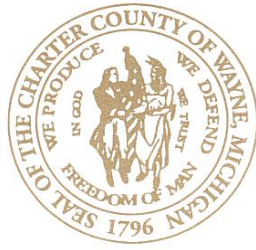


Office of Legislative
Auditor General



MARCELLA CORA CPA, CIA, CICA, CGMA
AUDITOR GENERAL

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October 2, 2020

FINAL REPORT TRANSMITTAL LETTER

Wayne County Commission:

Enclosed is our copy of the Corrective Action Plan (CAP) and Auditor General's Assessment for the Department of Health, Human and Veterans Services – Correct Care Solutions/Wellpath Contract to Provide Jail Medical Services Performance Audit Report. Our report is dated July 1, 2020; DAP No. 2019-57-008. The report was accepted by the Committee on Audit at its meeting held on September 23, 2020 and formally received by the Wayne County Commission on October 1, 2020.

We are pleased to inform you that management and staff from the Department of Health, Human and Veterans Services – Correct Care Solutions/Wellpath provided their full cooperation during the engagement. If you have any questions, concerns, or desire to discuss the CAP and summary in greater detail, we would be happy to do so at your convenience. This report is intended for your information and should not be used for any other purpose. Copies of all final reports of the Office of Legislative Auditor General can be found at our website at: <https://www.waynecounty.com/elected/commission/office-of-the-legislative.aspx>.

Sincerely,

Marcella Cora, CPA, CIA, CGMA, CICA
Auditor General

REPORT DISTRIBUTION

Wayne County Health, Human and Veterans Services

Genelle Allen, Acting Director and Chief Operating Officer

Jennifer Caruso, Division Director, Clinical Services

Dr. Keith Dlugokinski, Correctional Healthcare Administrator

Mark Morrissey, Regional Manager CCS/Wellpath

Kamau Kheperu, Finance Director, HHVS

Wayne County Risk Management

Claire Mason-Lee, Director, Risk Management

Department of Management & Budget

Hughey Newsome, Chief Financial Officer

Mathieu Dube, Deputy Chief Financial Officer

Shauntika Bullard, Director, Grants and Contract Management

Wayne County Executive

Office of Legislative
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June 10, 2020

DAP No. 2019-57-008

Honorable Raymond E. Basham, Chairman
Committee on Audit
Wayne County Commission
County of Wayne, Michigan
500 Griswold, Ave., Suite 766
Detroit, MI 48226

Subject: **Corrective Action Plan**, including the Auditor General's Assessment, dated December 9, 2019 for the Correct Care Solutions / Wellpath – Contract to Provide Jail Medical Services Performance Audit

In accordance with Generally Accepted Government Auditing Standards (GAGAS) issued by the Comptroller General of the United States as it relates to a performance audit engagement, the Office of Legislative Auditor General (OAG) requested the Department of Health, Human and Veterans Services and Correct Care Solutions / Wellpath to submit a Corrective Action Plan (CAP) for recommendations identified in Correct Care Solutions / Wellpath – Contract to Provide Jail Medical Services Performance Engagement Report dated August 19, 2019.

The CAP was provided as requested. Attached is a Summary and Assessment of the CAP prepared by the OAG. The summary schedule includes: the recommendations; management's comments on the findings and recommendations; management's action taken or planned; whether management has or intends to implement the recommendation; responsible person(s)/area; implementation or targeted implementation date; and the Auditor General's assessment.

Honorable Raymond Basham, Chairman
DAP No. 2019-57-008
June 10, 2020
Page 2 of 2

Our assessment of the 22 recommendations found that management took sufficient action to address 15 recommendations identified in the report, one (1) no longer applicable and six (6) are considered in-process. Therefore, a follow-up review is deemed necessary.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Marcella Cora". The signature is fluid and cursive, with the first name "Marcella" being more prominent than the last name "Cora".

