>Medicaid Cluster</td>
<td>20 - 36; 39 - 70</td>
</tr>
<tr>
<td>Children's Health Insurance Program</td>
<td>20 - 38</td>
</tr>
</tbody>
</table>
Finding Number: 2019-001
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 10.558 – Child and Adult Care Food Program
10.560 – State Administrative Expenses for Child Nutrition
Federal Awarding Agency: U.S. Department of Agriculture
Federal Award Number(s): 6AR300322; 6AR300342; 6AR300302
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Cash Management
Type of Finding: Noncompliance and Material Weakness

Repeat Finding:
A similar issue was reported in prior-year finding 2018-002.

Criteria:
In accordance with 2 CFR § 200.400(b), a non-federal entity assumes responsibility for administering federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the federal award.

Condition and Context:
The Agency receives the following grant awards for reimbursement payments to meal providers and sponsoring organizations:

1) CNP Block Consolidated (CFDA 10.555).
2) CNP CACFP Cash in Lieu (CFDA 10.558).
3) CNP CACFP Sponsor Administrative (CFDA 10.558).

The Agency receives the State Administrative Expenses (SAE) for Child Nutrition grant award (CFDA 10.560) for costs incurred to administer Child Nutrition programs, including CACFP.

Discussions with managerial accounting staff during the 2017 Statewide Single Audit revealed the practice of drawing funds for sponsor administrative and cash in lieu (CIL) expenditures from the CNP Block grant award and “repaying” the CNP Block grant award during the closeout period and when additional funds became available.

ALA correspondence with the federal awarding agency indicated that each grant award has a designated purpose, and funds are not to be used interchangeably among the grant awards. This correspondence was shared with the Agency’s managerial accounting staff on January 24, 2018, and with Agency management on February 8, 2018.

According to the Agency, corrective action was taken on or around October 1, 2018, to correct errors regarding the unallowable use of federal awards noted in the 2018 Single Audit.

ALA reviewed 39 cash draws that were completed in state fiscal year 2019 to determine if the Agency corrected its unallowable practices. The review of cash draws completed prior to October 1, 2018, revealed the following:

- $164,969 of CIL expenditures, $38,824 of sponsor administrative expenditures, and $33,852 of state administrative expenditures were inappropriately drawn from the CNP Block grant award.

Additionally, the review of cash draws completed on or after October 1, 2018, revealed the following:

- $246,959 of CIL expenditures and $51,624 of sponsor administrative expenditures were inappropriately drawn from the CNP Block grant award.
- $694,736 of meal reimbursement expenditures and $16,668 sponsor administrative expenditures were inappropriately drawn from the CIL grant award.
- $20,510 of CIL expenditures that occurred during federal fiscal year 2018 were inappropriately drawn from the federal fiscal year 2019 CIL grant award.
Finding Number: 2019-001 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 10.558 – Child and Adult Care Food Program
                                            10.560 – State Administrative Expenses for Child Nutrition
Federal Awarding Agency: U.S. Department of Agriculture
Federal Award Number(s): 6AR300322; 6AR300342; 6AR300302
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Cash Management
Type of Finding: Noncompliance and Material Weakness

Condition and Context (Continued):
Lastly, review of four cash draws from the SAE for Child Nutrition grant award revealed the following:

- $238,973 of meal reimbursement expenditures and $19,352 of sponsor administrative expenditures were inappropriately drawn from the SAE for Child Nutrition grant award.

ALA noted that managerial accounting staff prepared book entries to correct the erroneous drawing of funds from the CNP Block grant award for sponsor administrative expenditures and state administrative expenditures.

Statistically Valid Sample:
Not a statistically valid sample

Questioned Costs:
$1,526,467

Cause:
The Agency did not establish procedures to ensure grant awards were adequately funded prior to processing federal cash draws.

Effect:
Funds were drawn for unallowable expenditures of the federal awards.

Recommendation:
ALA staff recommend the Agency establish procedures to ensure that staff properly monitor federal cash draws by reconciling with allowable expenditures and request additional funds when necessary.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with the finding. Subsequent to a similar finding in 2018, the agency corrected a programming error in its accounting dashboard system that was identified as the root cause of the error. For the current finding, the agency has identified the root cause of all the cash management issues as a result of incorrect fund mapping in the accounting dashboard system or adhoc draws that were incorrectly requested due to human error. The agency has worked with its contractor to create more specificity in the dashboard to link subaccounts to awards and program codes in order to prevent drawing from the wrong subaccount. Additionally, on January 29, 2020 the agency updated its Daily Draw Procedures and Policies to revise the process for completing adhoc draws.

Anticipated Completion Date: Complete

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Department of Human Services
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Finding Number: 2019-002
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5021; 05-1905AR5021 (Children’s Health Insurance Program)
05-1805AR5MAP; 05-1905AR5MAP (Medicaid Cluster)
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Activities Allowed or Unallowed – Claims Payments
Type of Finding: Noncompliance and Material Weakness
Repeat Finding: A similar issue was reported in prior-year finding 2018-007.

Criteria:
In accordance with 45 CFR § 75.302(b)(7), a non-federal entity must establish written procedures to implement and determine the allowability of costs in accordance with Uniform Administrative Requirements, Cost Principles, and Audit Requirements, as well as the terms and conditions of the federal award.

In addition, 45 CFR § 75.303 states that a non-federal entity must:

- Establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the award. These controls should be in compliance with Green Book or COSO guidance.
- Evaluate and monitor its compliance with the award.
- Take prompt action when instances of noncompliance are identified, including noncompliance identified in audit findings.

This includes ensuring that claims paid because of manual or “forced” overrides are appropriate and sufficiently documented.

Condition and Context:
ALA requested the Agency’s written, “documented” procedures of controls over compliance for claims payments. Although the Agency provided documentation, it was dated subsequent to June 30, 2019. As a result, ALA concluded that written, “documented” procedures were not maintained during the audit period.

In addition, ALA staff reviewed 60 claims initially suspended in the Medicaid Management Information System (MMIS) but subsequently paid to determine if the claims were appropriately processed, in accordance with the established guidance in the Arkansas Resolution Manual (Manual). The Manual provides guidance regarding methods of correction for claims that are suspended due to system edits and audits. Methods of correction for claims include making manual adjustments to allow system processing, forcing the claim through the system for payment, or denying payment. Our review revealed the following deficiencies for four claims:

- One claim was suspended because it was identified as a duplicate. The Manual states that the appropriate method of correction is to deny the claim, but the Agency failed to follow the guidance in the Manual. Questioned costs totaled $307. (Note: The Agency recouped this amount from the provider subsequent to ALA testing.)
- One claim was suspended because the recipient had coverage under a private health insurance policy during the dates of service of the claim. The Manual states that the appropriate method of correction is to deny the claim, but the Agency failed to follow the guidance in the Manual. Questioned costs totaled $287. (Note: The Agency recouped this amount from the provider subsequent to ALA testing.)
Finding Number: 2019-002 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5021; 05-1905AR5021 (Children’s Health Insurance Program)
05-1805AR5MAP; 05-1905AR5MAP (Medicaid Cluster)
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Activities Allowed or Unallowed – Claims Payments
Type of Finding: Noncompliance and Material Weakness

Condition and Context (Continued):
- Two claims were suspended because they were missing a Medicare paid date. The Manual does not contain a method of correction directing a reviewer to manually override these claims. Questioned costs totaled $450.

Statistically Valid Sample:
Not a statistically valid sample

Questioned Costs:
$1,044 (Medicaid Cluster)

Cause:
The Agency has experienced staff turnover and did not develop or adequately document internal control procedures for its staff. These factors contributed to the Agency not having effective procedures in place to ensure that claims were being manually-forced for payment, in accordance with the documented, allowable methods contained in the Arkansas Resolution Manual.

Effect:
Failure to document and implement appropriate procedures for internal controls limits the Agency’s ability to adequately monitor the program for possible improper payments and noncompliance. For example, claims initially suspended and subsequently processed for payment could be unallowable.

Recommendation:
ALA staff recommend the Agency develop and document internal control procedures over claims payments to aid in ensuring compliance and proper payments.
In addition, ALA staff recommend the Agency specifically strengthen policies and procedures to ensure that the documented methods of correction included in the Arkansas Resolution Manual are complete and that the Agency adheres to these methods when manually forcing claims for payment.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with the finding. The agency has identified the root cause of the issue as human error. For two testing items, the agency noted that personnel at DXC, the contractor responsible for reviewing suspended claims in MMIS, had approved the claim in error. The payments for these claims have been recouped. Two of the claims were paid correctly and will not be recouped. Those payments were suspended as the result of a system error that has since been corrected by a CSR. The agency will develop a process to review a sample of claims that are suspended and then approved for payment by DXC. The agency will update its internal controls as necessary to comply with the guidelines of COSO or Greenbook.

Anticipated Completion Date: 5/10/2020
State of Arkansas  
Schedule of Findings and Questioned Costs  
For the Year Ended June 30, 2019

<table>
<thead>
<tr>
<th>Finding Number:</th>
<th>2019-002 (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State/Educational Agency(s):</td>
<td>Arkansas Department of Human Services</td>
</tr>
<tr>
<td>Pass-Through Entity:</td>
<td>Not Applicable</td>
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</tbody>
</table>
| CFDA Number(s) and Program Title(s): | 93.767 – Children’s Health Insurance Program  
93.778 – Medical Assistance Program  
(Medicaid Cluster) |
| Federal Awarding Agency: | U.S. Department of Health and Human Services |
| Federal Award Number(s): | 05-1805AR5021; 05-1905AR5021  
(Children’s Health Insurance Program)  
05-1805AR5MAP; 05-1905AR5MAP  
(Medicaid Cluster) |
| Federal Award Year(s): | 2018 and 2019 |
| Compliance Requirement(s) Affected: | Activities Allowed or Unallowed – Claims Payments |
| Type of Finding: | Noncompliance and Material Weakness |

Views of Responsible Officials and Planned Corrective Action (Continued):

Contact Person: Janet Mann  
Director, Division of Medical Services  
Department of Human Services  
700 Main Street  
Little Rock, AR 72201  
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janet.mann@dhs.arkansas.gov
State of Arkansas
Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2019

Finding Number: 2019-003
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5021; 05-1905AR5021 (Children’s Health Insurance Program)
05-1805AR5MAP; 05-1905AR5MAP (Medicaid Cluster)
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Activities Allowed or Unallowed; Eligibility
Type of Finding: Noncompliance and Material Weakness

Repeat Finding:
A similar finding was reported in prior-year finding 2018-006.

Criteria:
In accordance with 45 CFR § 75.303, a non-federal entity must:

- Establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the award. These controls should be in compliance with Green Book or COSO guidance.
- Evaluate and monitor its compliance with the award.
- Take prompt action when instances of noncompliance are identified, including noncompliance identified in audit findings.

In addition, eligibility standards that all CHIP recipients must meet are defined by 42 CFR §§ 457.310, 457.315, and 457.320.

Condition and Context:
Similar deficiencies were discovered during our review of two compliance areas and are noted below. The claims data was provided by the Agency’s OPTUM Group.

Activities Allowed or Unallowed - ALA staff selected 60 CHIP recipients to determine if the associated claims were allowable, in accordance with the CHIP state plan and federal guidelines. Our review of the CURAM benefit history tab revealed that 8 of the 60 CHIP recipients, with claims totaling $6,814, were shown as enrolled in Medicaid. However, the claims were being paid out of the CHIP federal award.

Eligibility - ALA staff selected 60 CHIP recipients to determine that the eligibility criteria were met. Our review of the CURAM benefit history tab revealed that 6 of the 60 CHIP recipients, with claims totaling $2,396, were shown as enrolled in Medicaid. However, the claims were being paid out of the CHIP federal award.

ALA discussed these discrepancies with Division of County Operations (DCO) staff to determine why these claims were being paid out of the CHIP federal award. DCO staff stated that the recipients were determined to be retroactively eligible for Medicaid due to a change in circumstances during the audit period (i.e., change in household income).

ALA also inquired of management about why the CHIP claims data was not adjusted to accurately reflect the activity. The Agency stated that management decided an adjustment was not necessary. However, CMS is requiring corrective action by the Agency because, during this time period, CHIP claims were federally reimbursed at 100% while Medicaid claims were federally reimbursed at a lower rate of 70.87% in the quarter ended September 30, 2018, and 70.51% in the remaining quarters ended December 31, 2018, March 31, 2019, and June 30, 2019.

Statistically Valid Sample:
Not a statistically valid sample
Finding Number: 2019-003 (Continued)

State/Educational Agency(s): Arkansas Department of Human Services

Pass-Through Entity: Not Applicable

CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
93.778 – Medical Assistance Program (Medicaid Cluster)

Federal Awarding Agency: U.S. Department of Health and Human Services

Federal Award Number(s): 05-1805AR5021; 05-1905AR5021 (Children’s Health Insurance Program)
05-1805AR5MAP; 05-1905AR5MAP (Medicaid Cluster)

Federal Award Year(s): 2018 and 2019

Compliance Requirement(s) Affected: Activities Allowed or Unallowed; Eligibility

Type of Finding: Noncompliance and Material Weakness

Questioned Costs: $9,210

(Known questioned costs greater than $25,000 are required to be reported. The auditor must also report known questioned costs when likely questioned costs are greater than $25,000.)

Cause: Adequate system processing controls have not been designed or implemented to ensure that claims for recipients are appropriately reflected.

Effect: Claims cannot be confirmed as accurately reported to the federal awarding agency and cannot be confirmed as funded at the appropriate federal rate.

Recommendation: ALA staff recommend the Agency immediately design and implement internal controls over compliance to ensure that CHIP and Medicaid recipients’ claims are accurately reported to the federal awarding agency.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with the finding. The Agency will develop a procedure to identify and adjust claims with a change in eligibility category caused by retroactive eligibility start dates.

Anticipated Completion Date: 4/30/2020

Contact Person: Sara Bradley
Chief Financial Officer
Department of Human Services
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sara.bradley@dhs.arkansas.gov
Finding Number: 2019-004  
State/Educational Agency(s): Arkansas Department of Human Services  
Pass-Through Entity: Not Applicable  
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program  
93.778 – Medical Assistance Program (Medicaid Cluster)  
Federal Awarding Agency: U.S. Department of Health and Human Services  
Federal Award Number(s): 05-1805AR5021; 05-1905AR5021 (Children’s Health Insurance Program)  
05-1805AR5MAP; 05-1905AR5MAP (Medicaid Cluster)  
Federal Award Year(s): 2018 and 2019  
Compliance Requirement(s) Affected: Eligibility  
Type of Finding: Material Weakness  
Repeat Finding: Not applicable

Criteria:  
In accordance with 45 CFR § 75.303, a non-federal entity must:

- Establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the award. These controls should be in compliance with Green Book or COSO guidance.
- Evaluate and monitor its compliance with the award.
- Take prompt action when instances of noncompliance are identified, including noncompliance identified in audit findings.

Condition and Context:  
The Public Assistance Reporting Information System, or PARIS, is a data matching service that helps detect improper payments by checking if recipients of public assistance receive duplicate benefits in two or more states. It is administered by an Office of the Administration for Children and Families (ACF) within the federal Department of Health and Human Services.

ALA selected two quarters from state fiscal year 2019 for review to ensure that the Agency participated in the interstate PARIS match and that there was adequate supporting documentation to demonstrate that the Agency adequately reviewed any matches identified and to determine if those individuals were no longer residents of the State and, therefore, no longer eligible to receive benefits.

Our testing revealed that the Agency participated in the PARIS match for the two quarters selected for testing. In addition, the Agency was able to show documentation that the matches identified were adequately reviewed in the CURAM eligibility system. However, there was no documentation provided to prove that matches were adequately reviewed in the Arkansas Networked System for Welfare Eligibility and Reporting, or ANSWER, eligibility system.

Statistically Valid Sample:  
Not a statistically valid sample

Questioned Costs:  
Unknown

Cause:  
The process to review the matches in the ANSWER system is a manual one, and a breakdown occurred at some point in that process. Additional information regarding the specific breakdown is currently unknown.
Finding Number: 2019-004 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5021; 05-1905AR5021 (Children’s Health Insurance Program)
05-1805AR5MAP; 05-1905AR5MAP (Medicaid Cluster)
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Eligibility
Type of Finding: Material Weakness

Effect:
Failure to comprehensively review the PARIS interstate matches could result in the Agency not identifying timely those individuals who are no longer residents of the State and are, thus, ineligible for benefits. As a result, improper payments could be made on behalf of those ineligible recipients.

Recommendation:
ALA staff recommend the Agency develop and document procedures to ensure that the PARIS interstate matches are reviewed timely to aid in preventing benefits from being made on behalf of ineligible recipients.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with the finding. While the matches were not completed in the ANSWER system, the agency participated in the PARIS match and received match data. The DCO Reporting Unit processed the November 2018 and May 2019 PARIS match in the Curam eligibility system. Due to staff turnover, the agency was unable to complete the November 2018 and May 2019 PARIS match in the ANSWER eligibility system. The agency has implemented a new process to ensure the PARIS match is processed every quarter in ANSWER. The process has been documented and a schedule put in place to ensure timely completion of the match. The new match process will be documented in the Business Review Board bi-monthly report. DCO executive management staff will be responsible for monitoring completion of the match.

Anticipated Completion Date: Completed

Contact Person: Mary Franklin
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Department of Human Services
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mary.franklin@dhs.arkansas.gov
State of Arkansas
Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2019

Finding Number: 2019-005
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5021; 05-1905AR5021 (Children’s Health Insurance Program)
05-1805AR5MAP; 05-1905AR5MAP (Medicaid Cluster)
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Special Tests and Provisions – Provider Eligibility
Type of Finding: Noncompliance and Material Weakness
Repeat Finding: Not applicable

Criteria:
In accordance with 45 CFR § 75.302(b)(7), a non-federal entity must establish written procedures to implement and
determine the allowability of costs, in accordance with Uniform Administrative Requirements, Cost Principles, and Audit
Requirements, as well as the terms and conditions of the federal award.

In addition, 45 CFR § 75.303 states that a non-federal entity must:

- Establish and maintain effective internal control over the federal award that provides reasonable
  assurance that the non-federal entity is managing the federal award in compliance with federal statutes,
  regulations, and the terms and conditions of the award. These controls should be in compliance with
  Green Book or COSO guidance.
- Evaluate and monitor its compliance with the award.
- Take prompt action when instances of noncompliance are identified, including noncompliance identified
  in audit findings.

Condition and Context:
ALA requested written documentation of the Agency’s internal controls in place over the Provider Eligibility compliance
area. The documentation provided was developed by the Agency during the audit period ending June 30, 2019, and,
therefore, could not have been in place and effective at the onset of the audit period (i.e., July 1, 2018). Additionally,
the documentation provided did not adequately address all components required.

Statistically Valid Sample:
Not a statistically valid sample

Questioned Costs:
None

Cause:
The Agency has experienced staff turnover and did not develop or document internal control procedures for its staff.

Effect:
Failure to document and implement appropriate procedures for internal control limits the Agency’s ability to adequately
monitor the Medicaid and CHIP programs for possible improper payments made to ineligible providers.

Recommendation:
ALA staff recommend the Agency develop and document internal controls to aid in ensuring that payments are only
made to eligible providers.
Finding Number: 2019-005 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5021; 05-1905AR5021 (Children’s Health Insurance Program)
05-1805AR5MAP; 05-1905AR5MAP (Medicaid Cluster)
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Special Tests and Provisions – Provider Eligibility
Type of Finding: Noncompliance and Material Weakness

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with the finding. Effective May 31, 2019, DMS established and implemented new procedures to improve the following areas of provider enrollment: maintenance of provider enrollment application documents, provider revalidation, site visits, and fingerprint background requirements. The agency will update its existing internal control to provide a more comprehensive overview of provider eligibility and control activities currently in place. Additionally, the internal control will be updated to include the missing COSO or Greenbook elements of control environment, risk assessment, and monitoring activities. The updated internal control will be provided to necessary staff.

Anticipated Completion Date: 4/30/2020

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State of Arkansas
Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2019

Finding Number: 2019-006
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5021; 05-1905AR5021
(Children’s Health Insurance Program)
05-1805AR5MAP; 05-1905AR5MAP
(Medicaid Cluster)
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Special Tests and Provisions – Provider Eligibility (Fee-for-Service)
Type of Finding: Material Noncompliance and Material Weakness

Repeat Finding: A similar issue was reported in prior-year finding 2018-020.

Criteria:
According to section 140.000, Provider Participation, any provider of health services must be enrolled in the Arkansas Medicaid Program prior to reimbursement for any services provided to Arkansas Medicaid beneficiaries. Enrollment is considered complete when a provider has signed and submitted the following forms:

- Application.
- W-9 tax form.
- Medicaid provider contract.
- PCP agreement, if applicable.
- EPSDT agreement, if applicable.
- Change in ownership control or conviction of crime form.
- Disclosure of significant business transactions form.
- Specific license or certification based on provider type and specialty, if applicable.
- Participation in the Medicare program, if applicable.

42 CFR § 455.414 (effective March 25, 2011, with an extended deadline of September 25, 2016, for full compliance) states that the State Medicaid Agency must revalidate the enrollment of all providers at least every five years. Revalidation includes a new application; satisfactory completion of screening activities; and, if applicable, fee payment. Screening activities vary depending on the risk category of the provider as follows:

- The limited-risk category includes database checks.
- The moderate-risk category includes those required for limited, plus site visits.
- The high-risk category includes those required for moderate, plus fingerprint background checks.

Condition and Context:
ALA staff reviewed 60 paid providers to ensure sufficient, appropriate evidence was provided to support the determination of eligibility, including compliance with revalidation requirements. ALA review revealed deficiencies with 35 of the provider files as follows:

High-risk category:
- One provider did not have a license on file covering the entire enrollment period.
- One provider did not have a contract on file covering the entire enrollment period.
- Two providers did not have an application on file covering the entire enrollment period.
- One provider did not have disclosure forms on file covering the entire enrollment period.
Finding Number: 2019-006 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
93.778 – Medical Assistance Program
(Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5021; 05-1905AR5021
(Children’s Health Insurance Program)
05-1805AR5MAP; 05-1905AR5MAP
(Medicaid Cluster)
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Special Tests and Provisions – Provider Eligibility (Fee-for-Service)
Type of Finding: Material Noncompliance and Material Weakness

Condition and Context (Continued):
- Seven providers did not comply with the site visit and fingerprint background check screening requirements.
- One provider did not comply with the database checks screening requirement.
- One provider did not revalidate timely, either by the September 26, 2016, extended deadline or within the five years since the provider last enrolled.

Moderate-risk category:
- Two providers did not have certifications on file covering the entire enrollment period.
- One provider did not have an application on file covering the entire enrollment period.
- Two providers did not have disclosure forms on file covering the entire enrollment period.
- Nine providers did not comply with the site visit screening requirement.
- One provider did not comply with the database checks screening requirement.
- For two providers, a revalidation has not been performed.

Limited-risk category:
- Two providers did not have a license on file covering the entire enrollment period.
- Two providers did not have a contract on file covering the entire enrollment period.
- Three providers did not have an application on file covering the entire enrollment period.
- Five providers did not have a W-9 form on file covering the entire enrollment period.
- Two providers did not have documentation on file covering the entire enrollment period that offered proof of participation in the Medicare program.
- Seven providers did not have disclosure forms on file covering the entire enrollment period.
- For one provider, there was no documentation provided proving eligibility.
- Seven providers did not comply with the database checks screening requirement.
- Eleven providers did not revalidate timely, either by the September 26, 2016, extended deadline or within the five years since they last enrolled.
- For five providers, a revalidation had not been performed.

Statistically Valid Sample:
Not a statistically valid sample

Questioned Costs:
$8,864,004 (Medicaid)
$1,046,663 (CHIP)
Finding Number: 2019-006 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5021; 05-1905AR5021 (Children’s Health Insurance Program)
05-1805AR5MAP; 05-1905AR5MAP (Medicaid Cluster)
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Special Tests and Provisions – Provider Eligibility (Fee-for-Service)
Type of Finding: Material Noncompliance and Material Weakness

Cause:
Although the Agency has internal control procedures to review provider files to ensure sufficient, appropriate evidence is provided to support the Agency’s determination of eligibility, certain areas still require continued communication with and training of the appropriate personnel.

Effect:
Claims paid to ineligible providers were processed and paid.

Recommendation:
ALA staff recommend the Agency strengthen controls to ensure required enrollment documentation is maintained to support provider eligibility.

Views of Responsible Officials and Planned Corrective Action:
DHS disputes in part and concurs in part with the finding. Effective May 31, 2019, DMS established and implemented new procedures to improve the following areas of provider enrollment: maintenance of provider enrollment application documents, provider revalidation, site visits, and fingerprint background requirements.

The following information requested by ALA was available but was not provided due to agency mistake:

- The agency does have licenses on file for the three providers noted to not have a license that covered fiscal year 2019
- Of the two providers that did not have certifications on file, one was terminated and the other had an updated license that the agency was able to verify using the CMS website
- The agency has contracts for three providers noted to not have a contract on file for fiscal year 2019
- The agency has applications, either completed through the portal or revalidation, for the six providers noted
- The agency has W-9 forms for three of the five providers noted
- The agency has documentation showing active participation in the Medicare program for the two providers noted
- The agency has eight of the ten disclosure forms, which were completed in Pecos, for the providers listed
- The agency has documentation proving eligibility for the one provider noted to be missing
- Regarding the seven high risk providers out of compliance with additional screening requirements, the agency received approval from CMS to change moderate and high-risk providers
- The agency completed two of the nine site visits noted for moderate risk providers
- The agency completed six of the nine database checks screening for the listed providers
- The agency has completed two of the seven required revalidations for the listed providers
Finding Number: 2019-006 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5021; 05-1905AR5021 (Children’s Health Insurance Program)
05-1805AR5MAP; 05-1905AR5MAP (Medicaid Cluster)
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Special Tests and Provisions – Provider Eligibility (Fee-for-Service)
Type of Finding: Material Noncompliance and Material Weakness

Views of Responsible Officials and Planned Corrective Action (Continued):
Prior to testing for the next Single Audit, DHS will provide ALA with training and access to the system (Interchange) in which all provider eligibility documentation is maintained.

Anticipated Completion Date: 6/30/2020

Contact Person: Janet Mann
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Additional Comments from the Auditor:
The Agency stated it partially disputes and partially concurs with the finding. The portion of the finding it disputes is unclear.
Finding Number: 2019-007
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5021; 05-1905AR5021 (Children’s Health Insurance Program)
05-1805AR5MAP; 05-1905AR5MAP (Medicaid Cluster)
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Special Tests and Provisions – Provider Eligibility (Managed Care Organizations)
Type of Finding: Material Noncompliance and Material Weakness
Repeat Finding: Not applicable

Criteria:
According to section 140.000, Provider Participation, any provider of health services must be enrolled in the Arkansas Medicaid Program prior to reimbursement for any services provided to Arkansas Medicaid beneficiaries. Managed Care Network providers must also be enrolled in the Arkansas Medicaid Program. Enrollment is considered complete when a provider has signed and submitted the following forms:

- Application.
- W-9 tax form.
- Medicaid provider contract.
- PCP agreement, if applicable.
- EPSDT agreement, if applicable.
- Change in ownership control or conviction of crime form.
- Disclosure of significant business transactions form.
- Specific license or certification based on provider type and specialty, if applicable.
- Participation in the Medicare program, if applicable.

42 CFR § 455.414 (effective March 25, 2011, with an extended deadline of September 25, 2016, for full compliance) states that the State Medicaid Agency must revalidate the enrollment of all providers at least every five years. Revalidation includes a new application; satisfactory completion of screening activities; and if applicable, fee payment. Screening activities vary depending on the risk category of the provider as follows:

- The limited-risk category includes database checks.
- The moderate-risk category includes those required for limited, plus site visits.
- The high-risk category includes those required for moderate, plus fingerprint background checks.

Condition and Context:
To determine if Managed Care Network providers met all necessary criteria to participate in the Medicaid program, ALA staff selected 60 paid provider files for review. The providers selected participated in the dental managed care program, commonly referred to as Healthy Smiles, and the Provider-Led Arkansas Shares Savings Entity, or PASSE, managed care program. ALA review revealed deficiencies with 40 of the provider files as follows:

**High-risk category:**
- Three providers did not comply with the site visit and fingerprint background check screening requirements.
- Two providers did not have certifications on file covering the entire enrollment period.
State of Arkansas
Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2019

Finding Number: 2019-007 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5021; 05-1905AR5021 (Children’s Health Insurance Program)
05-1805AR5MAP; 05-1905AR5MAP (Medicaid Cluster)
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Special Tests and Provisions – Provider Eligibility (Managed Care Organizations)
Type of Finding: Material Noncompliance and Material Weakness

Condition and Context (Continued):
- For one provider, a revalidation had not been performed.

Moderate-risk category:
- Four providers did not comply with the site visit screening requirement.

Limited-risk category:
- Eight providers did not have a license on file covering the entire enrollment period.
- Four providers did not have certifications on file covering the entire enrollment period.
- Two providers did not have a contract on file covering the entire enrollment period.
- Five providers did not have an application on file covering the entire enrollment period.
- Five providers did not have a W-9 form on file covering the entire enrollment period.
- Thirteen providers did not have disclosure forms on file covering the entire enrollment period.
- Eleven providers did not comply with the database checks screening requirement.
- Fifteen providers did not revalidate timely, either by the September 26, 2016, extended deadline or within the five years since they last enrolled.
- For fourteen providers, a revalidation had not been performed.

The following payments were made by the managed care entities to the providers identified above with deficiencies:

Dental managed care:
$1,366,460 (Medicaid)
$396,257 (CHIP)

PASSE
$494,713 (Medicaid)
$16,948 (CHIP)

(Note: Because these providers are participating in the managed care portion of the Medicaid program, providers are reimbursed by the managed care organizations, not the Agency. The managed care organizations receive a predetermined monthly payment from the Agency in exchange for assuming the risk for the covered recipients.

These monthly payments are actuarially determined based, in part, upon historical costs data. Accordingly, the failure to remove unallowable cost data from the amounts utilized by the actuary would lead to overinflated future rates, which will be directly paid by the Agency.)

Statistically Valid Sample:
Not a statistically valid sample
Finding Number: 2019-007 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5021; 05-1905AR5021 (Children’s Health Insurance Program)
05-1805AR5MAP; 05-1905AR5MAP (Medicaid Cluster)
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Special Tests and Provisions – Provider Eligibility (Managed Care Organizations)
Type of Finding: Material Noncompliance and Material Weakness

Questioned Costs: Unknown

Cause:
Although the Agency has internal control procedures to review provider files to ensure sufficient, appropriate evidence is provided to support the Agency’s determination of eligibility, certain areas still require continued communication with and training of the appropriate personnel.

Effect:
Claims to ineligible providers were processed and paid by the managed care entities.

Recommendation:
ALA staff recommend the Agency strengthen controls to ensure required enrollment documentation is maintained to support provider eligibility.

Views of Responsible Officials and Planned Corrective Action:
DHS disputes in part and concurs in part the finding. Effective May 31, 2019, DMS established and implemented new procedures to improve the following areas of provider enrollment: maintenance of provider enrollment application documents, provider revalidation, site visits, and fingerprint background requirements.

The following information requested by ALA was available but was not provided due to agency mistake:

- The agency has two of the eight licenses for the noted providers
- Of the six providers noted to have missing certifications, the agency has certifications for two providers
- The agency does not have certifications for the remaining providers, which are therapy groups and pharmacies, because certifications are not required for those provider types
- The agency has the two provider contracts that were noted to be missing; the contracts were submitted through the portal
- The agency has applications and W9 forms for the five providers noted to be missing that documentation for the fiscal year
- The agency has four of the thirteen disclosure forms noted to be missing from provider files
- The agency conducted one of the four site visits noted
- The agency completed nine of the eleven database checks screening noted to be missing from provider files.
- The agency has completed nine of the fifteen revalidations noted to not have been performed

Prior to testing for the next Single Audit, DHS will provide ALA with training and access to the system (Interchange) in which all provider eligibility documentation is maintained.
Finding Number: 2019-007 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5021; 05-1905AR5021
(Children’s Health Insurance Program)
05-1805AR5MAP; 05-1905AR5MAP (Medicaid Cluster)
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Special Tests and Provisions – Provider Eligibility (Managed Care Organizations)
Type of Finding: Material Noncompliance and Material Weakness

Views of Responsible Officials and Planned Corrective Action (Continued):
Anticipated Completion Date: 6/30/2020
Contact Person: Janet Mann
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Additional Comments from the Auditor:
The Agency stated it partially disputes and partially concurs with the finding. The portion of the finding it disputes is unclear.
Finding Number: 2019-008
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1705AR0301; 05-1805AR5021; 05-1905AR5021
Federal Award Year(s): 2017, 2018, and 2019
Compliance Requirement(s) Affected: Period of Performance
Type of Finding: Noncompliance and Material Weakness

Repeat Finding:
Not applicable

Criteria:
In accordance with 45 CFR § 75.302(b)(7), a non-federal entity must establish written procedures to implement and determine the allowability of costs in accordance with Uniform Administrative Requirements, Cost Principles, and Audit Requirements, as well as the terms and conditions of the federal award.

In addition, 45 CFR § 75.303 states that a non-federal entity must:

- Establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the award. These controls should be in compliance with Green Book or COSO guidance.
- Evaluate and monitor its compliance with the award.
- Take prompt action when instances of noncompliance are identified, including noncompliance identified in audit findings.

Condition and Context:
The Agency failed to establish written procedures over the period of performance compliance requirement area. As a result, ALA was unable to determine if the Agency’s federal award management was effective or efficient.

Statistically Valid Sample:
Not a statistically valid sample

Questioned Costs:
None

Cause:
Although the Agency was notified over four years ago to establish written procedures over compliance for all federal awards, it continues to fail to prioritize this task for some compliance requirement areas.

Effect:
Failure to establish written procedures over compliance requirement areas limits the Agency’s ability to manage the awards effectively.

Recommendation:
ALA staff recommend the Agency promptly establish written procedures over compliance areas, as required by Uniform Guidance.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with the finding. The agency will document the controls it already has in place into written procedures that comply with COSO or Greenbook guidelines to ensure CHIP funds are not expended beyond the period of performance.
Finding Number: 2019-008 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1705AR0301; 05-1805AR5021; 05-1905AR5021
Federal Award Year(s): 2017, 2018, and 2019
Compliance Requirement(s) Affected: Period of Performance
Type of Finding: Noncompliance and Material Weakness

Views of Responsible Officials and Planned Corrective Action (Continued):

Anticipated Completion Date: 4/30/2020

Contact Person: Sara Bradley
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Finding Number: 2019-009
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: US Department of Health and Human Services
Federal Award Number(s): 05-1805AR5ADM; 05-1905AR5ADM
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Activities Allowed or Unallowed – Administration and Training
Type of Finding: Noncompliance and Material Weakness
Repeat Finding: Not applicable

Criteria:
In accordance with 45 CFR § 75.303, a non-federal entity must:

- Establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the award. These controls should be in compliance with Green Book or COSO guidance.
- Evaluate and monitor its compliance with the award.
- Take prompt action when instances of noncompliance are identified, including noncompliance identified in audit findings.

Additionally, 45 CFR § 75.430 states that charges to federal awards for salaries and wages must be based on records that accurately reflect the work performed. These records must:

- Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated.
- Be incorporated into the official records of the non-federal entity.
- Reasonably reflect the total activity for which the employee is compensated by the non-federal entity (not exceeding 100%).
- Comply with established accounting policies and practices of the non-federal entity.
- Support the distribution of the employee’s salary among specific activities if the employee works on more than one activity (federal program, non-federal program, direct activity, non-direct activity, unallowable activity, etc.).

Condition and Context:
The Agency uses the Direct Employee Certification system to ensure employees with salaries that are directly charged to a federal program complete a semi-annual direct employee certification. Certifications must be completed within 30 days of the end of the certification period. The system generates weekly reports that identify incomplete, pending, or rejected certifications. These weekly reports are provided to division CFOs as applicable, and the CFO is responsible for addressing any deficiencies.

ALA selected nine weeks for review to determine if the Direct Employee Certification system was operating effectively. Our review revealed that for all nine weeks, sufficient, appropriate evidence was not provided or maintained by the Agency that demonstrated review or any action by division CFOs.

Additionally, ALA selected 60 employees whose salary expenditures were paid solely from Medicaid funds to determine if certifications were completed timely and salaries were properly charged to the Medicaid program. Our review revealed nine instances in which the certifications were not completed timely. In one specific instance, we noted 100% of an employee’s time, totaling $8,962, was incorrectly charged solely to the Medicaid program.
Finding Number: 2019-009 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: US Department of Health and Human Services
Federal Award Number(s): 05-1805AR5ADM; 05-1905AR5ADM
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Activities Allowed or Unallowed – Administration and Training
Type of Finding: Noncompliance and Material Weakness
Statistically Valid Sample: Not a statistically valid sample

Questioned Costs: $8,962

Cause: The Agency failed to fully implement controls or follow internal control policies to ensure expenditures were directly coded to the Medicaid program appropriately.

Effect: The Agency failed to correct salary and other expenditures inappropriately charged directly to the Medicaid program.

Recommendation: ALA staff recommend the Agency continue to strengthen internal controls and provide adequate oversight to ensure internal control policies in place are being followed.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with the finding. Affected agency employees automatically receive Direct Certification notices. OFA staff will begin running Direct Employee Certification reports on a bi-weekly basis to check for missing or rejected certifications. The bi-weekly reports will cover the two-week period immediately preceding the date the report is run and will be forwarded to affected divisions and staff will be retrained on the importance of timely completion of the certification. Reports that generate no results for the time period run will be screen-captured and filed accordingly. When a report shows a certification rejection, the rejection will be confirmed by the employee’s manager. If confirmed, the appropriate salary and/or position corrections will be made.

Anticipated Completion Date: 4/30/2020

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Finding Number: 2019-010
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5ADM; 05-1905AR5ADM
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Activities Allowed or Unallowed - Contracts
Type of Finding: Noncompliance and Material Weakness

Repeat Finding:
Not applicable

Criteria:
In accordance with 42 CFR § 433.116(j), expenditures for the operation of an eligibility and enrollment system for Medicaid are eligible for reimbursement at the federal financial participation (FFP) rate of 75%.

Expenditures for the design, development, installation, or enhancement of an eligibility and enrollment system for Medicaid are eligible for reimbursement at the FFP rate of 90%, as stated by 42 CFR § 433.112(c)(1).

Condition and Context:
ALA staff reviewed two invoices paid under the ESystems, Inc., contract for the state’s existing eligibility and enrollment system. One of the invoices reviewed indicated an application operations and production support (AOPS) charge of $715,870 that was reimbursed at the 90% FFP rate instead of the 75% FFP rate, resulting in an excess unallowed reimbursement totaling $107,381.

Statistically Valid Sample:
Not a statistically valid sample

Questioned Costs:
$107,381

Cause:
Management review in the approval process failed to identify the coding error when the invoice was paid using the internal order of HELX0018 instead of HE8X0018.

Effect:
The Agency was over-reimbursed by CMS at 90% of cost instead of the appropriate 75% of cost.

Recommendation:
ALA staff recommend the Agency be more diligent in the review of invoices prior to payment to ensure the appropriate reimbursement rate is utilized concerning the state’s eligibility and enrollment system.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with the finding. The agency has implemented a new process to ensure that invoices are paid using the correct internal order. DMS Finance will review copies of all IT related APD’s and require that they indicate on the invoice approval the internal order number to which each line should be charged. DMS Finance will review the approval to ensure that it matches the APD. If any inconsistencies are found or other questions arise, DMS Finance will contact the vendor approver for clarification. Additionally, when the purchase order is initially set up, DMS Finance will meet with IT staff to review the purchase orders and ensure the coding is correct.

Anticipated Completion Date: 4/30/2020
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<thead>
<tr>
<th>Finding Number:</th>
<th>2019-010 (Continued)</th>
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<tbody>
<tr>
<td>State/Educational Agency(s):</td>
<td>Arkansas Department of Human Services</td>
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<tr>
<td>Pass-Through Entity:</td>
<td>Not Applicable</td>
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<td>Federal Awarding Agency:</td>
<td>U.S. Department of Health and Human Services</td>
</tr>
<tr>
<td>Federal Award Number(s):</td>
<td>05-1805AR5ADM; 05-1905AR5ADM</td>
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<tr>
<td>Federal Award Year(s):</td>
<td>2018 and 2019</td>
</tr>
<tr>
<td>Compliance Requirement(s) Affected:</td>
<td>Activities Allowed or Unallowed - Contracts</td>
</tr>
<tr>
<td>Type of Finding:</td>
<td>Noncompliance and Material Weakness</td>
</tr>
</tbody>
</table>

**Views of Responsible Officials and Planned Corrective Action (Continued):**

**Contact Person:** Sara Bradley  
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Finding Number: 2019-011
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program
                                             (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5MAP; 05-1905AR5MAP
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Activities Allowed or Unallowed –
                                             Home and Community-Based Services
                                             (ARChoices Waiver)
Type of Finding: Noncompliance and Material Weakness

Repeat Finding:
A similar issue was reported in prior-year finding 2018-013.

