

Audit Report

Maryland Department of Health

**Prevention and Health Promotion Administration
Office of Population Health Improvement
Office of Preparedness and Response
Office of Provider Engagement and Regulation**

February 2021



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DEPARTMENT OF LEGISLATIVE SERVICES
MARYLAND GENERAL ASSEMBLY**

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DEPARTMENT OF LEGISLATIVE SERVICES
OFFICE OF LEGISLATIVE AUDITS
MARYLAND GENERAL ASSEMBLY

Victoria L. Gruber
Executive Director

Gregory A. Hook, CPA
Legislative Auditor

February 23, 2021

Senator Clarence K. Lam, M.D., Senate Chair, Joint Audit and Evaluation Committee
Delegate Carol L. Krimm, House Chair, Joint Audit and Evaluation Committee
Members of Joint Audit and Evaluation Committee
Annapolis, Maryland

Ladies and Gentlemen:

We have conducted a fiscal compliance audit of the Maryland Department of Health (MDH) – Prevention and Health Promotion Administration (PHPA), Office of Population Health Improvement (OPHI), Office of Preparedness and Response (OPR), and Office of Provider Engagement and Regulation (OPER). MDH reorganized the units covered by this audit effective February 2019 when MDH combined the Prescription Drug Monitoring Program (PDMP) from the Behavioral Health Administration (BHA) and the Office of Controlled Substances Administration (OCSA) (formerly Division of Drug Control under the Laboratories Administration) to create OPER. Because of this reorganization, our audit included the following units for the periods indicated:

For the period beginning August 9, 2016 and ending October 20, 2019:

Prevention and Health Promotion Administration
Office of Population Health Improvement
Office of Preparedness and Response

For the period beginning July 1, 2015 and ending October 20, 2019:

Office of Provider Engagement and Regulation – Office of Controlled Substances Administration

For the period beginning November 13, 2017 and ending October 20, 2019:

Office of Provider Engagement and Regulation – Prescription Drug Monitoring Program.

Our audit disclosed PHPA did not sufficiently monitor a State grant to the University of Maryland Medical System (UMMS) to provide operating assistance to transition the former Prince George's Hospital Center to the Capital Region Medical Center under UMMS. UMMS received \$55 million in State funding during fiscal years 2018 and 2019 under this grant.

In addition, OPER did not establish adequate controls over controlled dangerous substance permits and related check collections. OPER issued and renewed approximately 74,000 permits during the audit period and collected approximately \$8.6 million (\$1.9 million in credit card payments and \$6.7 million in checks). Finally, PHPA did not conduct timely inspections of food-processing facilities to ensure they were complying with applicable food safety laws and regulations.

Our audit included a review to determine the status of seven findings that were contained in certain preceding audit reports. Specifically, our audit included a review to determine the status of five of the seven findings contained in our preceding audit report on PHPA, OPHI, and OPR, dated April 4, 2018; one OPER finding from our MDH – Laboratories Administration audit report, dated March 25, 2016; and one OPER finding from our preceding MDH – Behavioral Health Administration audit report, dated July 9, 2019. We determined that five of these seven findings were satisfactorily addressed. The remaining two findings are repeated in this report.

MDH's response to this audit, on behalf of PHPA, OPHI, OPR, and OPER is included as an appendix to this report. We reviewed the response and noted agreement to our findings and related recommendations, and while there are other aspects of MDH's response which will require further clarification, we do not anticipate that these will require the Joint Audit and Evaluation Committee's attention to resolve.

We wish to acknowledge the cooperation extended to us during the audit by MDH and the applicable administrations and offices, and their collective willingness to address the audit issues and implement appropriate corrective actions.

Respectfully submitted,



Gregory A. Hook, CPA
Legislative Auditor

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* Denotes item repeated in full or part from preceding audit report

Background Information

Agency Responsibilities and Organizational Changes

The Prevention and Health Promotion Administration (PHPA), the Office of Population Health Improvement (OPHI), the Office of Preparedness and Response (OPR), and the newly created Office of Provider Engagement and Regulation (OPER) are units within the Maryland Department of Health (MDH).

- **PHPA** protects, promotes, and improves the health and well-being of Marylanders and their families through the provision of public health leadership and community-based public health efforts, including partnerships with local health departments, with special attention to at-risk and vulnerable populations. PHPA provides State grant funding to the local health departments for various public health initiatives related to maternal and child health, cancer and chronic disease, and environmental health and infectious disease.

