

COUNTY OF SACRAMENTO

DEPARTMENT OF FINANCE - AUDITOR-CONTROLLER DIVISION – INTERNAL AUDIT UNIT

INTERNAL AUDIT REPORT TURNING POINT COMMUNITY PROGRAMS FISCAL MONITORING AGREED-UPON PROCEDURES

DEPARTMENT OF HEALTH SERVICES



Audit Committee Submittal Date: 06/20/2022

SUMMARY

Background

This fiscal monitoring Agreed-Upon Procedures is requested by Department of Health Services (DHS) as Turning Point Community Programs (Turning Point) is assessed as one of the high risk subrecipients based on DHS's subrecipient risk assessment. Turning Point provides behavioral health and social services for people of all ages, identities, and backgrounds in eight Northern California Counties. Turning Point has agreements with DHS (Agreements) for Fiscal Years (FY) 2018-19 and 2019-20 to provide services for the following programs: Pathways to Success After Homelessness, High Intensity Mental Health Services, Abiding Hope Respite House, Mental Health Urgent Care Clinic, Therapeutic Behavioral Services, Flexible Integrated Treatment, Regional Support Team, Crisis Residential Program I and II, and Crisis Residential Program Henrietta.

Audit Objective

To assist DHS in assessing Turning Point's financial condition and compliance with the Agreements between DHS and Turning Point.

Summary

Based on our agreed-upon procedures performed, we noted several concerns related to internal controls, financial statements, claim submissions and cost allocations.

Department of Finance

Ben Lamera
Director



Auditor-Controller Division

Joyce Renison
Assistant Auditor-Controller

County of Sacramento

May 31, 2022

Chevon Kothari, Director
Department of Health Services
County of Sacramento
7001-A East Parkway, Suite 1000
Sacramento, CA 95823

**INDEPENDENT ACCOUNTANT'S REPORT
ON APPLYING AGREED-UPON PROCEDURES**

Dear Ms. Kothari:

We have performed the procedures enumerated below, which were requested and were agreed to by you, regarding Turning Point Community Programs' (Turning Point) fiscal compliance as outlined in the contractual agreements (Agreements) listed below:

- Abiding Hope Respite House (Abiding Hope) Program:
 - Cost Reimbursement Agreement No. 7202100-19-081 for the period July 1, 2018 to June 30, 2019
 - Cost Reimbursement Agreement No. 7202100-20-081 for the period July 1, 2019 to June 30, 2020
- Crisis Residential Program (CRP) I and II:
 - Cost Reimbursement Agreement No. 7202900-19-070 for the period July 1, 2018 to June 30, 2019
 - Negotiated Rate Agreement No. 7202900-20-070 for the period July 1, 2019 to June 30, 2020
- Crisis Residential Program (CRP) Henrietta:
 - Cost Reimbursement Agreement No. 7202900-17/19-109 for the period July 1, 2018 to June 30, 2019
 - Negotiated Rate Agreement No. 7202900-20-109 for the period July 1, 2019 to June 30, 2020

- Flexible Integrated Treatment (FIT) Program:
 - Negotiated Rate Agreement No. 7202400-19-139 for the period July 1, 2018 to June 30, 2019
 - Negotiated Rate Agreement No. 7202400-20-186 for the period July 1, 2019 to June 30, 2020

- High Intensity Mental Health Services (HIMHS) Program:
 - Cost Reimbursement Agreement No. 7202100-19-026 for the period July 1, 2018 to June 30, 2019
 - Cost Reimbursement Agreement No. 7202100-20-026 for the period July 1, 2019 to June 30, 2020

- Mental Health Urgent Care Clinic (MHUCC) Program:
 - Cost Reimbursement Agreement No. 7202100-19-094 for the period July 1, 2018 to June 30, 2019
 - Cost Reimbursement Agreement No. 7202100-20-094 for the period July 1, 2019 to June 30, 2020

