



FLORIDA DEPARTMENT OF HEALTH
OFFICE OF INSPECTOR GENERAL

FLORIDA BREAST AND CERVICAL CANCER EARLY
DETECTION PROGRAM'S SECURITY OF CLIENTS'
PERSONALLY IDENTIFIABLE INFORMATION AND
PROTECTED HEALTH INFORMATION

Report # A-1920-003 • June 2, 2020

Purpose of this project:

Examine the Florida Breast and Cervical Cancer Early Detection Program's (Program) collection and storage of clients' Personally Identifiable Information (PII) and Protected Health Information (PHI).

What we examined:

Current processes related to the collection, disclosure, and safeguarding of clients' PII and PHI.

Summary of results:

We identified the following issues that management should address:

- Written notification for the purpose of collecting Social Security Numbers (SSN) is not always provided to individuals. Additionally, the Initiation of Services (IOS) form does not cite specific laws requiring the collection of a client's SSN.
- SSNs are not consistently collected in the regions, and the collection is generally not necessary.
- Access to clients' confidential information may not be timely terminated.
- Inconsistencies in how the Program stores clients' PII and PHI.
- Control weaknesses when sharing clients' PII and PHI.
- Forms used to provide clients Program information and collect client information vary by region.
- Outdated versions of the IOS form were provided to clients.
- The Department does not have a process in place to ensure the same information is collected from and provided to clients statewide.

Additional details follow below. Management's response to the issues noted in this report may be found in **Appendix A**.

BACKGROUND

To improve access to breast and cervical cancer screenings, the United States Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, which directed the Centers for Disease Control and Prevention (CDC) to create the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Congress passed the Breast and Cervical Cancer Prevention and Treatment Act in 2000, which allowed states to offer women diagnosed with cancer in the NBCCEDP access to treatment through Medicaid.

The Department of Health (Department, DOH) established the Program pursuant to section 381.93, Florida Statutes. The Program organizationally resides in the Bureau of Tobacco Free

Florida's Cancer Program. The Program is administered by the Department's Central Office and 17 lead county health department (CHD) regional coordinators across the state in Brevard, Broward, Duval, Escambia, Gadsden, Hillsborough, Jackson, Leon, Miami-Dade, Orange, Osceola, Pasco, Pinellas, Putnam, Sarasota, Seminole, and Volusia counties.

The Department, with the use of available federal and state funds, provides breast and cervical cancer screening, diagnosis, evaluation, treatment, follow-up and referral. Florida-resident women between 50 and 64 years of age, with a family net income less than or equal to 200% of the federally established poverty level, that are not insured or have insurance that does not cover the cost of a mammogram, clinical breast exam, or the Papanicolaou test (also called Pap smear and Pap test), are eligible to participate in the Program. This includes women with breast implants and transgender women (male to female) who have taken or are taking hormones.

Symptomatic women of any age may be eligible for a mammogram if they meet eligibility criteria. Additionally, women of any age without symptoms, who have completed treatment for breast cancer, or are between 40 and 49 years of age, are eligible based on family history. Only women age 50 and above are eligible for routine cervical cancer screening. Younger women who have completed treatment for invasive cervical cancer may also be eligible.

DETAILED RESULTS AND RECOMMENDATIONS

Our audit identified the following opportunities for the Program to improve how it collects and safeguards clients' PII and PHI.

1. *Written notification for the purpose of collecting SSNs is not always provided to individuals. Additionally, the IOS does not cite specific laws requiring the collection of a client's SSN.*

