

An aerial photograph of a city, likely Charleston, West Virginia, at dusk. The city is built on a hillside overlooking a wide river. A prominent blue steel truss bridge spans the river in the foreground. The city skyline is visible in the middle ground, with various buildings and structures. The sky is a mix of blue and orange, with a few clouds and a small white object (possibly a moon or star) in the upper right. The overall scene is peaceful and scenic.

# West Virginia Single Audit

For the Year Ended June 30, 2023

# ***STATE OF WEST VIRGINIA SINGLE AUDIT***

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***AUDITORS'***  
***REPORTS***

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## Report of Independent Auditors on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

The Honorable Jim Justice, Governor  
of the State of West Virginia

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*), the financial statements of governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of the State of West Virginia as of and for the year ended June 30, 2023, and the related notes to the financial statements, which comprise the State of West Virginia's basic financial statements, and have issued our report thereon dated December 15, 2023. Our report includes a reference to other auditors who audited the financial statements of certain entities within the governmental activities, the business-type activities, the aggregate discretely presented component units, certain major funds, and the aggregate remaining fund information as described in our report on the State of West Virginia's financial statements. The financial statements of the West Virginia Investment Management Board was not audited in accordance with *Government Auditing Standards*, and the West Virginia Housing Development Fund along with the following discretely presented component units of the West Virginia Higher Education Fund discretely presented component unit: Big Green Scholarship Foundation, Inc.; Blue Ridge Community & Technical College Foundation, Inc.; Bluefield State College Foundation, Inc.; Concord University Foundation, Inc.; Fairmont State Foundation, Inc.; The Glenville State College Foundation, Inc.; The Marshall University Foundation, Inc.; Provident – Marshall Properties, LLC; New River Community and Technical College Foundation, Inc.; Southern West Virginia Community College Foundation, Inc.; West Liberty University Foundation, Inc.; West Virginia Northern Community College Foundation, Inc.; West Virginia School of Osteopathic Medicine Foundation, Inc.; West Virginia State University Foundation, Inc.; and WVU at Parkersburg Foundation, Inc. were audited by other auditors and were not performed in accordance with *Government Auditing Standards*, accordingly this report does not include reporting on internal control over financial reporting or compliance and other matters associated with these entities.

### **Report on Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered State of West Virginia's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of

State of West Virginia’s internal control. Accordingly, we do not express an opinion on the effectiveness of the State of West Virginia’s internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity’s financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We identified a deficiency in internal control described in the accompanying schedule of findings and questioned costs as item 2023–001 that we consider to be material weaknesses.

## **Report on Compliance and Other Matters**

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

## **Purpose of This Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity’s internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity’s internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



December 15, 2023



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## Report of Independent Auditors on Compliance for Each Major Federal Program; Report on Internal Control Over Compliance; and Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

The Honorable Jim Justice, Governor  
of the State of West Virginia

### **Report of Independent Auditors on Compliance for Each Major Federal Program**

#### ***Qualified and Unmodified Opinions***

We have audited the State of West Virginia's compliance with the types of compliance requirements identified as subject to audit in the U.S. Office of Management and Budget (OMB) *Compliance Supplement* that could have a direct and material effect on each of the State of West Virginia's major federal programs for the year ended June 30, 2023. The State of West Virginia's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

#### ***Qualified Opinion on Supplemental Nutrition Assistance Program (SNAP Cluster), Child Nutrition Cluster, National Infrastructure Investments, Education Stabilization Fund and Disaster Grants – Public Assistance (Presidentially Declared Disasters).***

In our opinion, except for the noncompliance described in the Basis for Qualified and Unmodified Opinions section of our report, the State of West Virginia complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on Supplemental Nutrition Assistance Program (SNAP Cluster), Child Nutrition Cluster, National Infrastructure Investments, Education Stabilization Fund, and Disaster Grants-Public Assistance (Presidentially Declared Disasters) for the year ended June 30, 2023.

#### ***Unmodified Opinion on Each of the Other Major Federal Programs***

In our opinion, the State of West Virginia complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its other major federal programs that are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs for the year ended June 30, 2023.

#### ***Basis for Qualified and Unmodified Opinions***

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the State of West Virginia and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on compliance for each major federal program. Our audit does not provide a legal determination of the State of West Virginia's compliance with the compliance requirements referred to above.

***Other Matter-Federal Expenditures Not Included in the Compliance Audit***

The State of West Virginia’s basic financial statements include the operations of the West Virginia Housing Development Fund (a proprietary fund), and the following discretely presented component units; the West Virginia University Research Corporation, the Marshall University Research Corporation, the West Virginia State University Research and Development Corporation, West Virginia Drinking Water Treatment Revolving Loan Fund, and the West Virginia Water Development Authority which expended federal awards that are not included in the State of West Virginia’s schedule of expenditures of federal awards during the year ended June 30, 2023. Our compliance audit, described below in the Opinion on Each Major Federal Program Section does not include the operations of this proprietary fund and these discretely presented component units, because they engaged other auditors to perform an audit of compliance.

***Matters Giving Rise to Qualified Opinion on Supplemental Nutrition Assistance Program (SNAP Cluster), Child Nutrition Cluster, National Infrastructure Investments, Education Stabilization Fund and Disaster Grants – Public Assistance (Presidentially Declared Disasters).***

As described in the accompanying schedule of findings and questioned costs, the State of West Virginia did not comply with requirements regarding the following:

<b>Finding Number</b>	<b>Assistance Listing Number</b>	<b>Program or Cluster Name</b>	<b>Compliance Requirement</b>
2023–005	10.551/10.561/ COVID-19 10.561	Supplemental Nutrition Assistance Program (SNAP Cluster)	Special Tests and Provisions – ADP System for SNAP
2023–007	10.553/10.555/ 10.556/10.559/ 10.582	Child Nutrition Cluster	Reporting
2023–015	20.933	National Infrastructure Investments	Reporting
2023–027	COVID-19 84.425U	Education Stabilization Fund	Maintenance of Effort
2023–028	COVID-19 84.425C, D	Education Stabilization Fund	Reporting
2023–055	97.036	Disaster Grants – Public Assistance (Presidentially Declared Disasters)	Subrecipient Monitoring

Compliance with such requirements is necessary, in our opinion for the State of West Virginia to comply with the requirements applicable to that program.