Criteria:
Prior to January 1, 2019, the ARChoices waiver was governed by Section 212.300 of the ARChoices provider manual. It stated that each beneficiary must have an individualized Person-Centered Service Plan (PCSP) and that attendant care hours are based on the Resource Utilization Group (RUG) score produced from the ARPath assessment. Services must be provided according to the beneficiary’s PCSP, with reimbursement limited to the amount and frequency authorized in the PCSP.

On January 1, 2019, the Arkansas Independent Assessment (ARIA) tool was used to determine the ARChoices level of care and aided in developing the beneficiary PCSP. Attendant care hours are determined utilizing the Task and Hour Standards (THS), which is the written methodology used by Arkansas Department of Human Services (DHS) Registered Nurses (RNs) as the basis for calculating the number of attendant care hours that are reasonably and medically necessary. In addition, an Individual Service Budget (ISB) sets the maximum dollar amount for all waiver services received by an individual. Services must be provided according to the beneficiary’s PCSP, with reimbursement limited to the amount and frequency authorized on the PCSP.

Condition and Context:
ALA staff selected 60 beneficiaries for review to determine if attendant care services were provided in accordance with the beneficiary’s PCSP and did not exceed the frequency or the maximum amount allowed. Our review revealed the following:

- 44 beneficiaries had at least one claim for a date of service that was not covered by a valid agreement. Questioned costs totaled $279,209.
- Attendant care services for 4 beneficiaries exceeded the amount authorized in an agreement. Questioned costs totaled $279.

Statistically Valid Sample:
Not a statistically valid sample

Questioned Costs:
$279,488

Cause:
The Agency failed to ensure that attendant care hour claims for ARChoice waiver beneficiaries were adequately supported by current and valid agreements (PCSP, RUG score, or ARIA assessment). Additionally, the Agency failed to ensure that there were adequate controls in the claims payment system to both identify and deny claims, as applicable, if the amount billed exceeded the amount authorized.

Effect:
Amounts paid were in excess of amounts authorized.
Finding Number: 2019-011 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5MAP; 05-1905AR5MAP
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Activities Allowed or Unallowed – Home and Community-Based Services (ARChoices Waiver)
Type of Finding: Noncompliance and Material Weakness

Recommendation:
ALA staff recommend the Agency review its policies and procedures and take necessary corrective action to ensure that all amounts paid are in accordance with amounts authorized and that amounts authorized are supported by both a current and valid PSCP and the CMS approved assessment tools, which are currently the ARIA assessment and THS.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with the finding. The agency determined there were several causal areas for this finding including a State-court injunction that prevented the agency from using its approved CMS assessment method, issues that occurred within the agency’s billing system, and deficiencies within the agency’s waiver re-evaluation process. All deficiencies noted in the finding will be corrected with the improvement of the waiver re-evaluation process. Current activities are underway to improve the re-evaluation process including realigning resources and activities within one management division, value stream mapping to eliminate unnecessary administrative tasks, and development of a workflow management system to track and report re-evaluation activities. In addition, a Level 2 Review process will be added to handle special needs cases, such as Appeals, so supervisory reviews are completed without delaying processing of other evaluations.

Anticipated Completion Date: 6/1/2020

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Finding Number: 2019-012  
State/Educational Agency(s): Arkansas Department of Human Services  
Pass-Through Entity: Not Applicable  
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)  
Federal Awarding Agency: U.S. Department of Health and Human Services  
Federal Award Number(s): 05-1905AR5MAP  
Federal Award Year(s): 2019  
Compliance Requirement(s) Affected: Activities Allowed or Unallowed – Managed Care  
Type of Finding: Noncompliance and Material Weakness  
Repeat Finding: Not applicable  

Criteria:  
The Provider-Led Arkansas Shared Savings Entity (PASSE) program transitioned to a full-risk Managed Care Organization (MCO) model on March 1, 2019. The program covers services for behavioral health (BH) recipients and developmentally disabled (DD) recipients. To receive services through PASSE, an individual must have an independent assessment performed that designates him or her at the appropriate level of need to participate in the program.  
The 1915(c) Home and Community-Based waiver, applicable to the DD population, requires that an independent assessment be performed at least every three years. Section 1915(i) of the Social Security Act, which is applicable to the BH population and provides states with the option to offer home and community-based services through the state’s plan, requires that an independent assessment be performed at least every 12 months. 42 CFR §441.720(b) states that for reassessments, the independent assessment of need must be conducted at least every 12 months and as needed when the individual’s support needs or circumstances change significantly, in order to revise the service plan.  

Condition and Context:  
ALA selected 60 PASSE recipients (56 BH recipients and 4 DD recipients) to determine if the following attributes were met:  
- There was an open eligibility segment for the recipient during the dates of service covered.  
- There was a valid independent assessment on file for the dates of service covered.  
- The appropriate amount was paid based upon the actuarially determined rates.  

Our review revealed PASSE payments, totaling $58,894, for 23 BH recipients were made for dates of services outside the date range covered by the recipients’ independent assessment.  

In addition, an unallowable fee-for-service claim, totaling $145, was discovered. Fee-for-service claims should not be paid for individuals who are covered under PASSE. (There are a few exceptions including, but not limited to, certain school-based services that are provided by school employees.)  
The discovery of an unallowable fee-for-service claim prompted ALA to retrieve all fee-for-service claims for all individuals with PASSE payments during state fiscal year 2019 to determine if additional unallowable fee-for-service claims had been paid. After filtering and removing the claims that could be allowable (as previously mentioned), the remaining fee-for-service claims totaled $2,575,426. These claims will require a review by the Agency to determine if the fee-for-service claim or PASSE payment should be recouped.  

Statistically Valid Sample:  
Not a statistically valid sample  

Questioned Costs:  
$58,894
Finding Number: 2019-012 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1905AR5MAP
Federal Award Year(s): 2019
Compliance Requirement(s) Affected: Activities Allowed or Unallowed – Managed Care
Type of Finding: Noncompliance and Material Weakness

Cause:
The PASSE full-risk managed care program was a new program in state fiscal year 2019. According to the Agency, the bulk of the initial BH assessments was performed in a five-month period during the spring of 2018. In 2019, the reassessments were spread over the full 12 months.

In addition, the Agency is still in the process of identifying and working out any edits that need to be added or updated in the MMIS claims payment system to ensure that there are no unallowable fee-for-service claims paid on behalf of PASSE recipients.

Effect:
The independent assessments for the BH population were not consistently performed within the required 12-month time frame, and unallowable fee-for-service claims were paid during the time when the individuals were already covered under the PASSE program.

Recommendation:
ALA staff recommend the Agency develop and document procedures to ensure that independent assessments are completed timely and that there are appropriate edits in the MMIS claims payments system to prevent unallowable fee-for-service claims paid being paid for recipients who are already covered under the PASSE managed care program.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with the finding. The agency has updated its independent assessment process to ensure timely completion of annual assessments. The agency determined that the fee-for-service claims were paid for individuals covered under PASSE due to a DXC product finding that has now been corrected. As a result, the agency has implemented a new process for running fee-for-service claims data for PASSE members to determine if any claims were improperly paid. Any claim for an excluded service or excluded service provider will be removed from this review. Edits and system updates will be performed as necessary to prevent and/or correct system errors. The agency has reviewed the fee-for-service claims totaling $2,575,426 and determined them to be unallowable. DHS will recoup the claims and instruct providers to submit clean claims to the PASSE for payment.

Anticipated Completion Date: 4/30/2020

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Finding Number: 2019-013
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5MAP; 05-1905AR5MAP
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Activities Allowed or Unallowed – Managed Care (Dental)
Type of Finding: Noncompliance and Material Weakness

Repeat Finding:
Not applicable

Criteria:
In accordance with 45 CFR § 75.302(b)(7), a non-federal entity must establish written procedures to implement and determine the allowability of costs in accordance with Uniform Administrative Requirements, Cost Principles, and Audit Requirements, as well as the terms and conditions of the federal award.

In addition, 45 CFR § 75.303 states that a non-federal entity must:

- Establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the award. These controls should be in compliance with Green Book or COSO guidance.
- Evaluate and monitor its compliance with the award.
- Take prompt action when instances of noncompliance are identified, including noncompliance identified in audit findings.

Condition and Context:
ALA requested written documentation of the Agency’s internal controls in place over the Managed Care – Dental program. The only information provided by the Agency was the provider manuals developed by the two participating entities. There was no written documentation of the Agency’s internal control procedures over the Managed Care – Dental program.

In addition, the Agency asserted that its management utilizes information included in monthly Division of Medicare and Medicaid Services (DMS) reports as a monitoring tool to identify areas that may require further analysis. However, documentation supporting the actual use of these reports could not be provided for the four months ALA selected for testing.

Statistically Valid Sample:
Not a statistically valid sample

Questioned Costs:
None

Cause:
The Agency has experienced staff turnover and did not develop or document internal control procedures for its staff.

Effect:
Failure to document and implement appropriate procedures for internal control limits the Agency’s ability to adequately monitor the program for possible improper payments and noncompliance.

Recommendation:
ALA staff recommend the Agency develop and document internal controls over the Managed Care – Dental program to aid in ensuring compliance and proper payments.
Finding Number: 2019-013 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5MAP; 05-1905AR5MAP
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Activities Allowed or Unallowed – Managed Care (Dental)
Type of Finding: Noncompliance and Material Weakness

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with this finding. DMS has internal control procedures in place to monitor 1915(b) Waiver and Dental Managed Care contract compliance. DMS will document the internal control procedures to comply with COSO or Greenbook guidelines.

Anticipated Completion Date: 4/30/2020

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Finding Number: 2019-014

State/Educational Agency(s): Arkansas Department of Human Services

Pass-Through Entity: Not Applicable

CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)

Federal Awarding Agency: US Department of Health and Human Services

Federal Award Number(s): 05-1805AR5MAP; 05-1905AR5MAP

Federal Award Year(s): 2018 and 2019

Compliance Requirement(s) Affected: Allowable Costs and Cost Principles

Type of Finding: Noncompliance and Material Weakness

Repeat Finding: Not applicable

Criteria:

In accordance with 45 CFR § 75.302(b)(7), a non-federal entity must establish written procedures to implement and determine the allowability of costs in accordance with Uniform Administrative Requirements, Cost Principles, and Audit Requirements, as well as the terms and conditions of the federal award.

In addition, 45 CFR § 75.303 states that a non-federal entity must:

- Establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the award. These controls should be in compliance with Green Book or COSO guidance.
- Evaluate and monitor its compliance with the award.
- Take prompt action when instances of noncompliance are identified, including noncompliance identified in audit findings.

42 CFR § 433, Subpart F, establishes requirements for identifying overpayments to Medicaid providers and for refunding the federal portion of identified overpayments to the federal awarding agency. The provisions apply to overpayments discovered by a state, by a provider and made known to the state, or through federal review.

Under Section 6506 of the Affordable Care Act (42 USC 1396b(d)(2)), states have up to one year from the date of discovery of an overpayment for Medicaid services to recover, or attempt to recover, such overpayment before making an adjustment to refund the federal share of the overpayment. Except in the case of overpayments resulting from fraud, the adjustment to refund the federal share must be made no later than the deadline for filing the quarterly CMS-64 report for the quarter in which the one-year period ends, regardless of whether the state recovers the overpayment.

The date of discovery for fraudulent overpayments is the date of the final written notice of the state’s overpayment determination. When the state is unable to recover an overpayment from a provider within one year from the date of discovery because a final determination of the amount has not been made under an administrative or judicial process, no adjustment shall be made to the quarterly expenditure report until 30 days after the date on which a final judgment is made (including final determination on an appeal).

Condition and Context:

The Agency failed to establish and document internal control procedures over the escheated warrants and overpayments compliance requirement. As a result, ALA met with DHS reporting staff and accounts receivable staff, as well as Navigant staff, to gain an understanding of controls that may be in place but not documented. ALA was unable to identify any controls that were in place to ensure compliance with federal regulations.

Overpayments may be identified by DHS, the Office of Medicaid Inspector General (OMIG), or the Medicaid Fraud Control Unit (MFCU) of the Office of the Attorney General. DHS is responsible for completion of the required quarterly expenditure reports for the Medicaid program (CMS-64) and, therefore, for obtaining information needed to properly report overpayments on these reports.

Overpayments identified by OMIG: OMIG notifies DHS of identified overpayments (a) when the provider repays the identified amount or fails to respond to the finding letter or (b) after all possible appeals have been exhausted. For cases under appeal, OMIG does not notify DHS of the initial “discovery date”; therefore, some uncollected overpayments may not be reported by the required deadline.
Finding Number: 2019-014 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: US Department of Health and Human Services
Federal Award Number(s): 05-1805AR5MAP; 05-1905AR5MAP
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Allowable Costs and Cost Principles
Type of Finding: Noncompliance and Material Weakness

Condition and Context (Continued):
Additionally, OMIG utilizes a “claim log” to monitor identified overpayments and collections related to the overpayments. ALA reviewed the fiscal year 2018 claim log to determine whether uncollected balances were collected or reported in fiscal year 2019 and reviewed the fiscal year 2019 claim log to determine whether payments collected by OMIG were included on the proper CMS-64 report. ALA was unable to determine if outstanding balances on the 2018 claim log were reported on the state fiscal year 2019 CMS-64 reports and was unable to trace six payments totaling $5,713 (federal portion $4,033) to internal reports used to calculate total overpayments for the quarterly CMS-64 reports for state fiscal year 2019.

Overpayments identified by MFCU: Discussions with both MFCU and DHS staff revealed MFCU does not report identified overpayments to DHS until a payment is received. As a result, uncollected overpayments resulting from fraud are not included on the quarterly CMS-64 reports as required.

Additionally, payments forwarded to DHS directly from MFCU are generally not included on internal reports used to calculate total overpayments for the quarterly CMS-64 reports. As a result, these payments may not be reported as collected overpayments, as required.

Statistically Valid Sample:
Not a statistically valid sample

Questioned Costs:
Unknown

Cause:
The Agency failed to establish adequate controls to ensure compliance with federal regulations related to reporting of identified overpayments. Additionally, individuals involved in collecting and reporting overpayments are not familiar with the federal regulations governing the reporting of identified overpayments.

Effect:
DHS failed to report all identified overpayments and may not have reported some overpayments timely. Per 42 CFR §433.320(a)(4), if a state fails to refund overpayments in accordance with this section, the state will be liable for interest, at the Current Value of Funds Rate, on the federal portion of the non-recovered, non-refunded overpayment amount. Interest will begin to accrue on the day after the one-year period following discovery until the last day of the quarter for which the state submits a CMS-64 report refunding the federal share of the overpayment.

Recommendation:
ALA staff recommend the Agency contact CMS to obtain an understanding of reporting requirements for overpayments identified by OMIG and MFCU. ALA further recommend the Agency design and implement controls to ensure all identified overpayments are included on the CMS-64 report and are reported timely.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with the finding. The agency has updated and documented its procedures for processing and reporting overpayments received from OMIG and MFCU. Once received, the overpayments are coded to identify the source and if federal funds are associated with the identified overpayment. This information will be used to report overpayments on the CMS-64. The six payments totaling $5,713 that ALA was unable to trace to internal reports were included on reports for FFY Q1 2019 and FFY Q4 2019.
Finding Number: 2019-014 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: US Department of Health and Human Services
Federal Award Number(s): 05-1805AR5MAP; 05-1905AR5MAP
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Allowable Costs and Cost Principles
Type of Finding: Noncompliance and Material Weakness

Views of Responsible Officials and Planned Corrective Action (Continued):

Anticipated Completion Date: Complete

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Finding Number: 2019-015
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5MAP; 05-1905AR5MAP
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Allowable Costs and Cost Principles – Non-Disproportionate Share Hospital Supplemental Payments
Type of Finding: Noncompliance and Significant Deficiency
Repeat Finding: Not applicable
Criteria: 
In accordance with 45 CFR § 75.303, a non-federal entity must:

- Establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the award. These controls should be in compliance with Green Book or COSO guidance.
- Evaluate and monitor its compliance with the award.
- Take prompt action when instances of noncompliance are identified, including noncompliance identified in audit findings.

Condition and Context: 
ALA requested the Agency’s documented internal controls over compliance for the non-disproportionate share hospital supplemental payments compliance area. The documentation provided by the Agency only included the procedures for processing upper payment limit (UPL) payments to eligible hospitals. ALA determined the Agency’s documented controls are incomplete and do not meet the required criteria.

Statistically Valid Sample: Not a statistically valid sample

Questioned Costs: None

Cause: The Agency failed to establish written documentation of controls that address all elements of effective internal controls.

Effect: Failure to establish and document adequate controls could result in errors in determination of supplemental payments and failure to identify errors timely.

Recommendation: ALA staff recommend the Agency review and document controls in place for properly determining non-disproportionate share hospital payments to ensure the Agency’s controls adequately address all internal control elements in accordance with COSO and/or the Green Book.

Views of Responsible Officials and Planned Corrective Action: DHS concurs with the finding. DMS has internal controls in place for processing of upper payment limit (UPL) payments. The agency will update its existing procedure for processing UPL payments to meet the guidelines of COSO or Greenbook.
Finding Number: 2019-015 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5MAP; 05-1905AR5MAP
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Allowable Costs and Cost Principles – Non-Disproportionate Share Hospital Supplemental Payments
Type of Finding: Noncompliance and Significant Deficiency

Views of Responsible Officials and Planned Corrective Action (Continued):

Anticipated Completion Date: 3/31/2020

Contact Person: Sara Bradley
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State of Arkansas
Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2019

Finding Number: 2019-016
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1405AR5MAP; 05-1505AR5MAP; 05-1605AR5MAP; 05-1705AR5MAP; 05-1805AR5MAP; 05-1905AR5MAP
Federal Award Year(s): 2014, 2015, 2016, 2017, 2018, and 2019
Compliance Requirement(s) Affected: Eligibility
Type of Finding: Noncompliance and Material Weakness

Repeat Finding:
A similar issue was reported in prior-year finding 2018-014.

Criteria:
It is the State’s responsibility to determine that Medicaid applicants meet the eligibility criteria as specified in the approved State Plan. Eligibility requirements for the Medicaid Program are outlined in the Arkansas Medical Services (MS) manual. The MS manual is specific to Medicaid eligibility policies and procedures and is, in addition to the approved State Plan, required in accordance with 45 CFR § 75.206.

In addition, case documentation is governed by 42 CFR § 435.913, which states, “The Agency must include in each application record facts to support the Agency’s decision.…”

Guidance for timely eligibility determinations is outlined in 42 CFR § 435.912, which states that initial determinations should be made within 45 days unless the applicant is applying upon the basis of disability; in that case, the initial determination should be made within 90 days. Also, 42 CFR § 435.916 states that eligibility redeterminations are to be performed at least once every 12 months.

Condition and Context:
ALA staff reviewed 23 traditional Medicaid recipient files in the ANSWER system and 37 Modified Adjusted Gross Income (MAGI) Medicaid recipient files in the Curam system to ensure sufficient, appropriate evidence was provided to support the Agency’s determination of eligibility. The review revealed deficiencies as summarized below:

- One client file, with 588 claims totaling $39,892, did not contain a DCO-704 signed by a registered nurse verifying medical necessity, affecting 58 claims. Questioned costs totaled $3,142. The annual reevaluation was also not completed timely. The 2019 reevaluation, due in January 2019, was not completed until February 26, 2019. (Disabled Tax Equity and Fiscal Responsibility Act [TEFRA] Child) (Non-MAGI/ANSWER)
- One client file, with 49 claims totaling $903, did not contain a DCO-704 signed by a registered nurse verifying medical necessity, affecting 25 claims. Questioned costs totaled $456. The annual reevaluation was also not completed timely. The 2019 reevaluation, due in December 2018, was not completed until February 5, 2019. (Aid to the Aged) (Non-MAGI/ANSWER)
- One client file, with 112 claims totaling $7,073, did not contain a DCO-704 signed by a registered nurse verifying medical necessity, affecting 3 claims. Questioned costs totaled $727. (Disabled Tax Equity and Fiscal Responsibility Act [TEFRA] Child) (Non-MAGI/ANSWER)
- One client file, with 52 claims totaling $655, did not contain a DCO-704 signed by a registered nurse verifying medical necessity, affecting 4 claims. Questioned costs totaled $28. (Disabled Tax Equity and Fiscal Responsibility Act [TEFRA] Child) (Non-MAGI/ANSWER)
- One client file, with 173 claims totaling $10,784, did not contain a DCO-704 signed by a registered nurse verifying medical necessity and did not contain documentation supporting the income and resources criteria, affecting 73 claims. Questioned costs totaled $3,347. The annual reevaluation was also not completed timely. The 2019 reevaluation, due in December 2018, was not completed until February 1, 2019. (AR Choices) (Non-MAGI/ANSWER)
Finding Number: 2019-016 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1405AR5MAP; 05-1505AR5MAP; 05-1605AR5MAP; 05-1705AR5MAP; 05-1805AR5MAP; 05-1905AR5MAP
Federal Award Year(s): 2014, 2015, 2016, 2017, 2018, and 2019
Compliance Requirement(s) Affected: Eligibility
Type of Finding: Noncompliance and Material Weakness

Condition and Context (Continued):

- One client file, with 22 claims totaling $2,818, did not contain a DCO-704 signed by a registered nurse verifying medical necessity and did not contain documentation supporting the income and resources criteria, affecting 22 claims. Questioned costs totaled $1,997.
  - In addition, 103 claims paid in 2018 were also affected. Questioned costs totaled $3,323.
  - The annual reevaluation was also not completed timely. The 2018 reevaluation, due in August 2017, was not completed. (Aid to the Aged) (Non-MAGI/ANSWER)

- One client file, with 113 claims totaling $7,827, did not contain a DCO-704 signed by a registered nurse verifying medical necessity, affecting 26 claims. Questioned costs totaled $1,305. (AR Choices) (Non-MAGI/ANSWER)

- One client file, with 15 claims totaling $24,715, did not contain a DCO-704 signed by a registered nurse verifying medical necessity, affecting 10 claims. Questioned costs totaled $10,347.
  - The annual reevaluation was also not completed timely. The 2019 reevaluation, due in January 2019, was not completed until March 29, 2019. (Assisted Living/Living Choices) (Non-MAGI/ANSWER)

- One client file, with 143 claims totaling $50,790, did not contain documentation proving resource eligibility, affecting 18 claims. Questioned costs totaled $8,053.
  - The annual reevaluation was also not completed timely. The 2019 reevaluation, due in April 2019, was not completed until November 1, 2019, after the recipient's file was selected for review. (Aid to the Aged) (Non-MAGI/ANSWER)

- One client file, with 29 claims totaling $5,633, did not contain a DCO-704 signed by a registered nurse verifying medical necessity, documentation supporting the resources or income criteria, disability verification, institutional status, or proof of assignment of medical rights by the recipient to DHS, affecting all 29 claims. Questioned costs totaled $3,972.
  - In addition, 137 claims paid in 2018, 2017, 2016, 2015, and 2014 were also affected. Questioned costs totaled $325, $76, $193, $362, and $71, respectively.

- The annual reevaluations were also not completed timely. The 2014 reevaluation, due in April 2014, had not been completed at the conclusion of audit fieldwork, and there were no reevaluations for 2015, 2016, 2017, 2018, or 2019. (Aid to the Disabled) (Non-MAGI/ANSWER)

- One client file, with 13 claims totaling $3,539, did not contain documentation proving income eligibility, affecting all 13 claims. Questioned costs totaled $2,496. (Adult Expansion) (MAGI/CURAM)

- One client file, with 10 claims totaling $116, did not contain documentation proving the recipient had assigned medical rights to DHS, affecting all 10 claims. Questioned costs totaled $82. (ARKids A) (MAGI/CURAM)

Additional deficiencies related to eligible recipients with late re-determinations. Although no questioned costs are associated with these recipients, the total amount of claims paid (state and federal) as of fieldwork date of December 2, 2019, for dates of services between the time the reevaluation was due and the day before it was performed is noted below in order to show what could have been paid in error if the recipient had ultimately been deemed ineligible:
Finding Number: 2019-016 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1405AR5MAP; 05-1505AR5MAP; 05-1605AR5MAP; 05-1705AR5MAP; 05-1805AR5MAP; 05-1905AR5MAP
Federal Award Year(s): 2014, 2015, 2016, 2017, 2018, and 2019
Compliance Requirement(s) Affected: Eligibility
Type of Finding: Noncompliance and Material Weakness

Condition and Context (Continued):

- One client file did not have a timely reevaluation, as it was due in December 2018 but was not completed until February 20, 2019. The claims paid for dates of services between when the reevaluation was due and the day before it was performed totaled $13,178 in state fiscal year 2019. (Aid to the Aged) (Non-MAGI/ANSWER)

- One client file did not have a timely reevaluation, as it was due in February 2019 but was not completed until March 6, 2019. The claims paid for dates of services between when the reevaluation was due and the day before it was performed totaled $5,262 in state fiscal year 2019. (Aid to the Disabled) (Non-MAGI/ANSWER)

- One client file did not have a timely reevaluation, as it was due in July 2018 but was not completed until August 12, 2018. The claims paid for dates of services between when the reevaluation was due and the day before it was performed totaled $434 in state fiscal year 2019. (Adult Expansion) (MAGI/CURAM)

Statistically Valid Sample:
Not a statistically valid sample

Questioned Costs:
State Fiscal Year 2019 - $35,952
State Fiscal Year 2018 - $3,648
State Fiscal Year 2017 - $76
State Fiscal Year 2016 - $193
State Fiscal Year 2015 - $362
State Fiscal Year 2014 - $71

Cause:
Although the Agency has designed internal control procedures to review recipient files to ensure sufficient, appropriate evidence is provided to support the Agency’s determination of eligibility, certain areas still require continued communication to and training of the appropriate Agency personnel.

Effect:
Payments to providers were made on behalf of ineligible recipients.

Recommendation:
ALA staff recommend the Agency continue providing adequate communication with and training to appropriate personnel to ensure compliance with all program requirements as defined in the MS manual.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with the finding. The agency noted that the root cause of the error resulted from DAABHS and the agency’s contractor, Optum, being unable to complete the reassessments timely. A new business process is being developed to ensure timely medical eligibility determination. Current activities are underway to improve the re-evaluation process including realigning resources and activities within one management division, value stream mapping to eliminate unnecessary administrative tasks, and development of a workflow management system to track and report re-evaluation activities. Eligibility staff have been instructed on the process. The program eligibility analysts and area directors will monitor the process.
Finding Number: 2019-016 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1405AR5MAP; 05-1505AR5MAP; 05-1605AR5MAP; 05-1705AR5MAP; 05-1805AR5MAP; 05-1905AR5MAP
Federal Award Year(s): 2014, 2015, 2016, 2017, 2018, and 2019
Compliance Requirement(s) Affected: Eligibility
Type of Finding: Noncompliance and Material Weakness

Views of Responsible Officials and Planned Corrective Action (Continued):

Anticipated Completion Date: 6/1/2020

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Finding Number: 2019-017
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5MAP; 05-1905AR5MAP
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Matching, Level of Effort, Earmarking
Type of Finding: Material Noncompliance and Material Weakness

Repeat Finding:
A similar issue was reported in prior-year finding 2018-015.

Criteria:
In accordance with 45 CFR § 95.507(4), the Agency's established Cost Allocation Plan is required to contain sufficient information in such detail to permit the Director - Division of Cost Allocation, after consulting with the Operating Divisions, to make an informed judgment on the correctness and fairness of the State's procedures for identifying, measuring, and allocating all costs to each of the programs operated by the State agency.

42 CFR § 433.10 and § 433.15 established rates to be used to calculate non-administrative and administrative state match and require that the state pay part of the costs for providing and administering the Medical Assistance Program (MAP).

In addition, 45 CFR § 75.303 states that a non-federal entity must “take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings.”

Condition and Context:
To verify that state general revenues and other non-federal funding sources used to “match” the federal grant award monies were from an appropriate source of funding, ALA selected 25 daily draw dates and traced the daily draw amount recorded in AASIS to the Agency's supporting draw packet. The following issues were noted:

- The Agency did not maintain documentation identifying the original source of revenues identified as other non-federal.
- The Agency utilizes an outside accounting system, Lotus 1-2-3, to maintain and track State General Revenue and other non-federal fund balances available. Agency staff manually key information into this system daily. However, there are no reviews or other controls in place to ensure the accuracy of the funding category balances.
- Accounting records maintained in the Lotus 1-2-3 system include one-sided adjustments to State General Revenue and other non-federal funds, causing the ending balances of both funding categories to be inaccurate.

Additionally, to confirm the Agency was properly monitoring its state match, we requested the reconciliations the Agency indicated it used to track, compare, and verify state match requirements.

Although reconciliations were provided for the first three quarters of 2019, they contained numerous errors, and the Agency failed to provide the reconciliation for the fourth quarter ending June 30, 2019. ALA attempted to perform alternative procedures; however, because of the issues noted above, we were unable to verify that the Agency met the match requirements.

(NOTE: The Agency's reported state match for all active Medicaid grants was $1,677,981,874.)

Statistically Valid Sample:
Not a statistically valid sample

Questioned Costs:
Unknown
Finding Number: 2019-017 (Continued)  
State/Educational Agency(s): Arkansas Department of Human Services  
Pass-Through Entity: Not Applicable  
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)  
Federal Awarding Agency: U.S. Department of Health and Human Services  
Federal Award Number(s): 05-1805AR5MAP; 05-1905AR5MAP  
Federal Award Year(s): 2018 and 2019  
Compliance Requirement(s) Affected: Matching, Level of Effort, Earmarking  
Type of Finding: Material Noncompliance and Material Weakness

**Cause:**  
The Agency did not adhere to its documented internal control policies and procedures by preparing adequate quarterly comparisons. Additionally, no established procedures were in place to verify the Agency met the state match requirements or that the funds used toward the state match were from allowable sources.

**Effect:**  
Inadequate controls for effectively monitoring the match compliance requirement could result in failure to meet match and also limits the Agency's ability to effectively manage the grant.

**Recommendation:**  
ALA staff recommend the Agency adhere to its established internal control policies and procedures over matching to ensure appropriate state match. ALA further recommends the Agency implement appropriate controls to allow the Agency to track funding sources used to meet state match requirements for federal programs.

**Views of Responsible Officials and Planned Corrective Action:**  
DHS disputes in part and concurs in part with the finding. The agency does maintain documentation identifying sources of revenues through the certification of income from the divisions. Each program is assigned an internal order, fund, and source of funding. This is maintained on the Coding Validation Table. When monies are received through accounts receivable, transfers, and draws, they are split in the funds control ledgers by the funding split designated on the CVT (coding validation table). The general ledger account numbers also designate the source of revenue (transfers). AASIS does not separate the internal orders (program codes) by funding source and we balance to AASIS. The monies are deposited into designated fund as one total. While the agency maintains documentation identifying “other non-federal” revenues, the funds and sources could be documented with greater specificity. The agency will update its process to provide greater specificity in tracking “other non-federal” revenues.

Controls are imbedded in the ledgers and Lotus program which ensure accuracy of funding category balances, if funds or accounts are not balanced an error message is given and reason is researched and corrected before allowed to move on to next step. Controls are in place by when a transfer document is created in AASIS it is reviewed by another person then posted if approved (the same person cannot post). If requests for transfers are made to DFA they must be approved by a manager.

Adjustments made in Lotus are not one-sided. Adjustments are made to ledgers to true-up State, Federal, and Other based on Cost Allocation. Our daily expenditures are posted to our ledgers daily based on the internal order in the indirect worksheet. These percentages are trued up quarterly when cost allocation runs. Therefore, an adjustment is needed to true up the splits on our ledgers between, State, Federal and Other. It does not change the balance in the fund.

Due to the limitation of AASIS not separating fund splits, we are not able to provide the level of detail for each program code as asked for by ALA. However, we maintain that State General Revenue and Other sources are certified by directors and used as certified per state and federal laws. We maintain that we balance our funds to AASIS and state general revenue reports from DFA therefore are accurate.
Finding Number: 2019-017 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5MAP; 05-1905AR5MAP
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Matching, Level of Effort, Earmarking
Type of Finding: Material Noncompliance and Material Weakness

Additional Comments from the Auditor:
Since the Agency was unable to provide documentation that state match requirements were met during state fiscal year 2019, ALA met with Agency employees on several occasions to obtain an understanding of the funding process. ALA performed a walkthrough of the “State” and “Other” funds draw process for one of the dates selected for testing. During this walkthrough, auditors had multiple discussions with Agency staff, including Tina Coutu (Assistant Deputy Director for Managerial Accounting), Sherry Gresham (Budget Specialist, Managerial Accounting), and Donna Reed (Budget Specialist, Managerial Accounting).

During these discussions, Agency staff explained that AASIS does not include functionality to identify funding source (Federal, State, or Other); therefore, the Agency utilizes the Lotus 1-2-3 system to identify the balance of available funds from these sources. Information from AASIS is uploaded into an Access database to identify the proper funding splits. Reports are generated from this database, and information from these reports is manually keyed into the Lotus 1-2-3 system. According to Donna Reed, the Agency does not have a review process in place to ensure amounts from the Access database are properly entered into Lotus 1-2-3.

Additionally, on multiple occasions, Agency staff told ALA that the balances included in Lotus 1-2-3 represent an accumulation of funds over several years, and the Agency was unable to specifically identify the source of these funds. As a result, ALA was unable to determine the source of funds available for payment of Medicaid expenditures.

Furthermore, while performing the walkthrough, the auditor noted “adjustments” on the ledger reports printed from the Lotus 1-2-3 system that reduced the total needed funding for the specified source of funds. According to Donna Reed, if payment of expenditures will result in a negative balance for state general revenue funds, an “adjustment” is made to the ledger report to reclassify a portion of the “Other” funds to the “State” category. In reviewing these adjustments, ALA noted the “State” category was reduced, but no adjustment was made to the “Other” category. Also, during review of monthly funding reports from the Lotus 1-2-3 system, ALA noted multiple instances of negative balances for “State” or “Other” funds at month-end.

Finally, according to Donna Reed, the Agency performs quarterly “true-ups” of the balances. Based on review of “true-up” procedures obtained from the Agency, ALA was unable to determine how this process ensures that funds used to meet state match requirements are appropriate.
Finding Number: 2019-018
State/Educational Agency(s): Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: US Department of Health and Human Services
Federal Award Number(s): 05-1805AR5MAP; 05-1905AR5MAP; 05-1805AR5ADM, 05-1905AR5ADM
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Reporting
Type of Finding: Noncompliance and Material Weakness

Repeat Finding:
A similar finding was reported in the year finding 2018-009.

Criteria:
42 CFR 430.30(c) requires submission of a quarterly statement of expenditures report (CMS-64) for the Medical Assistance Program (MAP) no later than 30 days after the end of each quarter. To ensure compliance, the Agency maintains policies and procedures for the preparation of the CMS-64 report. One procedure specifically states that the Agency will prepare quarterly reconciliations, as well as review, investigate, and provide explanations for identified variances. Reconciliations, along with the variance explanations, should be included as supporting documentation for the CMS-64.

Condition and Context:
ALA requested the quarterly reconciliations between expenditures recorded in its financial management system and expenditures reported to the federal awarding agency. The Agency provided reconciliations for portions of the CMS-64 reports to “payout” reports but did not complete reconciliations for the report as a whole. Payout reports are created by DMS staff and represent the 13 weekly funding requests for each quarter. The Agency utilizes an Excel workbook to combine the claims data included in each week’s funding request to create the payout reports. However, the reconciliations provided did not include reconciliations to the Agency’s financial management systems (AASIS and Allocap).

ALA staff also performed testing of expenditures reported on the CMS-64 for the quarters ended December 31, 2018, and March 31, 2019, to confirm accuracy and completeness with the expenditures recorded in the Agency’s financial management system. ALA review revealed the following errors:

From the December 31, 2018, report:

- Twenty-three line items totaling $1,322,346,159 and representing 86% of MAP expenditures were selected. An error was identified in one line item, resulting in an overstatement of the federal portion of expenditures totaling $477,042.
- Nine line items totaling $91,932,560 and representing 94% of administrative expenditures were selected. Errors were identified in four line items, resulting in an overstatement of the federal portion of expenditures totaling $29,870.

From the March 31, 2019, report:

- Twenty-one line items totaling $1,499,993,497 and representing 85% of MAP expenditures were selected. Two errors were identified, resulting in an understatement of the federal portion of expenditures totaling $939.
- Eight line items totaling $72,862,882 and representing 92% of administrative expenditures were selected. Errors were identified in four line items, resulting in an overstatement of the federal portion of expenditures totaling $119,695.

Statistically Valid Sample:
Not a statistically valid sample

Questioned Costs:
Unknown
Finding Number: 2019-018 (Continued)

State/Educational Agency(s): Department of Human Services

Pass-Through Entity: Not Applicable

CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)

Federal Awarding Agency: US Department of Health and Human Services

Federal Award Number(s): 05-1805AR5MAP; 05-1905AR5MAP; 05-1805AR5ADM, 05-1905AR5ADM

Federal Award Year(s): 2018 and 2019

Compliance Requirement(s) Affected: Reporting

Type of Finding: Noncompliance and Material Weakness

Cause:
In an effort to reduce reporting errors, the Agency has continued to review and adjust reporting procedures for MAP expenditures. The error in MAP expenditures on the December 31, 2018, report occurred when an adjustment was entered on the wrong line in the Agency’s workbook.

For state fiscal year 2019, the Agency implemented a new cost allocation system. The Agency’s Excel workbook used to report administrative expenditures was not completely updated to properly allocate expenditures to the appropriate CMS-64 line item (and federal financial participation rate) using the cost allocation system reports.

Effect:
The Agency failed to accurately report expenditures for the selected quarters.

Recommendation:
ALA staff recommend the Agency implement additional procedures and controls over the reporting process to ensure reports are accurate and complete prior to certification.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with this finding. Effective with the December 31, 2019 submission of the CMS-64 reports, DHS is utilizing the services of a contractor to assist in the compiling, analyzing, data entry and reconciliation of the CMS-64 reports. For the quarter ending December 31, 2019, the contractor completed a reconciliation to the payout and cost allocation reports for the following:

- All Waiver authority medical service expenditures;
- All Medicaid administrative claiming expenditures;
- All CHIP expenditures,
- All Medicaid expansion expenditures;
- All State plan expenditures;
- Total computable amounts reported in MBES for Medicaid collections and overpayments were reconciled to the workpapers used to support Medicaid collections and overpayments.

The agency is in the process of working with the contractor to develop and implement a quarterly reconciliation to include the payout reports, cost allocation (Allocap) and the state’s financial management system (AASIS). When the reconciliation process has been finalized, written procedures on the reconciliation process will be documented.

Anticipated Completion Date: 6/30/2020

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**Finding Number:** 2019-019  
**State/Educational Agency(s):** Arkansas Department of Human Services  
**Pass-Through Entity:** Not Applicable  
**CFDA Number(s) and Program Title(s):** 93.778 – Medical Assistance Program (Medicaid Cluster)  
**Federal Awarding Agency:** U.S. Department of Health and Human Services  
**Federal Award Number(s):** 05-1505AR5MAP; 05-1605AR5MAP; 05-1705AR5MAP; 05-1805AR5MAP; 05-1905AR5MAP  
**Federal Award Year(s):** 2015, 2016, 2017, 2018, and 2019  
**Compliance Requirement(s) Affected:** Special Tests and Provisions – Claims Paid Subsequent to Recipient Death  
**Type of Finding:** Noncompliance and Significant Deficiency  

**Repeat Finding:**  
A similar issue was reported in prior-year finding 2018-021.  

**Criteria:**  
It is the State’s responsibility to ensure that claims are only paid for eligible Medicaid recipients and that any changes to a recipient’s eligibility be updated timely. According to Section I-600 of the Medical Service Policy Manual, DHS is required to act on any change that may alter eligibility within 10 days of receiving the change. One of the changes listed that could affect eligibility is death of the recipient. Additionally, Section I-610 of the manual indicates that a recipient loses eligibility upon death.  

**Condition and Context:**  
The Arkansas Department of Health provided ALA with a list of deceased individuals, which ALA used to identify individuals who had claims or capitation payments paid or adjusted in state fiscal year 2019 with dates of service after their date of death. The resulting population was split into those related to claims payments and those related to capitation payments.  

ALA staff review of 60 recipients with claims paid for dates of service subsequent to the date of death revealed the following:  
- Nine recipients had claims paid for dates of service after their date of death. One recipient’s claims, totaling $576, were for dates of service seven months after the date of death. These claims had not been recouped as of fieldwork date October 14, 2019. **Questioned costs totaled $689 and $8 for state fiscal years 2019 and 2018, respectively.**  
- For nine recipients, the Medicaid Management Information System (MMIS) did not have a date of death recorded or the date of death was not correct as of fieldwork date November 22, 2019.  