- Pathways to Success After Homelessness (Pathways) Program:
 - Cost Reimbursement Agreement No. 7202100-19-003 for the period July 1, 2018 to June 30, 2019
 - Cost Reimbursement Agreement No. 7202100-20-003 for the period July 1, 2019 to June 30, 2020

- Therapeutic Behavioral Services (TBS) Program:
 - Cost Reimbursement Agreement No. 7202400-19-138 for the period July 1, 2018 to June 30, 2019
 - Cost Reimbursement Agreement No. 7202400-20-138 for the period July 1, 2019 to June 30, 2020

- Regional Support Team (RST) Program:
 - Cost Reimbursement Agreement No. 7202900-19-029 for the period July 1, 2018 to June 30, 2019
 - Cost Reimbursement Agreement No. 7202900-20-029 for the period July 1, 2019 to June 30, 2020

This agreed-upon procedures engagement was conducted to assist the Department of Health Services (DHS) a) to assess Turning Point's financial condition and compliance with the above Agreements and with Section 200.332 (d) of the Title 2 Code of Federal Regulations (2 CFR) Part 200 *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* and b) to verify monthly invoice claims submitted by Turning Point are accurate and reasonable.

DHS's management is responsible for monitoring Turning Point's compliance of the Agreements in accordance with Section 200.332 (d) "*Monitor the activities of the subrecipient [Turning Point] as necessary to ensure that the subaward [Agreements] is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward [Agreements]...*" The sufficiency of the procedures is solely the responsibility of DHS's management. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose. This report is applicable solely to the Agreements referred above and is not intended to pertain to any other agreements of DHS or Turning Point.

The procedures we performed for the Agreements and our findings were as follows:

- 1) Internal Control – We reviewed Turning Point's written internal control policies and procedures including purchasing, vendor payments, payroll, claim submissions, cost allocations, general ledger, and financial report preparation. We also reviewed Turning Point's written procedures for clients' admission and release, program eligibility verification, and services provided for its programs listed in the Agreements.

Finding: We noted exceptions from the review of Turning Point's written internal control policies and procedures. See ATT 1 – *Findings and Recommendations*.

- 2) Financial Statements – We reviewed Turning Point's audit reports for years ended June 30, 2019 and June 30, 2020 to identify any concerns or issues that require your attention.

Finding: We noted an exception from our review of Turning Point's audit reports. See ATT 1 – *Findings and Recommendations*.

- 3) Claim Submission – We obtained and reviewed Turning Point's monthly invoice claims for September 2018, April 2019, June 2019, July 2019, and June 2020. We haphazardly selected and tested 30 transactions from these monthly invoice claims regarding payroll costs and tested 5 transactions from these monthly claims regarding non-payroll costs for the cost reimbursement agreements.

Finding: We noted exceptions related to invoice claim submission. See ATT 1 – *Findings and Recommendations*.

- 4) General Ledger – We traced Turning Point’s monthly invoice claims for September 2018, April 2019, June 2019, July 2019, and June 2020 to its general ledger.

Finding: We attempted to trace monthly invoice claims to Turning Point’s general ledger. However, we were unable to perform the above procedure. Turning Point indicated that it would be difficult to agree monthly general ledger amounts to monthly invoice claim due to adjustments made throughout the year to individual months. Also, the majority of monthly claims submitted to DHS were based on services rendered as reported in Avatar (electronic health record system used by DHS and Turning Point). Service codes listed on Avatar report submitted for claims did not correspond to Turning Point’s general ledger codes. However, we traced expenses reported on preliminary cost reports for the two fiscal years under review to Turning Point’s general ledger for these programs.

- 5) Cost Allocations – We reviewed Turning Point’s cost allocation policies and procedures to identify any concerns or issues that may require your attention. We tested the transactions listed at Item #3 above to identify any issues related to cost allocations.

Finding: We noted exceptions from our review of Turning Point’s cost allocation policies and procedures. See Finding #3a) on ATT 1 - *Findings and Recommendations*.