***Responsibilities of Management for Compliance***

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the State of West Virginia’s federal programs.

***Auditor’s Responsibilities for the Audit for Compliance***

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the State of West Virginia’s compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute

assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the State of West Virginia’s compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the State of West Virginia’s compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the State of West Virginia’s internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the State of West Virginia’s internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

**Other Matters**

The results of our auditing procedures disclosed other instances of noncompliance, which are required to be reported in accordance with the Uniform Guidance and which are described in the accompanying schedule of findings and questioned costs as items:

<b>Finding Number</b>	<b>Assistance Listing Number</b>	<b>Program or Cluster Name</b>	<b>Compliance Requirement</b>
2023–006	10.551/10.561/ COVID-19 10.561	Supplemental Nutrition Assistance Program (SNAP Cluster)	Activities Allowed or Unallowed and Allowable Costs/Cost Principles
2023–008	14.228	Community Development Block Grants/State’s Program and Non-Entitlement Grants in Hawaii	Reporting
2023–009	15.252	Abandoned Mine Land Reclamation (AMLR)	Reporting
2023–010	15.252	Abandoned Mine Land Reclamation (AMLR)	Reporting
2023–011	15.252	Abandoned Mine Land Reclamation (AMLR)	Subrecipient Monitoring

<b>Finding Number</b>	<b>Assistance Listing Number</b>	<b>Program or Cluster Name</b>	<b>Compliance Requirement</b>
2023-012	15.252	Abandoned Mine Land Reclamation (AMLR)	Reporting
2023-016	20.933	National Infrastructure Investments	Special Tests and Provisions – Notification of Changes to Key Personnel
2023-017	84.007/84.033/ 84.038/84.063/ 84.268/84.379/ 93.264/93.342/ 93.364	Student Financial Assistance Cluster	Special Tests and Provisions – Satisfactory Academic Progress (N9)
2023-019	84.007/84.033/ 84.038/84.063/ 84.268/84.379/ 93.264/93.342/ 93.364	Student Financial Assistance Cluster	Special Tests and Provisions - Gramm-Leach-Bliley Act - Student Information Security (N12)
2023-022	84.007/84.033/ 84.063/84.268	Student Financial Assistance Cluster	Special Tests and Provisions-Return of Title IV Funds (N4)
2023-024	84.007/84.033/ 84.038/84.063/ 84.268/84.379/ 93.264/93.342/ 93.364	Student Financial Assistance Cluster	Special Tests and Provisions – Using a Servicer to Deliver Title IV Credit Balances To a Card Or Other Access Device (N3)
2023-025	84.038	Student Financial Assistance Cluster	Special Tests and Provisions – Perkins Loan Recordkeeping and Record Retention (N7)
2023-029	COVID-19 84.425D, R, U, V	Education Stabilization Fund	Reporting
2023-030	COVID-19 84.425D, U	Education Stabilization Fund	Activities Allowed or Unallowed And Allowable Costs/Cost Principles
2023-033	COVID-19 84.425E, F, J	Education Stabilization Fund	Cash Management
2023-034	93.323/COVID- 19 93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	Cash Management
2023-036	93.558/COVID- 19 93.558	Temporary Assistance for Needy Families	Special Tests and Provisions – Penalty for Refusal to Work
2023-037	93.558/COVID- 19 93.558	Temporary Assistance for Needy Families	Special Tests and Provisions – Income Eligibility and Verification System
2023-038	93.558/COVID- 19 93.558	Temporary Assistance for Needy Families	Subrecipient Monitoring

<b>Finding Number</b>	<b>Assistance Listing Number</b>	<b>Program or Cluster Name</b>	<b>Compliance Requirement</b>
2023-039	93.558/COVID-19 93.558	Temporary Assistance for Needy Families	Eligibility
2023-040	93.558	Temporary Assistance for Needy Families	Special Tests and Provisions – Penalty for Failure to Comply With Work Verification Plan
2023-041	93.558/COVID-19 93.558	Temporary Assistance for Needy Families	Reporting
	93.568/COVID-19 93.568	Low-Income Home Energy Assistance	
2023-042	93.575/93.596/COVID-19 93.575	Child Care and Development Fund (CCDF Cluster)	Special Tests and Provisions – Provider Eligibility for ARP Act Stabilization Funds
2023-043	93.575/93.596/COVID-19 93.575	Child Care and Development Fund (CCDF Cluster)	Reporting
2023-044	93.575/93.596/COVID-19 93.575	Child Care and Development Fund (CCDF Cluster)	Activities Allowed or Unallowed and Allowable Costs/Cost Principles and Eligibility
2023-045	93.575/93.596/COVID-19 93.575	Child Care and Development Fund (CCDF Cluster)	Special Tests and Provisions - Fraud Detection and Repayment
2023-046	93.568/COVID-19 93.568	Low-Income Home Energy Assistance	Eligibility
2023-047	93.568/COVID-19 93.568	Low-Income Home Energy Assistance	Subrecipient Monitoring
2023-048	93.658	Foster Care Title IV-E	Activities Allowed or Unallowed and Allowable Costs/Cost Principles and Special Tests and Provisions – Payment Rate Setting and Application
2023-049	93.658	Foster Care Title IV-E	Activities Allowed or Unallowed and Allowable Costs/Cost Principles and Eligibility
2023-051	93.775/93.777/93.778	Medicaid Cluster	Special Tests and Provisions – ADP Risk Analysis & System Security Review
2023-052	93.788	OPIOID STR	Subrecipient Cash Management

<b>Finding Number</b>	<b>Assistance Listing Number</b>	<b>Program or Cluster Name</b>	<b>Compliance Requirement</b>
2023-053	93.659	Adoption Assistance	Activities Allowed or Unallowed and Allowable Costs/Cost Principles and Eligibility
2023-057	97.036/ COVID-19 97.036	Disaster Grants – Public Assistance (Presidentially Declared Disasters)	Activities Allowed or Unallowed and Allowable Costs/Cost Principles
2023-058	93.323/COVID-19 93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	Equipment and Real Property Management

Our opinion on each major federal program is not modified with respect to these matters.