Marcella Cora, CPA, CIA, CGMA, CICA Auditor General

Attachment

CC: Genelle Allen, Acting Director HHVS and Chief Operating Officer
Jennifer Caruso, Clinical Services Director – Health, Human and Veteran Services
Dr. Keith Dlugokinski, Correctional Healthcare Administrator
Nellie Lee, Department Executive 7, Health, Human and Veteran Services
Mark Morrissey, Regional Manager, Correct Care Solutions/Wellpath
Claire Mason Lee, Director, Risk Management
Kamau Kheperu, Finance Director, HHVS
Hughey Newsome, Chief Financial Officer
Mathieu Dube, Deputy Chief Financial Officer
Shauntika Bullard, Director, Grants, Compliance and Contract Management

Department of Health, Human & Veterans Services
Correct Care Solutions (CCS)
Performance Engagement

**Summary and Assessment of
CORRECTIVE ACTION PLAN**

Auditor General's Recommendation	Management's Comments on Findings and Recommendations	Management's Action Taken or Planned	Management has or Intends to Implement the Recommendation Yes/No	Responsible Person(s)/ Area	Implementation or Targeted Implementation Date	Auditor General's Assessment
2018-01 We recommend Wayne County Health, Veterans and Community Wellness management implement procedures to ensure validation of the actual costs that are submitted by CCS.	HHVS and M&B – HHVS Finance concurs	HHVS/Clinical Division and M&B – HHVS Finance developed a policy and procedure, which requires validation of actual costs. The procedure states: Finance HHVS will identify 5% random samples monthly from the Wellpath General Ledger data. Finance HHVS will identify 5% random samples from WP data each month. (Wellpath required to produce by the 10 th day of the month) HHVS Finance will test samples for appropriate documentation -If sufficient, file -If insufficient, test another sample. -If insufficient, CAP required from Wellpath by 20 th day of each month. Finance HHVS/JH will provide HHVS with results of sampling and CAP by end of each month.	Yes	HHVS/Clinical Division, and M&B/HHVS Finance	Implemented	HHVS management provided the OAG with a copy of their policy and procedure which detailed the process for verifying costs submitted to the county from CCS/Wellpath. The OAG reviewed the 5% testing of actual cost for the period of 6/30/19 – 7/29/19 completed by HHVS management. The testing verified 5% of actual cost incurred by CCS/Wellpath with no exceptions. Based on the limited review of the action taken, management appears to have taken sufficient action to address the recommendation.
2018-02 We recommend Wayne County Health, Veterans and Community Wellness management implement procedures to ensure validation of the actual costs that are submitted by CCS.	HHVS and M&B – HHVS Finance concurs	HHVS/Clinical Division and M&B – HHVS Finance developed a procedure, which requires validation of startup costs.	Yes	HHVS/M&B Finance	Implemented	The OAG confirmed HHVS management completed a testing to verify the startup costs submitted to the county by CCS/Wellpath. The analysis was provided to the OAG by HHVS financial unit. The testing validated startup cost incurred by CCS/Wellpath. Based on the limited review of the action taken, management appears to have taken sufficient action to

Department of Health, Human & Veterans Services (Formerly Health, Veterans and Community Wellness)
Correct Care Solutions
Performance Engagement

**Summary and Assessment of
CORRECTIVE ACTION PLAN**

Auditor General's Recommendation	Management's Comments on Findings and Recommendations	Management's Action Taken or Planned	Management has or Intends to Implement the Recommendation Yes/No	Responsible Person(s)/ Area	Implementation or Targeted Implementation Date	Auditor General's Assessment
2018-03 We recommend Wayne County Health, Veterans and Community Wellness management implement procedures to ensure supporting documentation is requested and received such as payroll registers. This will allow management to perform a reconciliation to ensure that the County is only paying for services actually received.	HHVS and M&B – HHVS Finance concurs	HHVS JH will identify a minimum of 5% random samples of personnel costs from monthly Kronis or WP data each month and provide them to Finance for reconciliation. (Wellpath required to produce by the 10 th day of the month) HHVS Finance will test the samples for appropriate documentation -If sufficient, file -If insufficient, test another sample -If insufficient, CAP required from Wellpath by 20 th of day of each month HHVS JH will provide HHVS with results of sampling and CAP by end of each month	Yes	HHVS/Clinical Division, and M&B/HHVS Finance	Implemented	address the recommendation. The OAG reviewed the 5% testing of personnel cost for the period of 6/30/19 – 7/29/19 completed by HHVS management. The testing verified 5% of the personnel costs by reconciling the Kronos Time Calculation Summary and the Individual Kronos Time Cards for the individuals selected for testing. Based on the limited review of the action taken, management appears to have taken sufficient action to address the recommendation.