ALA staff review of 60 recipients with capitation payments for dates of service subsequent to the date of death revealed the following:  
- Fifty-seven recipients had capitation payments paid for dates of service after their date of death. These claims had not been recouped as of fieldwork date October 14, 2019. **Questioned costs totaled $722, $435, $183, $141, and $37 for state fiscal years 2019, 2018, 2017, 2016 and 2015, respectively.**  
- For nine recipients, MMIS did not have a date of death recorded, or the date of death was not correct as of fieldwork date November 22, 2019.  
- For 10 recipients, capitation payments were paid more than six months past the date of death and ranged from 7 to 54 months.  

**Statistically Valid Sample:**  
Not a statistically valid sample
Finding Number: 2019-019 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1505AR5MAP; 05-1605AR5MAP; 05-1705AR5MAP; 05-1805AR5MAP; 05-1905AR5MAP
Federal Award Year(s): 2015, 2016, 2017, 2018, and 2019
Compliance Requirement(s) Affected: Special Tests and Provisions – Claims Paid Subsequent to Recipient Death
Type of Finding: Noncompliance and Significant Deficiency

Questioned Costs:
State Fiscal Year 2015 - $37
State Fiscal Year 2016 - $141
State Fiscal Year 2017 - $183
State Fiscal Year 2018 - $443
State Fiscal Year 2019 - $1,411

Cause:
Although the Agency has designed internal control procedures to ensure recipient files are updated upon the death of a recipient, certain areas still require continued communication with and training of the appropriate Agency personnel.

Effect:
Claims and capitation payments were made on behalf of deceased recipients.

Recommendation:
ALA staff recommend the Agency strengthen controls to ensure recipient files are updated timely when a recipient dies so that claims for dates of service subsequent to the date of death are not paid.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with this finding. Claims and capitation payments were paid subsequent to the date of death due to the agency not receiving timely notification of death and the span of time required to confirm date of death after receiving notification. An automatic retrospective review is completed in the MMIS to identify claims for recoupment that were paid subsequent to date of death. In some cases, eligibility is closed for another reason prior to receiving notification of date of death and the date of death is not updated in MMIS causing the claims to not be recouped. The Agency is currently reviewing all date of death discrepancies between eligibility systems and MMIS and updating the systems to reflect the reported date of death. Additionally, root causes of date for date of death discrepancies will be identified and system updates will be made to correct the discrepancies. System updates will be made as root causes are identified.

Claims were also not recouped for some capitated payments made after date of death due to a delay in completion of NET and PCCM reconciliations. Those claims will be recouped upon the completion of the reconciliations.

Anticipated Completion Date: 6/30/2020

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Finding Number: 2019-020
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program
(Federal Awarding Agency: US Department of Health and Human Services
Federal Award Number(s): 05-1805AR5MAP; 05-1905AR5MAP
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Special Tests and Provisions –
Inpatient Hospital and Long-Term Care Facility Audits
Type of Finding: Material Weakness
Repeat Finding: Not applicable
Criteria: In accordance with 45 CFR § 75.303, a non-federal entity must:
- Establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the award. These controls should be in compliance with Green Book or COSO guidance.
- Evaluate and monitor its compliance with the award.
- Take prompt action when instances of noncompliance are identified, including noncompliance identified in audit findings.

To ensure long-term care facility rates are appropriate, the Agency performs periodic audits of the financial and statistical records of participating providers.

Condition and Context:
During our review of the Agency’s internal controls and procedures regarding cost report reviews and audits of nursing facilities and intermediate care facilities, ALA discovered the Agency utilized a consultant, Myers and Stauffer, to create new procedures for desk and expanded reviews and to perform reviews of long-term care facility cost reports during the year ended June 30, 2019.

ALA requested a copy of the Myers and Stauffer contract, which revealed that Myers and Stauffer was subcontracted with DXC (fiscal agent and MMIS interchange contract). Further review revealed the DXC contract did not include deliverables for the services being provided by Myers and Stauffer. As a result, the Agency does not have an enforceable contract to ensure the reviews are completed adequately or completed timely or to ensure compliance with federal regulations concerning the completion of cost reports and rate setting for these providers.

Statistically Valid Sample: Not a statistically valid sample

Questioned Costs: None

Cause: The Agency failed to amend the contract with DXC to include deliverables for developing cost report review procedures and performing cost report reviews.

Effect: The Agency does not have an enforceable contract in place to ensure required audits are completed timely or at all.
Finding Number: 2019-020 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: US Department of Health and Human Services
Federal Award Number(s): 05-1805AR5MAP; 05-1905AR5MAP
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Special Tests and Provisions – Inpatient Hospital and Long-Term Care Facility Audits
Type of Finding: Material Weakness

Recommendation:
ALA staff recommend the Agency amend the contract to include deliverables for developing cost report audit procedures and for performance of cost report audits in accordance with federal regulations.

Views of Responsible Officials and Planned Corrective Action:
DHS disputes this finding. The terms and conditions for the referenced contract state the contractor is fully responsible for all work performed under the contract and may enter into written subcontracts for performance of its functions under the contract. The contract deliverables require the contractor to hire and utilize staff to provide Business Process Outsourcing (BPO) services for third party liability and long-term care facility programs. These services included multiple Business Processes, such as nursing facility desk reviews and calculation of nursing facility rates. These services are further defined in the proposed scope of work submitted to DHS by DXC. In the proposed scope, DXC details the completion of nursing facility desk reviews and long-term care cost facility reports. The proposed scope, once approved by DHS, became part of the scope of work between DXC and Myers and Stauffer, the subcontractor DXC hired to perform the work in compliance with the Contract Performance Indicators. If Myers and Stauffer had failed to perform their obligations as subcontractor, DHS would have legal recourse against DXC as the primary contractor.

Anticipated Completion Date: Completed

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Additional Comments from the Auditor:
DHS staff commented at the preliminary exit conference that ALA had not been communicating with procurement staff concerning the contract referenced in Finding 2019-020. However, ALA had discussed the finding with individuals the Agency had identified as points of contact, as noted below. Additionally, Agency staff did not voice any concerns regarding this finding or provide any explanation that supports the Agency’s official response, either during or subsequent to the final exit conference.

As a result of these factors and to establish additional context, a timeline of ALA’s communication with Agency staff regarding the contract and the related finding is provided below.
State of Arkansas  
Schedule of Findings and Questioned Costs  
For the Year Ended June 30, 2019

<table>
<thead>
<tr>
<th>Finding Number:</th>
<th>2019-020 (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State/Educational Agency(s):</td>
<td>Arkansas Department of Human Services</td>
</tr>
<tr>
<td>Pass-Through Entity:</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>CFDA Number(s) and Program Title(s):</td>
<td>93.778 – Medical Assistance Program (Medicaid Cluster)</td>
</tr>
<tr>
<td>Federal Awarding Agency:</td>
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</tr>
<tr>
<td>Federal Award Year(s):</td>
<td>2018 and 2019</td>
</tr>
<tr>
<td>Compliance Requirement(s) Affected:</td>
<td>Special Tests and Provisions – Inpatient Hospital and Long-Term Care Facility Audits</td>
</tr>
<tr>
<td>Type of Finding:</td>
<td>Material Weakness</td>
</tr>
</tbody>
</table>

**Additional Comments from the Auditor (Continued):**

**Communication Timeline**

**August 6, 2019** – ALA first discovered the relationship between Myers & Stauffer and DXC. At that time, ALA requested copies of DXC contract amendments, which included the work performed by Myers & Stauffer regarding long-term care (LTC) facility cost report reviews.

**August 7, 2019** – The Agency provided ALA with a Word document describing services to be provided by DXC. No official contract documents were included, so ALA promptly requested additional clarification to determine if the Word document was from an official contract amendment or an amendment request. The Agency did not provide the additional information requested.

During discussions with Lynn Burton (Business Operations Manager, Shared Services Office of Finance – Provider Reimbursement), ALA was informed that the original contract between DXC and DHS did not include the performance of LTC cost report reviews as a deliverable, but the Agency had requested an amendment to include these reviews. Consequently, auditors reviewed contract documents previously provided but were unable to locate the deliverables in any contracts or amendments.

**August 12, 2019** – At the Agency’s request, ALA utilized a JIRA request to update the Agency regarding the status of this contract issue and asked that the Agency provide documentation for inclusion of the deliverable in the contract and any amendments.

**August 13, 2019** – ALA met with Lynn Burton and Maggie Newton (Business Operations Manager, DMS – Promulgation & Compliance, Contract Oversight), who again stated that the original contract did not include the performance of LTC cost report reviews in the deliverables and that they were unable to find addition of the reviews in any subsequent amendments.

**August 19, 2019** – The Agency provided ALA with 14 additional attachments to the original contract, with no guidance regarding where ALA would find deliverables related to the cost report reviews. ALA reviewed the files and found an area regarding Provider Reimbursement that referenced an RFP attachment the Agency had not provided.

**August 20, 2019** – ALA requested the RFP attachment.

**August 21, 2019** – The Agency provided 21 additional documents (671 total pages) related to the contract, including the RFP attachment. However, again, the Agency provided no guidance as to where ALA would find deliverables related to the review of LTC cost reports.

**August 29, 2019** – ALA notified the Agency (through JIRA) that auditors had reviewed the documentation provided; were unable to locate the deliverables in the contract; and as a result, would issue an internal control finding (i.e., Finding 2019-020). **The Agency provided no additional response to ALA from August 29 through the end of audit field work on December 27, 2019.** As a result, Finding 2019-020 was issued based on the information provided to ALA as of the end of field work.

**January 8, 2020** – ALA met with Brett Hays (DHS Chief Security and Compliance Officer) and Kristen Green (Attorney Specialist, Shared Services – Office of Security and Compliance) to discuss Single Audit findings in preparation for the preliminary exit conference for the Medicaid and CHIP programs.
**State of Arkansas**
**Schedule of Findings and Questioned Costs**
**For the Year Ended June 30, 2019**

<table>
<thead>
<tr>
<th>Finding Number:</th>
<th>2019-020 (Continued)</th>
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</thead>
<tbody>
<tr>
<td>State/Educational Agency(s):</td>
<td>Arkansas Department of Human Services</td>
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<tr>
<td>Pass-Through Entity:</td>
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<tr>
<td>CFDA Number(s) and Program Title(s):</td>
<td>93.778 – Medical Assistance Program (Medicaid Cluster)</td>
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<tr>
<td>Federal Awarding Agency:</td>
<td>US Department of Health and Human Services</td>
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<tr>
<td>Federal Award Number(s):</td>
<td>05-1805AR5MAP; 05-1905AR5MAP</td>
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<tr>
<td>Federal Award Year(s):</td>
<td>2018 and 2019</td>
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<tr>
<td>Compliance Requirement(s) Affected:</td>
<td>Special Tests and Provisions – Inpatient Hospital and Long-Term Care Facility Audits</td>
</tr>
<tr>
<td>Type of Finding:</td>
<td>Material Weakness</td>
</tr>
</tbody>
</table>

**Additional Comments from the Auditor (Continued):**

**January 22, 2020** – At the preliminary exit conference, ALA again presented each audit finding related to the Medicaid and CHIP programs. Numerous Agency staff were present, including Cindy Gillespie (Secretary of Arkansas Human Services), Dawn Stehle (Deputy Director/Medicaid Director), Janet Mann (DMS Director), and Brett Hays. Regarding Finding 2019-020, Ms. Gillespie commented that ALA had not been communicating with Agency procurement staff concerning the contract. In response, ALA informed Ms. Gillespie that auditors asked for contract information using the JIRA system, as the Agency requested, and were not in control of how the Agency retrieved or provided the information.

**February 10, 2020** – ALA met with Agency staff for the final exit conference for all major programs administered by DHS. The Agency expressed no concerns, during or subsequent to the final exit conference, regarding Finding 2019-020 and offered no explanation to support the official response provided by Mary Kathryn Williams (Chief Procurement Officer).
Finding Number: 2019-021
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5MAP; 05-1905AR5MAP
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Special Tests and Provisions – Utilization Control and Program Integrity and Medicaid Fraud Control Unit
Type of Finding: Noncompliance and Material Weakness
Repeat Finding: Not applicable
Criteria: In accordance with 42 CFR § 438.350, each state that contracts with a Managed Care Organization (MCO) or Prepaid Ambulatory Health Plan (PAHP) must ensure that an annual external quality review (EQR) is performed for each MCO or PAHP. In addition, 42 CFR § 438.364 states that the EQR results must be included in an annual technical report that must be finalized by April 30 of each year.
Condition and Context: The Healthy Smiles Waiver, Arkansas’s dental managed care program, is a PAHP and became effective on January 1, 2018. Two entities participate in the dental managed care program: Delta Dental and MCNA Dental. An EQR is required for both entities and was due by April 30, 2019. ALA inquiry and request for the annual report revealed that as of October 28, 2019, the Agency had yet to retain a vendor to perform the EQR and was still working on the RFP (request for proposal) to select the vendor.
Statistically Valid Sample: Not a statistically valid sample
Questioned Costs: None
Cause: The Agency has experienced staff turnover and did not develop or document internal control procedures for the dental managed care program for its staff.
Effect: Failure to document and implement appropriate procedures for internal control limits the Agency’s ability to adequately monitor the program for noncompliance, such as the noncompliance with the EQR requirements for the dental managed care program noted above.
Recommendation: ALA staff recommend the Agency develop and document internal controls over the dental managed care program to aid in ensuring compliance with the program, including those related to EQRs.
Views of Responsible Officials and Planned Corrective Action: DHS concurs with the finding. The agency has begun the process to secure a vendor to perform the reviews. The contract for this service was posted for bid on January 31, 2020 and a contract start date of July 1, 2020.
Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2019

Finding Number: 2019-021 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program
(Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1805AR5MAP; 05-1905AR5MAP
Federal Award Year(s): 2018 and 2019
Compliance Requirement(s) Affected: Special Tests and Provisions – Utilization Control and Program Integrity and Medicaid Fraud Control Unit
Type of Finding: Noncompliance and Material Weakness

Views of Responsible Officials and Planned Corrective Action (Continued):

Anticipated Completion Date: 7/1/2020

Contact Person: Janet Mann
Director, Division of Medical Services
Department of Human Services
700 Main Street
Little Rock, AR 72201
(501) 320-6270
janet.mann@dhs.arkansas.gov
Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2019
## State of Arkansas
### Schedule of Expenditure of Federal Awards
#### For the Year Ended June 30, 2019

<table>
<thead>
<tr>
<th>Cluster Name/Federal Grantor/Program Name/Pass-Through Entity</th>
<th>CFDA</th>
<th>Other Identifying #</th>
<th>Pass-Through Identifying #</th>
<th>Expenditure</th>
<th>Amount Provided to Subrecipients</th>
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</table>
## State of Arkansas
### Schedule of Expenditure of Federal Awards
#### For the Year Ended June 30, 2019

<table>
<thead>
<tr>
<th>Cluster Name/Federal Grantor/Program Name/Pass-Through Entity</th>
<th>CFDA</th>
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- 72 -
State of Arkansas  
Schedule of Expenditure of Federal Awards  
For the Year Ended June 30, 2019  

<table>
<thead>
<tr>
<th>Cluster Name/Federal Grantor/Program Name/Pass-Through Entity</th>
<th>CFDA</th>
<th>Other Identifying #</th>
<th>Pass-Through Identifying #</th>
<th>Expenditure</th>
<th>Amount Provided to Subrecipients</th>
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## Schedule of Expenditure of Federal Awards
For the Year Ended June 30, 2019

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<tr>
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<th>CFDA</th>
<th>Other Identifying #</th>
<th>Pass-Through Identifying #</th>
<th>Expenditure Provided to Subrecipients</th>
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</table>
## State of Arkansas
### Schedule of Expenditure of Federal Awards
#### For the Year Ended June 30, 2019

<table>
<thead>
<tr>
<th>Cluster Name/Federal Grantor/Program Name/Pass-Through Entity</th>
<th>CFDA</th>
<th>Other Identifying #</th>
<th>Pass-Through Identifying #</th>
<th>Expenditure</th>
<th>Amount Provided to Subrecipients</th>
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### State of Arkansas

**Schedule of Expenditure of Federal Awards**

**For the Year Ended June 30, 2019**

<table>
<thead>
<tr>
<th>Cluster Name/Federal Grantor/Program Name/</th>
<th>CFDA</th>
<th>Other Identifying #</th>
<th>Pass-Through Identifying #</th>
<th>Expenditure</th>
<th>Amount Provided to Subrecipients</th>
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<tbody>
<tr>
<td><strong>Research and Development Cluster (Continued)</strong></td>
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<tr>
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### State of Arkansas
### Schedule of Expenditure of Federal Awards
### For the Year Ended June 30, 2019

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<th>Other Identifying #</th>
<th>Pass-Through Identifying #</th>
<th>Expenditure</th>
<th>Amount Provided to Subrecipients</th>
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<td>US Department of Defense (Continued)</td>
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- 78 -
## Research and Development Cluster (Continued)

### US Department of Transportation (Continued)

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<th>CFDA</th>
<th>Other Identifying #</th>
<th>Pass-Through Identifying #</th>
<th>Expenditure</th>
<th>Amount Provided to Subrecipients</th>
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### US Department of Transportation Total

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<th>Pass-Through Identifying #</th>
<th>Expenditure</th>
<th>Amount Provided to Subrecipients</th>
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**National Aeronautics and Space Administration**

<table>
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<th>Other Identifying #</th>
<th>Pass-Through Identifying #</th>
<th>Expenditure</th>
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**National Aeronautics and Space Administration Total**

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<th>Pass-Through Identifying #</th>
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<th>Cluster Name/Federal Grantor/Program Name/Pass-Through Entity</th>
<th>CFDA</th>
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<th>Pass-Through Identifying #</th>
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<th>Cluster Name/Federal Grantor/Program Name/Pass-Through Entity</th>
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**National Aeronautics and Space Administration Total**

<table>
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<th>Cluster Name/Federal Grantor/Program Name/Pass-Through Entity</th>
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<th>Expenditure</th>
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<th>Cluster Name/Federal Grantor/Program Name/Pass-Through Entity</th>
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<th>Other Identifying #</th>
<th>Pass-Through Identifying #</th>
<th>Expenditure</th>
<th>Amount Provided to Subrecipients</th>
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</thead>
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**Schedule of Expenditure of Federal Awards**

**For the Year Ended June 30, 2019**

- Amount
- Cluster Name/Federal Grantor/Program Name/Pass-Through Entity
- CFDA
- Other Identifying #
- Pass-Through Identifying #
- Expenditure
- Amount Provided to Subrecipients
### National Endowment for the Arts

**Promotion of the Arts - Grants to Organizations and Individuals**
- CFDA: 45.024
- Expenditure: $85,793

**Promotion of the Arts - Partnership Agreements**
- CFDA: 45.025
- Expenditure: $259

**National Endowment for the Arts Total**
- Expenditure: $86,052

### National Endowment for the Humanities

**Promotion of the Humanities - Fellowships and Stipends**
- CFDA: 45.160
- Expenditure: $47,367

**Promotion of the Humanities - Research**
- CFDA: 45.161
- Expenditure: $8,418

**Promotion of the Humanities - Professional Development**
- CFDA: 45.163
- Expenditure: $62,417

**National Endowment for the Humanities Total**
- Expenditure: $118,202

### National Science Foundation

**Engineering Grants**
- CFDA: 47.041
- Expenditure: $3,011,318

**Geosciences**
- CFDA: 47.050
- Expenditure: $805,934

**Computer and Information Science and Engineering**
- CFDA: 47.070
- Expenditure: $1,632,586

**Biological Sciences**
- CFDA: 47.074
- Expenditure: $2,458,887

**Social, Behavioral, and Economic Sciences**
- CFDA: 47.075
- Expenditure: $499,659

**Education and Human Resources**
- CFDA: 47.076
- Expenditure: $1,676,969
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<tr>
<th>Cluster Name/Federal Grantor/Program Name/ Pass-Through Entity</th>
<th>CFDA</th>
<th>Other Identifying #</th>
<th>Pass-Through Identifying #</th>
<th>Expenditure</th>
<th>Amount Provided to Subrecipients</th>
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### Schedule of Expenditure of Federal Awards
For the Year Ended June 30, 2019

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<th>Pass-Through Identifying #</th>
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<td>Expenditure Provided to Subrecipients</td>
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<td>Research and Development Cluster (Continued)</td>
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<td>US Department of Health and Human Services (Continued)</td>
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### State of Arkansas

**Schedule of Expenditure of Federal Awards**

**For the Year Ended June 30, 2019**

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<th>Other Identifying #</th>
<th>Pass-Through Identifying #</th>
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<th>Amount Provided to Subrecipients</th>
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State of Arkansas
Schedule of Expenditure of Federal Awards
For the Year Ended June 30, 2019

<table>
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<th>Cluster Name/Federal Grantor/Program Name/Pass-Through Entity</th>
<th>CFDA</th>
<th>Other Identifying #</th>
<th>Pass-Through Identifying #</th>
<th>Expenditure</th>
<th>Amount Provided to Subrecipients</th>
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<tr>
<td><strong>Research and Development Cluster (Continued)</strong></td>
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**Department of Homeland Security**

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**Student Financial Assistance Cluster**

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State of Arkansas
Schedule of Expenditure of Federal Awards
For the Year Ended June 30, 2019

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<th>Pass-Through Identifying #</th>
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# Schedule of Expenditure of Federal Awards

**For the Year Ended June 30, 2019**

<table>
<thead>
<tr>
<th>Cluster Name/Federal Grantor/Program Name/ Pass-Through Entity</th>
<th>CFDA</th>
<th>Other Identifying #</th>
<th>Pass-Through Identifying #</th>
<th>Expenditure</th>
<th>Amount Provided to Subrecipients</th>
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<tr>
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</table>
# Schedule of Expenditure of Federal Awards

For the Year Ended June 30, 2019

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<th>CFDA</th>
<th>Other Identifying #</th>
<th>Pass-Through Identifying #</th>
<th>Expenditure</th>
<th>Amount Provided to Subrecipients</th>
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State of Arkansas  
Schedule of Expenditure of Federal Awards  
For the Year Ended June 30, 2019

<table>
<thead>
<tr>
<th>Cluster Name/Federal Grantor/Program Name/Pass-Through Entity</th>
<th>CFDA</th>
<th>Other Identifying #</th>
<th>Pass-Through Identifying #</th>
<th>Expenditure</th>
<th>Amount Provided to Subrecipients</th>
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<table>
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<tr>
<th>Cluster Name/Federal Grantor/Program Name/Pass-Through Entity</th>
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<th>Other Identifying #</th>
<th>Pass-Through Identifying #</th>
<th>Expenditure</th>
<th>Amount Provided to Subrecipients</th>
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# Schedule of Expenditure of Federal Awards

## For the Year Ended June 30, 2019

<table>
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<tr>
<th>Cluster Name/Federal Grantor/Program Name/Pass-Through Entity</th>
<th>CFDA</th>
<th>Other Identifying #</th>
<th>Pass-Through Identifying #</th>
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<th>Amount Provided to Subrecipients</th>
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<td><strong>US Department of Labor (Continued)</strong></td>
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State of Arkansas  
Schedule of Expenditure of Federal Awards  
For the Year Ended June 30, 2019

<table>
<thead>
<tr>
<th>Cluster Name/Federal Grantor/Program Name/ Pass-Through Entity</th>
<th>CFDA</th>
<th>Other Identifying #</th>
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<th>Amount Provided to Subrecipients</th>
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<td>Expenditure</td>
<td>Amount Provided to Subrecipients</td>
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<td>Expenditure</td>
<td>Amount Provided to Subrecipients</td>
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<td>Child Care Access Means Parents in School</td>
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# Schedule of Expenditure of Federal Awards
## For the Year Ended June 30, 2019

### Supporting Effective Instruction State Grants (formerly Improving Teacher Quality State Grants)
- **CFDA**: 84.367
- **Pass-Through Identifying #**: 97-AR03-SEED2018-C3WPPD
- **Expenditure**: $18,992,952
- **Subrecipients Provided**: $18,308,240

### Grants for State Assessments and Related Activities
- **CFDA**: 84.369
- **Pass-Through Identifying #**: 99-AR03-SEED2017-CRWPAI
- **Expenditure**: $5,440,376

### School Improvement Grants
- **CFDA**: 84.377
- **Expenditure**: $3,462,494
- **Subrecipients Provided**: $3,280,950

### Student Support and Academic Enrichment Program
- **CFDA**: 84.424
- **Expenditure**: $7,344,888
- **Subrecipients Provided**: $7,176,249

### American Printing House for the Blind
- **CFDA**: 84.406
- **Expenditure**: $50,790

### Hurricane Education Recovery
- **CFDA**: 84.938
- **Expenditure**: $352

### Javits Gifted and Talented Students Education
- **CFDA**: 84.206A
- **Expenditure**: $242,643
- **Subrecipients Provided**: $14,279

### Race to the Top - Preschool Development Grants
- **CFDA**: 84.419B
- **Expenditure**: $687,613

### Miscellaneous US Department of Education Programs
- **CFDA**: 84.U01 P408A151088
- **Expenditure**: $505,768,078
- **Subrecipients Provided**: $228,445,865

### Delta Regional Authority
- **Delta Regional Development**
  - **CFDA**: 90.200
  - **Expenditure**: $289,489
- **Delta Area Economic Development**
  - **CFDA**: 90.201
  - **Expenditure**: $55,543
  - **Pass-Through from Winrock International**
    - **CFDA**: 90.201
    - **Expenditure**: 6796-18-C-27
    - **Subrecipients Provided**: $472

### Delta Regional Authority Total
- **Expenditure**: $345,504

### US Election Assistance Commission
- **2018 HAVA Election Security Grants**
  - **CFDA**: 90.404
  - **Expenditure**: $4,382,852

### US Election Assistance Commission Total
- **Expenditure**: $4,382,852

### US Department of Health and Human Services
- **Special Programs for the Aging_Title VII, Chapter 2_Long Term Care Ombudsman Services for Older Individuals**
  - **CFDA**: 93.042
  - **Expenditure**: 130,857
- **Special Programs for the Aging_Title III, Part D_Disease Prevention and Health Promotion Services**
  - **CFDA**: 93.043
  - **Expenditure**: 183,374
- **Special Programs for the Aging_Title IV_and Title II_Discretionary Projects**
  - **CFDA**: 93.048
  - **Expenditure**: 228,940
- **National Family Caregiver Support, Title III, Part E**
  - **CFDA**: 93.052
  - **Expenditure**: 1,807,585
- **Public Health Emergency Preparedness**
  - **CFDA**: 93.069
  - **Expenditure**: 354,453
- **Medicare Enrollment Assistance Program**
  - **CFDA**: 93.071
  - **Expenditure**: 51,799
- **Lifespan Respite Care Program**
  - **CFDA**: 93.072
  - **Expenditure**: 222,678
<table>
<thead>
<tr>
<th>Cluster Name/Federal Grantor/Program Name/CFDA</th>
<th>Other Identifying #</th>
<th>Pass-Through Identifying #</th>
<th>Expenditure (Amount Provided to Subrecipients)</th>
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<tbody>
<tr>
<td>State of Arkansas Schedule of Expenditure of Federal Awards For the Year Ended June 30, 2019</td>
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<tr>
<td>US Department of Health and Human Services (Continued)</td>
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## Schedule of Expenditure of Federal Awards
### For the Year Ended June 30, 2019

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<tr>
<th>Cluster Name/Federal Grantor/Program Name/Pass-Through Entity</th>
<th>CFDA</th>
<th>Other Identifying #</th>
<th>Pass-Through Identifying #</th>
<th>Expenditure</th>
<th>Amount Provided to Subrecipients</th>
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<td>Pass-Through from Oregon Health &amp; Science University</td>
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<td>Cluster Name/Federal Grantor/Program Name/Pass-Through Entity</td>
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<td>Pass-Through Identifying #</td>
<td>Expenditure</td>
<td>Amount Provided to Subrecipients</td>
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<td>Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke - Financed in part by 2018 Prevention and Public Health Funds</td>
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<td>Pass-Through Identifying #</td>
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<td>Amount Provided to Subrecipients</td>
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<td>US Department of Health and Human Services (Continued)</td>
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<tr>
<td>Organized Approaches to Increase Colorectal Cancer Screening</td>
<td>93.800</td>
<td></td>
<td></td>
<td>300,670</td>
<td>41,762</td>
</tr>
<tr>
<td>Domestic Ebola Supplement to the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC).</td>
<td>93.815</td>
<td></td>
<td></td>
<td>201,312</td>
<td></td>
</tr>
<tr>
<td>Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities</td>
<td>93.817</td>
<td></td>
<td></td>
<td>36,766</td>
<td>18,310</td>
</tr>
<tr>
<td>Arthritis, Musculoskeletal and Skin Diseases Research</td>
<td>93.846</td>
<td></td>
<td></td>
<td>48,870</td>
<td></td>
</tr>
<tr>
<td>Cluster Name/Federal Grantor/Program Name/Pass-Through Entity</td>
<td>CFDA</td>
<td>Other Identifying #</td>
<td>Pass-Through Identifying #</td>
<td>Expenditure</td>
<td>Amount Provided to Subrecipients</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>------</td>
<td>---------------------</td>
<td>----------------------------</td>
<td>-------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>US Department of Health and Human Services (Continued)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biomedical Research and Research Training</td>
<td>93.859</td>
<td></td>
<td></td>
<td>$313,630</td>
<td></td>
</tr>
<tr>
<td>Pass-Through from Xlerate Health, LLC</td>
<td>93.859</td>
<td></td>
<td>1UT2GM130174-01</td>
<td>6,200</td>
<td></td>
</tr>
<tr>
<td>Maternal, Infant and Early Childhood Home Visiting Grant Program</td>
<td>93.870</td>
<td></td>
<td></td>
<td>6,600,921</td>
<td></td>
</tr>
<tr>
<td>Pass-Through from Arkansas Children's Hospital</td>
<td>93.870</td>
<td></td>
<td>N/A</td>
<td>64,273</td>
<td></td>
</tr>
<tr>
<td>Medical Library Assistance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pass-Through from University of North Texas - Health Science Center</td>
<td>93.879</td>
<td></td>
<td>2017-1155</td>
<td>19,246</td>
<td></td>
</tr>
<tr>
<td>National Bioterrorism Hospital Preparedness Program</td>
<td>93.889</td>
<td></td>
<td></td>
<td>31,607</td>
<td></td>
</tr>
<tr>
<td>Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations</td>
<td>93.898</td>
<td></td>
<td></td>
<td>2,494,623 $150,366</td>
<td></td>
</tr>
<tr>
<td>Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement Program</td>
<td>93.912</td>
<td></td>
<td>51453</td>
<td>59,799</td>
<td></td>
</tr>
<tr>
<td>Pass-Through from Greater Delta Alliance for Health, Inc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants to States for Operation of State Offices of Rural Health</td>
<td>93.913</td>
<td></td>
<td></td>
<td>180,264</td>
<td></td>
</tr>
<tr>
<td>HIV Care Formula Grants</td>
<td>93.917</td>
<td></td>
<td></td>
<td>5,498,477 $2,309,781</td>
<td></td>
</tr>
<tr>
<td>Healthy Start Initiative</td>
<td>93.926</td>
<td></td>
<td></td>
<td>57,400</td>
<td></td>
</tr>
<tr>
<td>Cooperative Agreements to Support Comprehensive School Health Programs to Prevent the Spread of HIV and Other Important Health Problems</td>
<td>93.938</td>
<td></td>
<td></td>
<td>(6)</td>
<td>160,649</td>
</tr>
<tr>
<td>Assistance Programs for Chronic Disease Prevention and Control</td>
<td>93.945</td>
<td></td>
<td></td>
<td>353,390</td>
<td></td>
</tr>
<tr>
<td>Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs</td>
<td>93.946</td>
<td></td>
<td></td>
<td>124,858</td>
<td></td>
</tr>
<tr>
<td>Block Grants for Community Mental Health Services</td>
<td>93.958</td>
<td></td>
<td></td>
<td>6,547,036 $6,544,516</td>
<td></td>
</tr>
<tr>
<td>Block Grants for Prevention and Treatment of Substance Abuse</td>
<td>93.959</td>
<td></td>
<td></td>
<td>8,890,878 $5,198,261</td>
<td></td>
</tr>
<tr>
<td>PPHF Geriatric Education Centers</td>
<td>93.969</td>
<td></td>
<td></td>
<td>832,957</td>
<td>39,700</td>
</tr>
<tr>
<td>Sexually Transmitted Diseases (STD) Prevention and Control Grants</td>
<td>93.977</td>
<td></td>
<td></td>
<td>1,188,497</td>
<td></td>
</tr>
<tr>
<td>Improving Student Health and Academic Achievement through Nutrition, Physical Activity and the Management of Chronic Conditions in Schools</td>
<td>93.981</td>
<td></td>
<td></td>
<td>212,458 $62,928</td>
<td></td>
</tr>
<tr>
<td>Preventive Health and Health Services Block Grant</td>
<td>93.991</td>
<td></td>
<td></td>
<td>749,834 $95,125</td>
<td></td>
</tr>
<tr>
<td>Maternal and Child Health Services Block Grant to the States</td>
<td>93.994</td>
<td></td>
<td></td>
<td>8,309,672 $23,641</td>
<td></td>
</tr>
<tr>
<td>Autism and Other Developmental Disabilities, Surveillance, Research, and Prevention</td>
<td>93.998</td>
<td></td>
<td></td>
<td>197,068</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous US Department of Health and Human Services Programs</td>
<td>93.U01</td>
<td>4600043602</td>
<td></td>
<td>26,571</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous US Department of Health and Human Services Programs</td>
<td>93.U02</td>
<td>HHSF22321400121C</td>
<td></td>
<td>564,095</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous US Department of Health and Human Services Programs</td>
<td>93.U03</td>
<td>N/A</td>
<td></td>
<td>5,862,021</td>
<td></td>
</tr>
<tr>
<td>Pass-Through from Leidos Biomedical Research, Inc.</td>
<td>93.U04</td>
<td>16X011-#1 through #4/HHSN2612008000001</td>
<td>1,422,060 $90,138</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pass-Through from University of North Texas - Health Science Center</td>
<td>93.U05</td>
<td>HS763-0000147503</td>
<td></td>
<td>6,350</td>
<td></td>
</tr>
</tbody>
</table>

**US Department of Health and Human Services Total**

480,680,761 64,330,528
### State of Arkansas

#### Schedule of Expenditure of Federal Awards

#### For the Year Ended June 30, 2019

<table>
<thead>
<tr>
<th>Cluster Name/Federal Grantor/Program Name/Pass-Through Entity</th>
<th>CFDA</th>
<th>Other Identifying #</th>
<th>Pass-Through Identifying #</th>
<th>Expenditure</th>
<th>Amount Provided to Subrecipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporation for National and Community Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Commissions</td>
<td>94.003</td>
<td>$238,357</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AmeriCorps</td>
<td>94.006</td>
<td>$1,608,328</td>
<td>$1,448,173</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pass-Through from Jumpstart for Young Children</td>
<td>94.006</td>
<td>120200</td>
<td>52,521</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training and Technical Assistance</td>
<td>94.009</td>
<td>139,111</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteers in Service to America</td>
<td>94.013</td>
<td>37,544</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Corporation for National and Community Service Total</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>2,075,861</strong></td>
<td><strong>1,448,173</strong></td>
</tr>
</tbody>
</table>

| Department of Homeland Security                               |      |                     |                             |             |                                  |
| State and Local Homeland Security National Training Program   | 97.005 | 851,704             | 703,682                     |             |                                  |
| Pass-Through from Center for Rural Development                | 97.005 | EMW-2015-CA-00190-S01 | 102,089                   |             |                                  |
| Pass-Through from Center for Rural Development                | 97.005 | EMW-2016-CA-00097-S01 | 377,716                    |             |                                  |
| Pass-Through from Center for Rural Development                | 97.005 | EMW-2017-CA-00052-S01 | 32,779                     |             |                                  |
| Pass-Through from Center for Rural Development                | 97.005 | EMW-2018-CA-00075-S01 | 4,965                      |             |                                  |
| Pass-Through from Norwich University                          | 97.005 | N/A                 | 25,759                      |             |                                  |
| Pass-Through from University of Texas - San Antonio           | 97.005 | N/A                 | 178,372                     |             |                                  |
| Homeland Security Preparedness Technical Assistance Program   | 97.007 | 60,178              |                             |             |                                  |
| Boating Safety Financial Assistance                           | 97.012 | 1,451,961           |                             |             |                                  |
| Community Assistance Program State Support Services Element (CAP-SSSE) | 97.023 | 110,190             | 10,000                      |             |                                  |
| Flood Mitigation Assistance                                   | 97.029 | 160,795             | 142,887                     |             |                                  |
| Disaster Grants - Public Assistance (Presidentially Declared Disasters) | 97.036 | 9,168,246           | 8,370,262                   |             |                                  |
| Hazard Mitigation Grant                                      | 97.039 | 905,809             | 667,587                     |             |                                  |
| National Dam Safety Program                                   | 97.041 | 751                 |                             |             |                                  |
| Emergency Management Performance Grants                       | 97.042 | 4,415,098           | 1,746,299                   |             |                                  |
| State Fire Training Systems Grants                            | 97.043 | 16,751              |                             |             |                                  |
| Cooperating Technical Partners                                | 97.045 | 634,713             |                             |             |                                  |
| Pre-Disaster Mitigation                                       | 97.047 | 655,150             | 525,404                     |             |                                  |
| Homeland Security Grant Program                               | 97.067 | 4,208,524           | 3,323,323                   |             |                                  |
| **Department of Homeland Security Total**                     |      |                     |                             | **23,361,550** | **15,489,444**               |

| Agency for International Development                          |      |                     |                             |             |                                  |
| USAID Foreign Assistance for Programs Overseas                |      |                     |                             |             |                                  |
| Pass-Through from International Research and Exchanges Board  | 98.001 | FY19-FTEA-UA-01     | 299,164                     | 235,316     |                                  |
| **Agency for International Development Total**               |      |                     |                             | **299,164** | **235,316**                      |

| **Total Expenditures of Federal Awards**                      |      |                     |                             | **$9,422,710,989** | **$801,218,757**               |
Notes to Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2019
(1) **Summary of Significant Accounting Policies**

**(a) Reporting Entity**

The Schedule of Expenditures of Federal Awards (the “Schedule”) includes the activity of all federal award programs administered by the State of Arkansas. Arkansas Legislative Audit did not audit the entities, their federal financial assistance, or major federal programs listed below. This report, insofar as it relates to these entities, is based solely on the report of other auditors.

<table>
<thead>
<tr>
<th>State/Educational Agency and Program Name</th>
<th>CFDA Number(s)</th>
<th>Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas Development Finance Authority:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal Family Education Loans</td>
<td>84.032</td>
<td>$189,990,611</td>
</tr>
<tr>
<td>State of Arkansas Construction Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revolving Loan Fund:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean Water State Revolving Fund Cluster</td>
<td>66.458</td>
<td>$4,815,989</td>
</tr>
<tr>
<td>State of Arkansas Drinking Water Revolving</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loan Fund:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drinking Water State Revolving Fund Cluster</td>
<td>66.468</td>
<td>$13,356,719</td>
</tr>
<tr>
<td>University of Arkansas for Medical Sciences:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research and Development Cluster</td>
<td>various</td>
<td>$55,977,041</td>
</tr>
<tr>
<td>Head Start</td>
<td>93.600</td>
<td>$8,582,683</td>
</tr>
</tbody>
</table>

Federal award programs include expenditures, pass-throughs to non-state agencies (i.e., payments to subrecipients), non-monetary assistance, and loan programs.
(1) Summary of Significant Accounting Policies (Continued)

(b) Basis of Presentation
The Schedule presents total federal awards expended for each individual federal program in accordance with Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Federal award program titles are reported as presented in the Catalog of Federal Domestic Assistance (CFDA).

The Schedule presents both Type A and Type B federal assistance programs administered by the State of Arkansas. Uniform Guidance establishes the formula for determining the level of expenditures or disbursements to be used in defining Type A and Type B federal financial assistance programs. For the State of Arkansas, Type A programs are those that exceed $28,268,133 in disbursements, expenditures, or distributions. Major and nonmajor programs are determined using the risk-based approach outlined in Uniform Guidance.

(c) Basis of Accounting
Most expenditures presented in the Schedule are reported on the cash basis of accounting, while some are presented on the modified accrual basis of accounting. Such expenditures are recognized following, as applicable, either the cost principles in Office of Management and Budget Circular A-87, Cost Principles for State, Local and Indian Tribal Governments, or the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Those federal programs presenting negative amounts on the Schedule are the result of prior-year expenditures being overstated and/or reimbursements due back to the grantor.