Programs administered by PHPA include the Maryland AIDS Drug Assistance Program (MADAP), the Maryland AIDS Drug Assistance Program – Plus (MADAP-Plus) and the Breast and Cervical Cancer Diagnosis and Treatment Program.

- **OPHI** maintains and improves the health of Marylanders by assuring access to and quality of primary care services and school health programs, and by supporting local health systems.
- **OPR** organizes and prepares for public health and medical emergencies through statewide partnerships with public, private, and government agencies to coordinate an effective emergency response for the health and safety of all Maryland residents.
- **OPER** was created in February 2019 when MDH combined the Prescription Drug Monitoring Program (PDMP) from the Behavioral Health Administration (BHA) and the Office of Controlled Substances Administration (formerly Division of Drug Control (DDC)). OPER provides support for prescribers and dispensers to promote professional education and best practices so that Maryland patients experience optimal access, efficacy, and safety in connection with controlled substances. OPER is responsible for issuing Controlled Dangerous Substance (CDS) permits to practitioners, researchers, and establishments that administer, prescribe, dispense, distribute,

manufacture, conduct research of CDS, and for the PDMP which collects and stores information on CDS and are dispensed to patients in Maryland.

In addition to the activities of OPER, our audit also includes a review of activities of the former DDC beginning July 1, 2015 under the Laboratories Administration and the activities of PDMP beginning November 13, 2017 formerly under BHA.

According to the State's records, during fiscal year 2019, expenditures for PHPA, OPHI, OPR, and OPER totaled \$375.8 million, \$54.6 million, \$15.5 million, and \$3.6 million, respectively.

Status of Findings From Preceding Audit Reports

Our audit included a review to determine the status of five of the seven findings contained in our preceding audit report on MDH – PHPA, OPHI, and OPR, dated April 4, 2018; one OPER finding from our MDH – Laboratories Administration audit report, dated March 25, 2016; and one OPER finding from our preceding MDH – Behavioral Health Administration, dated July 9, 2019.

As disclosed in Table 1, we determined that five of these seven findings were satisfactorily addressed. The remaining two findings are repeated in this report. The status of the remaining two findings from the MDH – PHPA, OPHI, and OPR (Findings 1 and 4) report was previously determined during our separate audit of MDH – Pharmacy Services. Due to their subject matter, the status of the remaining findings from the Laboratories Administration and Behavioral Health Administration reports will be addressed during our audits of those units.

Table 1
Status of Preceding Findings

Preceding Finding	Finding Description	Implementation Status
PHPA, OPHI, and OPR		
Finding 2	PHPA did not use available independent resources to help verify applicant income for certain programs and to identify possible third-party insurance coverage.	Not repeated
Finding 3	PHPA did not adequately restrict user access to the MADAP system. In addition, PHPA did not adequately review overrides of rejected MADAP-Plus insurance premium payments.	Not Repeated
Finding 5	PHPA lacked adequate procedures and controls over MADAP collections.	Not repeated
Finding 6	Numerous PHPA employees had unnecessary access to the confidential demographic and health information of certain patients.	Not repeated
Finding 7	PHPA did not conduct timely inspections to ensure food-processing facilities were operating in accordance with State regulations	Repeated (Current Finding 3)
Laboratories Administration		
Finding 2	Controls over issuance of controlled dangerous substance permits and related collections were inadequate.	Repeated (Current Finding 2)
Behavioral Health Administration		
Finding 4	BHA did not ensure that an external third party properly safeguarded sensitive client data including protected health information and personally identifiable information.	Not repeated

Findings and Recommendations

University of Maryland Medical System Grant

Finding 1

The Prevention and Health Promotion Administration (PHPA) did not monitor a State grant to the University of Maryland Medical System (UMMS) related to the former Prince George’s Hospital Center with funding totaling \$55 million for fiscal years 2018 and 2019.

Analysis

PHPA did not monitor a State grant to UMMS to provide operating assistance in the transition of the former Prince George’s Hospital Center to the Capital Region Medical Center¹ under UMMS. State law required UMMS to receive State funding during fiscal years 2018 through 2028, with funding totaling \$55 million for fiscal years 2018 and 2019. PHPA established a grant agreement that required UMMS to submit quarterly drawdown requests, and to provide an annual itemized statement of expenditures showing how funds were expended within 60 days of the end of the fiscal year.