Department of Health, Human & Veterans Services (Formerly Health, Veterans and Community Wellness)
Correct Care Solutions
Performance Engagement

**Summary and Assessment of
CORRECTIVE ACTION PLAN**

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<p>2018-04</p> <p>(A) We recommend HVCW management implement procedures to ensure that CCS can produce accurate, comprehensive and valid reports to support not only the staffing levels in the jail but the actual costs that are incurred.</p>	<p>HHVS concurs</p>	<p>HHVS/Clinical Division developed a procedure, which requires validation of accurate, comprehensive reports from Wellpath to support staffing levels and actual costs.</p> <p>The procedure for 2018-04 (A-G) states: HHVS JH will identify a minimum of 5% random samples of the staffing and personnel costs from monthly WP data each month. (Wellpath required to produce by the 10th day of the month)</p> <p>HHVS JH will test the samples for appropriate documentation -If sufficient, file -If insufficient, test another sample -If insufficient, CAP required from Wellpath by 20th day of each month</p> <p>HHVS JH will provide HHVS with results of sampling and CAP by end of each month</p>	<p>Yes</p>	<p>HHVS/Clinical Division</p>	<p>Implemented</p>	<p>HHVS Finance provided the OAG their testing documentation for the 6/30/19 to 7/27/19 payroll submitted by CCS/Wellpath. We noted the documentation included comprehensive reports. As a result, we verified that the sample selected was 100% verified with the associated time cards for the FTEs billed the county.</p> <p>Based on the limited review of the action taken, management appears to have taken sufficient action to address the recommendation.</p>

Department of Health, Human & Veterans Services (Formerly Health, Veterans and Community Wellness)
Correct Care Solutions
Performance Engagement

**Summary and Assessment of
CORRECTIVE ACTION PLAN**

	Auditor General's Recommendation	Management's Comments on Findings and Recommendations	Management's Action Taken or Planned	Management has or Intends to Implement the Recommendation Yes/No	HHVS/Clinical Division	Implementation or Targeted Implementation Date	Auditor General's Assessment
	(B) We recommend that HVCW management implement procedures to ensure that CCS classifies productive time as hours actually worked, and that all time not spent actually providing services is classified as non-productive time.	HHVS concurs	HHVS/Clinical Division developed a procedure, which requires validation of accurate, comprehensive reports from Wellpath to support productive and non-productive time and hours.	Yes	HHVS/Clinical Division	Implemented	<p>The OAG reviewed HHVS management's analysis of the time cards for the pay period 6/30/19 to 7/27/19 to ensure that productive and non-productive hours were classified correctly on the staffing reports by reconciling the Kronos Time Calculation Summary with the individual Kronos Time Cards.</p> <p>Based on the limited review of the action taken, management appears to have taken sufficient action to address the recommendation.</p>
	(C) We recommend that HVCW management implement procedures to ensure that CCS classifies time as hours actually worked and/or holiday/vacation time taken when calculating whether the staffing requirement is met.	HHVS concurs	HHVS/Clinical Division developed a procedure, which requires validation of accurate, comprehensive reports from Wellpath hours actually worked and/or holiday/vacation time when calculating the staffing requirement.	Yes	HHVS/Clinical Division	Implemented	<p>The OAG reviewed a reconciliation of the Kronos Time Calculation Summary with the individual Kronos Time Cards conducted by HHVS to verify the accuracy of the productive and non-productive hours. The reconciliation verified that the hours provided by CCS properly classified the hours worked.</p> <p>Based on the limited review of the action taken, management appears to have taken sufficient action to address the recommendation.</p>

Department of Health, Human & Veterans Services (Formerly Health, Veterans and Community Wellness)
Correct Care Solutions
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**Summary and Assessment of
CORRECTIVE ACTION PLAN**

	Auditor General's Recommendation	Management's Comments on Findings and Recommendations	Management's Action Taken or Planned	Management has or Intends to Implement the Recommendation Yes/No	HHVS/Clinical Division	Implementation or Targeted Implementation Date	Auditor General's Assessment
	(D) We recommend that HVCW management implement procedures to ensure that agency nursing staff hours are properly reported and billed based on actual services performed.	HHVS concurs	HHVS/Clinical Division developed a procedure, which requires validation of accurate, comprehensive reports from Wellpath to support agency nursing staff hours and billing for services performed.	Yes	HHVS/Clinical Division	Implemented	The OAG reviewed HHVS management's reconciliation of the Kronos Time Calculation Summary with the individual Kronos Time Cards to ensure agency nursing staff hours were reported and billed based on their actual services performed. Based on the limited review of the action taken, management appears to have taken sufficient action to address the recommendation.
	(E) We recommend Wayne County Health, Veterans and Community Wellness management implement procedures to ensure that all employees and agency staffing use the timekeeping process for recording time, and when reconciling time ensure that time reports only include hours worked within a Wayne County Facility.	HHVS concurs	HHVS/Clinical Division developed a procedure, which requires validation of accurate, comprehensive reports from Wellpath to ensure employees and agency staffing use the timekeeping process for recording time and hours worked within a Wayne County Facility.	Yes	HHVS/Clinical Division	Implemented	The OAG reviewed HHVS management's analysis of the time submitted by reconciling the Kronos Time Calculation Summary with the individual Kronos Time Cards as well as verifying hours worked for a specific pay period of employees vs agency. Based on the limited review of the action taken, management appears to have taken sufficient action to address the recommendation.