- The Florida Legislature¹ acknowledged SSNs were never intended to be used for business purposes, but also acknowledged that over time, it has been used extensively for identity verification and other legitimate consensual purposes.
- SSNs can be used to perpetrate fraud against an individual, and to acquire an individual's other sensitive personal, financial, medical, and familial information.
- Recognizing the potential financial or personal harm to an individual that could occur from the release of SSNs, Florida law limits the collection of SSNs to only when authorized by specific law, or if it is imperative for the performance of duties and responsibilities as prescribed by law.
- The Department is required² to provide written notification to each individual when their SSN is collected, citing the specific federal or state law governing the collection, use, or release of SSNs for that purpose. The Department collects SSNs under several specific federal and state laws, and may only be used for the purpose named in the written notification.
- To gain an understanding on the Department's compliance with this law, we interviewed six Program regional coordinators, and asked the business manager of all CHDs, to explain and provide documentation of how individuals are informed of the Department's purpose when a SSN is requested. We received responses from 53 CHDs, with 44 acknowledging the CHD

¹ Section 119.071(5), Florida Statutes

² Section 119.071(5)(a)2.a, and 2.b., Florida Statutes

collects SSNs. While regional coordinators have been tasked with most of the Program duties in the region, staff at other CHDs in the region may also assist in collecting client information or providing services to the clients.

- Five of the six regional coordinators we interviewed acknowledged clients in their region are not given written notification. Additionally, nine of the 44 CHDs either did not give documentation of the notification or acknowledged that clients are either informed verbally or not informed.
 - One regional coordinator and 19 of the 44 CHDs explained individuals are given the IOS. Specifically, Part V on the IOS form (Part V) is relied on to notify individuals of the Department's purpose for collecting SSNs.
- The Department's current language on Part V is a generic statement that explains pursuant to subsections 119.071(5)(a)(2.a) and 119.071(5)(a)(6), Florida Statutes, the collection is imperative for the Department's duties and responsibilities; and SSNs will be used only for identification and billing purposes. The subsections cited are related to the Department's requirements when collecting, using, and releasing SSNs. The language does not provide specific federal or state law governing the collection, use, or release of SSNs for individuals receiving specific services provided by the Department, such as Program services, vital statistics, HIV, vaccines, environmental health, etc.

"PART V COLLECTION, USE OR RELEASE OF SOCIAL SECURITY NUMBER (This notice is provided pursuant to Section 119.071(5)(a)6, Florida Statutes.) For health care programs, the Florida Department of Health may collect your social security number for identification and billing purposes, as authorized by subsections 119.071(5)(a)2.a. and 119.071(5)(a)6., Florida Statutes. By signing below, I consent to the collection, use or disclosure of my social security number for identification and billing purposes only. It will not be used for any other purpose. I understand that the collection of social security numbers by the Florida Department of Health is imperative for the performance of duties and responsibilities as prescribed by law."

We recommend Program management ensure individuals are provided a written notification citing the specific federal or state law that requires the collection, use, or release of SSNs, as required by section 119.071(5), Florida Statutes, when collecting a client's SSN is necessary.

We recommend Executive Management ensure the IOS form is updated to specifically cite the specific federal or state law governing the collection, use, or release of SSNs for each purpose for which the Department collects SSNs, including any authorized exceptions that apply to such collection, use, or release, as required by section 119.071(5)(a)2.b., Florida Statutes.

2. SSNs are not consistently collected in the regions, and the collection is generally not necessary.

- The *Florida Breast and Cervical Cancer Early Detection Program Data Manual 2018* (Manual), explains that the CDC requires specific information from all programs structured in a consistent format. The required data elements are defined as Minimum Data Elements (MDEs). The Patient Reporting Form (PRF) was created to allow the Program to collect MDEs required by the CDC for participation in the NBCCEDP. The PRF records the clients' PII including name, address, date of birth, and SSN; and PHI including weight, height, medical history, test results, and treatment.
- Title 42 CFR³ §480.1320b7(a), states, "the State shall require, as a condition of eligibility for benefits under [the Medicaid program]..., that each applicant for or recipient of benefits under that program furnish to the State his social security account number..."

³ Code of Federal Regulations

- The Manual explains a pseudo number is assigned when the client does not provide a SSN. Additionally, the *National Breast and Cervical Cancer Early Detection Program Minimum Data Elements Data Definition*, does not require SSN collection, but requests the number if a SSN is used.
- Program management reported that while forms request a SSN, a client is not required to provide a SSN to participate in the Program. Only clients with a cancer diagnosis who want to apply for Medicaid are required to provide a SSN.
- Only 1.6% of the Program's 30,313 clients that were screened in the 2018 and 2019 calendar years (combined) applied for Medicaid. SSNs collected for clients in the rest of the population were collected unnecessarily, exposing the Department and its clients to increased risk.