Our review disclosed that PHPA did not obtain the annual itemized statement of expenditures from UMMS for fiscal years 2018 and 2019, as required by the grant agreement. After OLA brought this issue to PHPA’s attention in February 2020, PHPA advised us that it requested the 2018 and 2019 itemized expenditure information from UMMS. In addition, PHPA withheld \$3.8 million of fiscal year 2020 funds until the fiscal year 2020 support was provided in August 2020. However, as of November 2020, PHPA had still not obtained the 2018 and 2019 itemized expenditures.

Recommendation 1

We recommend that PHPA

- a. obtain and review the expenditure information from UMMS for fiscal years 2018 and 2019, as well as future years under the grant, and recover any funds which UMMS cannot document were used in accordance with the terms of the grant; and**
- b. withhold final payment each year until the required expenditure information is obtained.**

¹ The Capital Region Medical Center was formerly named the Prince George’s County Regional Medical Center.

Controlled Dangerous Substance Permits

Finding 2

The Office of Provider Engagement and Regulation (OPER) had not established adequate controls over controlled dangerous substance (CDS) permits and related collections.

Analysis

OPER had not established adequate controls over the issuance of CDS² permits and the related collections. According to the State's records, OPER issued and renewed approximately 74,000 permits during the audit period and collected approximately \$8.6 million (\$1.9 million in credit card payments and \$6.7 million in checks). OPER used a laboratory information management system to process CDS permits and deposited checks using a remote deposit system, which scans the images of checks and electronically transmits those images to the bank for deposit.

- Three users could initiate and approve a CDS permit in the laboratory information management system without supervisory review, including two that also processed related collections. CDS permits are issued to practitioners, researchers, and establishments that administer, prescribe, dispense, distribute, transport, manufacture, and conduct research of CDS. The State of Maryland *Information Technology Security Manual* requires agencies to ensure separation of duties and assigning appropriate system permissions and responsibilities for agency system users.
- Checks were not immediately recorded upon receipt and were not properly safeguarded. Our review disclosed that checks were handled by at least three employees prior to being recorded and were left unsecured in a location accessible to numerous employees prior to scanning. The Comptroller of Maryland's *Accounting Procedures Manual* requires collections to be immediately recorded and adequately safeguarded prior to deposit. A similar condition regarding recordation of checks was commented upon in our audit report of the Maryland Department of Health (MDH) – Laboratories Administration dated March 25, 2016.
- OPER stored scanned checks (those that had been deposited remotely) in a cabinet accessible to numerous employees and did not destroy the scanned checks timely. For example, as of February 2020, we noted 828 checks that

² Controlled dangerous substances are drugs or substances listed in Federal Drug Schedule I through Schedule V (for example, heroin, fentanyl, and oxycodone).

were not destroyed even though they had been deposited at least 10 months prior. The Office of the State Treasurer's *Policy on the Use of Remote Deposit Services by Maryland State Agencies* requires that scanned and transmitted checks be stored in a secure location and destroyed within 30 days. Similar conditions were commented upon in our audit report of MDH – Laboratories Administration dated March 25, 2016.

Recommendation 2

We recommend that OPER ensure

- a. employees do not have the capability to both initiate and approve permits in the electronic system,**
- b. checks are recorded immediately upon receipt (repeat),**
- c. collections are adequately safeguarded prior to deposit, and**
- d. checks that have been remotely deposited are safeguarded and destroyed in accordance with the State Treasurer's *Policy* (repeat).**

Food Protection

Finding 3

PHPA did not conduct timely inspections to ensure food-processing facilities were operating in accordance with State regulations.

Analysis

PHPA did not conduct timely inspections of food-processing facilities to ensure the facilities were complying with applicable State food safety laws and regulations. PHPA licenses and inspects food-processing facilities to promote the safety of food processed in Maryland. These facilities include wholesale food manufacturing plants, warehouses, canneries, soft drink and bottled water facilities, crabmeat plants, shellfish plants, and food transportation vehicles.

Our test of 29 of the 1,179 active food-processing facilities requiring an inspection as of December 2019 disclosed that inspections were not conducted as required by State regulations, with more than half overdue or performed late (see Table 2). For example, inspections at 4 facilities were between 75 and 369 days overdue and inspections for 13 other facilities were performed between 46 and 558 days late. As a result, there was a lack of assurance that these facilities complied with applicable food safety laws and regulations.