- 6) Funding Sources – We made inquiries to the management of Turning Point to identify any funding sources other than DHS for its programs. We also reviewed Turning Point’s general ledger and invoice claims for September 2018, April 2019, June 2019, July 2019 and June 2020 to identify any inappropriate or duplicated charges.

Finding: We did not note any inappropriate or duplicate charges.

This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. We were not engaged to, and did not perform, an audit or examination or review, the objectives of which would be the expression of an opinion or conclusion, on Turning Point’s financial statements or schedules, internal controls, compliance with the Agreements, or the results of the agreed-upon procedures. Accordingly, we do not express such an opinion or conclusion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

DHS’s management responses to the findings identified during our engagement are described in ATT 1 - *Findings and Recommendations*. We did not perform procedures to validate DHS’s management responses to the findings and, accordingly, we do not express an opinion on the responses to the findings.

Chevon Kothari, Director
May 31, 2022
Page 5 of 5

This report is intended solely for the information and use of the Sacramento County Board of Supervisors, Sacramento County Audit Committee, Sacramento County Executive, and DHS's management. It is not intended to be, and should not be, used by anyone other than these specified parties. However, this restriction is not intended to limit distribution of this report, which is a matter of public record.

Sincerely,

BEN LAMERA
DIRECTOR OF FINANCE


By: Hong Lun (Andy) Yu, CPA
Audit Manager

Enclosures

ATT 1 – *Findings and Recommendations*
ATT 2 – *Schedule of Claims Paid*

County of Sacramento
Department of Health Services
Turning Point Community Programs
Fiscal Monitoring Agreed-Upon Procedures
Findings and Recommendations
For the Periods from July 1, 2018 to June 30, 2020

1. INTERNAL CONTROL

a) Password Safeguard

Condition

In reviewing Turning Point Community Programs' (Turning Point) Programs Budget Audit binder for Sacramento County, we noted user ID and password to access California Department of Health Care Services' (DHCS) Medi-Cal website for providers to verify Medi-Cal eligibility was documented in the file. DHS Medi-Cal applicants and recipients' personal and health information is stored on DHCS Medi-Cal website.

Turning Point indicated that the binder is stored in a common area so that the policies and procedures for Sacramento County programs is available to all program staff. An electronic version of the binder content also is included on Turning Point's shared drive.

Criteria

All providers who intend to use the Medi-Cal Point of Service (POS) Network or Medi-Cal website application had to sign a Medi-Cal POS Network/Internet Agreement, which included a list of security requirements that had to be met and other state and federal administrative, technical, physical, and organizational safeguards. Security requirements emphasized safeguarding workstation used to access the Medi-Cal website. Accordingly, safeguard should be in place to limit Medi-Cal website system access by authorized users only.

Effect

The storage of the binder in a common area with user ID and password information may result in unauthorized access to DHS clients' personal and health information in the system.

Recommendation

Department of Health Services (DHS) should request Turning Point to remove the user ID and password information granting access to DHCS' Medi-Cal website from the binder as Turning Point had agreed to follow Medical POS Network/Internet Agreement terms related to security requirements when Turning Point requested for access from DHCS. For the electronic version of binder content on the shared drive, Turning Point should remove the user ID and password information or consider password protecting the file to limit access. DHS should request Turning Point contact DHCS to change current password immediately and then change it

County of Sacramento
Department of Health Services
Turning Point Community Programs
Fiscal Monitoring Agreed-Upon Procedures
Findings and Recommendations
For the Periods from July 1, 2018 to June 30, 2020

periodically such as every three months. In addition, access to the website should be limited to authorized users only.

DHS Management Response

DHS agrees with the finding. Turning Point has implemented the following:

1. All pages in the Sacramento County Audit Binder that contained Protected Health Information (PHI) has either been modified to remove PHI or has been redacted,
2. A request has been initiated to the State Department of Health Care Services to replace the PIN number that was displayed in the Sacramento County Audit Binder, and
3. The electronic copy of the Sacramento County Audit Binder has been moved to a secured folder where only authorized users have access.