(d) Indirect Cost Rate
The State has elected not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

(2) Relationship to Federal Financial Reports
The regulations and guidelines governing the preparation of federal financial reports vary by federal agency and among programs administered by the same agency. Accordingly, the amounts reported in the federal financial reports do not necessarily agree with the amounts reported in the accompanying Schedule, which is prepared on the basis explained in Note 1(c).

(3) Federally Funded Loan Programs
The expenditures reported in the Schedule include previous year loan balances, for which the federal government imposes continuing compliance requirements and current-year disbursements. The outstanding loan balances as of June 30, 2019, for these loans are as follows:

<table>
<thead>
<tr>
<th>CFDA Number</th>
<th>Program Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.228</td>
<td>Community Development Block Grants/State’s program and Non-Entitlement Grants in Hawaii</td>
<td>$ 8,499,317</td>
</tr>
<tr>
<td>84.038</td>
<td>Federal Perkins Loan Program_Federal Capital Contributions</td>
<td>27,808,158</td>
</tr>
<tr>
<td>93.264</td>
<td>Nurse Faculty Loan Program (NFLP)</td>
<td>111,289</td>
</tr>
<tr>
<td>93.342</td>
<td>Health Professions Student Loans, Including Primary Care Loans/Loans for Disadvantaged Students</td>
<td>4,657,105</td>
</tr>
<tr>
<td>93.364</td>
<td>Nursing Student Loans</td>
<td>352,399</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td><strong>$41,428,268</strong></td>
</tr>
</tbody>
</table>
(3) Federally Funded Loan Programs (Continued)

The State also participates in the Federal Direct Loans (Direct Loan) Program, CFDA 84.268, and the Federal Family Education Loans Program (FFEL), CFDA 84.032, which includes the Federal Stafford Loan Program and the Federal Parents’ Loans for Undergraduate Students Program. The programs do not require the Universities to disburse the funds. The proceeds are disbursed by the federal government for direct loans and by lending institutions for FFEL. Loan guarantees are issued by the Arkansas Guaranteed Student Loan Corporation and other for-profit and not-for-profit guarantee agencies. The federal government reinsures these guarantee agencies. During the year ended June 30, 2019, Direct Loans totaling $508,209,131 and FFEL loans totaling $0 were made to students enrolled at higher educational agencies in the State. These loans are included in the Schedule. The outstanding loan balance for CFDA 84.032 at June 30, 2019, was $162,432,096.

Education loans made or purchased by the Arkansas Student Loan Authority, a division of Arkansas Development Finance Authority, are guaranteed by the Great Lakes Higher Education Guaranty Corporation (Great Lakes), United Student Aid Fund (USAF), or the U.S. Department of Education (USDE). Student loans guaranteed by the USDE are considered noncash awards, which amounted to $188,457,515 at July 1, 2018. The Great Lakes, USAF, and USDE guarantees are contingent upon the loans being serviced within the due diligence requirements of the guarantors and loan services.

Expenditures reflected in CFDA 10.415, Preservation Revolving Loan Fund, include loans to contractors for development of multifamily housing. The funding sources for these loans are two $2,125,000 promissory notes executed between Arkansas Development Finance Authority and U.S. Department of Agriculture Rural Development during fiscal year 2013 and fiscal year 2016. When received, these funds will be used to make new loans for program activities. The outstanding loan receivable balance from subrecipients was $2,594,845 for the year ended June 30, 2019. Total disbursements for loans made to subrecipients totaled $250,575 during the year ended June 30, 2019.

Expenditures reflected in CFDA 14.218, Community Development Block Grant, include loans to contractors for development or redevelopment of affordable rental housing. The funding source for these loans is federal grant funds. The funds are disbursed to the subrecipients after expenses have been incurred as forgiveness of principal and repayable loans. The outstanding loan receivable from subrecipients was $7,700,000 for the year ended June 30, 2019. No disbursements were made for new loans during the year ended June 30, 2019.

Expenditures reflected in CFDA 14.239, HOME Investment Partnerships Program, include loans to contractors and borrowers for development of single-family and multifamily housing. The funding source for these loans includes federal grant funds and revolving program funds. The funds are disbursed to the subrecipients after expenses have been incurred as forgiveness of principal and repayable loans. The outstanding loan receivable balance from subrecipients was $109,961,585 for the year ended June 30, 2019. Total disbursements of federal funds for repayable loans made to subrecipients totaled $5,808,736 during the year ended June 30, 2019.

Expenditures reflected in CFDA 66.458, Capitalization Grants for Clean Water State Revolving Funds, include loans to municipalities and other public entities for construction of water treatment facilities. The funding source for these loans includes federal grant funds, state match funds, bond funds and revolving Program funds. The funds are disbursed to the subrecipients after expenses have been incurred as forgiveness of principal and repayable loans. The Program’s outstanding loan receivable balance from subrecipients was $279,208,594 for the year ended June 30, 2019. Total federal disbursements totaled $4,442,187 during fiscal year 2019. Total loans forgiven totaled $741,000. For the year ended June 30, 2019, the Program received $373,802 in federal funds for administrative costs.
(3) **Federally Funded Loan Programs (Continued)**

Expenditures reflected in CFDA 66.468, Capitalization Grants for Drinking Water State Revolving Funds, include loans to counties, municipalities and other tax-exempt water system entities for construction of new water systems, expansion or repair of existing water systems, and/or consolidation of new or existing water systems. The funding source for these loans includes federal grant funds, state match funds, bond funds and revolving Program funds. The funds are disbursed to the subrecipients after expenses have been incurred as forgiveness of principal and repayable loans. The Program’s outstanding loan receivable balance from subrecipients from all funding sources was $156,968,529 or the year ended June 30, 2019. Total federal loan disbursements totaled $9,648,351 during fiscal year 2019. Total loans forgiven totaled $5,392,000 during fiscal year 2019. For the year ended June 30, 2019, the Program received $3,708,368 in federal funds for administrative costs, which were disbursed to the administration agencies.1

The U.S. Department of Energy allowed the state of Arkansas to use ARRA-State Energy Program (CFDA 81.041) funds to create the Energy Revolving Loan Program. The loan program was created to encourage the development, implementation, and deployment of cost-effective energy efficiency, and renewable energy projects in the State, and to support the creation of additional employment opportunities and other economic development benefits. Of the total amount of program funds expended and reported on the accompanying SEFA for fiscal year 2011 and 2012, $11,370,000 was transferred to the revolving loan fund and made available for future loans. There were no program funds transferred to the revolving loan fund for fiscal year 2019. The outstanding loan receivable balance from subrecipients for the year ended June 30, 2019, totaled $6,178,594. Total disbursements for new loans made during fiscal year 2019 totaled $788,494.

(4) **Non-Monetary Assistance**

The State is the recipient of federal financial assistance programs that do not result in cash receipts or disbursements. Non-cash awards received by the State are included in the Schedule as follows:

<table>
<thead>
<tr>
<th>CFDA Code</th>
<th>Program Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.178</td>
<td>Trade Mitigation Program Eligible Recipient Operational Funds</td>
<td>$4,537,921</td>
</tr>
<tr>
<td>10.555</td>
<td>National School Lunch Program</td>
<td>19,413,576</td>
</tr>
<tr>
<td>10.558</td>
<td>Child and Adult Care Food Program</td>
<td>13,765</td>
</tr>
<tr>
<td>10.565</td>
<td>Commodity Supplemental Food Program</td>
<td>1,784,486</td>
</tr>
<tr>
<td>10.569</td>
<td>Emergency Food Assistance Program (Food Commodities)</td>
<td>6,520,979</td>
</tr>
<tr>
<td>12.000</td>
<td>Issue of Department of Defense excess equipment</td>
<td>5,886,222</td>
</tr>
<tr>
<td>39.003</td>
<td>Donation of Federal Surplus Personal Property</td>
<td>12,314,478</td>
</tr>
<tr>
<td>84.906</td>
<td>American Printing House for the Blind</td>
<td>50,790</td>
</tr>
<tr>
<td>93.268</td>
<td>Immunization Grants</td>
<td>43,108,872</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>$ 93,631,089</strong></td>
</tr>
</tbody>
</table>
(5) **Rebates from the Special Supplemental Food Program for Women, Infants, and Children (WIC)**

During fiscal year 2019, the State received cash rebates totaling $23,143,604 from infant formula manufacturers on sales of formula to participants in the WIC program (CFDA 10.557), which are netted against total expenditures included in the Schedule. Rebate contracts with infant formula manufacturers are authorized by 7 CFR § 246.16a as a cost containment measure. Rebates represent a reduction of expenditures previously incurred for WIC food benefit costs. Applying the rebates received to such costs enabled the state to extend program benefits to 345,920 more persons than could have been served this fiscal year in the absence of the rebate contract.

(6) **Disability Determination for Social Security**

External auditors other than Arkansas Legislative Audit have been engaged to audit Disability Determination for Social Security Administration (DDSSA) included in the State of Arkansas Comprehensive Annual Financial Report (CAFR) for the year ended June 30, 2019. This entity is not included in the Schedule of Expenditures of Federal Awards because the audit is based on the federal fiscal year, which ends September 30. For the period ended September 30, 2018, the audit firm was Stan Parks, CPA, which issued an audit report for October 1, 2017 through September 30, 2018. The audit for the period ended September 30, 2019, has been procured by DDSSA.

(7) **Unemployment Insurance**

State unemployment tax revenues and the government and nonprofit contributions in lieu of State taxes (State UI funds) must be deposited into the Unemployment Trust Fund in the U.S. Treasury. Use of these funds is restricted to pay benefits under the federally approved State Unemployment Law. State UI funds as well as federal funds are reported on the SEFA under CFDA #17.225. The $115,196,649 of expenditures reported on the SEFA is comprised of $22,654,916 of Federal funds and $92,541,733 of State UI funds.

(8) **Notes Payable**

The federal loan programs listed subsequently are administered directly by Arkansas Development Finance Authority (the Authority), and balances and transactions relating to the programs are included in the Authority’s basic combined financial statements. Notes payable outstanding at the beginning of the year and federal expenditures during the year are included in the federal expenditures presented in the schedule. The balance of the notes payable outstanding at June 30, 2019, consists of:

<table>
<thead>
<tr>
<th>CFDA Number</th>
<th>Program Name</th>
<th>Outstanding Balance at June 30, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.415</td>
<td>Preservation Revolving Loan Fund</td>
<td>$2,631,035</td>
</tr>
</tbody>
</table>

1 This note is based solely on the Single Audit Reports issued by other external auditors. See entities listed in note (1)(a).
Summary Schedule of Prior Audit Findings

For the Year Ended June 30, 2019
In accordance with 2 CFR § 200.511 of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, commonly referred to as Uniform Guidance, the auditee is responsible for follow-up and corrective action on all audit findings. As part of this responsibility, the auditee must prepare a summary schedule of prior audit findings. The schedule must report the status of all audit findings included in the prior audit that are not listed as corrected or no longer valid or warranting further action.

The schedule for the year ended June 30, 2019 is located on page 110 and includes all findings from the prior audit, June 30, 2018 and certain findings from previous audits, including the years ended June 30, 2017, 2016, 2015, and 2014.

<table>
<thead>
<tr>
<th>Federal Program Name</th>
<th>Page Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Nutrition Cluster</td>
<td>111 - 112</td>
</tr>
<tr>
<td>Child and Adult Care Food Program</td>
<td>113 - 116</td>
</tr>
<tr>
<td>Foster Care_Title IV-E</td>
<td>117 - 118; 166</td>
</tr>
<tr>
<td>Medicaid Cluster</td>
<td>119 - 129; 134 - 160; 167 - 168; 170 - 185</td>
</tr>
<tr>
<td>Children’s Health Insurance Program</td>
<td>119 - 133; 167 - 169; 174 - 176; 179; 183</td>
</tr>
<tr>
<td>TANF Cluster</td>
<td>161 - 165</td>
</tr>
<tr>
<td>Research and Development Cluster</td>
<td>186 - 187</td>
</tr>
<tr>
<td>Head Start</td>
<td>186 - 189</td>
</tr>
</tbody>
</table>
September 26, 2019

Roger A. Norman
Legislative Auditor
Arkansas Legislative Audit
500 Woodlane St., Suite 172
Little Rock, AR 72201-1099

Dear Mr. Norman,

As required by OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart F, Section 200.511(b), the auditee must report the status of all audit findings included in the prior audit’s schedule of findings and questioned costs as well as the status of those findings in the prior audit’s summary schedule of prior audit findings that were not reported as corrected.

Please find attached the Summary Schedule of Prior Audit Findings for fiscal year ended June 30, 2018, which was prepared in accordance with Uniform Guidance, based on the responses provided by the State/Educational Agency indicated within each finding.

Sincerely,

Larry W. Walther
Director
**State of Arkansas**
**Summary Schedule of Prior Audit Findings**
**For the Year Ended June 30, 2019**

<table>
<thead>
<tr>
<th>2018 Prior Year Finding Number:</th>
<th>2018-001</th>
</tr>
</thead>
<tbody>
<tr>
<td>State/Educational Agency(s):</td>
<td>Arkansas Department of Human Services</td>
</tr>
<tr>
<td>Pass-Through Entity:</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>CFDA Number(s) and Program Title(s):</td>
<td>10.559 – Summer Food Service Program for Children (Child Nutrition Cluster)</td>
</tr>
<tr>
<td>Federal Awarding Agency:</td>
<td>U.S. Department of Agriculture</td>
</tr>
<tr>
<td>Federal Award Number(s):</td>
<td>6AR300322</td>
</tr>
<tr>
<td>Federal Award Year(s):</td>
<td>2017 and 2018</td>
</tr>
<tr>
<td>Compliance Requirement(s) Affected:</td>
<td>Reporting</td>
</tr>
<tr>
<td>Type of Finding:</td>
<td>Noncompliance and Material Weakness</td>
</tr>
</tbody>
</table>

**Auditee reported status as of June 30, 2019:** Corrective action was taken

**Repeat Finding:**
Not applicable

**Criteria:**
In accordance with 2 CFR § 200.303, a non-federal entity must establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the award.

2 CFR § 200.62 defines internal control over compliance as a process implemented by a non-federal entity designed to ensure achievement of the objectives of a federal award to include the following:

1) Transactions are properly recorded and accounted for to:
   a) Permit the preparation of reliable financial statements and reports.
   b) Maintain accountability over assets.
   c) Demonstrate compliance with federal statutes, regulations, and the terms and conditions of the federal award.

2) Transactions are executed in compliance with:
   a) Federal statutes, regulations, and the terms and conditions of the award.
   b) Federal statutes and regulations identified in the compliance supplement.

3) Funds, property, and other assets are safeguarded against loss from unauthorized use or disposition.

Finally, according to 7 CFR § 225.8(a), each state agency shall maintain complete, accurate, and current accounting records of its Program operations that adequately identify funds authorizations, obligations, unobligated balances, assets, liabilities, income, claims against sponsors and efforts to recover overpayments, and expenditures for administrative and operating costs.

**Condition and Context:**
ALA staff reviewed the FNS-777 reports for two quarters, December 31, 2017, and June 30, 2018, to verify accuracy and completeness of expenditure data reported to the federal awarding agency compared to the Agency’s financial records. The quarterly and final FNS-777 reports are completed by managerial accounting staff.

ALA examination revealed that net adjustments, totaling $167,473, were not supported by the Agency’s financial records in the closeout report for the 2017 grant award.

**Statistically Valid Sample:**
Not a statistically valid sample

**Questioned Costs:**
Unknown
State of Arkansas  
Summary Schedule of Prior Audit Findings  
For the Year Ended June 30, 2019

<table>
<thead>
<tr>
<th>2018 Prior Year Finding Number:</th>
<th>2018-001 (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State/Educational Agency(s):</td>
<td>Arkansas Department of Human Services</td>
</tr>
<tr>
<td>Pass-Through Entity:</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>CFDA Number(s) and Program Title(s):</td>
<td>10.559 – Summer Food Service Program for Children (Child Nutrition Cluster)</td>
</tr>
<tr>
<td>Federal Awarding Agency:</td>
<td>U.S. Department of Agriculture</td>
</tr>
<tr>
<td>Federal Award Number(s):</td>
<td>6AR300322</td>
</tr>
<tr>
<td>Federal Award Year(s):</td>
<td>2017 and 2018</td>
</tr>
<tr>
<td>Compliance Requirement(s) Affected:</td>
<td>Reporting</td>
</tr>
<tr>
<td>Type of Finding:</td>
<td>Noncompliance and Material Weakness</td>
</tr>
</tbody>
</table>

**Cause:**
The Agency did not maintain adequate records.

**Effect:**
It is unknown if the reports submitted to the federal awarding agency contained accurate expenditure data.

**Recommendation:**
ALA staff recommend the Agency update current internal control procedures over the reporting process to specifically address retention of documentation utilized to complete reports submitted to the federal awarding agency.

**Views of Responsible Officials and Planned Corrective Action:**
DHS concurs with this finding. The Agency developed a reconciliation template to ensure costs flow to the correct line on the FNS-777. Additional reporting requirements, which will support any net adjustments, were created and must be completed when preparing the FNS-777 and closeout report.

**Anticipated Completion Date:** Complete

**Contact Person:**
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Deputy Chief Managerial Accounting  
Department of Human Services  
700 Main Street  
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(501) 537-2195  
Christine.coutu@dhs.arkansas.gov
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-002
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 10.558 – Child and Adult Care Food Program
Federal Awarding Agency: U.S. Department of Agriculture
Federal Award Number(s): 6AR300322; 6AR300342
Federal Award Year(s): 2017 and 2018
Compliance Requirement(s) Affected: Cash Management
Type of Finding: Noncompliance and Material Weakness

Auditee reported status as of June 30, 2019: Corrective action was taken

Repeat Finding:
Not applicable

Criteria:
In accordance with 2 CFR § 200.400(b), a non-federal entity assumes responsibility for administering federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the federal award.

Condition and Context:
The Agency receives the following three grant awards from the U.S. Department of Agriculture:

1) CNP Block Consolidated (CFDA 10.555).
2) CNP CACFP Cash in Lieu (CFDA 10.558).
3) CNP CACFP Sponsor Administrative (CFDA 10.558).

ALA discussion with managerial accounting staff at the end of fieldwork for the June 30, 2017, Single Audit revealed the following practices:

- Sponsor administrative expenditures were inappropriately drawn from the CNP Block Consolidated grant instead of the CNP CACFP Sponsor Administrative grant. During the closeout period, the Agency would "repay" the CNP Block grant with funds drawn from the Sponsor Administrative grant.
- Cash in Lieu (CIL) expenditures were also inappropriately drawn from the CNP Block Consolidated grant when CIL funds became depleted. When additional CIL funds were received from the federal awarding agency, the Agency would "repay" the CNP Block grant.

ALA correspondence with the federal awarding agency indicated that each grant award has a designated purpose, and the use of funds between the grant awards is not interchangeable. The correspondence was shared with the Agency’s managerial accounting staff on January 24, 2018, and with Agency management during the final exit conference on February 8, 2018.

To determine if the Agency had corrected its previous unallowable practice, ALA’s June 30, 2018, Single Audit review included the cash draws completed in March 2018 through June 2018. This review revealed the following:

- $935,267 of meal reimbursement expenditures that should have been drawn from the CNP Block Consolidated grant were inappropriately drawn from the CIL grant award.
- $284,607 of CIL expenditures and $119,535 of sponsor administrative expenditures were inappropriately drawn from the CNP Block grant award.

ALA noted that the final cash draw of fiscal year 2018 from the CNP Block federal award did not include CIL expenditures.

Statistically Valid Sample:
Not a statistically valid sample

Questioned Costs:
$1,339,409
2018 Prior Year Finding Number: 2018-002 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 10.558 – Child and Adult Care Food Program
Federal Awarding Agency: U.S. Department of Agriculture
Federal Award Number(s): 6AR300322; 6AR300342
Federal Award Year(s): 2017 and 2018
Compliance Requirement(s) Affected: Cash Management
Type of Finding: Noncompliance and Material Weakness

Cause:
Changes in personnel contributed to the noncompliance. Additionally, the Agency did not take immediate action to correct the errors.

Effect:
The Agency’s ability to manage the federal awards was limited, and funds were drawn for unallowable uses of the federal awards.

Recommendation:
ALA staff recommend the Agency ensure expenditures are allowable prior to federal cash draws by reviewing the objectives, terms, and conditions of the federal awards.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with the finding. This finding was caused by a programming error in the Agency’s accounting dashboard system. The error was corrected on or around October 1, 2018, to ensure that program funding is drawn from proper grants.

Anticipated Completion Date: Complete

Contact Person: Christine Coutu
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State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-003
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 10.558 – Child and Adult Care Food Program
Federal Awarding Agency: U.S. Department of Agriculture
Federal Award Number(s): 6AR300322; 6AR300342
Federal Award Year(s): 2017 and 2018
Compliance Requirement(s) Affected: Reporting
Type of Finding: Noncompliance and Material Weakness

Auditee reported status as of June 30, 2019: Corrective action was taken

Repeat Finding: Not applicable

Criteria:
In accordance with 2 CFR § 200.303, a non-federal entity must establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the award.
2 CFR § 200.62 defines internal control over compliance as a process implemented by a non-federal entity designed to ensure achievement of the objectives of a federal award to include the following:

1) Transactions are properly recorded and accounted for to:
   a) Permit the preparation of reliable financial statements and reports.
   b) Maintain accountability over assets.
   c) Demonstrate compliance with federal statutes, regulations, and the terms and conditions of the federal award.

2) Transactions are executed in compliance with:
   a) Federal statutes, regulations, and the terms and conditions of the award.
   b) Federal statutes and regulations identified in the compliance supplement.

3) Funds, property, and other assets are safeguarded against loss from unauthorized use or disposition.

Finally, according to 7 CFR § 226.7(d), each state agency shall submit to the Food and Nutrition Service (FNS) a quarterly Financial Status Report (FNS-777) on the use of program funds. Obligations shall be reported only for the fiscal year in which they occur.

Condition and Context:
ALA staff reviewed the FNS-777 reports for the 2017 and 2018 federal awards to verify accuracy and completeness of expenditure data to the Agency’s financial records. It should be noted that the FNS-777 reports are completed by managerial accounting staff. It is the responsibility of Division of Child Care and Early Childhood Education (DCCECE) staff to provide expenditure information to managerial accounting staff, and it is the responsibility of managerial accounting staff to communicate concerns regarding the data to DCCECE staff.

ALA examination revealed the following:

- Expenditures reported in the final FNS-777 for the 2017 grant award were understated by $53,676, as the result of three inaccurate error corrections.
- Expenditures reported in the four FNS-777 quarterly reports for the 2018 grant award resulted in a net overstatement of $10,587.

Errors were the result of a lack of communication between DCCECE and managerial accounting staff.

Statistically Valid Sample:
Not a statistically valid sample
State of Arkansas  
Summary Schedule of Prior Audit Findings  
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-003 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 10.558 – Child and Adult Care Food Program
Federal Awarding Agency: U.S. Department of Agriculture
Federal Award Number(s): 6AR300322; 6AR300342
Federal Award Year(s): 2017 and 2018
Compliance Requirement(s) Affected: Reporting
Type of Finding: Noncompliance and Material Weakness

Questioned Costs: Unknown

Cause:
The Agency has not developed adequate training and communication policies for staff. Additionally, effective internal control procedures have not been implemented to ensure accuracy of error corrections.

Effect:
Failure to implement appropriate procedures for internal control over compliance limits the Agency’s ability to submit reliable reports to the federal awarding agency.

Recommendation:
ALA staff recommend the Agency update current internal control procedures to ensure expenditure data submitted to the federal awarding agency are accurate and complete.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with this finding. Expenditures were incorrectly reported due to program draws being processed during the wrong grant year, and the subsequent error corrections were processed incorrectly. The Agency will develop internal controls to ensure draws are processed within the correct grant year and error corrections are accurate prior to posting.

Anticipated Completion Date: 03/31/19

Contact Person: Laura Webb  
Director of Finance, Division of Child Care and Early Childhood Education  
Department of Human Services  
700 Main Street  
Little Rock, AR 72201  
(501) 320-8933  
Laura.webb@dhs.arkansas.gov
### State of Arkansas
### Summary Schedule of Prior Audit Findings
### For the Year Ended June 30, 2019

<table>
<thead>
<tr>
<th>2018 Prior Year Finding Number:</th>
<th>2018-004</th>
</tr>
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<tbody>
<tr>
<td>State/Educational Agency(s):</td>
<td>Arkansas Department of Human Services</td>
</tr>
<tr>
<td>Pass-Through Entity:</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>CFDA Number(s) and Program Title(s):</td>
<td>93.658 – Foster Care Title IV-E</td>
</tr>
<tr>
<td>Federal Awarding Agency:</td>
<td>U.S. Department of Health and Human Services</td>
</tr>
<tr>
<td>Federal Award Number(s):</td>
<td>1701ARFOST and 1801ARFOST</td>
</tr>
<tr>
<td>Federal Award Year(s):</td>
<td>2017 and 2018</td>
</tr>
<tr>
<td>Compliance Requirement(s) Affected:</td>
<td>Cash Management</td>
</tr>
<tr>
<td>Type of Finding:</td>
<td>Significant Deficiency</td>
</tr>
</tbody>
</table>

**Auditee reported status as of June 30, 2019:** Corrective action was taken

**Repeat Finding:**
A similar issue was reported in prior-year finding 2017-009.

**Criteria:**
In accordance with 45 CFR § 75.303, a non-federal entity must establish and maintain effective internal control over a federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the federal award.

Additionally, 45 CFR § 75.302(b)(5) states that the financial management system of a non-federal entity must be able to provide a comparison of actual expenditures with budgeted amounts for each federal award.

Finally, 45 CFR § 75.342(a) states that a non-federal entity is responsible for the oversight of operations for activities supported by a federal award. The non-federal entity must monitor its activities to assure compliance with applicable federal requirements.

**Condition and Context**
ALA staff review of the Agency’s internal control procedures over cash management revealed the following deficiencies:

- The Agency does not perform procedures to compare budgeted expenditures to actual expenditures.
- The Agency does not prepare adequate quarterly reconciliations to ensure draws do not exceed allowable expenditures. (Note: An adequate reconciliation was prepared after ALA review, and the Agency’s draws did not exceed allowable expenditures.)

**Statistically Valid Sample:**
Not applicable

**Questioned Costs:**
None

**Cause:**
The Agency did not establish adequate internal controls to ensure a process was in place to track federal revenue and expenditures to budgeted amounts or monitor federal revenue with allowable expenditures.

**Effect:**
Failure to properly monitor revenue and expenditures and the budgeted amounts could result in noncompliance.

**Recommendation:**
ALA staff recommend the Agency compare federal expenditures and revenue to expected budgeted amounts. Any variances should be investigated. In addition, the Agency should review and strengthen control procedures to ensure that staff properly monitor federal draws by reconciling with reported expenditures.
## Summary Schedule of Prior Audit Findings

**For the Year Ended June 30, 2019**

### 2018 Prior Year Finding Number: 2018-004 (Continued)

**State/Educational Agency(s):** Arkansas Department of Human Services  
**Pass-Through Entity:** Not Applicable  
**CFDA Number(s) and Program Title(s):** 93.658 – Foster Care Title IV-E  
**Federal Awarding Agency:** U.S. Department of Health and Human Services  
**Federal Award Number(s):** 1701ARFOST and 1801ARFOST  
**Federal Award Year(s):** 2017 and 2018  
**Compliance Requirement(s) Affected:** Cash Management  
**Type of Finding:** Significant Deficiency

### Views of Responsible Officials and Planned Corrective Action:

DHS concurs with and disputes, in part, this finding. To ensure draws do not exceed allowable expenditures, the Agency has developed an internal control addressing the reconciliation of funding draws to program expenditures. The Agency regularly compared budgeted expenditures to actual expenditures during the audit period through the creation and review of the DCFS Weekly Spend Report.

**Anticipated Completion Date:** 3/31/19

**Contact Person:** Christine Coutu  
Deputy Chief Managerial Accounting  
Department of Human Services  
700 Main Street  
Little Rock, AR 72201  
(501) 537-2195  
Christine.coutu@dhs.arkansas.gov

### Additional Comments from the Auditor:

Although the Agency stated that it "regularly compared budgeted expenditures to actual expenditures during the audit period,” documentation was never provided to ALA during the audit period, at the preliminary exit conference held on January 18, 2019, or at the final exit conference held on February 4, 2019.
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-005
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1605AR5021; 05-1705AR0301; 05-1805AR5021
(Children’s Health Insurance Program)
05-1705AR5MAP; 05-1805AR5MAP (Medicaid Cluster)
Federal Award Year(s): 2016, 2017, and 2018
Compliance Requirement(s) Affected: Activities Allowed or Unallowed
Type of Finding: Noncompliance and Material Weakness

Auditee reported status as of June 30, 2019: Partially corrected; DHS has reviewed all deficient claims and identified the root cause of the incorrect aid category identification. The system deficiency was corrected on December 17, 2019 and internal monitoring was completed on 6/12/19 to confirm claims contain the correct aide category. The agency will be returning the federal share of all unallowed amounts as part on the CMS-21 report which is to be submitted on July 31, 2019.

Repeat Finding: Not applicable

Criteria:
In accordance with 45 CFR § 75.303, a non-federal entity must establish and maintain effective internal control over a federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the award. This includes a process for ensuring claims are identified, disbursed, and reported correctly.

In addition, 42 CFR § 457.320 states that services for CHIP recipients are allowable up to, but not including, age 19. The age is calculated at the end of a birth month.

Condition and Context:
The Agency’s OPTUM group provided ALA with a claims data dump in June 2018. ALA staff used these data to determine if claims activity for CHIP recipients occurred subsequent to their 19th birthday. This query found a population totaling $146,619 with such claims. ALA staff selected a sample of 60, with claims totaling $1,022, to determine if the claims were allowable.

An issue was discovered, similar to one reported in finding 2018-006 regarding an aid category conflict. For the claims selected, ALA review revealed that in CURAM (eligibility system) and in the history files of the Medicaid Management Information System (MMIS), these recipients were correctly identified as Medicaid recipients. However, for reasons unknown, the claims were attaching to CHIP aid categories and, as a result, were incorrectly reported to the federal awarding agency as CHIP expenditures.

ALA staff met with Division of County Operations (DCO) staff on November 29, 2018, because DCO is responsible for eligibility issues, and DCO confirmed that incorrect aid categories were attached to claims. This process was also confirmed by the Division of Medical Services on December 7, 2018. The cause of the error was still unknown as of the end of fieldwork.

Statistically Valid Sample: Not a statistically valid sample

Questioned Costs: $146,619
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-005 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
                                        93.778 – Medical Assistance Program
                                        (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1605AR5021; 05-1705AR0301; 05-1805AR5021
                                        (Children’s Health Insurance Program)
                                        05-1705AR5MAP; 05-1805AR5MAP
                                        (Medicaid Cluster)
Federal Award Year(s): 2016, 2017, and 2018
Compliance Requirement(s) Affected: Activities Allowed or Unallowed
Type of Finding: Noncompliance and Material Weakness

Cause:
Adequate system processing controls have not been designed or implemented to ensure that accurate recipient aid categories are reflected for CHIP and Medicaid claims during the transfer process. In addition, the Agency’s claims system does not have adequate controls in place to prevent claims from being processed beyond an identified CHIP recipient’s 19th birthday.

Effect:
Claims cannot be confirmed as accurately reported to the federal awarding agency and cannot be confirmed as funded at the appropriate federal rate.

Recommendation:
ALA staff recommend the Agency design and implement internal controls over compliance to ensure that CHIP and Medicaid recipient claims are identified accurately for federal reporting purposes.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with this finding. The Agency, along with its MMIS contractor, is reviewing all deficient claims to determine the root cause of the incorrect aid category identification. Internal controls will be developed following the determination of the root cause to ensure accurate identification of claims, and the appropriate federal share will be returned for all incorrectly reported claims.

Anticipated Completion Date: 6/30/19

Contact Person: Matt Rocconi
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State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-006
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1605AR5021; 05-1705AR0301; 05-1805AR5021
(Children’s Health Insurance Program)
05-1705AR5MAP; 05-1805AR5MAP (Medicaid Cluster)
Federal Award Year(s): 2016, 2017, and 2018
Compliance Requirement(s) Affected: Activities Allowed or Unallowed
Type of Finding: Noncompliance and Material Weakness

Auditee reported status as of June 30, 2019: Partially corrected; DHS has reviewed all deficient claims and identified the root cause of the incorrect aid category identification. The system deficiency was corrected on December 17, 2019 and internal monitoring was completed on 6/12/19 to confirm claims contain the correct aide category. The agency will be returning the federal share of all unallowed amounts as part on the CMS-21 report which is to be submitted on July 31, 2019.

Repeat Finding: Not applicable

Criteria:
In accordance with CFR 45 § 75.303, a non-federal entity must establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the award.

Condition and Context:
The Agency’s OPTUM group provided ALA with a claims data dump in June 2018. From the claims data, ALA staff selected 60 CHIP recipients to determine if the claims were allowable in accordance with the CHIP state plan and federal guidelines.

The review revealed the following:

- One claim was paid for a recipient that was no longer eligible. Questioned costs totaled $3.
- One claim was paid when dual segments for both Medicaid and CHIP were open. Questioned costs totaled $20.
- Sixty-one claims for four recipients were paid in error because of an aid category conflict between Medicaid and CHIP. As a result, the CHIP ARKids B aid category indicator was attached to Medicaid claims. Questioned costs totaled $1,756. (Note: Similar issue with finding 2018-005.)

Statistically Valid Sample: Not a statistically valid sample

Questioned Costs:
$1,779

(Known questioned costs greater than $25,000 are required to be reported. The auditor must also report known questioned costs when likely questioned costs are greater than $25,000.)

Cause:
Adequate system processing controls have not been designed or implemented to ensure that accurate recipient aid categories are reflected for CHIP and Medicaid claims during the transfer process.
### 2018 Prior Year Finding Number:
2018-006 (Continued)

- **State/Educational Agency(s):** Arkansas Department of Human Services
- **Pass-Through Entity:** Not Applicable
- **CFDA Number(s) and Program Title(s):**
  - 93.767 – Children’s Health Insurance Program
  - 93.778 – Medical Assistance Program (Medicaid Cluster)
- **Federal Awarding Agency:** U.S. Department of Health and Human Services
- **Federal Award Number(s):**
  - 05-1605AR5021; 05-1705AR0301; 05-1805AR5021 (Children’s Health Insurance Program)
  - 05-1705AR5MAP; 05-1805AR5MAP (Medicaid Cluster)
- **Federal Award Year(s):** 2016, 2017, and 2018
- **Compliance Requirement(s) Affected:** Activities Allowed or Unallowed
- **Type of Finding:** Noncompliance and Material Weakness

### Effect:
Claims cannot be confirmed as accurately reported to the federal awarding agency and cannot be confirmed as funded at the appropriate federal rate.

### Recommendation:
ALA staff recommend the Agency design and implement internal controls over compliance to ensure that CHIP and Medicaid recipients’ claims are accurately reported to the federal awarding agency.

### Views of Responsible Officials and Planned Corrective Action:
DHS concurs with this finding. The Agency, along with its MMIS contractor, is reviewing all deficient claims to determine the root cause of the incorrect aid category identification. Internal controls will be developed following the determination of the root cause to ensure the accurate identification of claims, and the appropriate federal share will be returned for all incorrectly reported claims.

### Anticipated Completion Date:
6/30/19

### Contact Person:
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Arkansas Medicaid Enterprise IT Director  
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700 Main Street  
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Matt.rocconi@dhs.arkansas.gov
State of Arkansas  
Summary Schedule of Prior Audit Findings  
For the Year Ended June 30, 2019

**2018 Prior Year Finding Number:** 2018-007  
**State/Educational Agency(s):** Arkansas Department of Human Services  
**Pass-Through Entity:** Not Applicable  
**CFDA Number(s) and Program Title(s):**  
- 93.767 – Children’s Health Insurance Program  
- 93.778 – Medical Assistance Program (Medicaid Cluster)  
**Federal Awarding Agency:** U.S. Department of Health and Human Services  
**Federal Award Number(s):**  
- 05-1705AR0301; 05-1805AR5021 (Children’s Health Insurance Program)  
- 05-1805AR5MAP (Medicaid Cluster)  
**Federal Award Year(s):** 2017 and 2018  
**Compliance Requirement(s) Affected:** Activities Allowed or Unallowed – Claims Payments  
**Type of Finding:** Noncompliance and Material Weakness

**Auditee reported status as of June 30, 2019:** Partially corrected; DHS has updated the method of correction for review and approval of claims suspended in MMIS. The agency has limited the number of employees who are permitted to approve the claims, provided training to staff on the review and approval process for suspended claims, and has updated MMIS resolution manuals to accurately reflect the review and approval process. The agency is conducting internal monitoring reviews to confirm the established process of review and approval is being followed. Additionally, the agency will return the federal share of all unallowable claims on the CMS-64 report which is to be submitted on July 31, 2019.

**Repeat Finding:**  
Not applicable.

**Criteria:**  
In accordance with 45 CFR § 75.303, a non-federal entity must establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the award. This includes ensuring that claims paid because of manual or "forced" overrides are appropriate and sufficiently documented.

**Condition and Context:**  
ALA staff reviewed 60 claims initially suspended in the Medicaid Management Information System (MMIS) but subsequently paid to determine if the claims were appropriately processed in accordance with the established guidance in the Arkansas Resolution Manual (Manual). The Manual provides method of correction guidance for claims that are suspended due to systems edits and audits. Method of correction for claims includes making manual adjustments to allow system processing, forcing the claim through the system for payment, or denying payment. ALA staff review revealed the following deficiencies for 16 claims:

- One claim was suspended because the services were for a recipient already covered by ARWorks. The Manual states that the appropriate method of correction is to deny the claim. The Agency failed to follow the guidance in the Manual. Two additional manually-forced claims were discovered for this recipient. Medicaid questioned costs totaled $10,042.

- Ten claims were suspended because they were identified as duplicates. The Manual did not contain a method of correction that would have directed a reviewer to manually override these claims. Medicaid questioned costs totaled $503.

- Four claims were suspended, and although the Manual contained a method of correction, the Agency failed to follow the guidance in the Manual. One claim was suspended because of a procedure billing rule, one claim was a duplicate, another claim was for similar emergency services not over a day apart from another claim, and one claim was a Medicare crossover. Medicaid questioned costs totaled $3,001.

- For one claim, identified as an ARKids claim, the Manual’s method of correction was to deny the claim. The Agency failed to follow the guidance in the Manual. CHIP questioned costs totaled $26.

**Statistically Valid Sample:**  
Not a statistically valid sample
State of Arkansas  
Summary Schedule of Prior Audit Findings  
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-007 (Continued)  
State/Educational Agency(s): Arkansas Department of Human Services  
Pass-Through Entity: Not Applicable  
CFDA Number(s) and Program Title(s):  
93.767 – Children’s Health Insurance Program  
93.778 – Medical Assistance Program (Medicaid Cluster)  
Federal Awarding Agency: U.S. Department of Health and Human Services  
Federal Award Number(s):  
05-1705AR0301; 05-1805AR5021 (Children’s Health Insurance Program)  
05-1805AR5MAP (Medicaid Cluster)  
Federal Award Year(s): 2017 and 2018  
Compliance Requirement(s) Affected: Activities Allowed or Unallowed – Claims Payments  
Type of Finding: Noncompliance and Material Weakness  

Questioned Costs: 
$13,546 (Medicaid Cluster)  
$ 26 (Children’s Health Insurance Program)  

(Known questioned costs greater than $25,000 are required to be reported. The auditor must also report known questioned costs when likely questioned costs are greater than $25,000.)  

Cause: 
The Agency did not have effective procedures in place to ensure that claims were being manually-forced for payment in accordance with the documented allowable methods in the Arkansas Resolution Manual.  

Effect: 
Claims initially suspended and subsequently processed for payment could be unallowable.  

Recommendation: 
ALA staff recommend the Agency strengthen policies and procedures to ensure that the documented methods of correction included in the Arkansas Resolution Manual are complete and adhered to when manually forcing claims for payment.  

Views of Responsible Officials and Planned Corrective Action: 
DHS concurs with this finding. The Agency will limit employees authorized to approve suspended claims to the ARWorks Manager, DMS Deputy Director, and DMS Director and update the method of correction for reviewing claims that are suspended due to ARWorks coverage and duplicate claims. The Agency will develop and conduct training on the approval process for suspended ARWorks and duplicate claims.  