Table 2

Summary of Food-Processing Facility Inspection Test		
Range	Inspections Overdue	Inspections Late
11 – 45 days	1	3
46 - 100 days	1	9
101 - 200 days	2	3
> 200 days	1	1
Totals	5	16

Source: PHPA Records

The failure to conduct the required inspections was included in our preceding audit report of PHPA. State regulations generally require inspections to be performed semi-annually, annually, or biennially, based upon the risk associated with the type of food-processing facility. As of December 2019, 361 facilities were required to be inspected semi-annually; 596 facilities annually; and 222 facilities biennially.

Recommendation 3

We recommend that the PHPA take the necessary actions to ensure that food-processing facility inspections are conducted timely, in accordance with State regulations (repeat).

Audit Scope, Objectives, and Methodology

We have conducted a fiscal compliance audit of the following units of the Department of Health (MDH). MDH reorganized the units covered by this audit effective February 2019. Because of this reorganization (as explained on page 4 of this report), our audit included the following units for the periods indicated:

For the period beginning August 9, 2016 and ending October 20, 2019:

- Prevention and Health Promotion Administration (PHPA)
- Office of Population Health Improvement (OPHI)
- Office of Preparedness and Response (OPR)

For the period beginning July 1, 2015 and ending October 20, 2019:

- Office of Provider Engagement and Regulation (OPER) – Office of Controlled Substances Administration

For the period beginning November 13, 2017 and ending October 20, 2019:

- Office of Provider Engagement and Regulation (OPER) – Prescription Drug Monitoring Program

The audit was conducted in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

As prescribed by the State Government Article, Section 2-1221 of the Annotated Code of Maryland, the objectives of this audit were to examine the respective MDH units' financial transactions, records, and internal control, and to evaluate their compliance with applicable State laws, rules, and regulations.

In planning and conducting our audit, we focused on the major financial-related areas of operations based on assessments of significance and risk. The areas addressed by the audit included contracts and grants (except as described below), client and provider eligibility and related claims, cash receipts, food protection, and system access. We also determined the status of five findings included in our preceding audit report of MDH – PHPA, OPHI, and OPR, as well as the status of one finding included in our audit report of MDH – Laboratories Administration dated March 25, 2016 and one finding included in our preceding audit report of MDH – Behavioral Health Administration.

Our audit did not include certain support services provided by MDH's Office of the Secretary. These support services (such as payroll, purchasing, contract procurement, maintenance of accounting records, and related fiscal functions) are included within the scope of our audit of the MDH's Office of the Secretary and Other Units. Furthermore, responsibilities related to grants awarded to local health departments are divided between the MDH – Office of the Secretary and the various administrations. Our audit included a review of the calculations of amounts awarded which is the responsibility of the administrations, but did not include other responsibilities related to these grant awards such as ensuring the grant funds are expended in accordance with the related agreements which is within the scope of our audit of MDH – Office of the Secretary. In addition, our audit did not include a review of prescription rebates because they were included within our audit report of MDH – Pharmacy Services that was issued on August 31, 2020.

Our audit did not include an evaluation of internal controls over compliance with federal laws and regulations for federal financial assistance programs and an assessment of compliance with those laws and regulations by MDH and its units because the State of Maryland engages an independent accounting firm to annually audit such programs administered by State agencies, including MDH.

Our assessment of internal controls was based on agency procedures and controls in place at the time of our fieldwork. Our tests of transactions and other auditing procedures were generally focused on the transactions occurring during our audit period, as detailed above for the various units audited, but may include transactions before or after this period as we considered necessary to achieve our audit objectives.

To accomplish our audit objectives, our audit procedures included inquiries of appropriate personnel, inspections of documents and records, tests of transactions, and to the extent practicable, observations of operations at the respective MDH units. Generally, transactions were selected for testing based on auditor judgment, which primarily considers risk. Unless otherwise specifically indicated, neither statistical nor non-statistical audit sampling was used to select the transactions tested. Therefore, the results of the tests cannot be used to project those results to the entire population from which the test items were selected.

We also performed various data extracts of pertinent information from the State's Financial Management Information System (such as revenue and expenditure data). The extracts are performed as part of ongoing internal processes established by the Office of Legislative Audits and were subject to various tests to determine data reliability. We determined that the data extracted from these

sources were sufficiently reliable for the purposes the data were used during this audit. Finally, we performed other auditing procedures that we considered necessary to achieve our audit objectives. The reliability of data used in this report for background or informational purposes was not assessed.