With the increased risk of fraud perpetrated against individuals, we recommend Program management review its collection of SSNs prior to clients with a cancer diagnosis applying for Medicaid. Additionally, we recommend forms be updated to only request SSNs when necessary.

3. Access to clients' confidential information may not be timely terminated.

- Chapter 60GG-2, Florida Administrative Code, requires the Department ensure access to information technology resources is limited to authorized users. The Department must ensure access privileges are removed when access is no longer required.
- DOHP 50-10.2-16, Information Security and Privacy Policy 2, *Acceptable Use and Confidentiality Agreement*, requires access to information technology resources be based on a documented need. The local Information Security Coordinator is required to regularly, but not less than annually, review and document access privileges of staff across all information systems to ensure access is appropriate to job responsibilities.
- DOHP 50-19-15, *Access Control of Social Security Numbers*, requires supervisors ensure the removal of access to systems storing SSNs within two working days for any user that separates from the Department or whose role no longer requires access.
- Processes for three of the 17 regions do not ensure access is timely terminated to all locations where clients' confidential information is stored. These regions terminate access within a week; at the end of the last pay period; or within 30 days of termination or resignation. While CHDs are responsible for removing user access, the Program is responsible for ensuring the security of its clients' confidential information.
- Timely termination is necessary to reduce the risk of access privileges being abused and fraudulent use of client confidential information.

We recommend Program management strengthen controls to ensure that access is removed within two working days for a user whose role no longer requires access to clients' confidential information, or who is no longer employed by the Department.

4. Inconsistencies in how the Program stores clients' PII and PHI.

- Federal and state law, along with Department policy and procedures, all assert individuals' PII and PHI are confidential and exempt from disclosure. Access to this information must be restricted and granted only to those with a documented business need.
- Central Office and the 17 regions do not use a consistent method when storing clients' PII and PHI. Methods used to store clients' PII and PHI include Excel spreadsheets, Access databases, Word documents, and web applications, all created by the regions, and the Department's Health Management System. Some regions also maintain hard copies of clients' information.
- Given the variety of methods being used to store clients' PII and PHI, and the varying levels of security over each method, user access controls and data integrity over most of these applications exposes the Department and its clients to increased risk, including fraud.

To strengthen controls, while also reducing duplicative efforts to store the information in multiple locations, we recommend Program management evaluate the potential benefits of developing one online system or at a minimum, a consistent method to securely store clients' confidential information.

5. Control weaknesses when sharing clients' PII and PHI.

- Federal and state law, along with Department policy and procedures, all assert individuals' PII and PHI are confidential and exempt from disclosure.
- Central Office, through its Manual, requires a PRF, which includes clients' PII and PHI, be completed for all initial screens, rescreens, and short-term follow-ups, and submitted to Central Office every two weeks.
- PRFs are sent to Central Office electronically by 14 regional coordinators and via mail by three regional coordinators.
- The regional coordinators provide blank Program forms to outside providers (i.e. hospitals, primary care providers, Federally Qualified Health Centers, etc.) in order to reach more potential clients. These forms requesting PII and PHI are completed by clients and/or outside providers, then submitted to the regional coordinators either electronically, by mail, or fax.
- Continuously sending PII and PHI by mail increases the risk that confidential information will be compromised. Additionally, the Department is unable to ensure security of PII and PHI when the client provides the information to an outside provider who then forwards the information electronically to the Department. It is the responsibility of Program management to periodically evaluate the processes used by outside providers to collect and transmit PII and PHI on the Program's behalf and provide guidance on expectations to help ensure the security of PII and PHI complies with Florida law.

We recommend Program management require all regions to submit PRFs electronically.