DHS will review to ensure all Protected Health Information is secure.

b) Media Re-Use

Condition

We noted that Turning Point has several shared laptop computers available for its staff to use when working offsite. Staff may access and record its clients' electronic protected health information (EPHI) on these laptops. Turning Point indicated that each staff has a unique login and access control to restrict access to EPHI that is stored on laptops. However, Turning Point did not remove the EPHI stored on the laptops until the laptops are decommissioned.

Criteria

According to Turning Point's policy and procedures manual, *"All EPHI shall be removed from hard drives when the equipment is transferred to a worker who does not require access to the EPHI or when the equipment is transferred to a new worker with different EPHI access. Hard drives shall be wiped clean before transfer."*

In accordance with Title 45 of Code of Federal Regulations (CFR), Department of Health and Human Services, Administrative Data Standards and related Requirement §164.310 (d)(1), standard of device and media controls, Turning Point should *"implement policies and procedures that govern the receipt and removal of hardware and electronic media that contain electronic protected health information into and out of a facility, and the movement of these items within the facility."*

County of Sacramento
Department of Health Services
Turning Point Community Programs
Fiscal Monitoring Agreed-Upon Procedures
Findings and Recommendations
For the Periods from July 1, 2018 to June 30, 2020

45 CFR §164.310 (d)(2)(ii), implementation specifications for media re-use, required Turning Point to *“implement procedures for removal of electronic protected health information from electronic media before the media are made available for re-use.”*

Effect

Turning Point did not comply with its own policy and 45 CFR §164.310 to remove EPHI from its shared laptops before these laptops were used by different staff. In addition, keeping EPHI in laptops increases the risk of EPHI data breaches. It would create potential liabilities and risks to Turning Point and the County.

Recommendation

Turning Point should ensure all electronic media including those designated as share laptops are in compliance with its policy and 45 CFR §164.310 by implementing the procedures for removal of EPHI before the electronic media is made available for re-use.

DHS Management Response

According to Turning Point, they do not allow employees to share account credentials. All employees are issued unique usernames. When a computer or laptop are shared, employees login with their unique username and access is limited/protected by an Access Control list which restricts access by other users.

For computers and laptops that are decommissioned, the hard drive is removed and securely destroyed.

c) Mental Health Urgent Care Clinic Policy and Procedures

Condition

In reviewing Turning Point’s Programs Budget Audit binder for Sacramento County, we noted the section related to Mental Health Urgent Care Clinic’s (MHUCC) Policy and Procedures did not include all of the requirements as listed in the Agreements between the County of Sacramento and Turning Point. The Programs Budget Audit binder provides Turning Point staff with program description, admission guidelines, and discharge procedures for programs that Turning Point contracted to provide services for with Sacramento County.

Criteria

Per Section V Service Standards documented in Exhibit A to Agreements between the County of Sacramento and Turning Point Community Programs, CONTRACTOR (Turning Point) is required to *“ensure that Policy and Procedures (P&Ps) associated*

County of Sacramento
Department of Health Services
Turning Point Community Programs
Fiscal Monitoring Agreed-Upon Procedures
Findings and Recommendations
For the Periods from July 1, 2018 to June 30, 2020

with operating the MHUCC include but are not limited to; triage and intake processes, bi-lateral coordination and access to MHUCC and MHTC [Mental Health Treatment Center], implementation of screening and assessment tool including a medical screening tool, psychiatric and medical care, peer support, safety planning, collaboration with and linkage of services for follow up care including community resources as well as discharge and aftercare planning.” Items specifically listed under Section V on the Agreement includes:

R.1 *“All P&Ps developed by CONTRACTOR will include how services and discharge planning will differentiate for children, youth, adults, and older adults.”*

R.4 *“A P&P will be developed in collaboration with the Mental Health Treatment Center (MHTC) to include a bi-lateral referral process between the MHUCC and the MHTC’s Intake Stabilization Unit (ISU).”*