MDH's management at the respective units is responsible for establishing and maintaining effective internal control. Internal control is a process designed to provide reasonable assurance that objectives pertaining to the reliability of financial records; effectiveness and efficiency of operations, including safeguarding of assets; and compliance with applicable laws, rules, and regulations are achieved. As provided for in *Government Auditing Standards*, there are five components of internal control: control environment, risk assessment, control activities, information and communication, and monitoring. Each of the five components, when significant to the audit objectives, and as applicable to the respective MDH units, were considered by us during the course of this audit.

Because of inherent limitations in internal control, errors or fraud may nevertheless occur and not be detected. Also, projections of any evaluation of internal control to future periods are subject to the risk that conditions may change or compliance with policies and procedures may deteriorate.

Our reports are designed to assist the Maryland General Assembly in exercising its legislative oversight function and to provide constructive recommendations for improving State operations. As a result, our reports generally do not address activities we reviewed that are functioning properly.

This report includes findings relating to conditions that we consider to be significant deficiencies in the design or operation of internal control that could adversely affect the respective MDH units' ability to maintain reliable financial records, operate effectively and efficiently, and/or comply with applicable laws, rules, and regulations. Our report also includes a finding regarding significant instances of noncompliance with applicable laws, rules, or regulations. Other less significant findings were communicated to the respective MDH units that did not warrant inclusion in this report.

The response from MDH, on behalf of PHPA, OPHI, OPR, and OPER, to our findings and recommendations is included as an appendix to this report. As prescribed in the State Government Article, Section 2-1224 of the Annotated Code of Maryland, we will advise MDH regarding the results of our review of its response.

APPENDIX



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

February 22, 2021

Mr. Gregory A. Hook, CPA
Legislative Auditor
Office of Legislative Audits
State Office Building, Room 1202
301 West Preston Street
Baltimore, MD 21201

Dear Mr. Hook:

Enclosed is the draft audit report on the Maryland Department of Health – Prevention and Health Promotion Administration, Office of Population Health Improvement, Office of Preparedness and Response, and Office of Provider Engagement and Regulation for the period beginning July 1, 2015 and ending October 20, 2019.

If you have any questions, please contact Frederick D. Doggett at 410-767-0885 or email at frederick.doggett@maryland.gov.

Sincerely,

A handwritten signature in black ink that reads "Dennis R. Schrader".

Dennis R Schrader, Acting Secretary
Maryland Department of Health

Enclosure

cc: Frederick D. Doggett, Inspector General, MDH
Webster Ye, Assistant Secretary, Health Policy, MDH
Donna L. Gugel, Director, Prevention and Health Promotion Administration
Sherry B. Adams, Director, Office of Preparedness and Response
Cheryl D. DePinto, M.D., Director, Office of Population Health Improvement
Susannah Beckerman, Deputy Director, Office of Provider Engagement and Regulation
Prescription Drug Monitoring Program
Jinlene Chan, M.D., Acting Deputy Secretary, Public Health Services, MDH
Erin S. Penniston, Chief of Staff, Public Health Services, MDH

**Maryland Department of Health
Prevention and Health Promotion Administration, Office of Population
Health Improvement, Office of Preparedness and Response, and Office of
Provider Engagement and Regulation**

Agency Response Form

University of Maryland Medical System Grant

Finding 1

The Prevention and Health Promotion Administration (PHPA) did not monitor a State grant to the University of Maryland Medical System (UMMS) related to the former Prince George’s Hospital Center with funding totaling \$55 million for fiscal years 2018 and 2019.

We recommend that PHPA

- a. obtain and review the expenditure information from UMMS for fiscal years 2018 and 2019, as well as future years under the grant, and recover any funds which UMMS cannot document were used in accordance with the terms of the grant; and**
- b. withhold final payment each year until the required expenditure information is obtained.**

Agency Response			
Analysis			
Please provide additional comments as deemed necessary.			
Recommendation 1a	Agree	Estimated Completion Date:	Complete
Please provide details of corrective action or explain disagreement.	The Prevention and Health Promotion Administration has obtained the FY18 and FY19 expenditure information from UMMS. The Prevention and Health Promotion Administration are ensuring that the reviews of the FY18 and FY19 expenditure information from UMMS to ensure all funds were in accordance with the terms of the grant and will seek reimbursement for any funds not spent in accordance with the terms of the grant.		
Recommendation 1b	Agree	Estimated Completion Date:	6/30/2021
Please provide details of corrective action or explain disagreement.	The Prevention and Health Promotion Administration will not release the final payment each year until the required expenditure information is obtained.		