We performed audit procedures with respect to the Student Financial Assistance Cluster major federal program related to compliance requirements in Special Tests and Provisions N12, Gramm-Leach Bliley Act – Student Information Security as outlined in the OMB Compliance Supplement for the year ended June 30, 2023. We determined whether the State of West Virginia has designated a “Qualified Individual,” as described in the OMB Compliance Supplement, to be responsible for implementing and monitoring the information security program in accordance with 16 CFR 314.4(a). We determined whether the State of West Virginia has a written information security program and that the written information security program documents the seven minimum elements required by 16 CFR 314.4(a)-(g). Our audit procedures did not evaluate whether the designated Qualified Individual is competent to oversee the implementation and monitoring of the information security program nor whether the Qualified Individual possessed the adequate authority to carry out those duties. Our audit procedures also did not determine whether the written information security program sufficiently and completely addressed the seven minimum elements required by 16 CFR 314.4(a)-(g). Our opinion on the Student Financial Assistance Cluster major federal program is not modified with respect to this matter.

*Government Auditing Standards* requires the auditor to perform limited procedures on the State of West Virginia’s response to the noncompliance findings identified in our audit described in the accompanying schedule of findings and questioned costs. The State of West Virginia’s response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

### **Report on Internal Control Over Compliance**

Our consideration of internal control over compliance was for the limited purpose described in the Auditor’s Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance, and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as discussed below, we did identify certain deficiencies in internal control over compliance that we consider to be material weaknesses and significant deficiencies.

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. We

consider the following deficiencies in internal control over compliance described in the accompanying schedule of findings and questioned costs as listed below to be material weaknesses.

<b>Finding Number</b>	<b>Assistance Listing Number</b>	<b>Program or Cluster Name</b>	<b>Compliance Requirement</b>
2023-002	Various	Various DHHR Programs	DHHR Information System and Related Business Process Controls
2023-003	93.658 93.659	Foster Care Title IV-E Adoption Assistance	Information Technology General Controls – wvPATH
2023-004	93.788  93.323/COVID-19 93.323  93.575/93.596/ COVID-19 93.575  93.558/COVID-19 93.558	OPIOID STR  Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)  Child Care and Development Fund (CCDF Cluster)  Temporary Assistance for Needy Families	Subrecipient Monitoring
2023-005	10.551/10.561/ COVID-19 10.561	Supplemental Nutrition Assistance Program (SNAP Cluster)	Special Tests and Provisions – ADP System for SNAP
2023-007	10.553/10.555/ 10.556/10.559/ 10.582	Child Nutrition Cluster	Reporting
2023-008	14.228	Community Development Block Grants/State’s Program and Non- Entitlement Grants in Hawaii	Reporting
2023-009	15.252	Abandoned Mine Land Reclamation (AMLR)	Reporting
2023-010	15.252	Abandoned Mine Land Reclamation (AMLR)	Reporting
2023-011	15.252	Abandoned Mine Land Reclamation (AMLR)	Subrecipient Monitoring
2023-013	17.225	Unemployment Insurance	Internal Controls Over Information Technology (ABPS)
2023-014	17.225	Unemployment Insurance	Reporting
2023-015	20.933	National Infrastructure Investments	Reporting
2023-016	20.933	National Infrastructure Investments	Special Tests and Provisions – Notification of Changes to Key Personnel

<b>Finding Number</b>	<b>Assistance Listing Number</b>	<b>Program or Cluster Name</b>	<b>Compliance Requirement</b>
2023-017	84.007/84.033/ 84.038/84.063/ 84.268/84.379/ 93.264/93.342/ 93.364	Student Financial Assistance Cluster	Special Tests and Provisions – Satisfactory Academic Progress (N9)
2023-019	84.007/84.033/ 84.038/84.063/ 84.268/84.379/ 93.264/93.342/ 93.364	Student Financial Assistance Cluster	Special Tests and Provisions - Gramm-Leach-Bliley Act - Student Information Security (N12)
2023-021	84.007/84.033/ 84.038/84.063/ 84.268/84.379/ 93.264/93.342/ 93.364	Student Financial Assistance Cluster	Banner Information Technology General Controls - Activities Allowed or Unallowed, Eligibility and Special Tests and Provisions – Disbursements to or on Behalf of Students (N2)
2023-022	84.007/84.033/ 84.063/84.268	Student Financial Assistance Cluster	Special Tests and Provisions – Return of Title IV Funds (N4)
2023-023	84.007/84.033/ 84.063/84.268	Student Financial Assistance Cluster	Cash Management
2023-024	84.007/84.033/ 84.038/84.063/ 84.268/84.379/ 93.264/93.342/ 93.364	Student Financial Assistance Cluster	Special Tests and Provisions – Using A Servicer To Deliver Title IV Credit Balances To A Card Or Other Access Device (N3)
2023-025	84.038	Student Financial Assistance Cluster	Special Tests and Provisions – Perkins Loan Recordkeeping and Record Retention (N7)
2023-026	84.063/84.268	Student Financial Assistance Cluster	Special Tests and Provisions – Enrollment Reporting (N5)
2023-027	COVID-19 84.425U	Education Stabilization Fund	Maintenance of Effort
2023-028	COVID-19 84.425C, D	Education Stabilization Fund	Reporting
2023-029	COVID-19 84.425D, R, U, V	Education Stabilization Fund	Reporting
2023-031	COVID-19 84.425J	Education Stabilization Fund	Activities Allowed or Unallowed and Allowable Costs/Cost Principles
2023-032	COVID-19 84.425F	Education Stabilization Fund	Internal Controls Over Activities Allowed or