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Correct Care Solutions
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**Summary and Assessment of
CORRECTIVE ACTION PLAN**

	Auditor General's Recommendation	Management's Comments on Findings and Recommendations	Management's Action Taken or Planned	Management has or Intends to Implement the Recommendation Yes/No	HHVS/Clinical Division	Implementation or Targeted Implementation Date	Auditor General's Assessment
	(F) We recommend Wayne County Health, Veterans and Community Wellness management implement procedures to ensure CCS is providing staff as required per the contract.	HHVS concurs	HHVS/Clinical Division developed a procedure, which requires validation of accurate, comprehensive reports from Wellpath to support staffing requirements per the contract.	Yes	HHVS/Clinical Division	Implemented	OAG confirmed that HHVS management ensures CCS/Wellpath is providing staff as required per the contract provisions by requesting and reviewing monthly reports on staffing and hours. HHVS management completes a test of 5% of the staff to ensure the hours and staff is accurate. Based on the limited review of the action taken, management appears to have taken sufficient action to address the recommendation.

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Correct Care Solutions
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**Summary and Assessment of
CORRECTIVE ACTION PLAN**

	Auditor General's Recommendation	Management's Comments on Findings and Recommendations	Management's Action Taken or Planned	Management has or Intends to Implement the Recommendation Yes/No	HHVS/Clinical Division	Implementation or Targeted Implementation Date	Auditor General's Assessment
	(G) We recommend Wayne County Health, Veterans and Community Wellness management implement procedures to ensure that CCS's use of pool nurses is in accordance with the contract, and inquire as to what steps CCS is taking to reduce the need for pool nurses	HHVS concurs	HHVS/Clinical Division developed a procedure, which requires validation of accurate, comprehensive reports from Wellpath to support use of pool nurses are in accordance with the contract. HHVS plans to modify the 30 day limitation but retain the intent to hire permanent nurses	Yes	HHVS/Clinical Division	In-Process	<p>OAG reviewed testing completed by HHVS on their review to ensure the staffing and payroll is accurate as reported by CCS/Wellpath each month, which includes the use of pool nurses. The OAG noted that Commission Resolution No. 2019-643, dated September 19, 2019, approved exercising the first option to renew the contract with CCS/Wellpath. Per discussion with HHVS management there are plans to modify section 3.26 of the contract, when the next option for contract renewal is presented later in 2020, regarding the 30 day limitation on the use of pool nurses but still retain the intent of hiring permanent nurses</p> <p>If the planned action is implemented as described, the action appears to sufficiently address the recommendation.</p> <p>Note: A follow up review may be necessary in the near future to verify that the described action has occurred.</p>

Department of Health, Human & Veterans Services (Formerly Health, Veterans and Community Wellness)
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**Summary and Assessment of
CORRECTIVE ACTION PLAN**

	Auditor General's Recommendation	Management's Comments on Findings and Recommendations	Management's Action Taken or Planned	Management has or Intends to Implement the Recommendation Yes/No	HHVS/Clinical Division	Implementation or Targeted Implementation Date	Auditor General's Assessment
2018-05	We recommend Wayne County Risk Management Division implement a procedure to ensure the contractor maintains the required insurance coverage as requirement in the contract including listing the county as an additional insured.	Wayne County Risk Management concurs	Risk Management has implemented procedures to ensure that contractors maintain the required insurance coverage as contractually required and list Wayne County as an additional insured.	Yes	Risk Management	Implemented	<p>The OAG confirmed the required insurance coverage per the contract provisions were maintained on file within the Risk Management Department and the insurance policy listed the County as additional insured.</p> <p>Based on the limited review of the action taken, management appears to have taken sufficient action to address the recommendation.</p>

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**Summary and Assessment of
CORRECTIVE ACTION PLAN**