R.5 *“A P&P will include how CONTRACTOR and the COUNTY Access Senior Mental Health Counselor will coordinate individuals being directly admitted to the appropriate services within the MHP [Mental Health Plan] and ADS [Alcohol Drug Services]. The P&P will describe a collaborative process for authorization via County Clinician sited within the MHUCC and include a process to support linkage after-hours, weekends, and holidays.”*

Effect

P&Ps associated with operating MHUCC did not ensure inclusion of the requirements as listed in the Agreements. This resulted in non-compliance with the Agreements. Also, requirements not included in P&Ps may affect the quality of services provided by Turning Point to meet County’s expected standard of services to DHS clients.

Recommendation

DHS should request Turning Point update the Sacramento County Programs Budget Audit binder to ensure policy and procedures associated with operating MHUCC program include required items as listed in the Agreements. DHS should consider periodic review and request update to the binder as needed.

DHS Management Response

As a result of this finding, Turning Point has developed a centralized process for cataloging, numbering and storing Standard Operating Procedures for all individual Programs. Turning Points Director of Quality Assurance has been included in the internal contract process and will focus on the Standard Operating Procedure

County of Sacramento
Department of Health Services
Turning Point Community Programs
Fiscal Monitoring Agreed-Upon Procedures
Findings and Recommendations
For the Periods from July 1, 2018 to June 30, 2020

requirements in the contracts to ensure required procedures are established for all programs.

DHS will monitor to ensure Policies and Procedures are maintained for all programs. Contract monitor will provide monthly reminders during contract monitor meetings.

2. FINANCIAL STATEMENTS

Condition

Turning Point's audited financial statements for years ended June 30, 2019 and June 30, 2020 were submitted to DHS on February 3, 2020 and January 31, 2021 respectively. However, Turning Point submitted its 2019 and 2020 audited financial statements after the required due date per Agreements. Turning Point did not request audit extensions for either year.

Criteria

Section X Audits/Review Requirements, Part (E) Submittal and Due Dates for Audits or Reviews, require that "*CONTRACTOR (Turning Point) shall provide to COUNTY three copies of the Audit or Review as required in this section, due six months following the end of CONTRACTOR'S (Turning Point's) fiscal year.*" As Turning Point's fiscal year end is June 30, Turning Point is required by the Agreements to submit by December 31 each year.

Part (F) Request for Extension of Due Date noted that "*CONTRACTOR (Turning Point) may request an extension of the due date for the Audit or Review in writing.*"

Effect

Late submission of audited financial statements resulted in non-compliance with the Agreements. DHS did not have timely financial audit reports available to assess Turning Point's financial condition and compliance with the Agreements.

Recommendation

We recommend DHS follow up with Turning Point when audited financial statements are not received by the required due date. DHS should remind Turning Point that December 31 is the audit due date as documented in the Agreements.

DHS Management Response

DHS currently has processes in place to send reminder letters to Turning Point prior to the due date for audited financial statements; however, DHS will monitor and work with Turning Point to ensure the audited financial statements are submitted timely.

County of Sacramento
Department of Health Services
Turning Point Community Programs
Fiscal Monitoring Agreed-Upon Procedures
Findings and Recommendations
For the Periods from July 1, 2018 to June 30, 2020

DHS will also remind Turning Point that they need to request for an extension should they need more time.

3. CLAIM SUBMISSION

a) **Payroll Expenditure – Staff with Distributed Time**

Condition

We selected 218 payroll expenditure transactions from Turning Point's general ledger for testing. We requested for 62 timecard reports out of the 218 for review. Six (6) timecard reports were for staff with distributed time between programs. In reviewing time distribution summary information presented on timecard reports for two (2) of six (6) employees, we noted a variance between percentages based on actual hours worked versus default distribution percentage reported on MIP (Turning Point's accounting software) for some programs.