<b>Finding Number</b>	<b>Assistance Listing Number</b>	<b>Program or Cluster Name</b>	<b>Compliance Requirement</b>
			Unallowed and Allowable Costs/Cost Principles
2023-034	93.323/COVID-19 93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	Cash Management
2023-035	93.558/COVID-19 93.558	Temporary Assistance for Needy Families	Special Tests and Provisions – Child Support Non-Cooperation, Penalty for Refusal to Work, and Adult Custodial Parent of Child Under Six When Child Care Not Available
2023-037	93.558/COVID-19 93.558	Temporary Assistance for Needy Families	Special Tests and Provisions – Income Eligibility and Verification System
2023-041	93.558/COVID-19 93.558	Temporary Assistance for Needy Families	Reporting
	93.568/COVID-19 93.568	Low-Income Home Energy Assistance	
2023-042	93.575/93.596/ COVID-19 93.575	Child Care Development Fund (CCDF Cluster)	Special Tests and Provisions – Provider Eligibility For ARP Act Stabilization Funds
2023-046	93.568/COVID-19 93.568	Low-Income Home Energy Assistance	Eligibility
2023-047	93.568/COVID-19 93.568	Low-Income Home Energy Assistance	Subrecipient Monitoring
2023-049	93.658	Foster Care Title IV-E	Activities Allowed or Unallowed and Allowable Costs/Cost Principles and Eligibility
2023-051	93.775/93.777/ 93.778	Medicaid Cluster	Special Tests and Provisions – ADP Risk Analysis & Security System
2023-052	93.788	OPIOID STR	Cash Management
2023-054	97.036/COVID-19 97.036	Disaster Grants – Public Assistance (Presidentially Declared Disasters)	Reporting
2023-055	97.036	Disaster Grants – Public Assistance (Presidentially Declared Disasters)	Subrecipient Monitoring
2023-057	97.036/COVID-19 97.036	Disaster Grants – Public Assistance (Presidentially Declared Disasters)	Activities Allowed or Unallowed and Allowable Costs/Cost Principles

<b>Finding Number</b>	<b>Assistance Listing Number</b>	<b>Program or Cluster Name</b>	<b>Compliance Requirement</b>
2023-058	93.323/ COVID-19 93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	Equipment and Real Property Management

A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance. We consider the following deficiencies in internal control over compliance described in the accompanying schedule of findings and questioned costs as listed below to be significant deficiencies.

<b>Finding Number</b>	<b>Assistance Listing Number</b>	<b>Program or Cluster Name</b>	<b>Compliance Requirement</b>
2023-012	15.252	Abandoned Mine Land Reclamation (AMLR)	Reporting
2023-018	84.063/84.268	Student Financial Assistance Cluster	Reporting
2023-020	84.007/84.033/ 84.038/84.063/ 84.268/84.379/ 93.264/93.342/ 93.364	Student Financial Assistance Cluster	Special Tests and Provisions – Verification (N1)
2023-030	COVID-19 84.425D, U	Education Stabilization Fund	Activities Allowed or Unallowed and Allowable Costs/Cost Principles
2023-033	COVID-19 84.425E, F, J	Education Stabilization Fund	Cash Management
2023-038	93.558/COVID-19 93.558	Temporary Assistance for Needy Families	Subrecipient Monitoring
2023-043	93.575/ 93.596/COVID-19 93.575	Child Care and Development Fund (CCDF Cluster)	Reporting
2023-045	93.575/93.596/ COVID-19 93.575	Child Care and Development Fund (CCDF Cluster)	Special Tests and Provisions - Fraud Detection and Repayment
2023-050	93.775/93.777/ 93.778	Medicaid Cluster	Activities Allowed or Unallowed And Allowable Costs/Cost Principles And Special Test and Provisions – Provider Enrollment & Special Test and Provisions
	93.767	Children’s Health Insurance Program	Special Test and Provisions: Provider Health and Safety Standards

<b>Finding Number</b>	<b>Assistance Listing Number</b>	<b>Program or Cluster Name</b>	<b>Compliance Requirement</b>
2023-056	97.036/COVID-19 97.036	Disaster Grants – Public Assistance (Presidentially Declared Disasters)	Activities Allowed or Unallowed and Allowable Costs/Cost Principles

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

*Government Auditing Standards* requires the auditor to perform limited procedures on the State of West Virginia’s response to the internal control over compliance findings identified in our audit described in the accompanying schedule of findings and questioned costs. The State of West Virginia’s response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

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

**Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance**

We have audited the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of the State of West Virginia as of and for the year ended June 30, 2023, and the related notes to the financial statements, which collectively comprise the State of West Virginia’s basic financial statements. We have not performed any procedures with respect to the audited financial statements that collectively comprise the basic financial statements subsequent to December 15, 2023. We have issued our report thereon dated December 15, 2023, which contained unmodified opinions on those financial statements. Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain other procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the basic financial statements as a whole.



February 23, 2024

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***SCHEDULE OF  
EXPENDITURES  
OF FEDERAL  
AWARDS***

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STATE OF WEST VIRGINIA  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FEDERAL GRANTOR LISTING  
FOR THE YEAR ENDING JUNE 30, 2023