6. Forms used to provide clients Program information and collect client information vary by region.

We reviewed the forms used for Program purposes from 11 regions and determined while the forms request some of the same information, there are some inconsistencies.

- Central Office has a scope of work with each region, outlining duties and responsibilities. *The Bureau of Tobacco Free Florida Scope of Work for Breast and Cervical Cancer Early Detection Program* (SOW) requires regions to include the Department's logo and the name "Florida Breast and Cervical Cancer Early Detection Program" on all Program documents. Additionally, regional coordinators must receive Central Office's approval for education and recruitment materials content prior to purchasing or printing eligibility, enrollment, and program forms and literature.
- The SOW requires that regional coordinators keep minimum client documentation available, including:
 - A signed and dated copy of the current *Annual Applicant Agreement*.
 - A copy of the PRFs.
 - Proof the Program paid at least a portion of the initial breast or cervical cancer screening.
 - Proof patient care is ordered by a provider, either by notes, referrals, or orders.
 - A copy of all test results for which the Program paid a portion.
- Inconsistencies were noted when we compared the Eligibility Income Levels on regional forms.

Family Size	Region A ⁴	Region B	Region C ⁵
1	\$24,980	\$25,520	\$22,482 - \$24,979
2	\$33,820	\$34,480	\$30,438 - \$33,819
3	\$42,660	\$43,440	\$38,394 - \$42,659

- These inconsistencies may have resulted from a lack of formalized forms mandated to be used for all Program clients. Some of the inconsistencies may be related to the use of forms with outdated information.
- Central Office conducts monitoring visits on a periodic basis. As of April 2020, site visits have been conducted at 14 of the 17 regions since November 2015, seven of which occurred between four and five years ago.
- Program management explained the Program does not monitor how the regions collect client information. Additionally, Program management explained that the current Eligibility Income Level sliding scale fee schedule was provided to the regions but updating the levels may not be a high priority for the regional coordinators.
- Allowing regions to create and maintain unique forms to address their preferences increases the possibility that data elements collected will not be consistent, and also misinform clients. Additionally, the inclusion of the wrong Eligibility Income Levels on some of the forms may have resulted in individuals incorrectly being ruled eligible or ineligible. While Program management conduct monitoring visits, the visits are not routinely conducted, and need to include reviewing all forms completed by clients for accuracy and completion.

⁴ Region "A", "B", and "C" are used intentionally here, so as not to identify the specific region.

⁵ Region "C" listed a range on their form.

We recommend Program management formalize forms required to be completed for all clients and mandate their use through the SOW, and provide the correct Eligibility Income Levels each year. Additionally, we recommend Program management implement a routine monitoring visit schedule to ensure all regions are adequately monitored. These visits should ensure the mandated forms are being used and include current information.

7. Outdated versions of the IOS were provided to clients.

- DOHP 50-10.4-16, Information Security and Privacy Policy 4, *Data Classification and Protection*, explains all PHI contained in records relating to an individual's personal health or eligibility for health-related services held by the Department are confidential and exempt from disclosure. Patient medical information may be shared with outside entities for payment processing and operations, provided the patient has completed the IOS form.
- The current IOS required to be used is dated September 2019.
- When asked to provide a blank copy of the IOS currently being used in the region for Program clients, regional coordinators provided varying responses. One coordinator was unaware of the IOS; another coordinator only provides the IOS to clients to sign when the client comes to the regional office to complete paperwork, while those who submit paperwork electronically or by mail are not provided the IOS. A third coordinator is using an outdated IOS from November 2008.
- Of the 53 IOS forms provided by CHDs for our review, 14 were using outdated versions, dating from December 2003 through January 2017. One CHD appeared to utilize the current IOS language, but modified the format to combine two separate forms.

We recommend the Program ensure clients are provided a current, approved IOS form as required by DOHP 50-10.4-16, Information Security and Privacy Policy 4, Data Classification and Protection.

8. The Department does not have a process in place to ensure the same information is collected from and provided to clients statewide.