Turning Point's general ledger amount for staff with distributed times were calculated by multiplying default percentage for each program by the total pay summary amount for the pay period. We inquired with Turning Point to determine if adjustments were made based on actual hours worked for these two employees as testing revealed that general ledger amount was under actual payroll costs by \$126 for one program and \$10 for another program (employee timecard for pay period ended June 15, 2019) and over actual payroll costs by \$192 for a program (employee timecard for pay period ended July 15, 2019).

Per Turning Point, its payroll system currently is not able to import Exempt/Salaried Employees time splits from data in the timesheet distribution. These employees were coded into a specific program code and their hours split in fiscal year (FY) 2018-19 in a default distribution depending on employee in the MIP accounting system. In FY 2019-20, starting pay period end (PPE) July 31, 2019, the default distributions were adjusted manually each pay period to coincide with each pay period timecard split as it changed.

Criteria

Per 2 CFR § 200.430 (i) Standards for Documentation of Personnel Expenses (1) *"Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed. These records must: (1) Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated."*

County of Sacramento
Department of Health Services
Turning Point Community Programs
Fiscal Monitoring Agreed-Upon Procedures
Findings and Recommendations
For the Periods from July 1, 2018 to June 30, 2020

Per Turning Point's Cost Allocation Plan, Section 4A. Allocation of Costs, Direct Costs - Salaries and Benefits, *"Directors of Program Services (exempt employees) are responsible for more than one contract/program; therefore, their time must be tracked and allocated to the programs they are responsible for. These Directors track/allocate their time on the Exempt Time Allocation Worksheet (certified by email submission) and send it to the Fiscal payroll specialist at the end of the pay period. The Fiscal department calculates the percentage of time each Director spends on each program and allocates their salaries accordingly."* Turning Point indicated that starting PPE July 31, 2019 it adjusted default distributions manually each pay period to coincide with each pay period timecard split as it changed.

Effect

General ledger record does not accurately reflect actual hours worked for employees, which resulted in misstatement for program expenses reported on cost report submitted to DHS. This issue also resulted in non-compliance with the standards for documentations of personnel expenses required by Uniform Grant Guidance and Turning Point's cost allocation methodology.

Recommendation

DHS should follow up with Turning Point regarding the allocation of personnel expenses for staff with distributed time in the period prior to July 31, 2019 and in the period after DHS may consider reviewing the manual adjustments periodically. Based on our review, we did not note any staff time distribution misstatement after July 31, 2019.

DHS Management Response

DHS has followed up with Turning Point. Turning Point has addressed its payroll allocation process and is currently looking into a new payroll service that is able to distribute to the individual programs. Until a new payroll service is found, Turning Point will continue to manually adjust payroll to the appropriate program. DHS will review to ensure the salaries are allocated to the correct programs.

County of Sacramento
 Department of Health Services
 Turning Point Community Programs
 Fiscal Monitoring Agreed-Upon Procedures
 Findings and Recommendations
 For the Periods from July 1, 2018 to June 30, 2020

b) Claim Submission –Timing

Condition

In reviewing claim submissions for the nine (9) Turning Point programs, we noted the following late submissions:

Table 1: Programs with Late Claim Submissions

Program	Claim Month/Year	Submission Date*	Due Date
Abiding Hope	September 2018	October 26, 2018	October 15, 2018
Abiding Hope	April 2019	May 22, 2019	May 15, 2019
Abiding Hope	July 2019	August 22, 2019	August 15, 2019
Crisis Residential Program I & II	July 2019	October 31, 2019	October 15, 2019
Crisis Residential Program - Henrietta	April 2019	May 23, 2019	May 15, 2019
Crisis Residential Program – Henrietta	July 2019	October 31, 2019	October 15, 2019
Mental Health Urgent Clinic Care	April 2019	May 29, 2019	May 15, 2019

*Submission date is based on the provider signature date when certifying monthly invoice claim submitted to Department of Health Services.