FEDERAL ASSISTANCE LISTING/ GRANT/ CONTRACT NUMBER	NAME OF PROGRAM	FEDERAL PROGRAM EXPENDITURES	AMOUNT PASSED THROUGH TO SUBRECIPIENTS	TOTAL FEDERAL EXPENDITURES
<b>DEPARTMENT OF AGRICULTURE</b>				
10.001	AGRICULTURAL RESEARCH BASIC AND APPLIED RESEARCH	\$21,419	\$0	\$21,419
10.025	PLANT AND ANIMAL DISEASE, PEST CONTROL, AND ANIMAL CARE	\$1,191,494	\$0	\$1,191,494
10.028	WILDLIFE SERVICES	\$42,485	\$0	\$42,485
10.069	CONSERVATION RESERVE PROGRAM	\$49,847	\$0	\$49,847
10.156	FEDERAL - STATE MARKETING IMPROVEMENT PROGRAM	\$31,895	\$0	\$31,895
10.170	SPECIALTY CROP BLOCK GRANT PROGRAM - FARM BILL	\$85,612	\$271,767	\$357,379
10.182	FOOD BANK NETWORK	\$0	\$35,819	\$35,819
10.185	LOCAL FOOD FOR SCHOOLS COOPERATIVE AGREEMENT PROGRAM	\$0	\$179,163	\$179,163
10.187	THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) COMMODITY CREDIT CORPORATION ELIGIBLE RECIPIENT FUNDS	\$0	\$17,280	\$17,280
10.202***	COOPERATIVE FORESTRY RESEARCH	\$401,139	\$0	\$401,139
10.203***	PAYMENTS TO AGRICULTURAL EXPERIMENT STATIONS UNDER THE HATCH ACT	\$4,357,987	\$0	\$4,357,987
10.207***	ANIMAL HEALTH AND DISEASE RESEARCH	\$7,870	\$0	\$7,870
10.215***	SUSTAINABLE AGRICULTURE RESEARCH AND EDUCATION	\$57,432	\$0	\$57,432
10.217	HIGHER EDUCATION CHALLENGE GRANTS	\$238,935	\$74,632	\$313,567
10.229	EXTENSION COLLABORATIVE ON IMMUNIZATION TEACHING & ENGAGEMENT	\$38,880	\$0	\$38,880
10.303	INTEGRATED PROGRAMS	\$40,039	\$45,928	\$85,967
10.310	AGRICULTURE AND FOOD RESEARCH INITIATIVE (AFRI)	\$1,474,810	\$1,253,167	\$2,727,977
10.334	ENHANCING AGRICULTURAL OPPORTUNITIES FOR MILITARY VETERANS COMPETITIVE GRANTS PROGRAM	\$156,387	\$0	\$156,387
10.443	OUTREACH AND ASSISTANCE FOR SOCIALLY DISADVANTAGED AND VETERAN FARMERS AND RANCHERS	\$18,032	\$0	\$18,032
10.475	COOPERATIVE AGREEMENTS WITH STATES FOR INTRASTATE MEAT AND POULTRY INSPECTION	\$729,302	\$0	\$729,302
10.500	COOPERATIVE EXTENSION SERVICE	\$131,044	\$0	\$131,044
10.511	SMITH-LEVER FUNDING (VARIOUS PROGRAMS)	\$5,393,437	\$0	\$5,393,437
10.514	EXPANDED FOOD AND NUTRITION EDUCATION PROGRAM	\$993,552	\$0	\$993,552
10.515	RENEWABLE RESOURCES EXTENSION ACT AND NATIONAL FOCUS FUND PROJECTS	\$70,240	\$0	\$70,240
10.516	RURAL HEALTH AND SAFETY EDUCATION COMPETITIVE GRANTS PROGRAM	\$71,375	\$0	\$71,375
10.525	FARM AND RANCH STRESS ASSISTANCE NETWORK COMPETITIVE GRANTS PROGRAM	\$65,565	\$104,362	\$169,927
10.541	CHILD NUTRITION - TECHNOLOGY INNOVATION GRANT	\$152,853	\$0	\$152,853
10.542	PANDEMIC EBT FOOD BENEFITS	\$139,791,542	\$0	\$139,791,542
10.545	FARMERS' MARKET SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM SUPPORT GRANTS	\$28,855	\$0	\$28,855
10.557	WIC SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN	\$23,408,715	\$12,745,960	\$36,154,675
10.558	CHILD AND ADULT CARE FOOD PROGRAM	\$251,870	\$19,246,131	\$19,498,001
10.560	STATE ADMINISTRATIVE EXPENSES FOR CHILD NUTRITION	\$2,171,961	\$0	\$2,171,961
10.572	WIC FARMERS' MARKET NUTRITION PROGRAM (FMNP)	\$39,898	\$0	\$39,898
10.575	FARM TO SCHOOL GRANT PROGRAM	\$32,032	\$0	\$32,032
10.576	SENIOR FARMERS MARKET NUTRITION PROGRAM	\$470,699	\$0	\$470,699
10.578	WIC GRANTS TO STATES (WGS)	\$1,202,933	\$794,594	\$1,997,527
10.579	CHILD NUTRITION DISCRETIONARY GRANTS LIMITED AVAILABILITY	\$0	\$203,898	\$203,898
10.649	PANDEMIC EBT ADMINISTRATIVE COSTS	\$921,988	\$144,078	\$1,066,066
10.664	COOPERATIVE FORESTRY ASSISTANCE	\$817,942	\$75,527	\$893,469
10.665	SCHOOLS AND ROADS-GRANTS TO STATES	\$144	\$27,500	\$27,644
10.676	FOREST LEGACY PROGRAM	\$48,187	\$0	\$48,187
10.678	FOREST STEWARDSHIP PROGRAM	\$4,578	\$0	\$4,578
10.680	FOREST HEALTH PROTECTION	\$965,818	\$0	\$965,818
10.691	GOOD NEIGHBOR AUTHORITY	\$80,239	\$0	\$80,239
10.698	STATE & PRIVATE FORESTRY COOPERATIVE FIRE ASSISTANCE	\$11,023	\$118,886	\$129,909
10.699	PARTNERSHIP AGREEMENTS	\$15,288	\$0	\$15,288
10.766	COMMUNITY FACILITIES LOANS AND GRANTS	\$70,600	\$0	\$70,600
10.855	DISTANCE LEARNING AND TELEMEDICINE LOANS AND GRANTS	\$136,828	\$0	\$136,828
10.868	RURAL ENERGY FOR AMERICA PROGRAM	\$33,032	\$25,181	\$58,213
10.902	SOIL AND WATER CONSERVATION	\$198,799	\$0	\$198,799
10.904	WATERSHED PROTECTION AND FLOOD PREVENTION	\$88,805	\$0	\$88,805
10.912	ENVIRONMENTAL QUALITY INCENTIVES PROGRAM	\$122,102	\$0	\$122,102
10.960	TECHNICAL AGRICULTURAL ASSISTANCE	\$31,071	\$0	\$31,071
<b>SNAP CLUSTER</b>				
10.551	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)	\$859,766,135	\$0	\$859,766,135
10.561	STATE ADMINISTRATIVE MATCHING GRANTS FOR THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM	\$20,670,830	\$1,767,342	\$22,438,172
COVID 10.561	COVID-19 - 19 STATE ADMINISTRATIVE MATCHING GRANTS FOR THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM	\$2,743,432	\$0	\$2,743,432
	<b>TOTAL SNAP CLUSTER</b>	<b>\$883,180,397</b>	<b>\$1,767,342</b>	<b>\$884,947,739</b>
<b>CHILD NUTRITION CLUSTER</b>				
10.553	SCHOOL BREAKFAST PROGRAM (SBP)	\$171,230	\$54,105,085	\$54,276,315
10.555	NATIONAL SCHOOL LUNCH PROGRAM (NSLP)	\$173,652	\$136,354,100	\$136,527,752
10.556	SPECIAL MILK PROGRAM FOR CHILDREN (SMP)	\$0	\$9,587	\$9,587