	Auditor General's Recommendation	Management's Comments on Findings and Recommendations	Management's Action Taken or Planned	Management has or Intends to Implement the Recommendation Yes/No	HHVS/Clinical Division	Implementation or Targeted Implementation Date	Auditor General's Assessment
2018-06	We recommend HVCW-Jail Medical Division develops adequate procedures to ensure the health screenings are completed for each booked offender within the 8 hours contractual requirements.	HHVS concurs	<p>HHVS/Clinical Division developed a policy and procedure, which requires that 8 hour health screenings are completed as contractually required and included as a KPI.</p> <p>The procedure requires: HHVS/JH obtain a minimum of 5 random inmate health screening data from each WCJ facility on a monthly basis from Wellpath.</p> <p>The monthly data will be compiled into a quarterly report.</p> <p>HHVS JH will test the samples for timeliness and appropriate documentation of health screenings -If sufficient, file -If insufficient, test another sample -If insufficient, CAP required from Wellpath by 20th day of each month</p> <p>HHVS JH will provide HHVS with results of sampling and CAP by end of each month.</p>	Yes	HHVS/Clinical Division	Implemented	<p>The OAG reviewed the policy that requires that 8 hour health screenings are completed. We also confirmed that the procedures requires HHVS/JH to randomly sample 5 inmates from each WCJ facility monthly to ensure screenings are provided within 8 hours. The OAG has confirmed that HHVS completed appropriate testing to ensure the 8-hour health screenings are being completed as contractually required.</p> <p>Based on the limited review of the action taken, management appears to have taken sufficient action to address the recommendation.</p>

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**Summary and Assessment of
CORRECTIVE ACTION PLAN**

	Auditor General's Recommendation	Management's Comments on Findings and Recommendations	Management's Action Taken or Planned	Management has or Intends to Implement the Recommendation Yes/No	HHVS/Clinical Division	Implementation or Targeted Implementation Date	Auditor General's Assessment
2018-07	The Office of Legislative Auditor General recommends the Department of Health, Veterans and Community Wellness management implement procedures to ensure CCS is compliant with the Contract provisions related to the input of mental health encounters into the MH-WIN system.	HHVS concurs, in part	HHVS plans to modify the required date for Wellpath's input of the Mental Health encounter data.	Yes	HHVS/Clinical Division	In Process	<p>Commission Resolution No. 2019-643, dated September 19, 2019, approved exercising the first option to renew the contract with CCS/Wellpath. The OAG has confirmed that HHVS intends to submit the second contract option for renewal for approval in the near future, including the request for date change of report submission and the extension of the contract for an additional year.</p> <p>If the planned action is implemented as described, the action appears to sufficiently address the recommendation.</p> <p>Note: A follow up review may be necessary in the near future to verify that the described action has occurred.</p>

Department of Health, Human & Veterans Services (Formerly Health, Veterans and Community Wellness)
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**Summary and Assessment of
CORRECTIVE ACTION PLAN**

	Auditor General's Recommendation	Management's Comments on Findings and Recommendations	Management's Action Taken or Planned	Management has or Intends to Implement the Recommendation Yes/No	HHVS/Clinical Division	Implementation or Targeted Implementation Date	Auditor General's Assessment
2018-08	<p>The Office of Legislative Auditor General recommends CCS implement a review process to ensure:</p> <p>(A) All health care requests are completed within the required timeframe.</p>	HHVS concurs	<p>HHVS/Clinical Division developed a procedure to ensure that all health care requests are triaged timely by reviewing a randomly selected sample of requests for timeliness/adequacy of documentation.</p> <p>-HHVS included responses to health requests as a KPI.</p> <p>The procedure requires:</p> <p>HHVS JH will review a random sample of 5 each of health care requests and grievances each month of the quarter. This would yield a review of 15 health care requests and grievances reviewed each quarter.</p>	Yes	HHVS/Clinical Division	Implemented	<p>The OAG confirmed that a procedures was developed that ensures all health care requests are randomly reviewed for timeliness and accuracy. The OAG has confirmed that HHVSJH has implemented the appropriate testing to verify that health care requests were completed within the appropriate timeframe and that request forms included all vital data for proper processing of health care requests.</p> <p>Based on the limited review of the action taken, management appears to have taken sufficient action to address the recommendation.</p>

Department of Health, Human & Veterans Services (Formerly Health, Veterans and Community Wellness)
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**Summary and Assessment of
CORRECTIVE ACTION PLAN**