**Maryland Department of Health
Prevention and Health Promotion Administration, Office of Population
Health Improvement, Office of Preparedness and Response, and Office of
Provider Engagement and Regulation**

Agency Response Form

Controlled Dangerous Substance Permits

Finding 2
The Office of Provider Engagement and Regulation (OPER) had not established adequate controls over controlled dangerous substance (CDS) permits and related collections.

We recommend that OPER ensure

- a. employees do not have the capability to both initiate and approve permits in the electronic system,
- b. checks are recorded immediately upon receipt (repeat),
- c. collections are adequately safeguarded prior to deposit, and
- d. checks that have been remotely deposited are safeguarded and destroyed in accordance with the State Treasurer’s *Policy* (repeat).

Agency Response			
Analysis			
Please provide additional comments as deemed necessary.			
Recommendation 2a	Agree	Estimated Completion Date:	Complete
Please provide details of corrective action or explain disagreement.	The three employees who had access to initiate and approve now have access to initiate only, and approval access has been delegated to a different employee, effective 12/15/2020. OPER developed an SOP to ensure separation of duties effective 12/15/2020 with a brief lapse in adherence to the policy due to COVID-19 mitigation efforts. As of 01/15/2021, SOP procedures are in place along with a restructuring plan that ensures that employees do not have the capability to both initiate and approve permits in the electronic system.		
Recommendation 2b	Agree	Estimated Completion Date:	Complete
Please provide details of corrective action or explain disagreement.	Effective 05/12/2020 OPER implemented a new check recording system. This system consolidated all check and application processing information into one spreadsheet. This system has improved the tracking and oversight capabilities to ensure that checks are being recorded immediately upon receipt. An SOP has been implemented which outlines the procedure.		
Recommendation 2c	Agree	Estimated Completion Date:	Complete

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Please provide details of corrective action or explain disagreement.	OPER's corrective actions to Recommendation 2b ensure that collections are adequately safeguarded prior to deposit. The implementation of the new check recording system has improved the timeliness of the check deposits, reducing the need to store checks prior to the deposit. Mailed checks are picked up from the mailroom and immediately processed (logged, scanned, and deposited) by different staff.		
Recommendation 2d	Agree	Estimated Completion Date:	Complete
Please provide details of corrective action or explain disagreement.	Corrective actions have been implemented effective 12/15/2020. Checks are locked in a safe immediately after the log, scan and deposit functions (remote bank deposits) are completed; an SOP has been developed outlining the process and is being utilized by the staff. Note: On 9/25/2020, the unit completely automated the new applications process which accounts for approximately 90% of checks received and as of 12/30/2020 all new applicants/registrants will have to use the automated procedure. An SOP has been developed (4/20/2020) which is overseen by the Operations Manager to ensure that timelines are met and engages 2 staff (outside of the registration unit) who administer the check destruction every 25 days. Following a brief lapse in adherence due to COVID-19 mitigation efforts, the policy is now in implementation.		

**Maryland Department of Health
Prevention and Health Promotion Administration, Office of Population
Health Improvement, Office of Preparedness and Response, and Office of
Provider Engagement and Regulation**

Agency Response Form

Food Protection

Finding 3
PHPA did not conduct timely inspections to ensure food-processing facilities were operating in accordance with State regulations.

We recommend that the PHPA take the necessary actions to ensure that food-processing facility inspections are conducted timely, in accordance with State regulations (repeat).

Agency Response			
Analysis			
Please provide additional comments as deemed necessary.			
Recommendation 3	Agree	Estimated Completion Date:	12/31/22
Please provide details of corrective action or explain disagreement.	<p>The Office of Food Protection is currently engaged in a project with the Maryland Department of Information Technology (DOIT) Project to update its information management system, which will allow supervisors to have a real-time picture of inspection frequency for all facilities, as well as to identify facilities that may be approaching their required inspection date and ensure they are inspected in a timely fashion. The MDH Office of Enterprise Technology is monitoring this contract and intervenes with the vendor if issues arise. The estimated go-live date for the initial phase of the project is planned for FY2023. This will help ensure that food-processing inspections are conducted timely in accordance with State regulations. PHPA anticipates that inspection frequencies in 2020-2021 will be significantly adversely affected by operational issues related to COVID-19.</p>		

AUDIT TEAM

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