Anticipated Completion Date: 6/30/19  
Contact Person:  
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State of Arkansas  
Summary Schedule of Prior Audit Findings  
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-008  
State/Educational Agency(s): Arkansas Department of Human Services  
Pass-Through Entity: Not Applicable  
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program  
93.778 – Medical Assistance Program (Medicaid Cluster)  
Federal Awarding Agency: U.S. Department of Health and Human Services  
Federal Award Number(s): 05-1605AR5021; 05-1705AR0301; 05-1805AR5021 (Children’s Health Insurance Program)  
05-1705AR5MAP; 05-1805AR5MAP (Medicaid Cluster)  
Federal Award Year(s): 2016, 2017, and 2018  
Compliance Requirement(s) Affected: Activities Allowed or Unallowed – Claims Payments  
Type of Finding: Material Weakness

Auditee reported status as of June 30, 2019: Corrective action was taken

Repeat Finding:  
Not applicable.

Criteria:  
In accordance with 45 CFR § 75.303, a non-federal entity must establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the award. This includes establishing controls to ensure confidentiality agreements are in place for individuals who have access to the sensitive information housed in the Medicaid Management Information System (MMIS).

Condition and Context:  
ALA staff reviewed 60 active MMIS users classified as contractors or external users to determine if a confidentiality agreement was in place as required. Effective August 31, 2015, the Agency updated its policy so that it no longer required contractors to have confidentiality agreements if they were covered under an existing business associate agreement. ALA staff review revealed five external users that were granted MMIS access in fiscal year 2016 and had confidentiality agreements on file. However, the agreements were not dated, and ALA staff were unable to determine an effective date.

Statistically Valid Sample:  
Not a statistically valid sample

Questioned Costs:  
Unknown

Cause:  
The Agency did not have effective procedures in place to ensure access to MMIS was restricted to those external users with appropriate and complete confidentiality agreements on file.

Effect:  
Access to program information was obtained without proper, complete agreements, which could jeopardize all data stored in MMIS.

Recommendation:  
ALA staff recommend the Agency strengthen policies and procedures to ensure that external users granted access to MMIS have complete confidentiality agreements on file as required.
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-008 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1605AR5021; 05-1705AR0301; 05-1805AR5021 (Children’s Health Insurance Program)
05-1705AR5MAP; 05-1805AR5MAP (Medicaid Cluster)
Federal Award Year(s): 2016, 2017, and 2018
Compliance Requirement(s) Affected: Activities Allowed or Unallowed – Claims Payments
Type of Finding: Material Weakness

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with this finding. The Agency now requires all external MMIS users to be employed by an organization with which DHS has a business associates agreement. The Agency has developed an internal control that ensures all inactive users are deleted from MMIS on a quarterly basis.

Anticipated Completion Date: Complete

Contact Person: Matt Rocconi
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2018 Prior Year Finding Number: 2018-009
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1705AR0301; 05-1805AR5021
(Children’s Health Insurance Program)
05-1705AR5MAP; 05-1805AR5MAP; 05-1705AR5ADM; 05-1805AR5ADM
(Medicaid Cluster)
Federal Award Year(s): 2017 and 2018
Compliance Requirement(s) Affected: Reporting
Type of Finding: Noncompliance and Material Weakness

Auditee reported status as of June 30, 2019: Corrective action was taken

Repeat Finding:
A similar finding was reported in prior-year findings 2017-020, 2016-017, 2016-028, 2015-025, and 2014-021.

Criteria:
In accordance with 45 CFR § 75.303, a non-federal entity must establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the award.

Additionally, 42 CFR § 430.30(c) requires submission of a quarterly statement of expenditures report (CMS-64) for the Medical Assistance Program (MAP) no later than 30 days after the end of each quarter. The Agency maintains policies and procedures for the preparation of the CMS-64 report. Specifically, the procedures state that the Agency will prepare quarterly reconciliations, review and investigate identified variances, and provide explanations for identified variances. Reconciliations, along with the variance explanations, should be included as supporting documentation for the CMS-64.

Condition and Context:
ALA requested written documentation of the Agency’s internal controls in place to ensure required reports are accurate and are filed timely. The documentation provided was developed by the Agency during state fiscal year 2019; therefore, written documentation of controls was not maintained during the audit period.

ALA requested quarterly reconciliations between expenditures recorded in its financial management system and expenditures reported to the federal awarding agency. According to Agency management, reconciliations for the Medicaid Cluster were not completed for state fiscal year 2018 quarterly expenditure reports.

In addition, Agency management stated quarterly reports are reviewed and approved by management prior to certification of the reports. ALA requested documentation of review and approval of reports covering the quarters ended March 31, 2018, and June 30, 2018. Documentation of management review prior to certification was not maintained, and documentation of approval prior to final certification of the report for the quarter ending June 30, 2018, could not be provided because the approval was not documented.

ALA staff also performed procedures to determine if the CMS-64 reports were submitted within 30 days of the end of each quarter as required. This review revealed two CMS-64 reports for state fiscal year 2018 had not been submitted timely as follows:

- The September 30, 2017, report, due for submission on October 30, 2017, was originally certified and submitted on January 25, 2018, 87 days late. This report was later uncertified on February 12, 2018, to allow the State to revise the report, which was re-certified that same day.

- The December 31, 2017, report, due for submission on January 30, 2018, was submitted on March 21, 2018, 50 days late. This report was later uncertified on April 3, 2018, at the request of CMS so that the Agency could make corrections to the report. The report was re-certified on the same date.
State of Arkansas  
Summary Schedule of Prior Audit Findings  
For the Year Ended June 30, 2019  

2018 Prior Year Finding Number: 2018-009 (Continued)  
State/Educational Agency(s): Arkansas Department of Human Services  
Pass-Through Entity: Not Applicable  
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program  
93.778 – Medical Assistance Program (Medicaid Cluster)  
Federal Awarding Agency: U.S. Department of Health and Human Services  
Federal Award Number(s): 05-1705AR0301; 05-1805AR5021 (Children’s Health Insurance Program)  
05-1705AR5MAP; 05-1805AR5MAP; 05-1705AR5ADM; 05-1805AR5ADM (Medicaid Cluster)  
Federal Award Year(s): 2017 and 2018  
Compliance Requirement(s) Affected: Reporting  
Type of Finding: Noncompliance and Material Weakness  

Condition and Context (Continued):  
ALA staff also performed testing of expenditures reported on the CMS-64 for the quarters ended March 31, 2018, and June 30, 2018, to confirm accuracy and completeness compared to the expenditures recorded in the Agency’s financial management system. ALA review revealed the following errors:  

From the March 31, 2018, report:  
• Twenty-two line items totaling $1,416,012,666 and representing 86% of MAP expenditures were selected. Errors were identified in four line items, resulting in an overstatement of the federal portion of expenditures totaling $1,216,171.  
• Nine line items totaling $88,253,503 and representing 93% of administrative expenditures were selected. Errors were identified in three line items, resulting in an understatement of the federal portion of expenditures totaling $3,457.  

From the June 30, 2018, report:  
• Twenty-two line items totaling $1,407,693,743 and representing 87% of MAP expenditures were selected. Eight errors were identified, resulting in an overstatement of the federal portion of expenditures totaling $1,825,480.  
• Nine line items totaling $104,664,514 and representing 91% of administrative expenditures were selected. Errors were identified in three line items, resulting in an overstatement of the federal portion of expenditures totaling $986,033.  

Statistically Valid Sample:  
Not a statistically valid sample  
Questioned Costs:  
Unknown  
Cause:  
For the quarters selected for testing, the Agency implemented a new reporting system for MAP expenditures. Errors noted were mostly due to incorrect or missing adjustments to amounts determined by the new system or to errors in reporting Medicare premiums. Additionally, failure to implement adequate controls, including timely completion of reconciliations, resulted in unidentified errors.  
Effect:  
The Agency failed to accurately report expenditures for the selected quarters.  
Recommendation:  
ALA staff recommend the Agency implement additional procedures and controls over the reporting process to ensure reports are accurate and complete prior to certification.
### State of Arkansas

**Summary Schedule of Prior Audit Findings**

**For the Year Ended June 30, 2019**

<table>
<thead>
<tr>
<th>2018 Prior Year Finding Number:</th>
<th>2018-009 (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State/Educational Agency(s):</td>
<td>Arkansas Department of Human Services</td>
</tr>
<tr>
<td>Pass-Through Entity:</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
| CFDA Number(s) and Program Title(s): | 93.767 – Children’s Health Insurance Program  
93.778 – Medical Assistance Program  
(Medicaid Cluster) |
| Federal Awarding Agency:       | U.S. Department of Health and Human Services |
| Federal Award Number(s):       | 05-1705AR0301; 05-1805AR5021  
(Children’s Health Insurance Program)  
05-1705AR5MAP; 05-1805AR5MAP;  
05-1705AR5ADM; 05-1805AR5ADM  
(Medicaid Cluster) |
| Federal Award Year(s):         | 2017 and 2018 |
| Compliance Requirement(s) Affected: | Reporting |
| Type of Finding:               | Noncompliance and Material Weakness |

**Views of Responsible Officials and Planned Corrective Action:**

DHS concurs with and disputes, in part, this finding. The Agency has developed internal controls to ensure reports are accurate and timely filed and has procured a contract with a company to develop a process and perform reconciliations for the CMS-64 and CMS-21 reports. Agency management has also obtained access to electronically certify these reports. The Agency does not dispute that the two CMS-64 reports noted in the finding were submitted after the deadline stated in federal regulations. However, executive management within the Agency was in constant communication with the CMS Regional Office concerning the filing of these reports. Dawn Stehle, Arkansas Medicaid Director, had regular phone calls with the CMS Regional Administrator for Region 6 concerning the operations of the Medicaid agency in Arkansas. CMS routinely requested updates on these filings, which were provided.

**Anticipated Completion Date:** 06/30/19

**Contact Person:**

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**Additional Comments from the Auditor:**

While the Agency stated it concurs with the finding regarding the timely filing issue, the portion of the finding it disputes is unclear. Additionally, the response does not address the errors identified during our review of the March 31, 2018, and June 30, 2018, CMS-64 reports.
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-010
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1605AR5021; 05-1705AR0301; 05-1805AR5021
Federal Award Year(s): 2016, 2017, and 2018
Compliance Requirement(s) Affected: Activities Allowed or Unallowed
Type of Finding: Noncompliance and Material Weakness

Auditee reported status as of June 30, 2019: Partially corrected; DHS has reviewed all deficient claims and identified the root cause of the incorrect aid category identification. The system deficiency was corrected on December 17, 2019 and internal monitoring was completed on 6/12/19 to confirm claims contain the correct aide category. The agency will be returning the federal share of all unallowed amounts as part on the CMS-21 report which is to be submitted on July 31, 2019.

Repeat Finding: Not applicable

Criteria:
In accordance with CFR 45 § 75.303, a non-federal entity must establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the award.

Condition and Context:
The Agency’s OPTUM group provided ALA with a claims data dump in June 2018. ALA staff reviewed and compared the claims data to all CHIP quarterly reports submitted to the federal awarding agency during 2018. ALA staff discovered a variance for the quarter ended September 30, 2017, totaling $4,920,931.

The claims data for line item 61-C, representing MCHIP, exceeded the amount the Agency reported to the federal awarding agency. ALA requested the Agency’s supporting documentation and was informed by the OPTUM group that the claims support provided to Agency staff was identified at a point in time and could not be recreated and that the detail was not retained supporting the amount reported.

Statistically Valid Sample:
Not a statistically valid sample

Questioned Costs:
$4,920,931

Cause:
An adequate record retention policy is not in place to ensure that claims data used for federal reporting can be traced to original support.

Effect:
Claims cannot be confirmed as accurately reported to the federal awarding agency and cannot be confirmed as funded at the appropriate federal rate.

Recommendation:
ALA staff recommend the Agency design and implement adequate internal controls to ensure that CHIP claims data are appropriately maintained as evidence to support the quarterly reports submitted to the federal awarding agency.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with this finding. The Agency’s implementation of a new MMIS caused these claims to be coded improperly with a CHIP aid category. This deficiency was corrected with the implementation of the new MMIS. DHS is investigating whether the CMS-64 and CMS-21 were understated for the quarter ended September 30, 2019, and if
### State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

<table>
<thead>
<tr>
<th>2018 Prior Year Finding Number:</th>
<th>2018-010 (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State/Educational Agency(s):</td>
<td>Arkansas Department of Human Services</td>
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<tr>
<td>Pass-Through Entity:</td>
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<tr>
<td>CFDA Number(s) and Program Title(s):</td>
<td>93.767 – Children’s Health Insurance Program</td>
</tr>
<tr>
<td>Federal Awarding Agency:</td>
<td>U.S. Department of Health and Human Services</td>
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<td>Federal Award Number(s):</td>
<td>05-1605AR5021; 05-1705AR0301; 05-1805AR5021</td>
</tr>
<tr>
<td>Federal Award Year(s):</td>
<td>2016, 2017, and 2018</td>
</tr>
<tr>
<td>Compliance Requirement(s) Affected:</td>
<td>Activities Allowed or Unallowed</td>
</tr>
<tr>
<td>Type of Finding:</td>
<td>Noncompliance and Material Weakness</td>
</tr>
</tbody>
</table>

**Views of Responsible Officials and Planned Corrective Action (continued):**

The $4.9 million understatement was reported as Medicaid expenditures as opposed to CHIP expenditures. Based on review, DHS will make the appropriate correction on the CMS-64 and CMS-21 for the quarter ending March 31, 2019.

**Anticipated Completion Date:** 04/30/19

**Views of Responsible Officials and Planned Corrective Action (Continued):**

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**Additional Comments from the Auditor:**
The Agency’s response is unclear because it states that the implementation of a new MMIS caused the improper coding and also corrected the deficiency addressed in the finding.
State of Arkansas  
Summary Schedule of Prior Audit Findings  
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-011
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1605AR5021; 05-1705AR0301; 05-1805AR5021
Federal Award Year(s): 2016, 2017, and 2018
Compliance Requirement(s) Affected: Reporting
Type of Finding: Noncompliance and Significant Deficiency

Auditee reported status as of June 30, 2019: Corrective action was taken

Repeat Finding:
A similar issue was reported in prior-year findings 2017-013 and 2017-014.

Criteria:
In accordance with 45 CFR § 75.303, a non-federal entity must establish and maintain effective control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and other terms and conditions of the award.

42 CFR § 457.630 states that form CMS-21 (Quarterly Children’s Health Insurance Program Statement of Expenditures for Title XXI) must be submitted to the Centers for Medicare and Medicaid Services (CMS) no later than 30 days after the end of the quarter.

Condition and Context:
ALA requested written documentation of the Agency’s internal controls in place to ensure required reports are accurate and filed timely. The documentation provided was developed by the Agency during state fiscal year 2019; therefore, written documentation of controls was not maintained during the audit period.

In addition, Agency management stated quarterly reports are reviewed and approved by management prior to certification. ALA requested documentation supporting the review and approval of the March 31, 2018, and June 30, 2018, quarterly reports. The Agency was unable to provide the requested documentation.

Finally, quarterly reports are required to be submitted to the federal awarding agency no later than 30 days after the end of each quarter unless an extension has been approved by the federal awarding agency. The Agency did not receive any extensions and failed to submit two CMS-21 quarterly reports timely as summarized below:

- The September 30, 2017, report, due on October 30, 2017, was certified on January 25, 2018, 87 days late.
- The December 31, 2017, report, due on January 30, 2018, was certified on March 15, 2018, 44 days late.

Statistically Valid Sample:
Not a statistically valid sample

Questioned Costs:
None

Cause:
The Agency has experienced staff turnover and, again, did not develop or document internal control procedures for its staff.

Effect:
Failure to establish an adequate process ensuring expenditures are accurately reported negates the intended purpose of the reports submitted to the federal awarding agency.
**State of Arkansas**  
*Summary Schedule of Prior Audit Findings*  
*For the Year Ended June 30, 2019*

| 2018 Prior Year Finding Number: | 2018-011 (Continued) |
| State/Educational Agency(s): | Arkansas Department of Human Services |
| Pass-Through Entity: | Not Applicable |
| CFDA Number(s) and Program Title(s): | 93.767 – Children’s Health Insurance Program |
| Federal Awarding Agency: | U.S. Department of Health and Human Services |
| Federal Award Number(s): | 05-1605AR5021; 05-1705AR0301;05-1805AR5021 |
| Federal Award Year(s): | 2016, 2017, and 2018 |
| Compliance Requirement(s) Affected: | Reporting |
| Type of Finding: | Noncompliance and Significant Deficiency |

**Recommendation:**  
ALA staff recommend the Agency immediately establish and implement internal control procedures to ensure expenditure information submitted quarterly to the federal awarding agency is accurate and complete.

**Views of Responsible Officials and Planned Corrective Action:**  
DHS concurs with and disputes, in part, this finding. The Agency has developed internal controls to ensure reports are accurate and timely filed and has procured a contract with a company to develop a process and perform reconciliations for the CMS-64 and CMS-21 reports. Agency management has also obtained access to electronically certify these reports. The Agency does not dispute that the two CMS-64 reports noted in the finding were submitted after the deadline stated in federal regulations. However, executive management within the Agency was in constant communication with the CMS Regional Office concerning the filing of these reports. Dawn Stehle, Arkansas Medicaid Director, had regular phone calls with the CMS Regional Administrator for Region 6 concerning the operations of the Medicaid agency in Arkansas. CMS routinely requested updates on these filings which were provided.

**Anticipated Completion Date:** 06/30/19

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**Additional Comments from the Auditor:**  
While the Agency stated it concurs with the finding regarding the timely filing issue, the response does not contain a plan to ensure sufficient, appropriate evidence is maintained of communications with CMS to support Agency assertions for audit purposes.
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-012
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1705AR5MAP; 05-1805AR5MAP
Federal Award Year(s): 2017 and 2018
Compliance Requirement(s) Affected: Activities Allowed or Unallowed – Claims Payments
Type of Finding: Noncompliance and Material Weakness

Auditee reported status as of June 30, 2019: Corrective action was taken

Repeat Finding: Not applicable

Criteria:
In accordance with 45 CFR § 75.303, a non-federal entity must establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the award. This includes ensuring that appropriate controls and processes are in place to properly administer ARWorks premiums and cost-sharing reduction (CSR) payments.

Condition and Context:
ALA staff reviewed 60 recipient claims to determine the accuracy of ARWorks premiums and CSR payments. This included verifying that the premium paid agreed to the authorized amount as defined by the State's rating and service areas. There are seven defined rating and service areas, and the recipient's address determines the authorized premium amount. In addition, ALA staff reviewed documentation maintained in CURAM to ensure the Agency maintained appropriate, sufficient evidence for recoupments or adjustments, as applicable. This review revealed the following deficiencies:

- Five recipients had at least one payment that exceeded the amount allowable as defined for the rating area. Questioned costs totaled $438.
- The Agency did not receive appropriate credit from an insurance carrier for premiums of two recipients. Questioned costs totaled $37.

Statistically Valid Sample: Not a statistically valid sample

Questioned Costs: $475
(Known questioned costs greater than $25,000 are required to be reported. The auditor must also report known questioned costs when likely questioned costs are greater than $25,000.)

Cause:
The Agency did not have effective procedures in place to ensure that the appropriate rating area was identified prior to issuing premium payments to insurance carriers. Additionally, there was no documentation of any review procedures performed on the annual insurance carrier reconciliations. The reconciliations determine the final net premium payments.

Effect:
Incorrect premium amounts were paid to the insurance carriers.
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-012 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program
(Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1705AR5MAP; 05-1805AR5MAP
Federal Award Year(s): 2017 and 2018
Compliance Requirement(s) Affected: Activities Allowed or Unallowed – Claims Payments
Type of Finding: Noncompliance and Material Weakness

Recommendation:
ALA staff recommend the Agency strengthen control policies and procedures to confirm that the correct rating area is reflected for individuals so that appropriate premium and CSR payments are made. Additionally, ALA staff recommend the Agency document and perform review procedures prior to authorizing additional payments to the insurance carriers.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with these findings. The Agency’s eligibility system has been updated to include an address validation system. Users are prompted when it appears a better address may be available when an address is updated. Users select the best address at that point. The Agency has also updated its process for reconciling unpaid ARWorks premium payments. Upon implementation of the new MMIS in November 2017, DHS began making reconciliation payments retrospectively for unpaid ARWorks premium payments.

Anticipated Completion Date: Complete

Contact Person:
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**State of Arkansas**  
**Summary Schedule of Prior Audit Findings**  
**For the Year Ended June 30, 2019**

**2018 Prior Year Finding Number:** 2018-013  
State/Educational Agency(s): Arkansas Department of Human Services  
Pass-Through Entity: Not Applicable  
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)  
Federal Awarding Agency: U.S. Department of Health and Human Services  
Federal Award Number(s): 05-1705AR5MAP; 05-1805AR5MAP  
Federal Award Year(s): 2017 and 2018  
Compliance Requirement(s) Affected: Activities Allowed or Unallowed – Home and Community-Based Services (ARChoices)  
Type of Finding: Noncompliance and Significant Deficiency

**Auditee reported status as of June 30, 2019:** Corrective action was taken

**Repeat Finding:**  
Not applicable

**Criteria:**  
Section 212.300 of the ARChoices provider manual states that each beneficiary must have an individualized Person-Centered Service Plan (PCSP) and that attendant care hours authorized are based on the Resource Utilization Group (RUG) score produced from the ARPath assessment. Services must be provided according to the beneficiary’s PCSP, with reimbursement limited to the amount and frequency authorized in the PCSP.

**Condition and Context:**  
ALA staff selected 60 beneficiaries for review to ensure that attendant care services were provided in accordance with the PCSP and hours authorized were based on the RUG score. ALA review revealed that in seven instances, reimbursements were in excess of the PCSP or the RUG score.

**Statistically Valid Sample:**  
Not a statistically valid sample

**Questioned Costs:**  
$2,073

*(Known questioned costs greater than $25,000 are required to be reported. The auditor must also report known questioned costs when likely questioned costs are greater than $25,000.)*

**Cause:**  
The Agency failed to ensure that there were adequate controls in the claims payment system to both identify and deny claims, as applicable, if the amount billed exceeded the amount authorized. Additionally, the Agency allowed the amount authorized on the PCSP to exceed the RUG score without adequate supporting documentation from CMS, the federal awarding agency.

**Effect:**  
Amounts paid were in excess of amounts authorized.

**Recommendation:**  
ALA staff recommend the Agency review its policies and procedures and take necessary corrective action to ensure that all amounts paid are in accordance with amounts authorized and that amounts authorized are supported by the RUG score (CMS-approved assessment tool).
State of Arkansas  
Summary Schedule of Prior Audit Findings  
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-013 (Continued)  
State/Educational Agency(s): Arkansas Department of Human Services  
Pass-Through Entity: Not Applicable  
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)  
Federal Awarding Agency: U.S. Department of Health and Human Services  
Federal Award Number(s): 05-1705AR5MAP; 05-1805AR5MAP  
Federal Award Year(s): 2017 and 2018  
Compliance Requirement(s) Affected: Activities Allowed or Unallowed – Home and Community-Based Services (ARChoices)  
Type of Finding: Noncompliance and Significant Deficiency

Views of Responsible Officials and Planned Corrective Action:  
DHS concurs with and disputes, in part, this finding. In five of the identified instances, providers billed and were paid for attendant care hours in excess of the number of hours authorized on the beneficiary’s service plan. As of January 1, 2019, DHS requires prior authorization for attendant care services, which will enable the Agency to timely identify any situation in which the number of service hours billed exceeds the number of service hours authorized for the beneficiary.

In the remaining two instances, the beneficiaries underwent reassessments, and their service plans were initially modified to reduce their attendant care hours due to the RUG scores received by the beneficiaries. Agency staff later revised the care plans to rescind these service reductions. Although the revised care plans were not consistent with the RUG methodology results, Agency staff determined that subsequent court orders in similar cases compelled the Agency to revise the care plans, rescind the reductions, and restore the original number of attendant care hours. As of January 1, 2019, the Agency no longer uses the RUG methodology to determine attendant care hours.

Anticipated Completion Date: Completed

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Additional Comments from the Auditor:  
Authorized attendant care hours on the PCSP must be in accordance with the RUG score produced from the ARPath assessment, the CMS-approved assessment tool. Any deviation from this methodology must be approved by CMS, the federal awarding agency. The deviations were not approved by CMS, and the hours provided in excess of those allowed per the ARPath assessment are considered questioned costs.
State of Arkansas  
Summary Schedule of Prior Audit Findings  
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-014  
State/Educational Agency(s): Arkansas Department of Human Services  
Pass-Through Entity: Not Applicable  
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)  
Federal Awarding Agency: U.S. Department of Health and Human Services  
Federal Award Number(s): 05-1305AR5MAP; 05-1405AR5MAP; 05-1505AR5MAP; 05-1605AR5MAP; 05-1705AR5MAP; 05-1805AR5MAP; 05-1305ARBIPP; 05-1405ARBIPP; 05-1505ARBIPP  
Federal Award Year(s): 2013, 2014, 2015, 2016, 2017, and 2018  
Compliance Requirement(s) Affected: Eligibility  
Type of Finding: Noncompliance and Material Weakness

Auditee reported status as of June 30, 2019: Corrective action was taken

Repeat Finding:  
A similar issue was reported in prior-year findings 2017-016, 2016-025, 2015-023, and 2014-020.

Criteria:  
It is the State’s responsibility to determine that Medicaid applicants meet the eligibility criteria as specified in the approved State Plan. Eligibility requirements for the Medicaid Program are outlined in the Arkansas Medical Services (MS) manual. The MS manual is specific to Medicaid eligibility policies and procedures and is, in addition to the approved State Plan, required in accordance with 45 CFR § 75.206.

In addition, case documentation is governed by 42 CFR § 435.913, which states, “The Agency must include in each application record facts to support the Agency’s decision....”

Guidance for timely eligibility determinations is outlined in 42 CFR § 435.912, which states that initial determinations should be made within 45 days unless the applicant is applying upon the basis of disability; in that case, the initial determination should be made within 90 days. Also, 42 CFR § 435.916 requires that eligibility re-determinations be performed at least once every 12 months.

Condition and Context:  
ALA staff reviewed 60 traditional Medicaid recipient files in the ANSWER system to ensure sufficient, appropriate evidence was provided to support the Agency’s determination of eligibility. The review revealed deficiencies as summarized below:

- One client file, with 84 claims totaling $50,034, did not contain documentation supporting the resources or income criteria, affecting 81 claims. **Questioned costs totaled $34,604.**  
The annual reevaluations were also not completed timely. The 2018 reevaluation, due in July 2017, had not been completed at the conclusion of audit fieldwork (Aid to the Aged).

- One client file, with 74 claims totaling $8,636, did not contain a DCO-704 signed by a registered nurse verifying medical necessity and did not contain documentation supporting the resources or income criteria, affecting all 74 claims. **Questioned costs totaled $6,107.**  
In addition, 326 claims paid in 2017, 2016, 2015, 2014, and 2013 were also affected. **Questioned costs totaled $3,865, $4,358, $5,365, $4,080, and $323, respectively.**  
The annual reevaluations were also not completed timely. The 2013 reevaluation, due in May 2013, had not been completed at the conclusion of audit fieldwork, and there were no reevaluations for 2014, 2015, 2016, 2017, or 2018 (Aid to the Aged).

- One client file, with 658 claims totaling $47,378, did not contain a DCO-704 signed by a registered nurse verifying medical necessity, affecting 47 claims. **Questioned costs totaled $1,788 (Aid to the Disabled).**
State of Arkansas  
Summary Schedule of Prior Audit Findings  
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-014 (Continued)  
State/Educational Agency(s): Arkansas Department of Human Services  
Pass-Through Entity: Not Applicable  
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program  
(Medicaid Cluster)  
Federal Awarding Agency: U.S. Department of Health and Human Services  
Federal Award Number(s): 05-1305AR5MAP; 05-1405AR5MAP; 05-1505AR5MAP; 05-1605AR5MAP; 05-1705AR5MAP; 05-1805AR5MAP; 05-1305ARBIPP; 05-1405ARBIPP; 05-1505ARBIPP  
Federal Award Year(s): 2013, 2014, 2015, 2016, 2017, and 2018  
Compliance Requirement(s) Affected: Eligibility  
Type of Finding: Noncompliance and Material Weakness  

Condition and Context (Continued):  
- One client file, with 164 claims totaling $18,762, did not contain documentation supporting the resources or income criteria, affecting 154 claims. Questioned costs totaled $13,050.  
In addition, 400 claims paid in 2017 and 2016 were also affected. Questioned costs totaled $28,867 and $376, respectively.  
The annual reevaluations were also not completed timely. Even though a reevaluation was completed for April 2018, the 2016 and 2017 reevaluations, due in June of the respective years, had not been completed at the conclusion of audit fieldwork (Aid to the Disabled).  
- One client file, with 135 claims totaling $49,029, did not contain documentation supporting the resources or income criteria, affecting 62 claims. Questioned costs totaled $16,277.  
The annual reevaluation was also not completed timely. The 2018 reevaluation, due in January 2018, had not been completed at the conclusion of audit fieldwork (Aid to the Aged).  
- One client file, with 26 claims totaling $23,963, did not contain a DCO-704 signed by a registered nurse verifying medical necessity. However, no claims were paid for dates when the recipient would have been ineligible. Questioned costs totaled $0. (DDS Waiver).  
- One client file, with 511 claims totaling $29,738, did not contain documentation supporting the resources or income criteria, affecting 134 claims. Questioned costs totaled $7,622.  
In addition, 399 claims paid in 2017 were also affected. Questioned costs totaled $22,258.  
The annual reevaluation was also not completed timely. Even though a reevaluation was completed for August 2017, the SFY2017 reevaluation, due in October 2016, had not been completed at the conclusion of audit fieldwork (Aid to the Aged).  
- One client file, with 294 claims totaling $11,867, did not contain documentation supporting the resources or income criteria, affecting 280 claims. Questioned costs totaled $8,079.  
In addition, 788 claims paid in 2017 and 2016 were also affected. Questioned costs totaled $19,529 and $5,274, respectively.  
The annual reevaluations were also not completed timely. Even though a reevaluation was completed for March 2018, the 2016 and 2017 reevaluations, due in March of the respective years, had not been completed at the conclusion of audit fieldwork (Aid to the Disabled).  
- One client file, with 158 claims totaling $4,008, did not contain a DCO-704 signed by a registered nurse verifying medical necessity or verification of disability determination, affecting 108 claims. Questioned costs totaled $1,869 (Disabled Tax Equity and Fiscal Responsibility Act [TEFRA] Child).
<table>
<thead>
<tr>
<th>2018 Prior Year Finding Number:</th>
<th>2018-014 (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State/Educational Agency(s):</td>
<td>Arkansas Department of Human Services</td>
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<td>CFDA Number(s) and Program Title(s):</td>
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<td>Eligibility</td>
</tr>
<tr>
<td>Type of Finding:</td>
<td>Noncompliance and Material Weakness</td>
</tr>
</tbody>
</table>

**Condition and Context (Continued):**

- One client file, with 312 claims totaling $71,648, did not contain documentation supporting the resources or income criteria, affecting 237 claims. *Questioned costs totaled $19,447.*
  
  In addition, 229 claims paid in 2017, 2016, and 2015 were also affected. *Questioned costs totaled $52,324, $47,515, and $1,928, respectively.*
  
  The annual reevaluations were also not completed timely. Even though a reevaluation was completed for November 2017, the 2015, 2016, and 2017 reevaluations, due in June of the respective years, had not been completed at the conclusion of audit fieldwork (Aid to the Aged).

- One client file, with 164 claims totaling $54,253, did not contain documentation supporting the resources or income criteria, affecting 128 claims. *Questioned costs totaled $32,336.*
  
  In addition, 68 claims paid in 2017 were also affected. *Questioned costs totaled $25,711.*
  
  The annual reevaluations were also not completed timely. Even though a reevaluation was completed for April 2018, the SFY2017 reevaluation, due in November 2016, had not been completed at the conclusion of audit fieldwork (Aid to the Aged).

- One client file, with 1 claim totaling $4, did not contain documentation supporting the resource criteria, affecting the claim. *Questioned costs totaled $4.*
  
  In addition, 38 claims paid in 2017 were also affected. *Questioned costs totaled $4,550 (Aid to the Aged).*

- One client file, with 10 claims totaling $15,000, did not contain documentation supporting the resources or income criteria, affecting 9 claims. *Questioned costs totaled $9,090.*
  
  The annual reevaluations were also not completed timely. Even though a reevaluation was completed for May 2018, the 2017 and 2018 reevaluations, due in January of the respective years, had not been completed at the conclusion of audit fieldwork (Assisted Living Waiver).

**Deficiencies related to eligible recipients with late initial determinations (no questioned costs):**

- One client file did not have a timely initial eligibility determination. The application was received on December 5, 2017, but was not approved until January 30, 2018, exceeding the 45-day limit (ARChoices).

- One client file did not have a timely initial eligibility determination. The application was received on September 14, 2017, but was not approved until November 30, 2017, exceeding the 45-day limit (Aid to the Aged).

- One client file did not have a timely initial eligibility determination. The application was received on June 20, 2017, but was not approved until November 8, 2017, exceeding the 45-day limit (Aid to the Aged).

- One client file did not have a timely initial eligibility determination. The application was received on June 2, 2017, but was not approved until October 17, 2017, exceeding the 90-day limit for disability determinations (Disabled Tax Equity and Fiscal Responsibility Act [TEFRA] Child).
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

<table>
<thead>
<tr>
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</tr>
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<td>Type of Finding:</td>
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</tr>
</tbody>
</table>

Condition and Context (Continued):
- One client file did not have a timely initial eligibility determination. The application was received on November 24, 2017, but was not approved until March 5, 2018, exceeding the 45-day limit (Aid to the Aged).
- One client file did not have a timely initial eligibility determination. The application was received on August 17, 2017, but was not approved until October 10, 2017, exceeding the 45-day limit (Aid to the Aged).

Deficiencies related to eligible recipients with late re-determinations. Although there are no questioned costs associated with these recipients, the total amount of claims paid (state and federal) as of fieldwork date of November 27, 2018, for dates of services between the time the reevaluation was due and the day before it was performed is noted below in order to show what could have been paid in error if the recipient had ultimately been deemed ineligible:

- One client file did not have a timely reevaluation, as it was due in October 2017 but was not completed until February 5, 2018. The claims paid for dates of services between when the reevaluation was due and the day before it was performed totaled $5,601 in state fiscal year 2018 and $4 in state fiscal year 2019 (Aid to the Disabled).
- One client file did not have a timely reevaluation, as it was due in December 2017 but was not completed until January 31, 2018. The claims paid for dates of services between when the reevaluation was due and the day before it was performed totaled $8,416 in state fiscal year 2018 and ($263) in state fiscal year 2019 (Aid to the Aged).
- One client file did not have a timely reevaluation, as it was due in January 2018 but was not completed until February 28, 2018. The claims paid for dates of services between when the reevaluation was due and the day before it was performed totaled $356 in state fiscal year 2018 and $282 in state fiscal year 2019 (Aid to the Disabled).
- One client file did not have a timely reevaluation, as it was due in January 2018 but was not completed until March 7, 2018. The claims paid for dates of services between when the reevaluation was due and the day before it was performed totaled $636 in state fiscal year 2018 (Disabled Tax Equity and Fiscal Responsibility Act [TEFRA] Child).
- One client file did not have a timely reevaluation, as it was due in June 2017 but was not completed until September 10, 2018. The claims paid for dates of services between when the reevaluation was due and the day before it was performed totaled $1,472 in state fiscal year 2017, $12,099 in state fiscal year 2018, and $627 in state fiscal year 2019 (Aid to the Aged).
- One client file did not have a timely reevaluation, as it was due in November 2017 but was not completed until December 4, 2017. The claims paid for dates of services between when the reevaluation was due and the day before it was performed totaled $323 in state fiscal year 2018 (Aid to the Aged).
- One client file did not have a timely reevaluation, as it was due in July 2017 but was not completed until November 7, 2017. The claims paid for dates of services between when the reevaluation was due and the day before it was performed totaled $1,057 in state fiscal year 2018 (Assisted Living Waiver).
2018 Prior Year Finding Number: 2018-014 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1305AR5MAP; 05-1405AR5MAP; 05-1505AR5MAP; 05-1605AR5MAP; 05-1705AR5MAP; 05-1805AR5MAP; 05-1305ARBIPP; 05-1405ARBIPP; 05-1505ARBIPP
Federal Award Year(s): 2013, 2014, 2015, 2016, 2017, and 2018
Compliance Requirement(s) Affected: Eligibility
Type of Finding: Noncompliance and Material Weakness

Condition and Context (Continued):

- One client file did not have a timely reevaluation, as it was due in May 2018 but was not completed until June 21, 2018. The claims paid for dates of services between when the reevaluation was due and the day before it was performed totaled $5,615 in state fiscal year 2018 and $773 in state fiscal year 2019 (Aid to the Aged).
- One client file did not have a timely reevaluation, as it was due in November 2017 but was not completed until January 5, 2018. The claims paid for dates of services between when the reevaluation was due and the day before it was performed totaled $528 in state fiscal year 2018 (Aid to the Disabled).
- One client file did not have a timely reevaluation, as it was due in April 2018 but was not completed until June 20, 2018. The claims paid for dates of services between when the reevaluation was due and the day before it was performed totaled $685 in state fiscal year 2018 and $511 in state fiscal year 2019 (Aid to the Aged).
- One client file did not have a timely reevaluation, as it was due in June 2016 but was not completed until October 22, 2018, after the recipient’s file was selected for review. The claims paid for dates of services between when the reevaluation was due and the day before it was performed totaled $3,937 in state fiscal year 2016, $49,890 in state fiscal year 2017, $13 in state fiscal year 2018, and ($923) in state fiscal year 2019 (Aid to the Aged).
- One client file did not have a timely reevaluation, as it was due in October 2017 but was not completed until November 1, 2017. The claims paid for dates of services between when the reevaluation was due and the day before it was performed totaled $4,884 in state fiscal year 2018 (Aid to the Aged).
- One client file did not have a timely reevaluation, as it was due in August 2017 but was not completed until October 13, 2017. The claims paid for dates of services between when the reevaluation was due and the day before it was performed totaled $766 in state fiscal year 2018 (ARChoices).
- One client file did not have a timely reevaluation, as it was due in October 2017 but was not completed until February 21, 2018. The claims paid for dates of services between when the reevaluation was due and the day before it was performed totaled $10,888 in state fiscal year 2018 (Aid to the Disabled).
- One client file did not have a timely reevaluation, as it was due in January 2017 but was not completed until October 25, 2018, after the recipient’s file was selected for review. The claims paid for dates of services between when the reevaluation was due and the day before it was performed totaled $6,838 in state fiscal year 2018 (Assisted Living Waiver).
- One client file did not have a timely reevaluation, as it was due in October 2016 but was not completed until March 22, 2018. The claims paid for dates of services between when the reevaluation was due and the day before it was performed totaled $11,481 in state fiscal year 2018 and $32 in state fiscal year 2019 (ARChoices).
- One client file did not have a timely reevaluation, as it was due in May 2017 but was not completed until October 19, 2018, after the recipient’s file was selected for review. The claims paid for dates of services between when the reevaluation was due and the day before it was performed totaled $12,318 in state fiscal year 2018 and $95 in state fiscal year 2019 (ARChoices).
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-014 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1305AR5MAP; 05-1405AR5MAP; 05-1505AR5MAP; 05-1605AR5MAP; 05-1705AR5MAP; 05-1805AR5MAP; 05-1305ARBIPP; 05-1405ARBIPP; 05-1505ARBIPP
Federal Award Year(s): 2013, 2014, 2015, 2016, 2017, and 2018
Compliance Requirement(s) Affected: Eligibility
Type of Finding: Noncompliance and Material Weakness

Statistically Valid Sample:
Not a statistically valid sample

Questioned Costs:
State Fiscal Year 2018 – $150,272
State Fiscal Year 2017 – $157,104
State Fiscal Year 2016 – $57,523
State Fiscal Year 2015 – $7,293
State Fiscal Year 2014 – $4,080
State Fiscal Year 2013 – $323

Cause:
Although the Agency has designed internal control procedures to review recipient files to ensure sufficient, appropriate evidence is provided to support the Agency’s determination of eligibility, certain areas still require continued communication to and training of the appropriate Agency personnel.

Based on testing results, specific areas related to resource and income criteria require continued communication and training. Additionally, the Agency should review its procedures related to making determinations timely to ensure that both the initial determinations as well as the re-determinations are made in accordance with federal regulations.

Effect:
Payments to providers were made on behalf of ineligible recipients.