	Auditor General's Recommendation	Management's Comments on Findings and Recommendations	Management's Action Taken or Planned	Management has or Intends to Implement the Recommendation Yes/No	HHVS/Clinical Division	Implementation or Targeted Implementation Date	Auditor General's Assessment
	(B) Health care request forms include all vital information for proper processing of the request.		<p>HHVS/Clinical Division developed a procedure to ensure that all health care requests are triaged timely by reviewing a randomly selected sample of requests for timeliness/adequacy of documentation.</p> <p>-HHVS included responses to health requests as a KPI.</p> <p>The procedure requires:</p> <p>HHVS JH will obtain a minimum of 5 random inmate health care request data from each WCJ facility on a monthly basis from Wellpath. The monthly data will be compiled into a quarterly report.</p> <p>HHVS JH will test the samples for timeliness and appropriate documentation of health care request responses.</p> <p>-If sufficient, file</p> <p>-If insufficient, test another sample</p> <p>-If insufficient, CAP required from Wellpath by 20th day of each month</p> <p>HHVS JH will provide HHVS with results of sampling and CAP by end of each month.</p>	Yes	HHVS/Clinical Division	Implemented	<p>The OAG confirmed that a procedures was developed that ensures all health care requests are randomly reviewed for timeliness and accuracy. The OAG has confirmed that HHVSJH performed the required sample testing of the Health Care Requests has occurred. However, the months of October – December 2019 were tested rather than the identified month of January.</p> <p>Based on the limited review of the action taken, management appears to have taken sufficient action to address the recommendation.</p>

Department of Health, Human & Veterans Services (Formerly Health, Veterans and Community Wellness)
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**Summary and Assessment of
CORRECTIVE ACTION PLAN**

	Auditor General's Recommendation	Management's Comments on Findings and Recommendations	Management's Action Taken or Planned	Management has or Intends to Implement the Recommendation Yes/No	HHVS/Clinical Division	Implementation or Targeted Implementation Date	Auditor General's Assessment
2018-09	The Department of HVCW work in conjunction with CCS to implement a more real time electronic Medication Administering Record that records the specific time the medication was given.	HHVS does not concur	HHVS met with Wellpath and determined that software changes were impractical.	No	N/A	Not Applicable	<p>The Audit Team met with representatives of HHVS to discuss the implementation of a more real-time electronic Medication Administration Record. During this meeting, HHVS explained that discussion with Wellpath determined that the proposed software changes were impractical and that the recommended corrective action could not be implemented.</p> <p>While we understand that the proposed software changes could not be implemented currently, we continue to believe that a more real time electronic Medication Administering Records is important. Therefore while we deem the action not applicable at this time, we would recommend that HHVS continue to work in conjunction with CCS to see if such a software change could be made in the future.</p> <p>Note: A follow up review may be necessary in the near future to verify that the described action has occurred.</p>

Department of Health, Human & Veterans Services (Formerly Health, Veterans and Community Wellness)
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**Summary and Assessment of
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2018-10	We recommend Health, Veteran and Community Wellness management implement procedures to review the validity of the KPI percentages listed on the report prepared by Correct Care Solutions.	HHVS concurs	<p>To verify the reported KPI metrics, HHVS developed a procedure to select a random sample of the Wellpath data used to measure/report each KPI.</p> <p>The procedure requires: HHVS JH will review a minimum of 5 random samples of data from KPI metrics from Wellpath on a monthly basis. The monthly data will be compiled into a quarterly report of samples from each KPI metric.</p> <p>HHVS JH will test the random data from the KPI metrics for accuracy. -If sufficient, file -If insufficient, test another sample -If insufficient, CAP required from Wellpath by 20th day of each month</p> <p>HHVS JH will provide HHVS with results of sampling and CAP by end of each month</p>	Yes	HHVS/Clinical Division	Implemented	<p>The OAG confirmed that a procedures was developed that would requires JJVSJH to validate the KPI percentages by randomly selection a sample. The OAG has confirmed that appropriate testing was conducted for the first quarter by HHVS to verify the validity of the KPI metrics reported by Wellpath were in accordance with the contract provisions.</p> <p>Based on the limited review of the action taken, management appears to have taken sufficient action to address the recommendation.</p>

Department of Health, Human & Veterans Services (Formerly Health, Veterans and Community Wellness)
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**Summary and Assessment of
CORRECTIVE ACTION PLAN**