- The Department uses multiple forms when providing information to and collecting PII and PHI from clients. As a best practice, and in order to ensure the Department is both collecting and providing consistent information statewide, the Department needs to ensure its clients are provided accurate forms statewide.
- A survey of the Department's Executive Management Team disclosed the Department does not have a centralized process to update, approve, and distribute forms to be used statewide, a location where all current versions of forms are stored, or a monitoring process to ensure the current versions of required forms are used.
- Each unit has responsibility to address forms for their respective program, and CHDs must comply. Language should be added to forms advising that CHDs may not edit.

We recommend Executive Management develop a centralized process, assigning responsibility to specific programs, to ensure required forms that are provided to clients to collect PII and PHI are updated, current forms are stored in an area where Department staff can access them, and a monitoring process be implemented and assigned to ensure the required forms are used.

SUPPLEMENTAL INFORMATION

Section 20.055, Florida Statutes, charges the Department's Office of Inspector General with responsibility to provide a central point for coordination of activities that promote accountability, integrity, and efficiency in government.

Ashlea K. Mincy, CIGA, Senior Management Analyst II, conducted the audit under the supervision of Mark H. Boehmer, CPA, Director of Auditing.

Our methodology included reviewing United States Code; Florida Statutes; Florida Administrative Code; DOHP 50-18-15, *Collection, Disclosure, and Safeguarding of Social Security Numbers*; DOHP 50-10-16, *Information Security and Privacy Policy*; DOHP 50-19-15, *Access Control of Social Security Numbers*; FBCCEDP's *Data Manual 2018 version*; and the *National Breast and Cervical Cancer Early Detection Program's Minimum Data Elements (MDE) Data Definition*.

Additionally, we reviewed Program forms and guidance; interviewed key management and staff; and interviewed six regional coordinators.

As we were beginning fieldwork in early March 2020, travel restrictions were ordered in response to the COVID-19 Florida Public Health Emergency. Some travel had been planned to observe on-site practices by selected regional coordinators. While, in our opinion, we were able to obtain sufficient, reliable information and supporting documentation to provide a reasonable basis to conclude on the findings in this report, we may have identified additional issues related to the objectives of this audit had we made some on-site visits.

This audit was conducted in conformance with *International Standards for the Professional Practice of Internal Auditing*, issued by the Institute of Internal Auditors, as provided by Section 20.055(6)(a), *Florida Statutes*, and as recommended by Quality Standards for Audits by Offices of Inspector General (*Principles and Standards for Offices of Inspectors General*, Association of Inspectors General).

We want to thank management and staff in the Department's Bureau of Tobacco Free Florida and the participating CHDs for the information and documentation they provided, and for their cooperation throughout the project.

Copies of all final reports are available on our website at www.floridahealth.gov (search: internal audit). If you have questions or comments, please contact us by the following means:

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APPENDIX A: MANAGEMENT RESPONSE

	Recommendation	Management Response
1.1	<p><i>We recommend the Florida Breast and Cervical Cancer Early Detection Program's (Program) management ensure individuals are provided a written notification citing the specific federal or state law that requires the collection, use, or release of Social Security Numbers (SSN), as required by section 119.071(5), Florida Statutes, when collecting a client's SSN is necessary.</i></p>	<p>We concur.</p> <p>Program management will update all program documents pursuant to section 119.071(5), Florida Statutes. This includes the following: Annual Applicant Agreement (AAA), Statement of Work (SOW), Program Guidance document, Data Manual and any other related documents (new employee training and onboarding documents). In addition, Program management will provide written notification of the law to all clients enrolled in the Program and the purpose for collecting SSNs, while citing the specific laws requiring the collection of the client's SSN.</p> <p><i>Contact:</i> Towana Reddick <i>Anticipated Completion Date:</i> October 1, 2020</p>
1.2	<p><i>We recommend Executive Management ensure the Initiation of Services (IOS) form is updated to specifically cite the specific federal or state law governing the collection, use, or release of SSNs for each purpose for which the Department collects SSNs, including any authorized exceptions that apply to such collection, use, or release, as required by section 119.071(5)(a)2.b., Florida Statutes.</i></p>	<p>We concur.</p> <p>We will update the IOS form for use with this Program to explain what limited circumstances SSNs will be collected and retained by the Department.</p> <p><i>Contact:</i> Shamarial Roberson <i>Anticipated Completion Date:</i> July 31, 2020</p>
2.1	<p><i>With the increased risk of fraud perpetrated against individuals, we recommend Program management review its collection of SSNs prior to clients with a cancer diagnosis applying for Medicaid.</i></p>	<p>We concur.</p> <p>Program management reviewed its collection of SSNs and is taking the following actions: standardize all Program applications, remove the SSN requests from the Patient Reporting Form (PRF) and Program applications, as well as all other documents except for the Medicaid Application form.</p> <p>Program management will solicit feedback and input from regional sites of various population size, possibly Duval, Broward, Putnam, Hillsborough, Sarasota, Jackson and Pinellas counties.</p> <p><i>Contact:</i> Towana Reddick <i>Anticipated Completion Date:</i> December 31, 2020</p>