Table 2: Programs with Late Run Date for Avatar Phase II Reports

Program	Claim Month/Year	Report Run Date	Due Date
Crisis Residential Program I & II	July 2019	October 31, 2019	October 10, 2019
Crisis Residential Program – Henrietta	July 2019	October 31, 2019	October 10, 2019
Mental Health Urgent Clinic Care	April 2019	May 29, 2019	May 10, 2019

Of the 45 monthly claims selected for testing, we noted seven (7) monthly claims were submitted late and three (3) monthly claims had late run dates for required Avatar Phase II Reports.

Criteria

Per the Agreement [Abiding Hope Respite, Mental Health Urgent Care Clinics, Crisis Residential Program “CRP” I & II, and CRP Henrietta], Section XX Compensation and Payment of Invoices Limitations Part B, “*CONTRACTOR (Turning Point) shall submit an invoice on forms and in accordance with the procedures prescribed by COUNTY on a monthly basis. Invoices shall be submitted to COUNTY no later than the fifteenth (15th) day of the month following the invoice period...*” Per Part E, “*In the event CONTRACTOR (Turning Point) fails to comply with any provisions of this Agreement, COUNTY may withhold payment until such non-compliance has been corrected.*”

Per Exhibit C to the Agreement [Mental Health Urgent Care Clinics, Crisis Residential Program “CRP” I & II, and CRP Henrietta], Section II Compensation for Services Part A (3), “*CONTRACTOR (Turning Point) shall run the Avatar Phase II*

County of Sacramento
Department of Health Services
Turning Point Community Programs
Fiscal Monitoring Agreed-Upon Procedures
Findings and Recommendations
For the Periods from July 1, 2018 to June 30, 2020

Charge Summary and Summary of Services reports for each program no later than 5:00 pm on the 10th of each month. Both reports must be included with the invoices for documentation purposes.”

Effect

Late claim submissions and late run date for Avatar reports may impact DHS's payment processes and reporting requirements. Timing of claim submissions and availability of Avatar reports resulted in non-compliance with Agreements.

Recommendation

We recommend DHS remind Turning Point submit monthly claims in a timely manner as required by the Agreement and also DHS's Policy and Procedures.

We also recommend DHS remind Turning Point run the Avatar Phase II Charge Summary and Summary of Services reports for each program no later than the cutoff time and date as required by the Agreement.

In addition, we recommend DHS consider to withhold Turning Point's payments until the non-compliance has been corrected in accordance with the Agreement.

DHS Management Response

DHS currently monitors and requests for timely submission of claims. Turning Point has made changes and appointed the Controller to oversee the department. Measures and deadlines have been established and are being adhered to. Documentation is required as to why an invoice is submitted late. DHS will continue to monitor, review, and approve invoices to ensure accuracy and timely submission. Invoices are not approved until all required documentation is submitted.

County of Sacramento
Department of Health Services
Turning Point Community Programs
Fiscal Monitoring Review
Schedule of Claims Paid
For the Periods from July 1, 2018 to June 30, 2020

ATT 2

Fiscal Year 2018-19

<u>Programs</u>	<u>Amount Paid</u>
Abiding Hope Respite House	\$ 534,470
Crisis Residential Programs I & II	3,312,426
Crisis Residential Program Henrietta	1,631,021
Flexible Integrated Treatment	3,009,742
High Intensity Mental Health Services	3,835,971
Mental Health Urgent Care Clinic	2,145,687
Pathways to Success After Homelessness	3,891,434
Regional Support Team	3,556,956
Therapeutic Behavioral Services	660,446
Total	<u>\$ 22,578,153</u>

Fiscal Year 2019-20

<u>Programs</u>	<u>Amount Paid</u>
Abiding Hope Respite House	\$ 555,293
Crisis Residential Programs I & II	3,431,894
Crisis Residential Program Henrietta	1,734,449
Flexible Integrated Treatment	2,827,649
High Intensity Mental Health Services	4,449,549
Mental Health Urgent Care Clinic	2,380,423
Pathways to Success After Homelessness	5,161,963
Regional Support Team	3,908,474
Therapeutic Behavioral Services	605,231
Total	<u>\$ 25,054,925</u>

Grant Total **\$ 47,633,078**