	Auditor General's Recommendation	Management's Comments on Findings and Recommendations	Management's Action Taken or Planned	Management has or Intends to Implement the Recommendation Yes/No	HHVS/Clinical Division	Implementation or Targeted Implementation Date	Auditor General's Assessment
2018-11	<p>We recommend Health, Veterans and Community Wellness management:</p> <p>(A) Implement a procedure to ensure adequate monitoring of the contractual education and training requirements are met by requesting a listing of all training provided CCS employees.</p>	HHVS concurs, in part	<p>HHVS JH directed that Wellpath assign an hourly value to each training module.</p> <p>HHVS JH will review a minimum of 5 random samples of health care personnel training records, including verification of licensure and certification, from Wellpath on a monthly basis.</p> <p>The monthly data will be compiled into a quarterly report to ensure the annual requirement of 12 hours training is met. HHVS plans to modify monthly training to an annual training requirement.</p> <p>-If sufficient, file -If insufficient, test another sample -If insufficient, CAP required from Wellpath by 20th day of each month</p> <p>HHVS JH will provide HHVS with results of sampling and CAP by end of each month.</p>	Yes	HHVS/Clinical Division	In-Process	<p>We confirmed that HHVS has implemented a procedure to ensure health care personnel training records are adequate. The process to verify training records will consist of random selection of files and review for proper licensure and certification. As previously noted, HHVS will assess the annual training requirement by reviewing the training records near the end of 2020.</p> <p>If the planned action is implemented as described, the action appears to sufficiently address the recommendation.</p> <p>Note: A follow up review may be necessary in the near future to verify that the described action has occurred.</p>

Department of Health, Human & Veterans Services (Formerly Health, Veterans and Community Wellness)
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**Summary and Assessment of
CORRECTIVE ACTION PLAN**

	Auditor General's Recommendation	Management's Comments on Findings and Recommendations	Management's Action Taken or Planned	Management has or Intends to Implement the Recommendation Yes/No	HHVS/Clinical Division	Implementation or Targeted Implementation Date	Auditor General's Assessment
	(B) Require CCS to report continuing education on an hourly basis rather than by the number of classes.	HHVS concurs, in part	<p>HHVS JH directed that Wellpath assign an hourly value to each training module.</p> <p>HHVS JH will review a minimum of 5 random samples of health care personnel training records, including verification of licensure and certification, from Wellpath on a monthly basis.</p> <p>The monthly data will be compiled into a quarterly report to ensure the annual requirement of 12 hours training is met. HHVS plans to modify monthly training to an annual training requirement.</p> <p>-If sufficient, file -If insufficient, test another sample -If insufficient, CAP required from Wellpath by 20th day of each month</p> <p>HHVS JH will provide HHVS with results of sampling and CAP by end of each month.</p>	Yes	HHVS/Clinical Division	In-Process	<p>HHVS management indicated that CCS/Wellpath will be requested to assign an hourly value to each training module. It was also noted that the intent is for healthcare personnel to receive 12 hours of training annually, not necessarily one (1) hour per month. HHVS will assess the annual training requirement by reviewing the training records near the end of 2020</p> <p>If the planned action is implemented as described, the action appears to sufficiently address the recommendation.</p> <p>Note: A follow up review may be necessary in the near future to verify that the described action has occurred.</p>

Department of Health, Human & Veterans Services (Formerly Health, Veterans and Community Wellness)
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**Summary and Assessment of
CORRECTIVE ACTION PLAN**

	Auditor General's Recommendation	Management's Comments on Findings and Recommendations	Management's Action Taken or Planned	Management has or Intends to Implement the Recommendation Yes/No	HHVS/Clinical Division	Implementation or Targeted Implementation Date	Auditor General's Assessment
2018-12	We recommend: (A) CCS management implement additional procedures to ensure grievances are assessed, resolved, and recorded in the Sheriff Grievance database within the required 10-day response period.	HHVS concurs	<p>HHVS developed a procedure to ensure all health care related grievances are addressed within the required time period (10 days) and essential information (restating grievance, how grievance was evaluated and conclusion) is documented.</p> <p>HHVS' procedure will ensure compliance by:</p> <ul style="list-style-type: none"> -Review of the Wellpath grievance log -Random selection of samples at regular time intervals -Improve/standardize contents of grievance responses -Include adequacy/timeliness of grievance responses as a KPI. <p>The procedure requires:</p> <p>HHVS JH will review a random sample of 5 each of health care requests and grievances each month of the quarter. This would yield a review of 15 health care requests and grievances reviewed each quarter.</p>	Yes	HHVS/Clinical Division	Implemented	<p>HHVS management provided the OAG a copy of the policy and operating procedure regarding the clinical monitoring of healthcare-related grievances. We noted these procedures clearly identified the responsible parties and their respective duties in processing grievances.</p> <p>Based on the limited review of the action taken, management appears to have taken sufficient action to address the recommendation.</p>