Recommendation:
ALA staff recommend the Agency continue providing adequate communication and training to appropriate personnel to ensure compliance with all program requirements as defined in the MS manual.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with the findings. Effective October 1, 2017, financial eligibility for the Long Term Services and Supports Program was transferred to the Division of County Operations. The Long Term Services and Supports staff are specialized to focus only on this program. Additional resources have been allocated to this unit to reduce and eliminate the backlog of overdue re-evaluations and increase the number of second party reviews completed on these cases to ensure that appropriate documentation is included in the case files. The reallocation of staff was completed as of March 2018. The backlog of evaluations was eliminated as of January 1, 2019. The Agency will continue to follow the process implemented as part of the corrective action to ensure continued timely processing of applications and evaluations. The Agency has also updated the DHS-704 (Decision for Nursing Home/Waiver Placement Form) to capture the effective date and review date for the medical necessity determination, which will prevent what appears to be a lack of a medical necessity determination.
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-014 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program
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Federal Awarding Agency: U.S. Department of Health and Human Services
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05-1505AR5MAP; 05-1605AR5MAP;
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05-1505ARBIPP
Federal Award Year(s): 2013, 2014, 2015, 2016, 2017, and 2018
Compliance Requirement(s) Affected: Eligibility
Type of Finding: Noncompliance and Material Weakness

Views of Responsible Officials and Planned Corrective Action (Continued):

Anticipated Completion Date: Complete
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**2018 Prior Year Finding Number:** 2018-015

State/Educational Agency(s): Arkansas Department of Human Services

Pass-Through Entity: Not Applicable

CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)

Federal Awarding Agency: U.S. Department of Health and Human Services

Federal Award Number(s): 05-1705AR5MAP; 05-1805AR5MAP; 05-1705AR5ADM; 05-1805AR5ADM; 05-1705ARINCT; 05-1805ARINCT; 05-1705ARIMPL; 05-1805ARIMPL

Federal Award Year(s): 2017 and 2018

Compliance Requirement(s) Affected: Matching, Level of Effort, Earmarking

Type of Finding: Noncompliance and Material Weakness

**Auditee reported status as of June 30, 2019:** Partially corrected; DHS has developed internal controls to ensure the timely completion, reconciliation, and submission of federal reports. The agency will be returning the federal share of all unallowed amounts as part on the CMS-64 report which is to be submitted on July 31, 2019.

**Repeat Finding:** A similar issue was reported in prior-year findings 2017-017, 2016-016, 2015-015, and 2014-010.

**Criteria:**

In accordance with 45 CFR § 75.303, a non-federal entity must establish and maintain effective internal control over a federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and the term and conditions of the federal award.

42 CFR §§ 433.10 and 433.15 established rates to be used to calculate non-administrative and administrative state match and require that the State pay part of the costs for providing and administering the Medical Assistance Program (MAP).

**Condition and Context:**

The Agency’s documented internal control policies and procedures state that quarterly comparisons of federal draws to expenditures are completed and variances are researched, ensuring that state matching funds are adequate and meet the required non-federal portion. During discussions between ALA and Agency staff, the Agency disclosed that quarterly comparisons were not prepared in fiscal year 2018. As a result, ALA concluded that the Agency’s documented internal control policies and procedures were not implemented or effective.

Because the Agency did not prepare any quarterly comparisons to identify and research variances, ALA reviewed all 12 monthly funding reports for 2018 and compared the information to the reported match on the four quarterly reports to determine if the required state match for fiscal year 2018 was adequate. ALA review revealed that the Agency did not meet the required match by $47,343,219.

**Statistically Valid Sample:**

Not a statistically valid sample

**Questioned Costs:**

$47,343,219

**Cause:**

The Agency did not adhere to its documented internal control policies and procedures by preparing the quarterly comparisons.

**Effect:**

State match was not met, limiting the Agency’s ability to effectively manage the grant.

**Recommendation:**

ALA staff recommend the Agency adhere to its established internal control policies and procedures over matching to ensure appropriate state match.
**State of Arkansas**  
**Summary Schedule of Prior Audit Findings**  
**For the Year Ended June 30, 2019**

<table>
<thead>
<tr>
<th><strong>2018 Prior Year Finding Number:</strong></th>
<th>2018-015 (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State/Educational Agency(s):</strong></td>
<td>Arkansas Department of Human Services</td>
</tr>
<tr>
<td><strong>Pass-Through Entity:</strong></td>
<td>Not Applicable</td>
</tr>
<tr>
<td><strong>CFDA Number(s) and Program Title(s):</strong></td>
<td>93.778 – Medical Assistance Program (Medicaid Cluster)</td>
</tr>
<tr>
<td><strong>Federal Awarding Agency:</strong></td>
<td>U.S. Department of Health and Human Services</td>
</tr>
<tr>
<td><strong>Federal Award Number(s):</strong></td>
<td>05-1705AR5MAP; 05-1805AR5MAP; 05-1705AR5ADM; 05-1805AR5ADM; 05-1705ARINCT; 05-1805ARINCT; 05-1705ARIMPL; 05-1805ARIMPL</td>
</tr>
<tr>
<td><strong>Federal Award Year(s):</strong></td>
<td>2017 and 2018</td>
</tr>
<tr>
<td><strong>Compliance Requirement(s) Affected:</strong></td>
<td>Matching, Level of Effort, Earmarking</td>
</tr>
<tr>
<td><strong>Type of Finding:</strong></td>
<td>Noncompliance and Material Weakness</td>
</tr>
</tbody>
</table>

**Views of Responsible Officials and Planned Corrective Action:**

DHS concurs with and disputes, in part, this finding. The Agency has submitted a reconciliation to Arkansas Legislative Audit that shows a variance of less than 1%. The CMS-21 and CMS-64 reports contained prior-period adjustments that correct previous quarters but do not impact actual non-federal draws. The Agency must calculate a non-federal share on any item that is reported on the reports. The Agency believes the finding that it did not meet the required match by $47,343,219 is not accurate.

DHS concurs that timely reconciliations of CMS-21 and CMS-64 filings have not been completed. The Agency has developed internal controls to ensure reports are accurate and timely filed and has procured a contract with a company to develop a process and perform reconciliations for the CMS-64 and CMS-21 reports beginning with the December 31, 2018, filings.

**Anticipated Completion Date:** 06/30/19

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**Additional Comments from the Auditor:**

As stated in the finding, the Agency was unable to provide any supporting documentation for the reported match. The Agency’s response states it provided ALA a reconciliation showing a variance of less than 1%. The Agency provided ALA the reconciliation on February 26, 2019, **10 weeks after the end of fieldwork (December 14, 2018)**. As a result, ALA has not reviewed the accuracy or completeness of the reconciliation as it relates to this finding. The reconciliation will be reviewed during ALA’s required follow-up procedures during the 2019 Single Audit that will begin in July 2019.
**2018 Prior Year Finding Number:** 2018-016

**State/Educational Agency(s):** Arkansas Department of Human Services

**Pass-Through Entity:** Not Applicable

**CFDA Number(s) and Program Title(s):** 93.778 – Medical Assistance Program (Medicaid Cluster)

**Federal Awarding Agency:** U.S. Department of Health and Human Services

**Federal Award Number(s):** 05-1705AR5MAP; 05-1805AR5MAP

**Federal Award Year(s):** 2017 and 2018

**Compliance Requirement(s) Affected:** Period of Performance

**Type of Finding:** Noncompliance and Material Weakness

**Auditee reported status as of June 30, 2019:** Partially corrected, DHS has updated its process for approving claims with potential timely filing issues and has trained staff on the approval process. The agency updated the MMIS to deny claims submitted outside of the timely filing deadline and performs a monthly review of all claims billed in excess of 365 days of the date of service to ensure their validity. Personnel authorized to approve claims suspended for timely filing is limited to the DMS Director and DMS Deputy Director. The agency is conducting internal monitoring to confirm that these procedures are being followed.

**Repeat Finding:**
A similar issue was reported in prior-year finding 2017-011.

**Criteria:**
In accordance with 45 CFR § 75.303, a non-federal entity must establish and maintain effective internal control over a federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations, and the term and conditions of the federal award.

2 CFR § 200.62 defines internal control over compliance as a process implemented by a non-federal entity designed to ensure achievement of the objectives of a federal award to include the following:

1) Transactions are properly recorded and accounted for to:
   a) Permit the preparation of reliable financial statements and reports.
   b) Maintain accountability over assets.
   c) Demonstrate compliance with federal statutes, regulations, and the terms and conditions of the federal award.

2) Transactions are executed in compliance with:
   a) Federal statutes, regulations, and the terms and conditions of the award.
   b) Federal statutes and regulations identified in the compliance supplement.
   c) Funds, property, and other assets are safeguarded against loss.

3) Funds, property, and other assets are safeguarded against loss from unauthorized use or disposition.

Additionally, 42 CFR § 447.45(d) requires the Medicaid Agency to require providers to submit all claims no later than 12 months from the date of service. For claims also paid under Medicare (crossover claims), the provider must submit the Medicaid claim for the same service within six months after the Agency or the provider receives notice of the disposition of the Medicare claim. The Agency may make payments at any time in accordance with a court order; to carry out hearing decisions or Agency corrective actions taken to resolve a dispute; or to extend the benefits of a hearing decision, corrective action, or court order to others in the same situation as those directly affected by it.

Per Section 302.400 of the Arkansas Medicaid provider manuals, retroactive eligibility does not constitute an exception to the timely filing requirement. If an administrative action delays an eligibility determination, the provider must submit the claims within the 12-month filing deadline. If the claim is denied for recipient ineligibility, the provider may resubmit the claim after eligibility is determined. The provider manual lists specific instructions for filing claims when recipient eligibility has not been determined.
2018 Prior Year Finding Number: 2018-016 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1705AR5MAP; 05-1805AR5MAP
Federal Award Year(s): 2017 and 2018
Compliance Requirement(s) Affected: Period of Performance
Type of Finding: Noncompliance and Material Weakness

Condition and Context:
During the state fiscal year 2016 audit, the Agency notified ALA that the Agency was temporarily removing the timely filing edits from the Medicaid Management Information System (MMIS) during state fiscal year 2017. Documentation provided to ALA revealed that CMS had denied the Agency’s request for a waiver from the timely filing regulations. In response to a prior-year finding, the Agency provided documentation that the timely filing edits were reinstated effective July 1, 2017.

However, ALA discovered that, at the time the edits were reinstated, the Agency updated the “method of correction” for the timely filing edits to instruct Agency and DXC staff to force claims for payment if the claims were filed during the time the edits were turned off and met criteria established during that time period (i.e., date of service after October 1, 2013).

Also, while performing follow-up procedures for prior-year findings, Agency staff discovered that the logic for the new MMIS, which was implemented on November 1, 2017, was changed (as requested by DMS) to bypass the timely filing edit if a recipient’s eligibility add date was within one year from the date of service. This change is in direct conflict with the federal code noted above (42 CFR § 447.45(d)) and Section 302.400 of the Arkansas Medicaid provider manual and caused the timely filing edit to be ineffective for some claims.

Additionally, ALA performed testing to determine the effectiveness of the timely filing edits. For this testing, ALA obtained claims data for all claims payments made during state fiscal year 2018 through a direct data download established with the Agency. From these data, ALA identified all claims that failed to meet the timely filing requirement and separated them into two separate populations for review. To determine if claims were allowable, ALA requested documentation of previously filed claims, in accordance with section 302.400 of the provider manual, or documentation of a court order, hearing decision, or corrective action, in accordance with 42 CFR § 447.45, for the identified claims for each population.

Medicare Crossover Claims Without Medicare Paid Date: ALA identified 4,343 Medicare crossover claims without Medicare paid dates, totaling $181,179, that did not meet the timely filing requirement. ALA selected a sample of 60 claims for testing. Testing revealed 26 claims totaling $683 were paid in violation of federal regulations for timely filing requirements. The federal portion of known questioned costs totaled $429 for the Medical Assistance Program (MAP). Likely questioned costs were calculated and totaled $38,797, which is above the $25,000 threshold requiring the issue to be reported.

Regular Timely Filing Claims: ALA identified 3,735 claims, including Medicare Crossover claims, with Medicare paid dates, totaling $1,807,206, that did not meet the timely filing requirement. ALA selected a sample of 60 claims for testing. Testing revealed 56 claims totaling $16,992 were paid in violation of federal regulations for timely filing requirements. The federal portion of known questioned costs totaled $11,992 for the MAP. Likely questioned costs were calculated and totaled $1,244,284, which is above the $25,000 threshold requiring the issue to be reported.

Statistically Valid Sample:
Not a statistically valid sample

Questioned Costs:
$12,421

(Known questioned costs greater than $25,000 are required to be reported. The auditor must also report known questioned costs when likely questioned costs are greater than $25,000.)
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-016 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program
(Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1705AR5MAP; 05-1805AR5MAP
Federal Award Year(s): 2017 and 2018
Compliance Requirement(s) Affected: Period of Performance
Type of Finding: Noncompliance and Material Weakness

Cause:
Prior-year finding 2017-011 revealed the Agency removed the timely filing requirement edits in the MMIS Legacy System. To correct this issue, the Agency reinstated the edits effective July 1, 2017; however, when the edits were reinstated, the Agency also changed the “method of correction” in the Claims Resolution Manual to instruct Agency and DXC staff to force the claims for payment if the claims were filed during the time period the edits were removed. This change caused the edit to be ineffective for these claims.

Additionally, the Agency instructed DXC to change the logic in the timely filing edits for the new MMIS Interchange system to use the date the eligibility segment was added to determine if the claims were filed timely, for claims that did not meet the timely filing requirements based on the date of service. This change is in direct conflict with both the federal regulations governing the timely filing requirement and with the Agency’s Arkansas Medicaid Provider Manual and allowed the Agency to turn the timely filing edit back on but continue to bypass the rules set by the federal regulations.

Effect:
Failure to develop, implement, and follow documented internal controls limits the Agency’s ability to manage grants and track expenditures effectively.

Recommendation:
ALA staff recommend the Agency promptly correct the logic in the MMIS Interchange system to properly determine compliance with timely filing regulations and to develop and implement internal controls over claims payments in MMIS to ensure consistency and accuracy. The Agency should allow existing internal controls that are operating effectively to remain in place. The Agency should establish a process to manually review the claims that MMIS rejects due to timely filing requirements. ALA also recommends the Agency institute a review system to ensure that management understands the potential impact of all system logic changes made by the vendor to the MMIS Interchange System.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with this finding. DHS has submitted a corrective action plan to CMS detailing the corrective action taken to address timely filing issues. The Agency updated the MMIS to deny claims submitted outside of the timely filing deadline and performs a monthly review of all claims billed in excess of 365 days of the date of service to ensure their validity. Additionally, the Agency holds a bi-weekly meeting in which all MMIS system edits are reviewed and discussed with the MMIS vendor and the Office of Medicaid Inspector General. The Agency will continue to work with the MMIS contractor to prioritize system changes that could potentially impact the timely filing process. The Agency has limited personnel authorized to approve claims suspended for timely filing to the DMS Director and DMS Deputy Director and will develop training materials addressing timely filing and the approval process.

Anticipated Completion Date: 06/30/19

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State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program
(Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1705AR5MAP; 05-1805AR5MAP;
05-1705ARINCT; 05-1805ARINCT
Federal Award Year(s): 2017 and 2018
Compliance Requirement(s) Affected: Procurement and Suspension and Debarment
Type of Finding: Noncompliance and Material Weakness

Auditee reported status as of June 30, 2019: Partially corrected, DHS has adjusted its method of payment to reappropriation costs for the system. The federal share for all unallowed amounts has been returned. Office of Procurement and financial staff have been trained on statutory guidelines related to contract thresholds and legislative review. The agency is conducting internal monitoring to ensure compliance with the new allocation process and state procurement law.

Repeat Finding: Not applicable

Criteria:
In accordance with 45 CFR § 75.327(a), a non-federal entity must use its own documented procurement procedures that reflect applicable state regulations, provided that the procurements conform to applicable federal law.

In addition, 45 CFR § 75.413 defines direct costs as those costs that can be identified specifically with a particular final cost objective, such as a federal award, or other internally or externally funded activity or that can be directly assigned to such activities relatively easily and with a high degree of accuracy.

Finally, 45 CFR § 75.405(d) states that if a cost benefits two or more projects or activities, the cost must be allocated to the projects based on the proportional benefit.

Condition and Context:
ALA’s review of contracts revealed two instances of noncompliance.

Contracts are governed by Ark. Code Ann. §§ 19-11-1001 – 19-11-1014. Ark. Code Ann. § 19-11-1006(a)(1) provides that contracts be presented to specific legislative committees if the total initial amount or the total projected amount of the contract is at least $50,000. First, ALA review revealed that the Agency issued payments for travel expenses that were not included in a contract agreement, even though the travel was necessary for the vendor’s fulfillment of its contract obligation. The contract for professional services totaled $49,999, and the vendor received the full payment. In addition, two warrants, totaling $9,531, were issued to the vendor for reimbursement of travel expenses. Expenditure documentation obtained from the Agency revealed that the travel was directly related to the fulfillment of the contract. Because these payments were split, the contract did not exceed the $50,000 threshold that would have required additional oversight by the Legislature. Additionally, Ark. Code Ann. § 19-11-1006(f) states that it is a violation of state procurement laws for an Agency to procure services in an incremental or split purchase.

Second, ALA staff discovered that contract expenditures, totaling $725,961, for the Agency’s cost allocation system were paid using 100% Medicaid funds. The Agency’s cost allocation system is designed to allocate costs to various Agency divisions and federal programs and is not used solely for Medicaid or Division of Medical Services (DMS) purposes. The contract expenditures for the cost allocation system should have been allocated across other divisions and programs.

Statistically Valid Sample:
Not a statistically valid sample

Questioned Costs:
Travel issue: $59,530 (federal portion is $29,765)
Cost allocation issue: $725,961 (federal portion is $362,981)
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-017 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program
(Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1705AR5MAP; 05-1805AR5MAP;
05-1705ARINCT; 05-1805ARINCT
Federal Award Year(s): 2017 and 2018
Compliance Requirement(s) Affected: Procurement and Suspension and Debarment
Type of Finding: Noncompliance and Material Weakness

Cause:
The Agency misinterpreted Arkansas Code and also failed to adhere to appropriate federal regulations regarding allocation of costs when the cost benefits two or more projects.

Effect:
The Agency did not receive appropriate oversight regarding the contract, as it would have exceeded the $50,000 threshold. In addition, because the cost allocation system benefits more that the Medicaid program, only a portion of the costs should have been paid with Medicaid funds.

Recommendation:
ALA staff recommend the Agency adhere to applicable state and federal procurement laws. ALA staff further recommend that the Agency ensure all costs are allocated to the proper federal programs to ensure proper reporting and expenditure records.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with the finding. The Agency will follow all statutorily required contract thresholds as related to procurement method and legislative review, including any and all travel expenses or "other items of costs contemplated to be paid." While Medicaid and divisions supported by Medicaid funding received the greatest portion of the benefit from the new cost allocation system, DHS has adjusted its method of payment to reapportion the costs of the system. Invoices for dates of service from October 1 through December 31, 2018, were spread among divisions and offices. The vendor, Public Consulting Group (PCG), and the Agency discussed at the January on-site meeting potential ways to allocate CAP/AlloCAP™ invoices related to the system. PCG is currently reviewing outcomes of both a head count allocation and an amount per benefitting program allocation and will provide the Agency additional information. The Agency will then implement the updated, recommended method of allocation across the Agency.

Anticipated Completion Date: 06/30/19

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State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-018
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1705AR5MAP; 05-1805AR5MAP; 05-1705ARINCT; 05-1805ARINCT
Federal Award Year(s): 2017 and 2018
Compliance Requirement(s) Affected: Procurement and Suspension and Debarment
Type of Finding: Material Weakness

Auditee reported status as of June 30, 2019: Partially corrected; The agency has developed and implemented a process for completion of provider eligibility reviews. The agency is conducting internal monitoring reviews to ensure reviews are being completed timely.

Repeat Finding:
A similar issue was reported in prior-year findings 2017-019, 2016-027, and 2015-024.

Criteria:
In accordance with 45 CFR § 75.303, the non-federal entity must establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the award in compliance with federal statutes, regulations, and the terms and conditions of the award.

In addition, 42 CFR § 455.436(c)(2) requires the state Medicaid agency to check the List of Excluded Individuals and Entities (LEIE) maintained by the U.S. Office of Inspector General and Excluded Parties List System (EPLS) maintained by the General Services Administration (GSA) no less frequently than monthly because, as stated in 2 CFR § 180.415(a), if a participant in the Medicaid Program is excluded by a federal agency after entering into covered transactions, the Agency should decide whether to terminate and the type of termination action, if any, only after a thorough review to ensure that the action is proper.

Condition and Context:
According to DMS staff, DXC is contracted to ensure that enrolled providers in the Medicaid Program are not suspended, debarred, or otherwise excluded from participating in the Medicaid Program. The contractor accomplishes this verification process by working with LexisNexis to perform monthly checks against various federal databases, such as EPLS and the LEIE. DXC is contracted to provide an electronic copy of the reports, generated by LexisNexis, to the Agency on the third Friday of every month. These reports identify providers who have been flagged by one of the exclusion databases. DMS staff are then responsible for determining whether an identified provider remains eligible to participate in the Medicaid Program.

ALA staff requested LexisNexis reports and documentation of the Agency’s review of these reports for the months of July 2017, October 2017, January 2018, and May 2018 to ensure reports were received and reviewed timely. ALA review revealed that the Agency failed to perform the reviews each month as indicated in its control policies and procedures as follows:

- DMS review of the July 2017 match report was performed in September 2017, two months late.
- DMS review of the October 2017 match report was performed in January 2018, three months late.
- The January 2018 and May 2018 match reports were not reviewed by DMS until August 2018, seven and three months late, respectively.

Statistically Valid Sample:
Not a statistically valid sample

Questioned Costs:
None
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-018 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1705AR5MAP; 05-1805AR5MAP; 05-1705ARINCT; 05-1805ARINCT
Federal Award Year(s): 2017 and 2018
Compliance Requirement(s) Affected: Procurement and Suspension and Debarment
Type of Finding: Material Weakness

Cause:
As in previous years, DXC failed to complete the review of the LexisNexis reports and gather relevant documentation for DMS. This failure by DXC to fulfill contract deliverables should be considered a breach of contract and has caused the Agency’s review process to be slow and incomplete.

In February 2018, DMS staff began requesting the reports directly from LexisNexis, which is a deviation from the Agency’s established and documented controls. This is a failure by DMS to follow the established internal control and a failure by DXC to fulfill contract deliverables on suspension and debarment reviews.

Effect:
Failure to review the monthly reports could result in continued enrollment of providers who have been excluded from participation in the Medicaid Program.

Recommendation:
ALA staff recommend the Agency adhere to its established internal control procedures regarding suspension and debarment to ensure that enrolled providers in the Arkansas Medicaid Program are not excluded from participation.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with the finding. The Agency will develop a process for performing and expediting provider eligibility reviews and will manage the review process through a Sharepoint site or another product of comparable functionality.

Anticipated Completion Date: 06/30/19

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State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-019
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program
               (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1705AR5MAP; 05-1805AR5MAP
Federal Award Year(s): 2017 and 2018
Compliance Requirement(s) Affected: Reporting
Type of Finding: Noncompliance and Material Weakness

Auditee reported status as of June 30, 2019: Partially corrected; DHS electronically transferred funds to active
providers with an EFT agreement and reissued checks to active providers with no EFT agreement. The agency will
return federal funds via the CMS-64 report for stale-dated checks submitted to inactive providers. The report will be
submitted on July 31, 2019.

Repeat Finding:
Not applicable

Criteria:
In accordance with 42 CFR § 433.40(c), checks that are uncashed beyond a 180-day period are no longer considered
an allowable expenditure. At the end of each quarter, the State is required to identify these checks and must refund
the federal portion of the original expenditure by adjusting the Quarterly Statement of Expenditures (CMS-64 report)
for that quarter.

Condition and Context:
While performing testing of reported expenditures, ALA noted that no checks considered “stale dated” (uncashed after
180 days) had been reported since the new MMIS Interchange system was implemented. Further review revealed 376
stale dated checks totaling $295,127 had not been reported during state fiscal year 2018. The federal portion of this
total is $209,046.

Statistically Valid Sample:
Not a statistically valid sample

Questioned Costs:
$209,046

Cause:
During testing of the new MMIS Interchange system, the Agency’s vendor noted an issue in processing check status
for checks issued under the old MMIS. Once the new MMIS was implemented, the vendor did not initially run the stale
date process due to concerns regarding the process’ effect on checks issued in the old system. The vendor then failed
to research and correct issues regarding this process and failed to identify checks that remained uncashed more than
180 days past the issue date.

Effect:
The Agency failed to report $295,127 in stale dated checks and failed to refund the federal portion of those checks.

Recommended:
ALA staff recommend the Agency establish appropriate procedures to ensure that checks that are not cashed more
than 180 days after the issue date are identified and properly reported on the quarterly CMS-64 report.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with this finding. With the implementation of the DXC Interchange, DHS, through its Division of Medical
Services (DMS), instituted a requirement for electronic transfers of Medicaid monies to providers. This requirement
has been implemented over the year following the implementation of Interchange. As such, the process of stale checks
will not be an issue in coming fiscal years.
2018 Prior Year Finding Number: 2018-019 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1705AR5MAP; 05-1805AR5MAP
Federal Award Year(s): 2017 and 2018
Compliance Requirement(s) Affected: Reporting
Type of Finding: Noncompliance and Material Weakness

Views of Responsible Officials and Planned Corrective Action (Continued):
Because of the implementation of the requirement for electronic transfer of funds (EFT), the report that DMS had used to determine stale dated checks was not continued from Legacy to Interchange. The Agency requested DXC to research the outstanding checks that were in the Interchange system. The following were determined:
- Active providers with an EFT Agreement 112
- Active providers with no EFT Agreement 357
- Inactive providers 71
- Checks Returned by Providers 81

The Agency and DXC will take the following actions:
- EFT with the February 22, 2019, payment cycle to active providers with an EFT agreement.
- Re-issued check with the February 22, 2019, payment cycle to active providers with no EFT agreement.
- Inactive providers and checks returned by providers will be considered stale dated and federal funds returned on the March 31, 2019, CMS-64.

Additionally, at the end of each quarter, the Agency will request a report from DXC to verify that no checks are in the stale date range.

Anticipated Completion Date: 4/30/19
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State of Arkansas  
Summary Schedule of Prior Audit Findings  
For the Year Ended June 30, 2019  

2018 Prior Year Finding Number: 2018-020  
State/Educational Agency(s): Arkansas Department of Human Services  
Pass-Through Entity: Not Applicable  
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)  
Federal Awarding Agency: U.S. Department of Health and Human Services  
Federal Award Number(s): 05-1705AR5MAP; 05-1805AR5MAP  
Federal Award Year(s): 2017 and 2018  
Compliance Requirement(s) Affected: Special Tests and Provisions – Provider Eligibility  
Type of Finding: Material Noncompliance and Material Weakness  

Auditee reported status as of June 30, 2019: Partially corrected; DHS has developed and implement procedures for completion of provider site visits, criminal background checks, and revalidations. The agency is conducting internal monitoring to confirm compliance with new procedures and federal regulations.

Repeat Finding:  
A similar issue was reported in prior-year finding 2017-012.

Criteria:  
According to section 140.000, Provider Participation, any provider of health services must be enrolled in the Arkansas Medicaid Program prior to reimbursement for any services provided to Arkansas Medicaid beneficiaries. Enrollment is considered complete when a provider has signed and submitted the following forms:

- Application.
- W-9 tax form.
- Medicaid provider contract.
- PCP agreement, if applicable.
- EPSDT agreement, if applicable.
- Change in ownership control or conviction of crime form.
- Disclosure of significant business transactions form.
- Specific license or certification based on provider type and specialty, if applicable.
- Participation in the Medicare program, if applicable.

42 CFR § 455.414 (effective March 25, 2011, with an extended deadline of September 25, 2016, for full compliance) states that the State Medicaid Agency must revalidate the enrollment of all providers at least every five years. Revalidation includes a new application; satisfactory completion of screening activities; and if applicable, fee payment. Screening activities vary depending on the risk category of the provider as follows:

- The limited-risk category includes database checks.
- The moderate-risk category includes those required for limited plus site visits.
- The high-risk category includes those required for limited and moderate plus fingerprint background checks.
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-020 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program
(Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1705AR5MAP; 05-1805AR5MAP
Federal Award Year(s): 2017 and 2018
Compliance Requirement(s) Affected: Special Tests and Provisions – Provider Eligibility
Type of Finding: Material Noncompliance and Material Weakness

Condition and Context:
ALA staff reviewed 60 paid providers to ensure sufficient, appropriate evidence was provided to support the
determination of eligibility, including compliance with revalidation requirements. ALA review revealed deficiencies with
40 of the provider files as follows:

- Five high-risk and 10 moderate-risk providers did not comply with the additional screening requirements.
- One moderate-risk provider did not submit a license that covered the complete time of enrollment during fiscal year 2018.
- Two moderate-risk and 17 limited-risk providers did not have a new application on file.
- One moderate-risk and nine limited-risk providers did not have disclosure forms on file.
- Eight limited-risk providers did not submit a new application by the September 25, 2016, extended
deadline. As result, payments made to those providers for dates of service between September 26, 2016,
and their actual application date will be considered questioned costs.
- One limited-risk provider did not have a W-9 form.

Statistically Valid Sample:
Not a statistically valid sample

Questioned Costs:
$3,572,108

Cause:
Although the Agency has designed internal control procedures to review recipient files to ensure sufficient, appropriate
evidence is provided to support the Agency’s determination of eligibility, certain areas still require continued
communication to and training of the appropriate Agency personnel.

Specifically, the Agency should ensure that adequate procedures are in place to ensure compliance with the federal
requirement related to the revalidation of providers. Based on testing results, most deficiencies were related to either
the revalidation itself or the additional screening requirements, which are due upon revalidation. There was no
documentation provided of any site visits or fingerprint background checks performed.

Effect:
Claims payments to ineligible providers were processed and paid.

Recommendation:
ALA staff recommend the Agency strengthen controls to ensure required enrollment documentation is maintained to
support provider eligibility.
2018 Prior Year Finding Number: 2018-020 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1705AR5MAP; 05-1805AR5MAP
Federal Award Year(s): 2017 and 2018
Compliance Requirement(s) Affected: Special Tests and Provisions – Provider Eligibility
Type of Finding: Material Noncompliance and Material Weakness

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with this finding. The Agency has submitted a corrective action plan to CMS detailing the corrective action taken to address timely filing issues. The plan, which was accepted by CMS, provides that the Agency will establish the following:
- Procedures for the provider enrollment unit’s use of MAC information, when applicable.
- Procedures for provider revalidation.
- Procedures for completion of provider site visit requirements associated with enrollment and re-validation.
- Procedures to ensure compliance with fingerprint and background check requirements.

The Agency will also maintain all provider enrollment files electronically. An anticipated completion date for this specific corrective action will be established upon the determination of available contractor resources.

Anticipated Completion Date: 6/30/19

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State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-021
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1505AR5MAP; 05-1605AR5MAP; 05-1705AR5MAP; 05-1805AR5MAP
Federal Award Year(s): 2015, 2016, 2017, and 2018
Compliance Requirement(s) Affected: Special Tests and Provisions – Claims Paid Subsequent to Recipient Death
Type of Finding: Noncompliance and Significant Deficiency

Auditee reported status as of June 30, 2019: Partially corrected; DHS has updated its internal reconciliation process to automatically recoup pharmacy and legacy system processed claims that were paid subsequent to recipient date of death. Also, the agency has updated its MMIS to populate the date of death received from its eligibility system in a date of death data field as opposed to an eligibility data field. Further, the agency is in the process of reviewing date of death data in its eligibility systems and MMIS for the purpose of identifying any additional updates that need to be made in both systems to prevent the payment of claims after a recipient’s date of death.

Repeat Finding:
A similar issue was reported in prior-year finding 2017-022.

Criteria:
It is the State's responsibility to ensure that claims are only paid for eligible Medicaid recipients and that any changes to a recipient's eligibility be updated timely. According to Section I-600 of the Medical Service Policy Manual, the Arkansas Department of Human Services (DHS) is required to act on any change that may alter eligibility within 10 days of receiving the change. One of the changes listed that could affect eligibility is death of the recipient. Additionally, Section I-610 of the manual indicates that a recipient loses eligibility upon death.

Condition and Context:
The Arkansas Department of Health provided ALA with a list of deceased individuals, which ALA used to identify individuals who had claims or capitation payments paid or adjusted in state fiscal year 2018 with dates of service after their date of death. The resulting population was split into those related to claims payments and those related to capitation payments.

ALA staff review of 60 recipients with claims paid for dates of service subsequent to the date of death revealed the following:

- Twenty-one recipients had claims paid for dates of service after their date of death. These claims had not been recouped as of fieldwork date October 26, 2018. Questioned costs totaled $1,408.
- For twenty-two recipients, the Medicaid Management Information System (MMIS) did not have a date of death recorded, or the date of death was not correct as of fieldwork date December 6, 2018.

ALA staff review of 60 recipients with capitation payments for dates of service subsequent to the date of death revealed the following:

- Forty-three recipients had capitation payments paid for dates of service after their date of death. These claims had not been recouped as of fieldwork date November 15, 2018. Questioned costs totaled $1,328, $2, $106, and $38 for state fiscal years 2018, 2017, 2016, and 2015, respectively.
- For 16 recipients, MMIS did not have a date of death recorded, or the date of death was not correct as of fieldwork date December 6, 2018.
- For seven recipients, capitation payments were paid more than six months past the date of death and ranged from 7 to 27 months.

Statistically Valid Sample:
Not a statistically valid sample
2018 Prior Year Finding Number: 2018-021 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1505AR5MAP; 05-1605AR5MAP; 05-1705AR5MAP; 05-1805AR5MAP
Federal Award Year(s): 2015, 2016, 2017, and 2018
Compliance Requirement(s) Affected: Special Tests and Provisions – Claims Paid Subsequent to Recipient Death
Type of Finding: Noncompliance and Significant Deficiency

Questioned Costs:
State Fiscal Year 2015 – $ 38
State Fiscal Year 2016 – $ 106
State Fiscal Year 2017 – $ 2
State Fiscal Year 2018 – $2,736
(Known questioned costs greater than $25,000 are required to be reported. The auditor must also report known questioned costs when likely questioned costs are greater than $25,000.)

Cause:
Although the Agency has designed internal control procedures to ensure recipient files are updated upon the death of a recipient, certain areas still require continued communication to and training of the appropriate Agency personnel.

Effect:
Claims and capitation payments were made on behalf of deceased recipients.

Recommendation:
ALA staff recommend the Agency strengthen controls to ensure recipient files are updated timely when a recipient dies so that claims for dates of service subsequent to the date of death are not paid.

Views of Responsible Officials and Planned Corrective Action:
DHS concurs with this finding. The Agency will update its MMIS to populate the date of death received from its eligibility system in a date of death data field as opposed to an eligibility data field. A daily automatic process is currently in place through which paid claims with a date of service proceeding a date of death are recouped. The Agency will also update its internal reconciliation process to automatically recoup pharmacy and legacy system processed claims that were paid subsequent to recipient date of death.

Anticipated Completion Date: 6/30/19

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State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2018 Prior Year Finding Number: 2018-022
State/Educational Agency(s): Arkansas Department of Workforce Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.558 – Temporary Assistance for Needy Families (TANF Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 1601ARTANF; 1701ARTANF; 1801ARTANF
Federal Award Year(s): 2016, 2017, and 2018
Compliance Requirement(s) Affected: Reporting
Type of Finding: Noncompliance and Significant Deficiency

Auditee reported status as of June 30, 2019:
“Corrective action was taken” – all corrective action has been taken and the finding is fully corrected.

- Although significant corrective action has been taken as described in the initial response, the final ACF-199 report will not be transmitted until November 15, 2019. Action leading up to the submission of the report is not due until November 1, 2019.
- “Key line item 17 – Receives Subsidized Childcare” is information ADWS receives from ADHS via automated file exchange. This issue has been identified and resolved as of February 2019. This was resolved by DWS-TANF IT through systems program changes.
- Beginning February 2019, a sample of this file is being extracted and manually reviewed to determine the accuracy of data. If there is any discrepancy noted like the one mentioned in the finding, the TANF IT team will coordinate with ADHS IT and/or TANF Systems Support to rectify and reprocess. Only after this manual sample review and approval are complete will the files be transmitted. This has been resolved with DWS-TANF reporting unit performing the review.
- The DHS IT vendor is also making systems changes on their side of the file generation to ensure that the child care information is complete and accurate before exchanging the file with ADWS/TANF. This check is being implemented in addition to what we have already done to resolve the issue. This will be resolved by October 15, 2019.
- A new human readable and user-friendly report of the key ACF-199 elements will be designed and developed by November 1, 2019. These reports will be available for ADWS TANF reporting and senior management for final review and sign-off. Submission of the reports will happen only after these reviews are completed.

Repeat Finding:
Not applicable

Criteria:
TANF Regulations at 45 CFR § 265.3, with program instructions at TANF-ACF-PI-2014-03, require states to submit a quarterly ACF-199, TANF Data Report, which contains disaggregated and aggregated data on families receiving TANF assistance.

Condition and Context:
The disaggregated information of the ACF-199, submitted electronically for the quarter ended September 30, 2018, did not report accurate values for key line item “#17 – Receives Subsidized Childcare.” The report reflected all families as a “3,” which is the code for “no subsidized child care received,” instead of accurately indicating those families that received child care assistance.

Statistically Valid Sample:
Not a statistically valid sample

Questioned Costs:
None
### State of Arkansas
#### Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

<table>
<thead>
<tr>
<th>2018 Prior Year Finding Number:</th>
<th>2018-022 (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State/Educational Agency(s):</td>
<td>Arkansas Department of Workforce Services</td>
</tr>
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<td>Compliance Requirement(s) Affected:</td>
<td>Reporting</td>
</tr>
<tr>
<td>Type of Finding:</td>
<td>Noncompliance and Significant Deficiency</td>
</tr>
</tbody>
</table>

**Cause:**
The erroneous reporting was caused by a lack of controls over the ACF-199 reporting process.

**Effect:**
Failure to submit accurate reports could jeopardize future awards.

**Recommendation:**
ALA staff recommend the Agency strengthen controls over the ACF-199 reporting process by formally documenting the process as well as implementing a procedure to allow for management to review and approve the data being electronically submitted to the Department of Health and Human Services.

**Views of Responsible Officials and Planned Corrective Action:**
The following action items have been implemented as part of the corrective action plan:

- "Key line item 17 – Receives Subsidized Childcare" is information ADWS receives from ADHS via automated file exchange. This issue has been identified and resolved as of February 2019.
- Beginning February 2019, a sample of this file is being extracted and manually reviewed to determine the accuracy of data. If there is any discrepancy noted like the one mentioned in the finding, the TANF IT team will coordinate with ADHS IT and/or TANF Systems Support to rectify and reprocess. Only after this manual sample review and approval are complete will the files be transmitted.
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2018 Prior Year Finding Number:  2018-022 (Continued)
State/Educational Agency(s):  Arkansas Department of Workforce Services
Pass-Through Entity:  Not Applicable
CFDA Number(s) and Program Title(s):  93.558 – Temporary Assistance for Needy Families
                                      (TANF Cluster)
Federal Awarding Agency:  U.S. Department of Health and Human Services
Federal Award Number(s):  1601ARTANF; 1701ARTANF; 1801ARTANF
Federal Award Year(s):  2016, 2017, and 2018
Compliance Requirement(s) Affected:  Reporting
Type of Finding:  Noncompliance and Significant Deficiency

Views of Responsible Officials and Planned Corrective Action (Continued):
The following action items will be implemented as part of the corrective action plan:

- A new human readable and user-friendly report of the key ACF-199 elements will be designed and
developed by November 1, 2019.
- Since the report will have thousands of records for review, an outlier report that provides trends and
aggregated percentages on these elements will be displayed for management to get a quick-read and
spot any outliers. For example, the trend report would provide the number of TANF families receiving
child care in the current quarter versus previous quarters. Any sudden dips or increases in percentages
will assist in further researching the detailed human readable report.
- These reports will be available for ADWS TANF reporting and senior management for final review and
sign-off. Submission of the reports will happen only after these reviews are completed.
- Staff assigned to work on these action items:
  o  ADWS TANF Reporting.
  o  TANF Systems Support.
  o  TANF Information Services Manager.
  o  Assistant Director – TANF.

Anticipated Completion Date: The final transmission of ACF-199 for FFY 2019 is due on November 15, 2019. The
target date for completing the action items listed above is November 1, 2019.

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### State of Arkansas
### Summary Schedule of Prior Audit Findings
### For the Year Ended June 30, 2019

<table>
<thead>
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</tr>
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<td>Federal Award Year(s):</td>
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<td>Type of Finding:</td>
<td>Noncompliance and Significant Deficiency</td>
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</tbody>
</table>

**Auditee reported status as of June 30, 2019:**

**“Partially Corrected” – some, but not all, corrective action has been taken.**

- Although corrective action has been taken as described in the initial response, after February 2019 a corrected FFY2017 ACF-204 report was submitted to the Administration for Children & Families and is pending approval by our federal program manager. As it relates to future corrective action, the procedure for internal controls has been drafted, and is ready for implementation with the upcoming transmission on November 15, 2019. It is being deliberated internally if there needs to be a formal memo to be distributed to formalize the process – considering the restructuring that the agency is going through, and any need to accommodate new stakeholders. Action items leading up to the submission of the report are not due until November 1, 2019. On target for completion, no delays expected.