	Recommendation	Management Response
2.2	<p><i>Additionally, we recommend forms be updated to only request SSNs when necessary.</i></p>	<p>We concur.</p> <p>Program management reviewed its collection of SSNs and is taking the following actions: update and standardize all Program applications to only request SSNs when necessary, based on clinical results.</p> <p>Program management will update and remove SSN requests from all PRFs and all local Program applications (online and hard copy). Program management is reviewing all 17 regional site current applications and forms. This is an effort to standardize the program forms and documents across all regional sites. Program management will solicit feedback and input from regional sites of various population size, possibly Duval, Broward, Putnam, Hillsborough, Sarasota, Jackson and Pinellas counties.</p> <p>The Program will also explore opportunities to utilize unique identification numbers (IDs) from the Program's Cancer Screening and Tracking System (CaST). The Program's Data Manager will investigate options to replace the SSN designation with a different ID. The alternative ID will be evaluated with the regional coordinators to determine if this will be an effective and efficient solution for tracking the PRFs.</p> <p><i>Contact:</i> Linda Friedlander <i>Anticipated Completion Date:</i> December 31, 2020</p>
3	<p><i>We recommend Program management strengthen controls to ensure that access is removed within two working days for a user whose role no longer requires access to clients' confidential information, or who is no longer employed by the Department.</i></p>	<p>We concur.</p> <p>Program management will strengthen controls to ensure any user who is no longer employed by the Department or whose role no longer requires access to Program clients' confidential information, will be removed within two working days of the employee's termination date. Program management will direct Regional Coordinators or designee to submit the DOH Network Access Request Form (NARF) to Central Office via email and/or a FL Health Desk HR Ticket confirming that a request to terminate access has been completed. The Program Guidance document and on-boarding documents will be revised to include a copy of the NARF with all other program forms updates.</p> <p>The Program's annual site visits and monitoring documents will be revised to monitor adherence to utilizing current and standardized documents.</p> <p>Program management will seek opportunities to partner with the Office of County Health Systems to educate them on the Program and its requirements.</p> <p><i>Contact:</i> Lynn Vinson <i>Anticipated Completion Date:</i> December 31, 2020</p>