Department of Health, Human & Veterans Services (Formerly Health, Veterans and Community Wellness)
Correct Care Solutions
Performance Engagement

**Summary and Assessment of
CORRECTIVE ACTION PLAN**

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			<p>The monthly data will be compiled into a quarterly report.</p> <p>HHVS JH will review the grievances and responses for timeliness, content of responses and appropriate documentation of health care grievance responses.</p> <p>-If sufficient, file -If insufficient, test another sample -If insufficient, CAP required from Wellpath by 20th day of each month</p> <p>HHVS JH will provide HHVS with results of sampling and CAP by end of each month.</p>				
	(B) Ensure that CCS management provides all essential information in grievance responses including restating grievance, how grievance was evaluated and conclusion in all grievances.	HHVS concurs	<p>HHVS developed a procedure to ensure all health care related grievances are addressed within the required time period (10 days) and essential information (restating grievance, how grievance was evaluated and conclusion) is documented.</p> <p>HHVS' procedure will ensure compliance by:</p> <p>-Review of the Wellpath grievance log -Random selection of samples at regular time intervals -Improve/standardize contents of grievance responses -Include adequacy/timeliness of grievance responses as a KPI.</p>	Yes	HHVS/Clinical Division	In-Process	<p>As previously noted, the policy and procedures for handling health-related grievances has been issued. Per discussion with HHVS management, the actual review of these grievances will commence in the near future.</p> <p>If the planned action is implemented as described, the action appears to sufficiently address the recommendation.</p> <p>Note: A follow up review may be necessary in the near future to verify that the described action has occurred.</p>

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			<p>The procedure requires: HHVS JH will :</p> <ul style="list-style-type: none"> -review the WCSO/Wellpath grievance log monthly; -obtain and review a minimum of 5 random inmate health care grievances and responses from each WCJ facility on a monthly basis from WCSO/Wellpath. -include adequacy and timeliness of grievance responses as a KPI. <p>The monthly data will be compiled into a quarterly report.</p> <p>HHVS JH will review the grievances and responses for timeliness, content of responses and appropriate documentation of health care grievance responses.</p> <ul style="list-style-type: none"> -If sufficient, file -If insufficient, test another sample -If insufficient, CAP required from Wellpath by 20th day of each month <p>HHVS JH will provide HHVS with results of sampling and CAP by end of each month.</p>				

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	(C) HVCW implement procedures to ensure that grievances are being adequately addressed and within the required timeframe.	HHVS concurs	<p>HHVS developed a procedure to ensure all health care related grievances are addressed within the required time period (10 days) and essential information (restating grievance, how grievance was evaluated and conclusion) is documented.</p> <p>HHVS' procedure will ensure compliance by:</p> <ul style="list-style-type: none"> -Review of the Wellpath grievance log -Random selection of samples at regular time intervals -Improve/standardize contents of grievance responses -Include adequacy/timeliness of grievance responses as a KPI. <p>The procedure requires: HHVS JH will :</p> <ul style="list-style-type: none"> -review the WCSO/Wellpath grievance log monthly; -obtain and review a minimum of 5 random inmate health care grievances and responses from each WCJ facility on a monthly basis from WCSO/Wellpath. -include adequacy and timeliness of grievance responses as a KPI. <p>The monthly data will be compiled into a quarterly report.</p>	Yes	HHVS/Clinical Division	In-Process	<p>As previously noted, the policy and procedures for handling health-related grievances has been issued, including the timeliness of addressing the grievance as well as documenting all essential information associated with the grievance. Per discussion with HHVS management, the actual review of these grievances will commence in the near future.</p> <p>If the planned action is implemented as described, the action appears to sufficiently address the recommendation.</p> <p>Note: A follow up review may be necessary in the near future to verify that the described action has occurred.</p>

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			HHVS JH will review the grievances and responses for timeliness, content of responses and appropriate documentation of health care grievance responses. -If sufficient, file -If insufficient, test another sample -If insufficient, CAP required from Wellpath by 20 th day of each month HHVS JH will provide HHVS with results of sampling and CAP by end of each month.				

KEY:

HHVS – Department of Health, Human and Veteran Services

JH – HHVS, Clinical Division, Jail Health

WCSO – Wayne County Sheriff's Office

WP - Wellpath