STATE OF WEST VIRGINIA  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FEDERAL GRANTOR LISTING  
FOR THE YEAR ENDING JUNE 30, 2023

FEDERAL ASSISTANCE LISTING/ GRANT/ CONTRACT NUMBER	NAME OF PROGRAM	FEDERAL PROGRAM EXPENDITURES	AMOUNT PASSED THROUGH TO SUBRECIPIENTS	TOTAL FEDERAL EXPENDITURES
10.559	SUMMER FOOD SERVICE PROGRAM FOR CHILDREN (SFSPC)	\$110,837	\$4,264,708	\$4,375,545
10.582	FRESH FRUIT AND VEGETABLE PROGRAM	\$0	\$2,788,722	\$2,788,722
	<b>TOTAL CHILD NUTRITION CLUSTER</b>	<b>\$455,719</b>	<b>\$197,522,202</b>	<b>\$197,977,921</b>
	<b>FOOD DISTRIBUTION CLUSTER</b>			
10.565	COMMODITY SUPPLEMENTAL FOOD PROGRAM	\$13,336	\$5,019,935	\$5,033,271
COVID 10.565	COVID-19 - COMMODITY SUPPLEMENTAL FOOD PROGRAM	\$0	\$9,844	\$9,844
10.568	EMERGENCY FOOD ASSISTANCE PROGRAM (ADMINISTRATIVE COSTS)	\$2,747	\$1,261,961	\$1,264,708
COVID 10.568	COVID-19 - EMERGENCY FOOD ASSISTANCE PROGRAM (ADMINISTRATIVE COSTS)	\$0	\$211,376	\$211,376
10.569	EMERGENCY FOOD ASSISTANCE PROGRAM (FOOD COMMODITIES)	\$0	\$6,847,348	\$6,847,348
COVID 10.569	COVID-19 - EMERGENCY FOOD ASSISTANCE PROGRAM (FOOD COMMODITIES)	\$0	\$1,004,047	\$1,004,047
	<b>TOTAL FOOD DISTRIBUTION CLUSTER</b>	<b>\$16,083</b>	<b>\$14,354,511</b>	<b>\$14,370,594</b>
10.U01	RESEARCH TO SUPPORT SILVAH MODERNIZATION	\$11,747	\$0	\$11,747
10.U02	NATIONAL VISITOR USE MONITORING	\$5,201	\$0	\$5,201
10.U03	NATIONAL VISITOR USE MONITORING FOR RECREATIONAL SYSTEMS ON PUBLIC LANDS	\$558,197	\$0	\$558,197
10.U04	NATIONAL VISITOR USE MONITORING STUDY ON THE CHEQUAMEGON - NICOLET NATIONAL FOREST	\$8,197	\$0	\$8,197
10.U05	NATIONAL VISITOR USE MONITORING FOR RECREATIONAL SYSTEMS ON CUSTER GALLAIN NATIONAL FOREST	\$16,654	\$0	\$16,654
10.U06	MINDFULNESS-BASED RESILIENCY TRAINING FOR WEST VIRGINIA DEPARTMENT OF AGRICULTURE VETERANS & HEROES TO AGRICULTURE PROGRAM MEMBERS	\$27,896	\$0	\$27,896
<b>TOTAL DEPARTMENT OF AGRICULTURE</b>		<b>\$1,071,046,671</b>	<b>\$249,007,928</b>	<b>\$1,320,054,599</b>
<b>DEPARTMENT OF COMMERCE</b>				
11.032	STATE DIGITAL EQUITY PLANNING GRANTS	\$112,494	\$10,000	\$122,494
11.035	BROADBAND EQUITY, ACCESS, AND DEPLOYMENT PROGRAM	\$687,932	\$12,500	\$700,432
11.305	ECONOMIC DEVELOPMENT - STATE AND LOCAL ECONOMIC DEVELOPMENT PLANNING	\$2,345	\$0	\$2,345
11.307	ECONOMIC ADJUSTMENT ASSISTANCE	\$3,508,713	\$115,043	\$3,623,756
COVID 11.307	COVID-19 - ECONOMIC ADJUSTMENT ASSISTANCE	\$9,913,666	\$0	\$9,913,666
11.617	CONGRESSIONALLY - IDENTIFIED PROJECTS	\$328,218	\$0	\$328,218
11.U01	APPALACHIAN CLIMATE TECHNOLOGIES (ACTNOW) COALITION	\$73,858	\$0	\$73,858
<b>TOTAL DEPARTMENT OF COMMERCE</b>		<b>\$14,627,226</b>	<b>\$137,543</b>	<b>\$14,764,769</b>