- During the next report transmission, DWS will implement and utilize an internal review process that allows for the circulation and sign-off approval of documents before they are submitted for final approval by the Deputy Director and/or the Director. We have developed a form for this process: DWS-ARK-FMS-102. Beginning the next reporting period, DWS will implement the above process by requiring Financial Management, Legal, Internal Audit, and our Deputy Director – Internal Operations sign-off on this form as part of our internal controls process. On target for completion, no delays expected.

**Repeat Finding:**
Not applicable

**Criteria:**
TANF regulations at 45 CFR § 265.9 require states to submit an annual report containing information on TANF and State MOE programs. TANF-ACF-PI-2008-06 Program Instructions provide additional guidance to states on the submission of this information using Form ACF-204 and require that the sum of the MOE amounts claimed in the ACF-204 report equal the total MOE amounts claimed on the state’s 4th quarter financial reporting form ACF-196.

**Condition and Context:**
The State MOE expenditures reported on the ACF-204 report for the year ended September 30, 2017, did not match the State MOE expenditures reported on the ACF-196R for the same period. The ACF-204 erroneously reported $944,144 in federal expenditures as State MOE and failed to include $5,897,583 in state-paid administration costs reported on the ACF-196R, for a net variance of ($4,953,439) between the two reports.

**Statistically Valid Sample:**
Not a statistically valid sample

**Questioned Costs:**
None

**Cause:**
The erroneous reporting of the ACF-204 was caused by ineffectively designed controls over the ACF-204 reporting process.
State of Arkansas  
Summary Schedule of Prior Audit Findings  
For the Year Ended June 30, 2019

2018 Prior Year Finding Number:  2018-023 (Continued)  
State/Educational Agency(s):  Arkansas Department of Workforce Services  
Pass-Through Entity:  Not Applicable  
CFDA Number(s) and Program Title(s):  93.558 – Temporary Assistance for Needy Families (TANF Cluster)  
Federal Awarding Agency:  U.S. Department of Health and Human Services  
Federal Award Number(s):  1701ARTANF  
Federal Award Year(s):  2017  
Compliance Requirement(s) Affected:  Reporting  
Type of Finding:  Noncompliance and Significant Deficiency

Effect:  
If a state fails to submit this information or to document its MOE expenditures adequately, it may be subject to the applicable MOE penalties.

Recommendation:  
ALA staff recommend the Agency strengthen the controls over the ACF-204 reporting process and coordinate the efforts of the state program and fiscal staff to complete this report.

Views of Responsible Officials and Planned Corrective Action:  
The Agency recognizes the need to strengthen internal controls as a continuous improvement process.

The following action items have been implemented as part of the corrective action plan:

• This issue has been identified and resolved as of February 2019. A revised and corrected report has been submitted to the Administration for Children & Families. The report has been reviewed and is pending approval by our federal program manager.

The following action items will be implemented as part of the corrective action plan:

• Future corrective action will entail a reconciliation of the financial data with DWS Financial Management (who usually finalizes their reports at a later point in time) and resubmission of the corrected reports after our initial submission.

• DWS will implement and utilize an internal review process that allows for the circulation and sign-off approval of documents before they are submitted for final approval by the Deputy Director and/or the Director. We have developed a form for this process: DWS-ARK-FMS-102.

• Beginning the next reporting period, DWS will implement the above process by requiring that Legal, Internal Audit, and our Deputy Director – Internal Operations sign-off on this form as part of our internal controls process.

Anticipated Completion Date: The next submission of the ACF-204 is due on November 14, 2019. The target date for completing the action items listed above is November 1, 2019.

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State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2017 Prior Year Finding Number: 2017-009
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not applicable
CFDA Number(s) and Program Title(s): 93.658 – Foster Care_Title IV-E
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 1601ARFOST and 1701ARFOST
Federal Award Year(s): 2016 and 2017
Compliance Requirement(s) Affected: Reporting
Type of Finding: Noncompliance and Material Weakness

Auditee reported status as of June 30, 2019: Corrective action was taken.

Audit Status as of June 30, 2018:
Partial corrective action has been taken. See current-year finding 2018-004.

Auditee reported status as of June 30, 2018:
Corrective action was taken.

Repeat Finding:
A similar issue was reported in prior-year findings 2016-012 and 2015-012.

Condition and Context
ALA staff reviewed the Agency’s internal control procedures regarding the review and submission of the Quarterly CB-496 Foster Care financial reports. This review of all four quarters revealed that sufficient, appropriate evidence of a supervisory review (e.g., signature/email of the reviewer) could not be provided for any of the quarterly reports.

ALA staff also reviewed supporting documentation for each quarterly report. This review revealed that the Agency overstated total program expenditures for the quarter ended June 30, 2017, by $82,324 because it included expenditures associated with other federal programs: Adoption Opportunities (CFDA 93.652) and Promoting Safe and Stable Families (CFDA 93.556).

ALA review also included confirming that the quarterly financial reports were submitted timely. This review revealed the Agency had not submitted two of the four quarterly reports timely as follows:

- The September 30, 2016, report, due for submission on October 30, 2016, was submitted on February 7, 2017.
- The December 31, 2016, report, due for submission on January 31, 2017, was submitted on March 7, 2017.

Additionally, ALA reviewed the Agency’s internal control procedures regarding the monitoring of federal draws to federal expenditures. This review revealed the Agency did not reconcile expenditures to draws to ensure draws did not exceed allowable expenditures as reported on the CB-496.

Questioned Costs:
None
### 2017 Prior Year Finding Number: 2017-011

**State/Educational Agency(s):** Arkansas Department of Human Services  
**Pass-Through Entity:** Not Applicable  
**CFDA Number(s) and Program Title(s):**  
- 93.767 – Children’s Health Insurance Program  
- 93.778 – Medical Assistance Program (Medicaid Cluster)  
**Federal Awarding Agency:** U.S. Department of Health and Human Services  
**Federal Award Number(s):** 05-1505AR5MAP; 05-1605AR5MAP; 05-1605AR5021; 05-1705AR0301;  
**Federal Award Year(s):** 2016 and 2017  
**Compliance Requirement(s) Affected:** Period of Performance  
**Type of Finding:** Noncompliance and Material Weakness

**Auditee reported status as of June 30, 2019:** Corrective action was taken.

**Audit Status as of June 30, 2018:**
CMS is still requesting that the State repay questioned costs totaling $8,337,709 by adjusting the December 31, 2018, CMS-64 report. As of the end of fieldwork, the adjustment had not been made by the Agency. Corrective action has not been taken. See current-year finding 2018-016.

**Auditee reported status as of June 30, 2018:**
Corrective action was taken.  
**Repeat Finding:** Not applicable

**Condition and Context:**
During the prior audit, the Agency notified ALA that the Agency was temporarily removing the timely filing edit from the Medicaid Management Information System (MMIS) during state fiscal year 2017. Documentation provided to ALA revealed that CMS had denied the Agency’s request for a waiver from the timely filing regulations.

ALA obtained claims data for all claims payments made during state fiscal year 2017 through a direct data download established with the Agency. From the data, ALA identified all claims that failed to meet the timely filing requirement. These claims were separated into three populations for review. To determine if claims were allowable, ALA requested documentation of previously filed claims in accordance with section 302.400 of the provider manual or documentation of a court order, hearing decision, or corrective action, in accordance with 42 CFR § 447.45, for the identified claims for each population.

**Medicare Crossover Claims:** ALA identified 4,526 Medicare crossover claims totaling $585,254 that did not meet the timely filing requirement. The Agency failed to provide documentation showing compliance with federal regulations or the provider manual. Questioned costs totaled $407,864 for the Medical Assistance Program.

**Pharmacy Claims:** ALA identified 10 pharmacy claims totaling $4,857 that did not meet the timely filing requirement. Further review revealed the Agency improperly approved a manual override of the timely filing edit in the pharmacy system to allow payment of these claims. Questioned costs totaled $2,615 for the Medical Assistance Program and $1,104 for the Children’s Health Insurance Program (CHIP).

ALA also identified 205 pharmacy claims totaling $12,388 with a future claim submittal date embedded into the claim number, causing the claim number to be invalid. The Agency identified an additional 4,563 claims totaling $283,152 with invalid claim numbers due to a future claim submittal date. Questioned costs totaled $183,796 for the Medical Assistance Program and $31,807 for CHIP.

**Other Claims:** ALA identified 37,418 non-Medicare crossover claims totaling $10,902,877 that did not meet the timely filing requirement. The Agency provided documentation of claims that had been filed as required per section 302.400 for 6,808 claims; however, ALA was unable to trace this additional documentation to any specific claims included in the population. Questioned costs total $7,353,279 for the Medical Assistance Program and $357,244 for CHIP.
<table>
<thead>
<tr>
<th><strong>2017 Prior Year Finding Number:</strong></th>
<th>2017-011 (Continued)</th>
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</thead>
<tbody>
<tr>
<td><strong>State/Educational Agency(s):</strong></td>
<td>Arkansas Department of Human Services</td>
</tr>
<tr>
<td><strong>Pass-Through Entity:</strong></td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
| **CFDA Number(s) and Program Title(s):** | 93.767 – Children’s Health Insurance Program  
93.778 – Medical Assistance Program (Medicaid Cluster) |
| **Federal Awarding Agency:**       | U.S. Department of Health and Human Services |
| **Federal Award Number(s):**       | 05-1505AR5MAP; 05-1605AR5MAP; 05-1605AR5021; 05-1705AR0301; |
| **Federal Award Year(s):**         | 2016 and 2017 |
| **Compliance Requirement(s) Affected:** | Period of Performance |
| **Type of Finding:**               | Noncompliance and Material Weakness |

**Questioned Costs:**
- CFDA 93.767 – Children’s Health Insurance Program: $390,155
- CFDA 93.778 – Medical Assistance Program: $7,947,554
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2017 Prior Year Finding Number: 2017-014
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1505AR5021; 05-1505AR1081; 05-1605AR5021; 05-1705AR0301
Federal Award Year(s): 2015, 2016, and 2017
Compliance Requirement(s) Affected: Reporting
Type of Finding: Material Weakness

Audittee reported status as of June 30, 2019: Corrective action was taken.

Audit Status as of June 30, 2018:
Corrective action has not been taken. See current-year finding 2018-011.

Audittee reported status as of June 30, 2018:
Partially Corrected. The agency has completed the implementation of the automated federal reporting system called MARS. Internal controls and manuals have been completed. Staff has been trained on internal controls and manuals. Additional training by CMS remains outstanding. The agency anticipates completion of CMS training no later than October 31, 2018.

Repeat Finding:
A similar issue was reported in prior-year finding 2016-017.

Condition and Context:
The Agency has again failed to develop and document internal control procedures over the reporting compliance requirement. As a result, Agency staff continue to struggle maintaining program compliance.

Questioned Costs:
None
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2017 Prior Year Finding Number: 2017-017
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1605AR5MAP; 05-1705AR5MAP;
05-1605AR5ADM; 05-1705AR5ADM;
05-1605ARINCT; 05-1705ARINCT;
05-1605ARIMPL; 05-1705ARIMPL
Federal Award Year(s): 2016 and 2017
Compliance Requirement(s) Affected: Matching, Level of Effort, Earmarking
Type of Finding: Noncompliance and Material Weakness

Auditee reported status as of June 30, 2019: Corrective action was taken.

Audit Status as of June 30, 2018:
Corrective action has not been taken. See current-year finding 2018-015.

Auditee reported status as of June 30, 2018:
Partially Corrected. The agency has completed the implementation of the automated federal reporting system called MARS. In addition, DHS has put in place a coordinator to oversee the SEFA and that employee has a back-up in place. Internal controls and manuals have been completed. Staff has been trained on internal controls and manuals. Additional training by CMS remains outstanding. The agency anticipates completion of CMS training no later than October 31, 2018.

Repeat Finding:
A similar issue was reported in prior-year finding 2016-016.

Condition and Context:
ALA staff reviewed monthly funding reports maintained by the Agency to determine if state match was adequate for the quarters ended March 31, 2017, and June 30, 2017. ALA review revealed that the match reported to the federal awarding agency (CMS) on the CMS-64 reports did not agree with the match recorded in the Agency’s financial management system. The CMS-64 report for March 31, 2017, overstated match totaling $67,753,404, and the CMS-64 report for June 30, 2017, overstated match totaling $20,910,864. ALA staff requested documentation that would support the variances between the match reported to CMS and the actual matching expenditures in the financial records, but the Agency was unable to provide any information to ALA by the end of fieldwork. As a result, it appears the Agency did not meet the match requirement for both quarters.

Questioned Costs:
$88,664,268
State of Arkansas  
Summary Schedule of Prior Audit Findings  
For the Year Ended June 30, 2019

<table>
<thead>
<tr>
<th>2017 Prior Year Finding Number:</th>
<th>2017-019</th>
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<tbody>
<tr>
<td>State/Educational Agency(s):</td>
<td>Arkansas Department of Human Services</td>
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<tr>
<td>Pass-Through Entity:</td>
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<tr>
<td>CFDA Number(s) and Program Title(s):</td>
<td>93.778 – Medical Assistance Program (Medicaid Cluster)</td>
</tr>
<tr>
<td>Federal Awarding Agency:</td>
<td>U.S. Department of Health and Human Services</td>
</tr>
<tr>
<td>Federal Award Number(s):</td>
<td>05-1605AR5MAP; 05-1705AR5MAP; 05-1605ARINCT; 05-1705ARINCT; 05-1505ARBIPP</td>
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<tr>
<td>Federal Award Year(s):</td>
<td>2015, 2016, and 2017</td>
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<tr>
<td>Compliance Requirement(s) Affected:</td>
<td>Procurement and Suspension and Debarment</td>
</tr>
<tr>
<td>Type of Finding:</td>
<td>Material Weakness</td>
</tr>
</tbody>
</table>

**Auditee reported status as of June 30, 2019:** Partially corrected; The agency has developed and implemented a process for completion of provider eligibility reviews. The agency is conducting internal monitoring reviews to ensure reviews are being completed timely.

**Audit Status as of June 30, 2018:**
Corrective action has not been taken. See current-year finding 2018-018.

**Auditee reported status as of June 30, 2018:**
Corrective action was taken.

**Repeat Finding:**
A similar issue was reported in prior-year findings 2016-027 and 2015-024.

**Condition and Context:**
According to Division of Medical Services (DMS) staff, DXC is contracted to ensure that enrolled providers in the Medicaid Program are not suspended or debarred or otherwise excluded from participating in the Medicaid Program. The contractor accomplishes this verification process by working with LexisNexis to perform monthly checks against various federal databases, such as the EPLS and the LEIE. Each month, DXC is contracted to provide an electronic copy of the reports generated by LexisNexis to the Agency. These reports identify providers who have been flagged by one of the exclusion databases. Once the Agency receives the reports, DMS staff are responsible for determining whether an identified provider remains eligible to participate in the Medicaid Program.

ALA staff requested Agency documentation for the monthly suspension and debarment reviews performed by DMS staff to determine if the Agency was reviewing the monthly LexisNexis suspension and debarment reports to ensure the status of enrolled providers flagged by one of the exclusion databases is adequately researched. ALA review revealed that the Agency failed to perform monthly reviews from July 2016 through December 2016, as well as in June 2017, and that DXC failed to provide DMS with four monthly reports during the fiscal year.

**Questioned Costs:**
None
**State of Arkansas**  
**Summary Schedule of Prior Audit Findings**  
**For the Year Ended June 30, 2019**

<table>
<thead>
<tr>
<th>2017 Prior Year Finding Number:</th>
<th>2017-020</th>
</tr>
</thead>
<tbody>
<tr>
<td>State/Educational Agency(s):</td>
<td>Arkansas Department of Human Services</td>
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<td>Pass-Through Entity:</td>
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<tr>
<td>Federal Awarding Agency:</td>
<td>U.S. Department of Health and Human Services</td>
</tr>
<tr>
<td>Federal Award Number(s):</td>
<td>05-1605AR5MAP; 05-1705AR5MAP; 05-1605AR5ADM; 05-1705AR5ADM; 05-1605ARINCT; 05-1705ARINCT; 05-1605ARIMPL; 05-1705ARIMPL</td>
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<tr>
<td>Federal Award Year(s):</td>
<td>2016 and 2017</td>
</tr>
<tr>
<td>Compliance Requirement(s) Affected:</td>
<td>Reporting</td>
</tr>
<tr>
<td>Type of Finding(s) Affected:</td>
<td>Material Noncompliance and Material Weakness</td>
</tr>
</tbody>
</table>

**Auditee reported status as of June 30, 2019:** Corrective action was taken.

**Audit Status as of June 30, 2018:**  
Corrective action has not been taken. See current-year finding 2018-009.

**Auditee reported status as of June 30, 2018:**  
Partially Corrected. The agency has completed the implementation of the automated federal reporting system called MARS. Internal controls and manuals have been completed. Staff has been trained on internal controls and manuals. Additional training by CMS remains outstanding. The agency anticipates completion of CMS training no later than October 31, 2018.

**Repeat Finding:**  
A similar issue was reported in prior-year findings 2016-028, 2015-025, and 2014-021.

**Condition and Context:**  
ALA staff performed follow-up procedures from a prior-year finding to determine if the Agency had updated its procedure document for preparing the CMS-64 report and found it still contained outdated information for reporting administrative expenditures and did not appear complete. Documentation provided included only instructions for pulling expenditure reports from the Agency’s cost allocation system. The instructions included names of individuals who left the Agency up to three years ago.

ALA staff reviewed the Agency’s workbooks to determine if reconciliations between expenditures recorded in its financial management system and expenditures reported to the federal awarding agency were adequately reviewed and approved to ensure accuracy and completeness. Review of the reconciliations for quarter ended March 31, 2017, revealed it was not reviewed prior to certification and submission to the federal awarding agency. The workbook for this quarter also contained an error representing a “hard keyed” expenditure amount that had been carried forward from the previous quarter.

ALA staff also performed testing of expenditures reported on the CMS-64 for the quarters ended March 31, 2017, and June 30, 2017, to confirm accuracy and completeness with the expenditures recorded in Agency’s financial management system. ALA review revealed the following errors:
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2017 Prior Year Finding Number: 2017-020 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program
(Federal Awarding Agency: U.S. Department of Health and Human Services
Federal Award Number(s): 05-1605AR5MAP; 05-1705AR5MAP;
05-1605AR5ADM; 05-1705AR5ADM;
05-1605ARINCT; 05-1705ARINCT;
05-1605ARIMPL; 05-1705ARIMPL
Federal Award Year(s): 2016 and 2017
Compliance Requirement(s) Affected: Reporting
Type of Finding: Material Noncompliance and Material Weakness

Condition and Context (Continued):

From the March 31, 2017, report:

- Twenty-nine report line items totaling $1,539,392,590 and representing 91% of MAP expenditures were selected. Because of errors in the reallocation of expenditures between the Children’s Health Insurance Program (CHIP) and the Medical Assistance Program, ALA staff were unable to perform testing for 13 of the line items with expenditures totaling $416,152,201. The current-year finding regarding the reallocation for CHIP is 2017-013.
- Twelve report line items totaling $97,924,677 and representing 96% of administrative expenditures were selected. Errors were identified in 4 of the line items, resulting in an understatement totaling $616,945.

From the June 30, 2017, report:

- Thirty report line items totaling $1,434,188,118 and representing 91% of MAP expenditures were selected. Errors were identified in 9 of the line items, resulting in an overstatement totaling $2,039,166.
- Thirteen report line items totaling $117,805,082 and representing 97% of administrative expenditures were selected. Errors were identified in 4 of the line items, resulting in an overstatement totaling $409,036.

It appears that although the Agency has developed and documented internal control policies and procedures over reporting, controls are not operating effectively to ensure accurate and complete reporting.

Finally, ALA staff performed procedures to determine if the CMS-64 reports were submitted within 30 days of the end of each quarter as required. ALA review revealed all CMS-64 reports for state fiscal year 2017 had not been submitted timely as follows:

- The September 30, 2016, report, due for submission on October 30, 2016, was submitted on November 23, 2016, 24 days late.
- The December 31, 2016, report, due for submission on January 30, 2017, was submitted on February 10, 2017, 11 days late.
- The March 31, 2017, report, due for submission on April 30, 2017, was submitted on May 19, 2017, 19 days late.
- The June 30, 2017, report, due for submission on July 30, 2017, was submitted on August 11, 2017, 12 days late.

(Note: Because of numerous errors, CMS rejected the December 31, 2016, and June 30, 2017, reports so that the Agency could make necessary corrections, including prior period adjustments. Final certification of the December 31, 2016, report was on March 3, 2017, 62 days after the end of the quarter, and final certification of the June 30, 2017, report was on September 15, 2017, 77 days after the end of the quarter.

Questioned Costs: Unknown
### Summary Schedule of Prior Audit Findings

**For the Year Ended June 30, 2019**

<table>
<thead>
<tr>
<th>2016 Prior Year Finding Number:</th>
<th>2016-016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State/Educational Agency(s):</strong></td>
<td>Arkansas Department of Human Services</td>
</tr>
<tr>
<td><strong>Pass-Through Entity:</strong></td>
<td>Not Applicable</td>
</tr>
<tr>
<td><strong>CFDA Number(s) and Program Title(s):</strong></td>
<td>93.767 – Children’s Health Insurance Program 93.778 – Medical Assistance Program (Medicaid Cluster)</td>
</tr>
<tr>
<td><strong>Federal Award Number(s):</strong></td>
<td>05-1405AR5021; 05-1505AR5021; 05-1605AR5021; 05-1505AR1081 (Children’s Health Insurance Program) 05-1505AR5MAP; 05-1605AR5MAP; 05-1505AR5ADM; 05-1605AR5ADM; 05-1505ARINCT; 05-1605ARINCT; 05-1505ARIMPL; 05-1605ARIMPL (Medicaid Cluster)</td>
</tr>
<tr>
<td><strong>Federal Award Year(s):</strong></td>
<td>2014, 2015, and 2016</td>
</tr>
<tr>
<td><strong>Compliance Requirement(s) Affected:</strong></td>
<td>Matching, Level of Effort, Earmarking</td>
</tr>
<tr>
<td><strong>Type of Finding:</strong></td>
<td>Material Weakness</td>
</tr>
</tbody>
</table>

**Auditee reported status as of June 30, 2019:** Corrective action has been taken.

**Audit Status as of June 30, 2018:**
Corrective action has not been taken. See current-year finding 2018-015.

**Audit Status as of June 30, 2017:**
Corrective action has not been taken. See current year findings 2017-014.

**Auditee reported status as of June 30, 2018:**
Partially Corrected. The agency has completed the implementation of the automated federal reporting system called MARS. In addition, DHS has put in place a coordinator to oversee the SEFA and that employee has a back-up in place. Internal controls and manuals have been completed. Staff has been trained on internal controls and manuals. Additional training by CMS remains outstanding. The agency anticipates completion of CMS training no later than October 31, 2018.

**Agency reported status as of May 22, 2017:**
Procedures have been put into place to review the quarterly reports before being filed with CMS. In addition, close out reconciliations will begin for the quarter ending 6/30/17.

**Repeat Finding:**
A similar issue was reported in prior-year findings 2015-015 and 2014-010.

**Condition and Context:**
ALA staff reviewed the reporting reconciliations for two quarters to determine if the Agency was matching federal costs where appropriate.

The review of the reconciliation for the quarter ended September 30, 2015, revealed the following:

- MAP draws (revenue) exceeded expenditures totaling $19,551,093. The Agency only provided an explanation for a portion of the variance, leaving an unexplained variance totaling $9,911,672. Revenues exceeding expenditures could result in a refund to the federal awarding agency.
- CHIP draws (revenue) exceeded expenditures totaling $5,494,928. Again, the Agency only provided an explanation for a portion of the variance, leaving an unexplained variance totaling $1,258,247. Revenues exceeding expenditures could result in a refund to the federal awarding agency.
- MAP administrative expenditures exceeded draws (revenues) totaling $20,152,085. Again, the Agency only addressed a portion of the variance, leaving $6,134,237 unexplained. In this instance, because expenditures exceeded federal draws (revenues), it is possible that state revenues absorbed the federal costs.
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2016 Prior Year Finding Number: 2016-016 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Award Number(s): 05-1405AR5021; 05-1505AR5021;
05-1605AR5021; 05-1505AR1081 (Children’s Health Insurance Program)
05-1505AR5MAP; 05-1605AR5MAP;
05-1505AR5ADM; 05-1605AR5ADM;
05-1505ARINCT; 05-1605ARINCT;
05-1505ARIMPL; 05-1605ARIMPL (Medicaid Cluster)
Federal Award Year(s): 2014, 2015, and 2016
Compliance Requirement(s) Affected: Matching, Level of Effort, Earmarking
Type of Finding: Material Weakness

Condition and Context (Continued):
The review of the reconciliation for the quarter ended June 30, 2016, revealed the following:

- MAP draws (revenue) exceeded expenditures totaling $3,815,983. However, the Agency’s explanation increased the unexplained variance to $19,569,830. Revenues exceeding expenditures could result in a refund to the federal awarding agency.
- CHIP draws (revenue) exceeded expenditures totaling $30,837,792. The Agency only provided an explanation for a portion of the variance, leaving an unexplained variance totaling $5,609,700. Revenues exceeding expenditures could result in a refund to the federal awarding agency.
- MAP administrative expenditures exceeded draws (revenues) totaling $11,906,199. The Agency’s explanation resulted in a variance of revenues exceeding expenditures totaling $853,160 and could result in a refund to the federal awarding agency.

In addition, the reconciliations were reviewed to determine if they were completed timely. The September 30, 2015, reconciliation was not dated, and the June 30, 2016, reconciliation was dated 26 days after certification and submission of quarterly reports.

Questioned Costs:
Unknown
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2016 Prior Year Finding Number: 2016-017
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Award Number(s): 05-1405AR5021; 05-1505AR5021; 05-1605AR5021; 05-1505AR1081
(Children’s Health Insurance Program)
05-1505AR5MAP; 05-1605AR5MAP; 05-1505ARSADM; 05-1605ARSADM;
05-1505ARINCT; 05-1605ARINCT; 05-1505ARIMPL; 05-1605ARIMPL
(Medicaid Cluster)
Federal Award Year(s): 2015 and 2016
Compliance Requirement(s) Affected: Reporting
Type of Finding: Material Weakness

Auditee reported status as of June 30, 2019: Corrective action was taken.

Audit Status as of June 30, 2018:
Corrective action has not been taken. See current-year finding 2018-009.

Audit Status as of June 30, 2018:
Partially Corrected. The agency has completed the implementation of the automated federal reporting system called MARS. Internal controls and manuals have been completed. Staff has been trained on internal controls and manuals. Additional training by CMS remains outstanding. The agency anticipates completion of CMS training no later than October 31, 2018.

Audit Status as of June 30, 2017:
Corrective action has not been taken. See current year findings 2017-014.

Agencies reported status as of May 22, 2017:
The program personnel are now reviewing the quarterly report CMS-64 before submission.

Repeat Finding:
Not applicable

Condition and Context:
ALA staff discussions with Agency personnel revealed that internal control procedures over compliance were not developed and documented during fiscal year 2016.

Although the Agency provided ALA with the 2016 Department of Finance and Administration (DFA) risk assessment as its documented internal controls, ALA maintains that the DFA risk assessment is not designed to function as the documented internal controls over compliance of federal awards. Adequately documented internal controls over compliance must address the following five components: (1) control environment, (2) risk assessment, (3) control activities, (4) information and communication, and (5) monitoring. The DFA risk assessment does not meet these criteria.

ALA staff also reviewed documentation to determine if a supervisory-level review had been performed by grants management staff prior to the certification of the CMS-21 Base and CMS64.211U reports. ALA staff discussion with Division of Medical Services (DMS) staff revealed that the review process was informal, and as a result, documentation supporting a review could not be provided.

Questioned Costs:
None
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2016 Prior Year Finding Number: 2016-027
State/Educational Agency(s): Arkansas Department of Human Services
Pass-Through Entity: Not Applicable
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program
(Medicaid Cluster)
Federal Award Number(s): 05-1505AR5MAP; 05-1605AR5MAP; 05-1505ARINCT; 05-1605ARINCT; 05-1505ARBIPP
Federal Award Year(s): 2015 and 2016
Compliance Requirement(s) Affected: Procurement and Suspension and Debarment
Type of Finding: Material Weakness

Auditee reported status as of June 30, 2019: Partially corrected; The agency has developed and implemented a process for completion of provider eligibility reviews. The agency is conducting internal monitoring reviews to ensure reviews are being completed timely.

Audit Status as of June 30, 2018:
Corrective action has not been taken. See current-year finding 2018-018.

Auditee reported status as of June 30, 2018:
Corrective action was taken.

Audit Status as of June 30, 2017:
Corrective action has not been taken. See current year findings 2017-019.

Agency reported status as of May 22, 2017:
Ongoing. Office of Payment Integrity has begun a quarterly process of sampling claims for compliance. The results will be sent to the respective program areas for use in strengthening the program requirements and minimizing errors.

Repeat Finding:
A similar issue was reported in prior-year finding 2015-024.

Condition and Context:
According to Division of Medical Services (DMS) staff, HP Enterprises is contracted to ensure that enrolled providers in the Medicaid Program are not suspended or debarred or otherwise excluded from participating in the Medicaid Program. The contractor accomplishes this verification process by working with LexisNexis to perform monthly checks against various federal databases, such as the Excluded Parties List System (EPLS) maintained by the General Services Administration (GSA) and the List of Excluded Individuals and Entities (LEIE) maintained by the U.S. Office of Inspector General. Each month, HP provides an electronic copy of the reports generated by LexisNexis to the Agency. These reports identify providers who have been flagged by one of the exclusion databases. Once the Agency receives the reports, DMS staff are responsible for determining whether an identified provider remains eligible to participate in the Medicaid Program.

ALA staff requested Agency documentation for the monthly suspension and debarment reviews performed by DMS staff to determine if the Agency was reviewing the monthly LexisNexis suspension and debarment reports to ensure the status of enrolled providers flagged by one of the exclusion databases is adequately researched in accordance with DHS policy 1088. The review revealed that the Agency failed to perform reviews of the LexisNexis search result reports provided by HP Enterprises during the entire 2016 fiscal year. As a result, Medicaid Program providers listed as potentially excluded parties were not adequately researched to determine if they should continue to be eligible to participate in the Medicaid Program.

Questioned Costs:
None
<table>
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<tr>
<th><strong>2016 Prior Year Finding Number:</strong></th>
<th>2016-028</th>
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<tbody>
<tr>
<td><strong>State/Educational Agency(s):</strong></td>
<td>Arkansas Department of Human Services</td>
</tr>
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<td><strong>Pass-Through Entity:</strong></td>
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<td><strong>CFDA Number(s) and Program Title(s):</strong></td>
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<td><strong>Federal Award Number(s):</strong></td>
<td>05-1505AR5MAP; 05-1605AR5MAP; 05-1505ARBIPP</td>
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<td><strong>Federal Award Year(s):</strong></td>
<td>2015 and 2016</td>
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<td><strong>Compliance Requirement(s) Affected:</strong></td>
<td>Reporting</td>
</tr>
<tr>
<td><strong>Type of Finding:</strong></td>
<td>Noncompliance and Material Weakness</td>
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</table>

**Auditee reported status as of June 30, 2019:** Corrective action was taken.

**Audit Status as of June 30, 2018:**
Corrective action has not been taken. See current-year finding 2018-009.

**Auditee reported status as of June 30, 2018:**
Partially Corrected. The agency has completed the implementation of the automated federal reporting system called MARS. Internal controls and manuals have been completed. Staff has been trained on internal controls and manuals. Additional training by CMS remains outstanding. The agency anticipates completion of CMS training no later than October 31, 2018.

**Audit Status as of June 30, 2017:**
Corrective action has not been taken. See current year findings 2017-020.

**Agency reported status as of May 22, 2017:**
We have conducted an analysis. Updates are planned and will be completed in the fall of 2017 in association of the MMIS system being implemented.

**Repeat Finding:**
A similar finding was reported in prior-year findings 2015-025 and 2014-021.

**Condition and Context:**
ALA staff performed follow-up procedures from a prior-year finding to determine if the Agency had updated its procedure document for preparing the CMS-64 report and found it still contained outdated information and did not appear complete. The example cited in prior-year finding 2015-025 remains relevant for 2016 and includes an observation by ALA staff that program changes specific to the Private Option were not reflected in the procedures, and program contacts still included individuals who have terminated employment.

ALA staff also reviewed the Agency’s workbooks to determine if reconciliations between expenditures recorded in its financial management system and expenditures reported to the federal awarding agency were adequately reviewed and approved to ensure accuracy and completeness. Review of the quarter ended June 30, 2016, revealed that sufficient, appropriate evidence was not available to document adequate review and approval.

To determine if the Agency could separately identify “newly” and “oldly” enrolled individuals, ALA staff requested information regarding the assigned indicator that was designed by the Agency to separately identify “newly” and “oldly” enrolled individuals. The documentation provided revealed that the indicator was not used as designed until after June 30, 2016. As a result, “oldly” enrolled individuals were reimbursed at the 100% federal rate instead of the 70% federal rate for the entire 2016 fiscal year.

**Questioned Costs:**
Unknown
State of Arkansas  
Summary Schedule of Prior Audit Findings  
For the Year Ended June 30, 2019

<table>
<thead>
<tr>
<th>2015 Prior-Year Finding Number:</th>
<th>2015-015</th>
</tr>
</thead>
<tbody>
<tr>
<td>State/Educational Agency(s):</td>
<td>Arkansas Department of Human Services</td>
</tr>
</tbody>
</table>
| CFDA Number(s) and Program Title(s): | 93.767 – Children’s Health Insurance Program  
93.778 – Medical Assistance Program (Medicaid Cluster) |
| Federal Award Number(s):       | 05-1405AR5021; 05-1505AR5021 (Children's Health Insurance Program)  
05-1405AR5MAP; 05-1505AR5MAP; 05-1405AR5ADM; 05-1505AR5ADM; 05-1405ARINCT; 05-1505ARINCT; 05-1405ARIMPL; 05-1505ARIMPL; 05-1405ARBIPP; 05-1505ARBIPP (Medicaid Cluster) |
| Federal Award Year(s):         | 2014 and 2015 |
| Compliance Requirement(s) Affected: | Matching, Level of Effort, Earmarking |
| Type of Finding:               | Material Weakness |

**Auditee reported status as of June 30, 2019:** Corrective action was taken.

**Audit Status as of June 30, 2018:** Corrective action has not been taken. See current-year finding 2018-015.

**Auditee reported status as of June 30, 2018:** Partially Corrected. The agency has completed the implementation of the automated federal reporting system called MARS. Internal controls and manuals have been completed. Staff has been trained on internal controls and manuals. Additional training by CMS remains outstanding. The agency anticipates completion of CMS training no later than October 31, 2018.

**Audit Status as of June 30, 2017:** Corrective action has not been taken. See current year finding 2017-017.

**Agency reported status as of May 22, 2017:** See audit response 2016-016.

**Repeat Finding:** A similar issue was reported in prior-year finding 2014-010.

**Condition and Context:** ALA staff review of the reconciliations for the quarters ended December 31, 2014, and June 30, 2015, revealed errors in the comparisons, which caused a miscalculation of variances. Also, the variances identified by the Agency were not adequately addressed. In addition, the reconciliation for the quarter ended December 31, 2014, was completed 49 days after the report was originally submitted, and the reconciliation for the quarter ended June 30, 2015, was completed 13 days after the report was originally submitted.

**Questioned Costs:** Unknown
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2015 Prior-Year Finding Number: 2015-024
State/Educational Agency(s): Arkansas Department of Human Services
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program
(Medicaid Cluster)
Federal Award Number(s): 05-1405AR5MAP; 05-1505AR5MAP;
05-1405ARINCT; 05-1505ARINCT;
05-1405ARIMPL; 05-1505ARIMPL;
05-1405ARBIAPP; 05-1505ARBIAPP
Federal Award Year(s): 2014 and 2015
Compliance Requirement(s) Affected: Procurement and Suspension and Debarment
Type of Finding: Material Weakness

Auditee reported status as of June 30, 2019: Partially corrected; The agency has developed and implemented a process for completion of provider eligibility reviews. The agency is conducting internal monitoring reviews to ensure reviews are being completed timely.

Audit Status as of June 30, 2018:
Corrective action has not been taken. See current-year finding 2018-018.

Auditee reported status as of June 30, 2018:
Corrective action was taken.

Audit Status as of June 30, 2017:
Corrective action has not been taken. See current year finding 2017-019.

Agency reported status as of May 22, 2017:
See audit response 2016-027.

Repeat Finding:
Not applicable

Condition and Context:
According to Division of Medical Services (DMS) staff, HP Enterprises is contracted to ensure that enrolled providers in the Medicaid Program are not suspended or debarred or otherwise excluded from participating in the Medicaid Program. The contractor accomplishes this verification process by working with Lexis Nexis to perform monthly checks against various federal databases such as the Excluded Parties List System (EPLS) maintained by the General Services Administration (GSA) and the LEIE excluded providers list maintained by the U.S. Office of Inspector General. Each month, HP provides an electronic copy of the reports generated by Lexis Nexis to the Agency. These reports identify providers who have been flagged by one of the exclusion databases. Once the Agency receives the reports, DMS staff are responsible for determining whether or not an identified provider remains eligible to participate in the Medicaid Program.

The Agency failed to review the LexisNexis search reports provided by HP Enterprises during the entire 2015 fiscal year. Providers listed as potentially excluded parties were not identified by the Agency, and as a result, their eligibility to participate in the Medicaid program was not researched.

Questioned Costs:
None
State of Arkansas  
Summary Schedule of Prior Audit Findings  
For the Year Ended June 30, 2019  

2015 Prior-Year Finding Number: 2015-025  
State/Educational Agency(s): Arkansas Department of Human Services  
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)  
Federal Award Number(s): 05-1405AR5MAP; 05-1505AR5MAP; 05-1405AR5ADM; 05-1505AR5ADM; 05-1405ARINCT; 05-1505ARINCT; 05-1405ARIMPL; 05-1505ARIMPL; 05-1405ARBIPP; 05-1505ARBIPP  
Federal Award Year(s): 2014 and 2015  
Compliance Requirement(s) Affected: Reporting  
Type of Finding: Noncompliance and Material Weakness  

Auditee reported status as of June 30, 2019: Corrective action was taken.

Audit Status as of June 30, 2018:  
Corrective action has not been taken. See current-year finding 2018-009.

Auditee reported status as of June 30, 2018:  
Partially Corrected. The agency has completed the implementation of the automated federal reporting system called MARS. Internal controls and manuals have been completed. Staff has been trained on internal controls and manuals. Additional training by CMS remains outstanding. The agency anticipates completion of CMS training no later than October 31, 2018.

Audit Status as of June 30, 2017:  
Corrective action has not been taken. See current year finding 2017-020.

Agency reported status as of May 22, 2017:  
See audit response 2016-028.

Repeat Finding:  
A similar issue was reported in prior-year finding 2014-021.

Condition and Context:  
ALA staff reviewed the Agency’s control procedures to determine if adequate policies and procedures were in place regarding reporting requirements. The review revealed that although the Agency had documented its policies and procedures, they contained outdated information and did not appear complete. For example, ALA staff noted program changes were not reflected in the written procedures and program contacts included individuals who had terminated employment.

ALA staff also reviewed the Agency’s workbooks to determine if reconciliations between expenditures recorded in its financial management system and expenditures reported to the federal awarding agency were adequately reviewed and approved to ensure accuracy and completeness. Review of the two quarters ended March 31, 2015, and June 30, 2015, respectively, revealed sufficient, appropriate evidence was not available documenting adequate review and approval.

In addition to reviewing control procedures, ALA staff selected the two reports to determine if the Agency met federal awarding agency compliance requirements. ALA staff were unable to perform a review of the June 30, 2015, report because the report was decertified on September 9, 2015, as the Agency was unable to support its claimed expenditures. It was not known at that time when the June 30, 2015, report would be re-certified and if ALA staff would have adequate time to review it. Although the report was recertified on September 28, 2015, at the request of CMS, correspondence between the Agency and CMS indicated the Agency was still unable to support the enrollment information provided on the report. Because the enrollment information could not be relied upon, neither could the corresponding expenditures.
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

2015 Prior-Year Finding Number: 2015-025 (Continued)
State/Educational Agency(s): Arkansas Department of Human Services
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program
(Medicaid Cluster)
Federal Award Number(s): 05-1405AR5MAP; 05-1505AR5MAP;
05-1405AR5ADM; 05-1505AR5ADM;
05-1405ARINCT; 05-1505ARINCT;
05-1405ARIMPL; 05-1505ARIMPL;
05-1405ARBIPP; 05-1505ARBIPP
Federal Award Year(s): 2014 and 2015
Compliance Requirement(s) Affected: Reporting
Type of Finding: Noncompliance and Material Weakness

Condition and Context (Continued):
Additional inquiries revealed that enrollment information reported for the first three quarters of the state fiscal year was based on queries pulled from the CURAM system. According to Agency management, this information could not be obtained for the fourth quarter because the employee who had generated the queries for the first three quarters had left the Agency and his procedures were not documented. Agency attempts to duplicate the queries were unsuccessful; therefore, the Agency was unable to produce accurate and complete information for the fourth quarter.