	Recommendation	Management Response
4	<p>To strengthen controls, while also reducing duplicative efforts to store the information in multiple locations, we recommend Program management evaluate the potential benefits of developing one online system or at a minimum, a consistent method to securely store clients' confidential information.</p>	<p>We concur.</p> <p>Program management will develop strategies to strengthen controls, while also reducing duplicative efforts to store Protected Health Information (PHI) and Personally Identifiable Information (PII) in multiple locations. Exploration of cost benefits of an online secure single system for regional coordinators to enter patient information will be researched. Program management will contact other programs and states that use a similar system, to compare pros and cons of their system.</p> <p>Program management will communicate with the Centers for Disease Control and Prevention's (CDC) Information Management Services to explore additional capabilities of the Program's CaST. Program management will evaluate the possibility to include a portal system that Federally Qualified Health Centers (FQHCs) can access to enter client data. In addition, management will attempt to decentralize CaST by conducting a pilot project in January 2021.</p> <p>To strengthen controls, Program management is evaluating a standardized online system/database to provide a consistent method to securely store clients' confidential information (PII and PHI) and eliminate duplication.</p> <p>Contact: Towana Reddick</p> <p>Anticipated Completion Date: October 1, 2020</p>
5	<p>We recommend Program management require all regions to submit PRFs electronically.</p>	<p>We concur.</p> <p>Program management will require all Regional Coordinators to submit all PRFs electronically. This is stated in the current draft SOW for fiscal year 2020-2021 and will be effective July 1, 2020. Program management is currently reviewing and revising the annual SOW to incorporate new guidance and processes that were identified through this audit.</p> <p>Contact: Gregg Smith</p> <p>Anticipated Completion Date: July 1, 2020</p>
6.1	<p>We recommend Program management formalize forms required to be completed for all clients and mandate their use through the SOW, and provide the correct Eligibility Income Levels each year.</p>	<p>We concur.</p> <p>Program management will create a new uniform Income Eligibility Form that includes the correct Federal Poverty Level guidelines within the forthcoming standardized Program application packet. Furthermore, this will be mandated to be utilized in all regional sites.</p> <p>In addition, Program management will update the SOW, the Program Guidance document, and any other related documents (new employee training and onboarding documents).</p> <p>This will be monitored during desk audits, site visits, and as part of Medicaid application submissions.</p> <p>Contact: Jocelyne Maurice</p> <p>Anticipated Completion Date: December 31, 2020</p>

	Recommendation	Management Response
6.2	<p><i>Additionally, we recommend Program management implement a routine monitoring visit schedule to ensure all regions are adequately monitored. These visits should ensure the mandated forms are being used and include current information.</i></p>	<p>We concur.</p> <p>Program management will revise current monitoring schedules to include site visits, desk audits, and Onboarding Desk Technical Assistance trainings. New tools will be developed with measures to ensure mandated forms are being used, as well as current information. The 17 regions will be monitored as follows: one site visit every three years, followed by two annual consecutive desk audits. Onboarding Desk Technical Assistance trainings will be conducted for all new regional coordinators followed up with a six-month desk audit or site visit.</p> <p>Program management will also ensure new staff (regional coordinators/interim) trainings include updated information, documents, timeline intervals, to include initial training via PowerPoint, on-site training/technical assistance, peer-to-peer training, and an annual face-to-face regional coordinator meeting within the first year of coming on board. Monthly Regional Coordinators conference calls will continue to be held to provide updates and obtain feedback.</p> <p><i>Contact:</i> Jocelyne Maurice <i>Anticipated Completion Date:</i> January 29, 2021</p>
7	<p><i>We recommend the Program ensure clients are provided a current, approved IOS form as required by DOHP 50-10.4-16, Information Security and Privacy Policy 4, Data Classification and Protection.</i></p>	<p>We concur.</p> <p>The IOS is a Department policy document that is shared with all county health department programs. The Program will adhere to Executive Management's recommendation and direction related to the IOS, to ensure Regional Coordinators are utilizing the most current document.</p> <p><i>Contact:</i> Lynn Vinson <i>Anticipated Completion Date:</i> January 29, 2021</p>
8	<p><i>We recommend Executive Management develop a centralized process, assigning responsibility to specific programs, to ensure required forms that are provided to clients to collect PII and PHI are updated, current forms are stored in an area where Department staff can access them, and a monitoring process be implemented and assigned to ensure the required forms are used.</i></p>	<p>We concur.</p> <p>We will instruct the programs, through their Division Directors, to take an inventory of what forms they currently use that request PII and PHI, and then ensure consistency across these forms, depending on the program and type of PII or PHI contained.</p> <p><i>Contact:</i> Shamarial Roberson <i>Anticipated Completion Date:</i> September 30, 2020</p>