<b>DEPARTMENT OF DEFENSE</b>				
12.002	PROCUREMENT TECHNICAL ASSISTANCE FOR BUSINESS FIRMS	\$188,450	\$0	\$188,450
12.113	STATE MEMORANDUM OF AGREEMENT PROGRAM FOR THE REIMBURSEMENT OF TECHNICAL SERVICES	\$337,546	\$0	\$337,546
12.225	COMMERCIAL TECHNOLOGIES FOR MAINTENANCE ACTIVITIES PROGRAM	\$71,372	\$0	\$71,372
12.300***	BASIC AND APPLIED SCIENTIFIC RESEARCH	\$130,978	\$53,081	\$184,059
12.400	MILITARY CONSTRUCTION, NATIONAL GUARD	\$148,500	\$0	\$148,500
12.401	NATIONAL GUARD MILITARY OPERATIONS AND MAINTENANCE (O&M) PROJECTS	\$44,281,517	\$0	\$44,281,517
12.404	NATIONAL GUARD CHALLENGE PROGRAM	\$11,111,965	\$0	\$11,111,965
12.501	TRAINING AND SUPPORT - COMBATING WEAPONS OF MASS DESTRUCTION	\$51,388	\$0	\$51,388
12.618	COMMUNITY ECONOMIC ADJUSTMENT ASSISTANCE FOR ESTABLISHMENT OR EXPANSION OF A MILITARY INSTALLATION	\$60,450	\$0	\$60,450
12.800***	AIR FORCE DEFENSE RESEARCH SCIENCES PROGRAM	\$131,949	\$0	\$131,949
12.900	LANGUAGE GRANT PROGRAM	\$47,958	\$9,083	\$57,041
12.902	INFORMATION SECURITY GRANT PROGRAM	\$81,543	\$0	\$81,543
12.U01	AIR FORCE JR ROTC - SUMMER FLIGHT ACADEMY	\$203,468	\$0	\$203,468
12.U02	INTELLIGENT MULTIROTOR AUTONOMOUS GLIDER FOR RELOCATABLE SENSORS (MAGRS) PH2	\$24,288	\$0	\$24,288
<b>TOTAL DEPARTMENT OF DEFENSE</b>		<b>\$56,871,372</b>	<b>\$62,164</b>	<b>\$56,933,536</b>
<b>DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT</b>				
14.110	MANUFACTURED HOME LOAN INSURANCE - FINANCING PURCHASE OF MANUFACTURED HOMES AS PRINCIPAL RESIDENCES OR BORROWERS	\$122,599	\$0	\$122,599
14.228	COMMUNITY DEVELOPMENT BLOCK GRANTS/STATE'S PROGRAM AND NON-ENTITLEMENT GRANTS IN HAWAII	\$7,535,778	\$17,366,955	\$24,902,733
COVID 14.228	COVID-19 - COMMUNITY DEVELOPMENT BLOCK GRANTS/STATE'S PROGRAM AND NON-ENTITLEMENT GRANTS IN HAWAII	\$84,353	\$4,462,146	\$4,546,499
14.231	EMERGENCY SOLUTIONS GRANT PROGRAM	\$24,318	\$1,298,523	\$1,322,841
COVID 14.231	COVID-19 - EMERGENCY SOLUTIONS GRANT PROGRAM	\$279,091	\$3,050,052	\$3,329,143
14.241	HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS	\$39,001	\$655,438	\$694,439
14.251	ECONOMIC DEVELOPMENT INITIATIVE, COMMUNITY PROJECT FUNDING, AND MISCELLANEOUS GRANTS	\$480	\$0	\$480
14.400	EQUAL OPPORTUNITY IN HOUSING	\$99,290	\$0	\$99,290
<b>TOTAL DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT</b>		<b>\$8,184,910</b>	<b>\$26,833,114</b>	<b>\$35,018,024</b>
<b>DEPARTMENT OF THE INTERIOR</b>				
15.018	ENERGY COMMUNITY REVITALIZATION PROGRAM (ECRP)	\$4,890,937	\$0	\$4,890,937
15.250	REGULATION OF SURFACE COAL MINING AND SURFACE EFFECTS OF UNDERGROUND COAL MINING	\$8,295,933	\$0	\$8,295,933