In order to understand the process, ALA staff inquired with the Division of Medical Services (DMS). DMS indicated that only “newly” eligible individuals were placed in state aid category 06 “adult expansion.” DMS used this category to separately track “newly” eligible individual expenditures because, under the Private Option, those expenditures are 100% federally funded. All funding requests regarding “newly” eligible individuals were based on data extracted from category 06.

ALA staff also inquired with the Division of County Operations (DCO). DCO indicated it had initiated the use of a “Y” indicator within category 06 to identify “newly” eligible individuals for the Private Option because “oldly” eligible individuals were also in category 06.

According to DMS, DCO did not inform them of this practice, and neither Hewlett Packard (HP) nor DMS was using the “Y” indicator to identify “newly” eligible individuals because they believed category 06 was strictly for “newly” eligible individuals.

ALA staff review did reveal “oldly” and “newly” eligible individuals in category 06, resulting in “oldly” eligible individuals being incorrectly 100% federally funded. The appropriate federal rate for these individuals would have been 70.17% for July through September 2014 and 70.88% for October 2014 through June 2015.

Additional inquiry concerning the “Y” indicator revealed it occupied a field in MMIS previously used to track expenditures for Hurricane Katrina evacuees. The Agency indicated that this field could not be relied upon for Private Option purposes until July 1, 2015. Therefore, ALA concluded that the data in this field as of June 30, 2015, cannot be relied upon for audit purposes.

Questioned Costs:
Unknown
2014 Prior-Year Finding Number: 2014-010
State/Educational Agency(s): Arkansas Department of Human Services
CFDA Number(s) and Program Title(s): 93.767 – Children’s Health Insurance Program
93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Award Number(s): 05-1305AR5MAP; 05-1405AR5MAP; 05-1305ARADM;
05-1405ARADM; 05-1405AR502
Federal Award Year(s): 2013 and 2014
Compliance Requirement(s) Affected: Matching, Level of Effort, Earmarking
Type of Finding: Significant Deficiency

Auditee reported status as of June 30, 2019: Corrective action was taken.

Audit Status as of June 30, 2018: Corrective action has not been taken. See current-year finding 2018-015.

Auditee reported status as of June 30, 2018: Partially Corrected. The agency has completed the implementation of the automated federal reporting system called MARS. Internal controls and manuals have been completed. Staff has been trained on internal controls and manuals. Additional training by CMS remains outstanding. The agency anticipates completion of CMS training no later than October 31, 2018.

Audit Status as of June 30, 2017: Corrective action has not been taken. See current year finding 2017-017.

Agency reported status as of May 22, 2017: See audit response 2016-016.

Condition and Context: Our review of the reconciliations for the quarters ended September 30, 2013, and December 31, 2013, revealed variances identified by the Agency that were not adequately addressed. In addition, both reconciliations we reviewed were performed 12 days after the CMS-64 and CMS-21 reports were due for submission.

Questioned Costs: Unknown
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

State/Educational Agency(s): Arkansas Department of Human Services
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program (Medicaid Cluster)
Federal Award Number(s): 05-1305AR5MAP; 05-1405AR5MAP; 05-1305AR5ADM; 05-1405AR5ADM; 05-1305ARBIPP; 05-1405ARBIPP
Federal Award Year(s): 2013 and 2014
Compliance Requirement(s) Affected: Reporting
Type of Finding: Noncompliance and Material Weakness

Auditee reported status as of June 30, 2019: Corrective action was taken.

Audit Status as of June 30, 2018:
Corrective action has not been taken. See current-year finding 2018-009.

Auditee reported status as of June 30, 2018:
Partially Corrected. The agency has completed the implementation of the automated federal reporting system called MARS. Internal controls and manuals have been completed. Staff has been trained on internal controls and manuals. Additional training by CMS remains outstanding. The agency anticipates completion of CMS training no later than October 31, 2018.

Audit Status as of June 30, 2017:
Corrective action has not been taken. See current year finding 2017-020.

Agency reported status as of May 22, 2017:
See audit response 2016-028.

Condition and Context:
Our review of the Agency’s internal control processes regarding reporting for the quarters ended March 31, 2014, and June 30, 2014, revealed the following:

- The Agency did not adequately review the CMS-64 report information during its certification process to determine accuracy and completeness. Several variances were noted, but the Agency failed to review, investigate, or adequately explain them.
- The Agency failed to perform quarterly reconciliations between the reported expenditures and the expenditures recorded in its financial systems for the two quarters included in our review. Further inquiry revealed the Agency failed to perform reconciliations during the entire 2014 fiscal year.

Our compliance review included testing administrative expenditure line items greater than $1,000,000 and MAP expenditure line items greater than $10,000,000 from the March 31, 2014, and June 30, 2014, CMS-64 reports. We then traced the amounts reported to the Agency’s workbook to determine accuracy and completeness. As previously stated, the workbook is the Agency’s tool used to compile information for CMS-64 report preparation. Our review revealed the following:

- The workbook contained numerous calculation errors because incorrect expenditure amounts were entered. Errors noted caused both understatements and overstatements of expenditures on the CMS-64.
- Data had been “hard-keyed” in a formula-designated cell.
- Formulas were inaccurate and had been incorrectly altered.
- Eligible expenditures were reported, but an incorrect form was used, which resulted in the data being reported on an incorrect line of the report.
- Expenditures were understated due to formula errors created when adding Eligibility Waiver (Private Option) data into the workbook.
State of Arkansas
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2019

State/Educational Agency(s): Arkansas Department of Human Services
CFDA Number(s) and Program Title(s): 93.778 – Medical Assistance Program
(Medicaid Cluster)
Federal Award Number(s): 05-1305AR5MAP; 05-1405AR5MAP; 05-1305AR5ADM;
05-1405AR5ADM; 05-1305ARBIPP; 05-1405ARBIPP
Federal Award Year(s): 2013 and 2014
Compliance Requirement(s) Affected: Reporting
Type of Finding: Noncompliance and Material Weakness

Condition and Context (Continued):
In addition to the errors noted above, our review disclosed a cumulative unreconciled variance totaling $43,946,550 for
the year ended June 30, 2014. The federal portion of the variance is estimated to be approximately $30,806,530 based
on the regular Federal Medical Assistance Percentage (FMAP) rate. The variance is the difference between
expenditures recorded in the Agency’s financial records using its cost allocation system and the expenditures reported
to the federal awarding agency on the CMS-64.

A portion of this variance is the result of a calculation error regarding the drug rebate allocation for the Medical
Assistance Program (MAP) for the quarter ended December 31, 2013. The Agency failed to include all applicable
expenditures regarding Primary Care Case Management (PCCM) and the Tax Equity and Fiscal Responsibility Act
(TEFRA) because of a formula error in the workbook. As a result, the allocation for MAP was understated by
$10,199,414. The federal share of this understatement is $6,500,208. (Note: The Children’s Health Insurance
Program [CHIP] portion of this error is noted at finding 2014-012.

Questioned Costs:
Unknown
State of Arkansas  
Summary Schedule of Prior Audit Findings  
For the Year Ended June 30, 2019

**FINDINGS COVERING PROGRAMS AUDITED BY OTHER EXTERNAL AUDITORS**

<table>
<thead>
<tr>
<th>2018 Prior Year Finding Number:</th>
<th>2018-024</th>
</tr>
</thead>
<tbody>
<tr>
<td>State/Educational Agency(s):</td>
<td>University of Arkansas for Medical Sciences</td>
</tr>
<tr>
<td>Pass-Through Entity:</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>CFDA Number(s) and Program Title(s):</td>
<td>Various CFDA Numbers – Research and Development Cluster 93.600 – Head Start</td>
</tr>
<tr>
<td>Federal Awarding Agency:</td>
<td>Various</td>
</tr>
<tr>
<td>Federal Award Number(s):</td>
<td>Various</td>
</tr>
<tr>
<td>Federal Award Year(s):</td>
<td>July 1, 2017 to June 30, 2018</td>
</tr>
<tr>
<td>Compliance Requirement(s) Affected:</td>
<td>Cash Management</td>
</tr>
<tr>
<td>Type of Finding:</td>
<td>Material Noncompliance and Material Weakness</td>
</tr>
</tbody>
</table>

**Auditee reported status as of June 30, 2019:**
“Corrective action was taken” – all corrective action has been taken and the finding is fully corrected.

**Repeat Finding:**
Not applicable

**Criteria:**

When entities are funded on a reimbursement basis, program costs must be paid for by entity funds before reimbursement is requested from the Federal Government. Additionally, Section 200.303 of the Uniform Guidance indicates that the nonfederal entity must establish and maintain effective internal control over the federal award that provides reasonable assurance that the nonfederal entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the federal award. The Uniform Guidance also indicates that these internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” (Green Book) issued by the Comptroller General of the United States or the “Internal Control Integrated Framework” issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). The Office of Management and Budget (OMB) has clarified that the references to the Green Book and COSO were only provided as best practices and not requirements.

**Condition and Context:**
During our test work over the Research and Development Cluster and the Head Start Cluster, we selected a sample of expenditures and cash draws to verify the expenditures were paid prior to the date of the reimbursement request. For the Research and Development Cluster, we noted 12 expenditures of our sample of 25 were not paid prior to the reimbursement request. For the Head Start Cluster, we noted 7 expenditures of our sample of 25 were not paid prior to the reimbursement request.

We noted that UAMS’ internal controls over cash management included process-level controls in place that ensure invoices or personnel costs are incurred before draw requests are made. However, there were no controls to ensure that the incurred costs have also been paid before a draw request is made.

**Statistically Valid Sample:**
The sample was not intended to be, and was not, a statistically valid sample.

**Questioned Costs:**
None

**Cause:**
The review of program costs ensures costs are incurred before a draw request is made. This review does not include a determination of whether the incurred costs have also been paid to the vendor.
## State of Arkansas
### Summary Schedule of Prior Audit Findings
#### For the Year Ended June 30, 2019

**FINDINGS COVERING PROGRAMS AUDITED BY OTHER EXTERNAL AUDITORS (Continued)**

<table>
<thead>
<tr>
<th>2018 Prior Year Finding Number:</th>
<th>2018-024 (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State/Educational Agency(s):</td>
<td>University of Arkansas for Medical Sciences</td>
</tr>
<tr>
<td>Pass-Through Entity:</td>
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</tr>
<tr>
<td>CFDA Number(s) and Program Title(s):</td>
<td>Various CFDA Numbers – Research and Development Cluster 93.600 – Head Start</td>
</tr>
<tr>
<td>Federal Awarding Agency:</td>
<td>Various</td>
</tr>
<tr>
<td>Federal Award Number(s):</td>
<td>Various</td>
</tr>
<tr>
<td>Federal Award Year(s):</td>
<td>July 1, 2017 to June 30, 2018</td>
</tr>
<tr>
<td>Compliance Requirement(s) Affected:</td>
<td>Cash Management</td>
</tr>
<tr>
<td>Type of Finding:</td>
<td>Material Noncompliance and Material Weakness</td>
</tr>
</tbody>
</table>

**Effect:**
*(ALA note: An “effect” was not provided in the audit report received from KPMG.)*

**Recommendation:**
We recommend that management design and implement internal controls that will ensure that program costs are paid before a request for reimbursement is made.

**Views of Responsible Officials and Planned Corrective Action:**
We concur with this finding. Our electronic system does not identify check disbursement dates in any of the expense reports used to draw funds or issue invoices. We have engaged our IT staff to design a report that includes only those expenses that have a check issue date that is less than or equal to the date of the draw or invoice.

**Anticipated Completion Date:** 3/31/19

**Contact Person:**
Ty Stephens  
Director, Cost Accounting  
University of Arkansas for Medical Sciences  
4301 West Markham, Slot 545  
Little Rock, AR 72205  
(501) 526-7542  
stephenstyroned@uams.edu
### Findings Covering Programs Audited by Other External Auditors (Continued)

**2018 Prior Year Finding Number:** 2018-025  
**State/Educational Agency(s):** University of Arkansas for Medical Sciences  
**Pass-Through Entity:** Not Applicable  
**CFDA Number(s) and Program Title(s):** 93.600 – Head Start  
**Federal Awarding Agency:** U.S. Department of Health and Human Services  
**Federal Award Number(s):** Various  
**Federal Award Year(s):** July 1, 2017 to June 30, 2018  
**Compliance Requirement(s) Affected:** Period of Performance  
**Type of Finding:** Noncompliance and Control Deficiency

**Auditee reported status as of June 30, 2019:**

“Corrective action was taken” – all corrective action has been taken and the finding is fully corrected.

**Repeat Finding:**
Not applicable

**Criteria:**
A non-Federal entity may charge to the Federal award only allowable costs incurred during the period of performance and any costs incurred before the Federal awarding agency or pass-through entity made the Federal award that were authorized by the Federal awarding agency or pass-through entity (2 CFR § 200.309).

**Condition and Context:**
During our test work over the Head Start Cluster, we selected a sample of payroll costs to ensure the costs were only charged for allowable costs incurred during the period of performance. We noted 2 instances out of our sample of 25 where the payroll period was for a week that covered different grant periods. In both of these instances, only 7 out of 10 working days in the pay period related to the current grant period. We noted no other instances of noncompliance regarding the period of performance.

**Statistically Valid Sample:**
The sample was not intended to be, and was not, a statistically valid sample.

**Questioned Costs:**
None

**Cause:**
The allocation of payroll costs to grants is performed by week instead of by day during a cutoff period.

**Effect:**
*ALA note: An “effect” was not provided in the audit report received from KPMG.*

**Recommendation:**
We recommend that management design and implement internal controls that will ensure that payroll costs are allocated to grants in accordance with the applicable grant period.

**Views of Responsible Officials and Planned Corrective Action:**
We concur with this finding. There currently is a manual process in place to adjust expenditures to the correct period. This was overlooked for the budget period ending October 31, 2017, but has been completed each year prior to that. The manual correction has been posted. The plan is to post the correcting entry, removing all expenses from the prior budget period to a UAMS account. This has been done. The plan going forward is to add this to the internal review to ensure that no funds from a prior year are posted to a future period.

**Anticipated Completion Date:** 10/31/18
### Summary Schedule of Prior Audit Findings

#### For the Year Ended June 30, 2019

**FINDINGS COVERING PROGRAMS AUDITED BY OTHER EXTERNAL AUDITORS (Continued)**

<table>
<thead>
<tr>
<th>2018 Prior Year Finding Number:</th>
<th>2018-025 (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State/Educational Agency(s):</td>
<td>University of Arkansas for Medical Sciences</td>
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<tr>
<td>Pass-Through Entity:</td>
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<tr>
<td>CFDA Number(s) and Program Title(s):</td>
<td>93.600 – Head Start</td>
</tr>
<tr>
<td>Federal Awarding Agency:</td>
<td>U.S. Department of Health and Human Services</td>
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<td>Federal Award Number(s):</td>
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<tr>
<td>Federal Award Year(s):</td>
<td>July 1, 2017 to June 30, 2018</td>
</tr>
<tr>
<td>Compliance Requirement(s) Affected:</td>
<td>Period of Performance</td>
</tr>
<tr>
<td>Type of Finding:</td>
<td>Noncompliance and Control Deficiency</td>
</tr>
</tbody>
</table>

**Views of Responsible Officials and Planned Corrective Action (Continued):**

**Contact Person:**

Ty Stephens  
Director, Cost Accounting  
University of Arkansas for Medical Sciences  
4301 West Markham, Slot 545  
Little Rock, AR 72205  
(501) 526-7542  
stephenstyro@uams.edu
Audit Status for Unresolved Prior Audit Findings

For the Year Ended June 30, 2019
In accordance with 2 CFR § 200.514(e), the auditor must follow-up on prior audit findings by performing procedures to assess the reasonableness of the schedule. If the auditor concludes that the schedule materially misrepresents the actual status of any prior audit finding, the auditor must report a current-year finding. The audit status document begins on page 191.

<table>
<thead>
<tr>
<th>Federal Program Name</th>
<th>Page Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Nutrition Cluster</td>
<td>191</td>
</tr>
<tr>
<td>Child and Adult Care Food Program</td>
<td>191</td>
</tr>
<tr>
<td>Foster Care_Title IV-E</td>
<td>191; 197</td>
</tr>
<tr>
<td>Medicaid Cluster</td>
<td>192 - 200</td>
</tr>
<tr>
<td>Children’s Health Insurance Program</td>
<td>192 - 193; 197 - 200</td>
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<tr>
<td>TANF Cluster</td>
<td>196 - 197</td>
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<tr>
<td>Research and Development Cluster</td>
<td>201</td>
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<tr>
<td>Head Start</td>
<td>201</td>
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<td>State/Educational Agency:</td>
<td>Arkansas Department of Human Services</td>
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<td>-------------------------</td>
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</tr>
<tr>
<td>Federal Program Name:</td>
<td>Summer Food Service Program for Children (Child Nutrition Cluster)</td>
</tr>
<tr>
<td><strong>Prior Audit Finding Number:</strong></td>
<td>2018-001</td>
</tr>
<tr>
<td>Page Number (from schedule):</td>
<td>111 - 112</td>
</tr>
<tr>
<td>Federal Awarding Agency:</td>
<td>U.S. Department of Agriculture</td>
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<tr>
<td>Compliance Area Affected:</td>
<td>Reporting</td>
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<td>Status of Finding:</td>
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<table>
<thead>
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<th>State/Educational Agency:</th>
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<tr>
<td>Federal Program Name:</td>
<td>Child and Adult Care Food Program</td>
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<tr>
<td><strong>Prior Audit Finding Number:</strong></td>
<td>2018-002</td>
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<tr>
<td>Page Number (from schedule):</td>
<td>113 - 114</td>
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<td>Federal Awarding Agency:</td>
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<td>USDA-FNS has not provided a Management Decision Letter, so the status of the questioned costs is unknown.</td>
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<tr>
<td>Status of Finding:</td>
<td>Corrective action has not been taken. See current-year finding 2019-001.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>State/Educational Agency:</th>
<th>Arkansas Department of Human Services</th>
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<tbody>
<tr>
<td>Federal Program Name:</td>
<td>Child and Adult Care Food Program</td>
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<tr>
<td><strong>Prior Audit Finding Number:</strong></td>
<td>2018-003</td>
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<tr>
<td>Page Number (from schedule):</td>
<td>115 - 116</td>
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<td>Federal Awarding Agency:</td>
<td>U.S. Department of Agriculture</td>
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<tr>
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<td>Questioned Costs:</td>
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</tr>
<tr>
<td>Status of Questioned Costs:</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Status of Finding:</td>
<td>Corrected</td>
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</table>

<table>
<thead>
<tr>
<th>State/Educational Agency:</th>
<th>Arkansas Department of Human Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Program Name:</td>
<td>Foster Care_Title IV-E</td>
</tr>
<tr>
<td><strong>Prior Audit Finding Number:</strong></td>
<td>2018-004</td>
</tr>
<tr>
<td>Page Number (from schedule):</td>
<td>117 - 118</td>
</tr>
<tr>
<td>Federal Awarding Agency:</td>
<td>U.S. Department of Health and Human Services</td>
</tr>
<tr>
<td>Compliance Area Affected:</td>
<td>Cash Management</td>
</tr>
<tr>
<td>Questioned Costs:</td>
<td>None</td>
</tr>
<tr>
<td>Status of Questioned Costs:</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Status of Finding:</td>
<td>Corrected</td>
</tr>
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</table>
State of Arkansas
Audit Status for Unresolved Prior Audit Findings
For the Year Ended June 30, 2019

State/Educational Agency: Arkansas Department of Human Services
Federal Program Name: Children’s Health Insurance Program; Medicaid Cluster

**Prior Audit Finding Number: 2018-005**
Page Number (from schedule): 119 - 120
Federal Awarding Agency: U.S. Department of Health and Human Services
Compliance Area Affected: Activities Allowed or Unallowed
Questioned Costs: $146,619
Status of Questioned Costs: Outstanding
Status of Finding: Corrective action has not been taken.
The Agency’s response in the Summary Schedule of Prior Audit Findings on page 119 stated that the questioned costs would be returned on the CMS-21 report to be submitted on July 31, 2019.
As of the end of fieldwork, the questioned costs had not been returned.

State/Educational Agency: Arkansas Department of Human Services
Federal Program Name: Children’s Health Insurance Program; Medicaid Cluster

**Prior Audit Finding Number: 2018-006**
Page Number (from schedule): 121 - 122
Federal Awarding Agency: U.S. Department of Health and Human Services
Compliance Area Affected: Activities Allowed or Unallowed
Questioned Costs: $1,779
Status of Questioned Costs: Outstanding
Status of Finding: Corrective action has not been taken.
The Agency’s response in the Summary Schedule of Prior Audit Findings on page 121 stated that the questioned costs would be returned on the CMS-21 report to be submitted on July 31, 2019.
As of the end of fieldwork, the questioned costs had not been returned.

State/Educational Agency: Arkansas Department of Human Services
Federal Program Name: Children’s Health Insurance Program; Medicaid Cluster

**Prior Audit Finding Number: 2018-007**
Page Number (from schedule): 123 - 124
Federal Awarding Agency: U.S. Department of Health and Human Services
Compliance Area Affected: Activities Allowed or Unallowed – Claims Payments
Questioned Costs: CHIP - $26
Medicaid - $13,546
Status of Questioned Costs: Repayment totaling $13,572 was processed.
Status of Finding: However, corrective action has not been taken, as similar deficiencies are reported in current-year finding 2019-002.
State of Arkansas  
Audit Status for Unresolved Prior Audit Findings  
For the Year Ended June 30, 2019

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<td>Federal Program Name:</td>
<td>Children's Health Insurance Program; Medicaid Cluster</td>
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### Prior Audit Finding Number: 2018-008

- **Federal Awarding Agency:** U.S. Department of Health and Human Services  
- **Compliance Area Affected:** Activities Allowed or Unallowed – Claims Payments  
- **Questioned Costs:** Unknown  
- **Status of Questioned Costs:** Not applicable  
- **Status of Finding:** Corrected

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<tbody>
<tr>
<td>Federal Program Name:</td>
<td>Children's Health Insurance Program; Medicaid Cluster</td>
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</tbody>
</table>

### Prior Audit Finding Number: 2018-009

- **Federal Awarding Agency:** U.S. Department of Health and Human Services  
- **Compliance Area Affected:** Reporting  
- **Questioned Costs:** Unknown  
- **Status of Questioned Costs:** Not applicable  
- **Status of Finding:** Corrected

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<tr>
<td>Federal Program Name:</td>
<td>Children's Health Insurance Program</td>
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</table>

### Prior Audit Finding Number: 2018-010

- **Federal Awarding Agency:** U.S. Department of Health and Human Services  
- **Compliance Area Affected:** Activities Allowed or Unallowed  
- **Questioned Costs:** $4,920,931  
- **Status of Questioned Costs:** Outstanding  
  - Questioned costs are being reviewed by CMS.  
- **Status of Finding:** Corrected

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<tbody>
<tr>
<td>Federal Program Name:</td>
<td>Children's Health Insurance Program</td>
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</tbody>
</table>

### Prior Audit Finding Number: 2018-011

- **Federal Awarding Agency:** U.S. Department of Health and Human Services  
- **Compliance Area Affected:** Reporting  
- **Questioned Costs:** None  
- **Status of Questioned Costs:** Not applicable  
- **Status of Finding:** Corrected
State of Arkansas
Audit Status for Unresolved Prior Audit Findings
For the Year Ended June 30, 2019

State/Educational Agency: Arkansas Department of Human Services
Federal Program Name: Medicaid Cluster
Prior Audit Finding Number: 2018-012
Page Number (from schedule): 134 - 135
Federal Awarding Agency: U.S. Department of Health and Human Services
Compliance Area Affected: Activities Allowed or Unallowed – Claims Payments
Questioned Costs: $475
Status of Questioned Costs: Repayment totaling $475 was processed
Status of Finding: Corrected

State/Educational Agency: Arkansas Department of Human Services
Federal Program Name: Medicaid Cluster
Prior Audit Finding Number: 2018-013
Page Number (from schedule): 136 - 137
Federal Awarding Agency: U.S. Department of Health and Human Services
Compliance Area Affected: Activities Allowed or Unallowed – Home and Community-Based Services (ARChoices)
Questioned Costs: $2,073
Status of Questioned Costs: Repayment totaling $492 was processed. CMS is satisfied with the amount the State returned.
Status of Finding: However, corrective action has not been taken, as similar deficiencies are reported in current-year finding 2019-011.

State/Educational Agency: Arkansas Department of Human Services
Federal Program Name: Medicaid Cluster
Prior Audit Finding Number: 2018-014
Page Number (from schedule): 138 - 144
Federal Awarding Agency: U.S. Department of Health and Human Services
Compliance Area Affected: Eligibility
Questioned Costs: State Fiscal Year 2018 – $ 150,272
State Fiscal Year 2017 – $ 157,104
State Fiscal Year 2016 – $ 57,523
State Fiscal Year 2015 – $ 7,293
State Fiscal Year 2014 – $ 4,080
State Fiscal Year 2013 – $ 323
Status of Questioned Costs: Outstanding
CMS is still requesting that the State repay the questioned costs by adjusting the September 30, 2019, CMS-64 report. As of the end of fieldwork, the adjustment had not been made.
Status of Finding: Corrective action has not been taken. See current-year finding 2019-016.
<table>
<thead>
<tr>
<th>State/Educational Agency:</th>
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<tr>
<td>Federal Program Name:</td>
<td>Medicaid Cluster</td>
</tr>
<tr>
<td><strong>Prior Audit Finding Number:</strong></td>
<td><strong>2018-015</strong></td>
</tr>
<tr>
<td>Page Number (from schedule):</td>
<td>145 - 146</td>
</tr>
<tr>
<td>Federal Awarding Agency:</td>
<td>U.S. Department of Health and Human Services</td>
</tr>
<tr>
<td>Compliance Area Affected:</td>
<td>Matching, Level of Effort, Earmarking</td>
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<tr>
<td>Questioned Costs:</td>
<td>$47,343,219</td>
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<tr>
<td>Status of Questioned Costs:</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Status of Finding:</td>
<td>CMS is continuing to monitor this finding. Corrective action has not been taken. See current-year finding <strong>2019-017</strong>.</td>
</tr>
</tbody>
</table>

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<tr>
<td><strong>Prior Audit Finding Number:</strong></td>
<td><strong>2018-016</strong></td>
</tr>
<tr>
<td>Page Number (from schedule):</td>
<td>147 - 149</td>
</tr>
<tr>
<td>Federal Awarding Agency:</td>
<td>U.S. Department of Health and Human Services</td>
</tr>
<tr>
<td>Compliance Area Affected:</td>
<td>Period of Performance</td>
</tr>
<tr>
<td>Questioned Costs:</td>
<td>$12,421</td>
</tr>
<tr>
<td>Status of Questioned Costs:</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Status of Finding:</td>
<td>CMS is continuing to monitor this finding. Corrective action has not been fully implemented.</td>
</tr>
</tbody>
</table>

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<td><strong>Prior Audit Finding Number:</strong></td>
<td><strong>2018-017</strong></td>
</tr>
<tr>
<td>Page Number (from schedule):</td>
<td>150 - 151</td>
</tr>
<tr>
<td>Federal Awarding Agency:</td>
<td>U.S. Department of Health and Human Services</td>
</tr>
<tr>
<td>Compliance Area Affected:</td>
<td>Procurement and Suspension and Debarment</td>
</tr>
<tr>
<td>Questioned Costs:</td>
<td>Travel issue: $59,530 (federal portion is $29,765) Cost allocation issue: $725,961 (federal portion is $362,981)</td>
</tr>
<tr>
<td>Status of Questioned Costs:</td>
<td>A partial repayment, totaling $9,531, was processed. (Federal portion is $4,766) The remaining balance is outstanding.</td>
</tr>
<tr>
<td>Status of Finding:</td>
<td>Partial corrective action has been taken.</td>
</tr>
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</table>

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<tr>
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<tr>
<td>Federal Program Name:</td>
<td>Medicaid Cluster</td>
</tr>
<tr>
<td><strong>Prior Audit Finding Number:</strong></td>
<td><strong>2018-018</strong></td>
</tr>
<tr>
<td>Page Number (from schedule):</td>
<td>152 - 153</td>
</tr>
<tr>
<td>Federal Awarding Agency:</td>
<td>U.S. Department of Health and Human Services</td>
</tr>
<tr>
<td>Compliance Area Affected:</td>
<td>Procurement and Suspension and Debarment</td>
</tr>
<tr>
<td>Questioned Costs:</td>
<td>None</td>
</tr>
<tr>
<td>Status of Questioned Costs:</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Status of Finding:</td>
<td>Partial corrective action has been taken.</td>
</tr>
</tbody>
</table>
State/Educational Agency: Arkansas Department of Human Services
Federal Program Name: Medicaid Cluster
Prior Audit Finding Number: 2018-019
Page Number (from schedule): 154 - 155
Federal Awarding Agency: U.S. Department of Health and Human Services
Compliance Area Affected: Reporting
Questioned Costs: $209,046
Status of Questioned Costs: Repayment totaling $209,046 was processed.
Status of Finding: Although repayment has been processed, the Agency has not implemented procedures to ensure compliance for reporting stale-dated checks.

State/Educational Agency: Arkansas Department of Human Services
Federal Program Name: Medicaid Cluster
Prior Audit Finding Number: 2018-020
Page Number (from schedule): 156 - 158
Federal Awarding Agency: U.S. Department of Health and Human Services
Compliance Area Affected: Special Tests and Provisions – Provider Eligibility
Questioned Costs: $3,572,108
Status of Questioned Costs: Outstanding
CMS is reviewing the State’s corrective action plan.
Status of Finding: Corrective action has not been taken.
See current-year findings 2019-006 and 2019-007.

State/Educational Agency: Arkansas Department of Human Services
Federal Program Name: Medicaid Cluster
Prior Audit Finding Number: 2018-021
Page Number (from schedule): 159 - 160
Federal Awarding Agency: U.S. Department of Health and Human Services
Compliance Area Affected: Special Tests and Provisions – Claims Paid Subsequent to Recipient Death
Questioned Costs: State Fiscal Year 2015 – $38
State Fiscal Year 2016 – $106
State Fiscal Year 2017 – $2
State Fiscal Year 2018 – $2,736
Status of Questioned Costs: Outstanding
Status of Finding: Corrective action has not been taken.
See current-year findings 2019-019.

State/Educational Agency: Arkansas Department of Workforce Services
Federal Program Name: TANF Cluster
Prior Audit Finding Number: 2018-022
Page Number (from schedule): 161 - 163
Federal Awarding Agency: U.S. Department of Health and Human Services
Compliance Area Affected: Reporting
Questioned Costs: None
Status of Questioned Costs: Not applicable
Status of Finding: Corrected
State of Arkansas
Audit Status for Unresolved Prior Audit Findings
For the Year Ended June 30, 2019

State/Educational Agency: Arkansas Department of Workforce Services
Federal Program Name: TANF Cluster
Prior Audit Finding Number: 2018-023
Page Number (from schedule): 164 - 165
Federal Awarding Agency: U.S. Department of Health and Human Services
Compliance Area Affected: Reporting
Questioned Costs: None
Status of Questioned Costs: Not applicable
Status of Finding: Corrected

State/Educational Agency: Arkansas Department of Human Services
Federal Program Name: Foster Care_Title IV-E
Prior Audit Finding Number: 2017-009
Page Number (from schedule): 166
Federal Awarding Agency: U.S. Department of Health and Human Services
Compliance Area Affected: Reporting
Questioned Costs: None
Status of Questioned Costs: Not applicable
Status of Finding: Corrected

State/Educational Agency: Arkansas Department of Human Services
Federal Program Name: Children’s Health Insurance Program; Medicaid Cluster
Prior Audit Finding Number: 2017-011
Page Number (from schedule): 167 - 168
Federal Awarding Agency: U.S. Department of Health and Human Services
Compliance Area Affected: Period of Performance
Questioned Costs: CHIP - $390,155
Medicaid - $7,947,554
Status of Questioned Costs: Outstanding
CMS has not received any updates from the Agency on this audit finding. CMS will continue to monitor this finding.
Status of Finding: Corrective action has not been fully implemented.

State/Educational Agency: Arkansas Department of Human Services
Federal Program Name: Children’s Health Insurance Program
Prior Audit Finding Number: 2017-014
Page Number (from schedule): 169
Federal Awarding Agency: U.S. Department of Health and Human Services
Compliance Area Affected: Reporting
Questioned Costs: None
Status of Questioned Costs: Not applicable
Status of Finding: Corrected
State of Arkansas  
Audit Status for Unresolved Prior Audit Findings  
For the Year Ended June 30, 2019

State/Educational Agency: Arkansas Department of Human Services  
Federal Program Name: Medicaid Cluster  

Prior Audit Finding Number: 2017-017  
Page Number (from schedule): 170
Federal Awarding Agency: U.S. Department of Health and Human Services  
Compliance Area Affected: Matching, Level of Effort, Earmarking  
Questioned Costs: $88,664,268  
Status of Questioned Costs: Not addressed by CMS  
Status of Finding: Closed  
However, corrective action has not been taken, as similar deficiencies are reported in current-year finding 2019-017.

State/Educational Agency: Arkansas Department of Human Services  
Federal Program Name: Medicaid Cluster  

Prior Audit Finding Number: 2017-019  
Page Number (from schedule): 171
Federal Awarding Agency: U.S. Department of Health and Human Services  
Compliance Area Affected: Procurement and Suspension and Debarment  
Questioned Costs: None  
Status of Questioned Costs: Not applicable  
Status of Finding: Corrected

State/Educational Agency: Arkansas Department of Human Services  
Federal Program Name: Medicaid Cluster  

Prior Audit Finding Number: 2017-020  
Page Number (from schedule): 172 - 173
Federal Awarding Agency: U.S. Department of Health and Human Services  
Compliance Area Affected: Reporting  
Questioned Costs: Unknown  
Status of Questioned Costs: Not applicable  
Status of Finding: Closed  
However, corrective action has not been taken, as similar deficiencies are reported in current-year finding 2019-018.

State/Educational Agency: Arkansas Department of Human Services  
Federal Program Name: Children’s Health Insurance Program; Medicaid Cluster  

Prior Audit Finding Number: 2016-016  
Page Number (from schedule): 174 - 175
Federal Awarding Agency: U.S. Department of Health and Human Services  
Compliance Area Affected: Matching, Level of Effort, Earmarking  
Questioned Costs: Unknown  
Status of Questioned Costs: Not applicable  
Status of Finding: Closed  
However, corrective action has not been taken, as similar deficiencies are reported in current-year finding 2019-017.
**State of Arkansas**  
**Audit Status for Unresolved Prior Audit Findings**  
**For the Year Ended June 30, 2019**  

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<tr>
<td><strong>Prior Audit Finding Number:</strong></td>
<td><strong>2016-017</strong></td>
</tr>
<tr>
<td>Page Number (from schedule):</td>
<td>176</td>
</tr>
<tr>
<td>Federal Awarding Agency:</td>
<td>U.S. Department of Health and Human Services</td>
</tr>
<tr>
<td>Compliance Area Affected:</td>
<td>Reporting</td>
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<tr>
<td>Questioned Costs:</td>
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<tr>
<td>Status of Questioned Costs:</td>
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<tr>
<td>Status of Finding:</td>
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</tr>
<tr>
<td>However, corrective action has not been taken (Medicaid), as similar deficiencies are reported in current-year finding <strong>2019-018</strong>.</td>
<td></td>
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</tbody>
</table>

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<tbody>
<tr>
<td>Federal Program Name:</td>
<td>Medicaid Cluster</td>
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<tr>
<td><strong>Prior Audit Finding Number:</strong></td>
<td><strong>2016-027</strong></td>
</tr>
<tr>
<td>Page Number (from schedule):</td>
<td>177</td>
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<tr>
<td>Federal Awarding Agency:</td>
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</tr>
<tr>
<td>Compliance Area Affected:</td>
<td>Procurement and Suspension and Debarment</td>
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<tr>
<td>Questioned Costs:</td>
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</tr>
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<td>Status of Questioned Costs:</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Status of Finding:</td>
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<td>Medicaid Cluster</td>
</tr>
<tr>
<td><strong>Prior Audit Finding Number:</strong></td>
<td><strong>2016-028</strong></td>
</tr>
<tr>
<td>Page Number (from schedule):</td>
<td>178</td>
</tr>
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<td>Federal Awarding Agency:</td>
<td>U.S. Department of Health and Human Services</td>
</tr>
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<td>Compliance Area Affected:</td>
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<td>Questioned Costs:</td>
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</tr>
<tr>
<td>Status of Questioned Costs:</td>
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</tr>
<tr>
<td>Status of Finding:</td>
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<td>However, corrective action has not been taken, as similar deficiencies are reported in current-year finding <strong>2019-018</strong>.</td>
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</tr>
<tr>
<td><strong>Prior Audit Finding Number:</strong></td>
<td><strong>2015-015</strong></td>
</tr>
<tr>
<td>Page Number (from schedule):</td>
<td>179</td>
</tr>
<tr>
<td>Federal Awarding Agency:</td>
<td>U.S. Department of Health and Human Services</td>
</tr>
<tr>
<td>Compliance Area Affected:</td>
<td>Matching, Level of Effort, Earmarking</td>
</tr>
<tr>
<td>Questioned Costs:</td>
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</tr>
<tr>
<td>Status of Questioned Costs:</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Status of Finding:</td>
<td>Closed</td>
</tr>
<tr>
<td>However, corrective action has not been taken, as similar deficiencies are reported in current-year finding <strong>2019-017</strong>.</td>
<td></td>
</tr>
</tbody>
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State of Arkansas
Audit Status for Unresolved Prior Audit Findings
For the Year Ended June 30, 2019

State/Educational Agency: Arkansas Department of Human Services
Federal Program Name: Medicaid Cluster
Prior Audit Finding Number: 2015-024
Page Number (from schedule): 180
Federal Awarding Agency: U.S. Department of Health and Human Services
Compliance Area Affected: Procurement and Suspension and Debarment
Questioned Costs: None
Status of Questioned Costs: Not applicable
Status of Finding: Corrected

However, corrective action has not been taken, as similar deficiencies are reported in current-year finding 2019-018.

State/Educational Agency: Arkansas Department of Human Services
Federal Program Name: Medicaid Cluster
Prior Audit Finding Number: 2015-025
Page Number (from schedule): 181-182
Federal Awarding Agency: U.S. Department of Health and Human Services
Compliance Area Affected: Reporting
Questioned Costs: Unknown
Status of Questioned Costs: Not applicable
Status of Finding: Closed

However, corrective action has not been taken, as similar deficiencies are reported in current-year finding 2019-018.

State/Educational Agency: Arkansas Department of Human Services
Federal Program Name: Children’s Health Insurance Program; Medicaid Cluster
Prior Audit Finding Number: 2014-010
Page Number (from schedule): 183
Federal Awarding Agency: U.S. Department of Health and Human Services
Compliance Area Affected: Matching, Level of Effort, Earmarking
Questioned Costs: Unknown
Status of Questioned Costs: Not applicable
Status of Finding: Closed

However, corrective action has not been taken, as similar deficiencies are reported in current-year finding 2019-017.

State/Educational Agency: Arkansas Department of Human Services
Federal Program Name: Medicaid Cluster
Prior Audit Finding Number: 2014-021
Page Number (from schedule): 184-185
Federal Awarding Agency: U.S. Department of Health and Human Services
Compliance Area Affected: Reporting
Questioned Costs: Unknown
Status of Questioned Costs: Not applicable
Status of Finding: Closed

However, corrective action has not been taken, as similar deficiencies are reported in current-year finding 2019-018.
FINDINGS COVERING PROGRAMS AUDITED BY OTHER EXTERNAL AUDITORS

State/Educational Agency: University of Arkansas for Medical Sciences
Federal Program Name: Research and Development Cluster
Head Start

Prior Audit Finding Number: 2018-024
Page Number (from schedule): 186 - 187
Federal Awarding Agency: Various
Compliance Area Affected: Cash Management
Questioned Costs: None
Status of Questioned Costs: Not applicable
Status of Finding: Corrected

State/Educational Agency: University of Arkansas for Medical Sciences
Federal Program Name: Head Start

Prior Audit Finding Number: 2018-025
Page Number (from schedule): 188 - 189
Federal Awarding Agency: U.S. Department of Health and Human Services
Compliance Area Affected: Period of Performance
Questioned Costs: None
Status of Questioned Costs: Not applicable
Status of Finding: Corrected