STATE OF WEST VIRGINIA  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FEDERAL GRANTOR LISTING  
FOR THE YEAR ENDING JUNE 30, 2023

FEDERAL ASSISTANCE LISTING/ GRANT/ CONTRACT NUMBER	NAME OF PROGRAM	FEDERAL PROGRAM EXPENDITURES	AMOUNT PASSED THROUGH TO SUBRECIPIENTS	TOTAL FEDERAL EXPENDITURES
15.252	ABANDONED MINE LAND RECLAMATION (AMLR)	\$18,939,503	\$12,283,714	\$31,223,217
15.433	FLOOD CONTROL ACT LANDS	\$220,680	\$0	\$220,680
15.438	NATIONAL FOREST ACQUIRED LANDS	\$100,666	\$0	\$100,666
15.608	FISH AND WILDLIFE MANAGEMENT ASSISTANCE	\$47,905	\$0	\$47,905
15.615	COOPERATIVE ENDANGERED SPECIES CONSERVATION FUND	\$93,269	\$0	\$93,269
15.628	MULTISTATE CONSERVATION GRANT	\$25,000	\$0	\$25,000
15.634	STATE WILDLIFE GRANTS	\$656,526	\$0	\$656,526
15.657	ENDANGERED SPECIES CONSERVATION - RECOVERY IMPLEMENTATION FUNDS	\$37,539	\$0	\$37,539
15.662	GREAT LAKES RESTORATION	\$11,537	\$0	\$11,537
15.667	HIGHLANDS CONSERVATION	\$89,049	\$0	\$89,049
15.670	ADAPTIVE SCIENCE	\$21,954	\$0	\$21,954
15.808	U.S. GEOLOGICAL SURVEY - RESEARCH AND DATA COLLECTION	\$7,455	\$0	\$7,455
15.810	NATIONAL COOPERATIVE GEOLOGIC MAPPING	\$183,325	\$0	\$183,325
15.814	NATIONAL GEOLOGICAL AND GEOPHYSICAL DATA PRESERVATION	\$16,828	\$0	\$16,828
15.904	HISTORIC PRESERVATION FUND GRANTS-IN-AID	\$525,301	\$138,225	\$663,526
15.916	OUTDOOR RECREATION-ACQUISITION, DEVELOPMENT AND PLANNING PRESERVATION OF HISTORIC STRUCTURES ON THE CAMPUSES OF HISTORICALLY BLACK COLLEGES AND UNIVERESITIES (HBCUs)	\$1,669	\$1,209,678	\$1,211,347
15.932	HERITAGE PARTNERSHIP	\$18,445	\$0	\$18,445
15.939	COOPERATIVE RESEARCH AND TRAINING PROGRAMS - RESOURCES OF THE NATIONAL PARK SYSTEM	\$372,525	\$0	\$372,525
15.945		\$39,168	\$0	\$39,168
	<b><u>FISH AND WILDLIFE CLUSTER</u></b>			
15.605	SPORT FISH RESTORATION	\$4,028,757	\$0	\$4,028,757
15.611	WILDLIFE RESTORATION AND BASIC HUNTER EDUCATION	\$5,250,889	\$0	\$5,250,889
	<b><u>TOTAL FISH AND WILDLIFE CLUSTER</u></b>	<b><u>\$9,279,646</u></b>	<b><u>\$0</u></b>	<b><u>\$9,279,646</u></b>
<b><u>TOTAL DEPARTMENT OF THE INTERIOR</u></b>		<b><u>\$43,874,860</u></b>	<b><u>\$13,631,617</u></b>	<b><u>\$57,506,477</u></b>
<b><u>DEPARTMENT OF JUSTICE</u></b>				
16.005	PUBLIC EDUCATION ON DRUG ABUSE-INFORMATION	\$21,334	\$3,142	\$24,476
16.017	SEXUAL ASSAULT SERVICES FORMULA PROGRAM	\$9,896	\$915,115	\$925,011
16.525	GRANTS TO REDUCE DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, AND STALKING ON CAMPUS	\$29,516	\$0	\$29,516
16.540	JUVENILE JUSTICE AND DELINQUENCY PREVENTION	\$50,148	\$456,754	\$506,902
16.543	MISSING CHILDREN'S ASSISTANCE	\$917,233	\$0	\$917,233
16.550	STATE JUSTICE STATISTICS PROGRAM FOR STATISTICAL ANALYSIS CENTERS	\$10,224	\$0	\$10,224
16.554	NATIONAL CRIMINAL HISTORY IMPROVEMENT PROGRAM (NCHIP)	\$945,876	\$11,785	\$957,661
16.575	CRIME VICTIM ASSISTANCE	\$666,695	\$9,885,435	\$10,552,130
16.582	CRIME VICTIM COMPENSATION/DISCRETIONARY GRANTS	\$0	\$400,000	\$400,000
16.585	TREATMENT COURT DISCRETIONARY GRANT PROGRAM	\$393,541	\$0	\$393,541
16.588	VIOLENCE AGAINST WOMEN FORMULA GRANTS	\$304,461	\$1,510,291	\$1,814,752
16.589	RURAL DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, AND STALKING ASSISTANCE PROGRAM	\$6,705	\$329,156	\$335,861
16.590	GRANTS TO ENCOURAGE ARREST POLICIES AND ENFORCEMENT OF PROTECTION ORDERS PROGRAM	\$52,181	\$105,637	\$157,818
16.593	RESIDENTIAL SUBSTANCE ABUSE TREATMENT FOR STATE PRISONERS	\$191,191	\$0	\$191,191
16.609	PROJECT SAFE NEIGHBORHOODS	\$8,582	\$102,801	\$111,383
16.710	PUBLIC SAFETY PARTNERSHIP AND COMMUNITY POLICING GRANTS	\$337,607	\$0	\$337,607
16.735	PREA PROGRAM: STRATEGIC SUPPORT FOR PREA IMPLEMENTATION	\$15,583	\$15,583	\$31,166
16.738	EDWARD BYRNE MEMORIAL JUSTICE ASSISTANCE GRANT PROGRAM	\$466,985	\$1,636,571	\$2,103,556
16.741	DNA BACKLOG REDUCTION PROGRAM	\$377,300	\$0	\$377,300
16.742	PAUL COVERDELL FORENSIC SCIENCES IMPROVEMENT GRANT PROGRAM	\$229,294	\$0	\$229,294
16.750	SUPPORT FOR ADAM WALSH ACT IMPLEMENTATION GRANT PROGRAM	\$50,906	\$0	\$50,906
16.754	HAROLD ROGERS PRESCRIPTION DRUG MONITORING PROGRAM	\$220,152	\$0	\$220,152
16.813	NICS ACT RECORD IMPROVEMENT PROGRAM	\$1,587,548	\$0	\$1,587,548
16.816	JOHN R. JUSTICE PROSECUTORS AND DEFENDERS INCENTIVE ACT	\$1,400	\$30,532	\$31,932
16.833	NATIONAL SEXUAL ASSAULT KIT INITIATIVE	\$289,603	\$77,618	\$367,221
16.838	COMPREHENSIVE OPIOID, STIMULANT, AND SUBSTANCE USE PROGRAM	\$983,773	\$3,539,592	\$4,523,365
16.922	EQUITABLE SHARING PROGRAM	\$6,629	\$0	\$6,629
16.U01	STATE JUSTICE INSTITUTE	\$40,000	\$0	\$40,000
16.U02	MISCELLANEOUS JUSTICE PROGRAMS	\$1,076,159	\$0	\$1,076,159
16.U03	EQUITABLE SHARING PROGRAM-JUSTICE	\$544,906	\$0	\$544,906
16.U04	FBI JTTF LAW ENFORCEMENT AGREEMENT	\$10,273	\$0	\$10,273
<b><u>TOTAL DEPARTMENT OF JUSTICE</u></b>		<b><u>\$9,845,701</u></b>	<b><u>\$19,020,012</u></b>	<b><u>\$28,865,713</u></b>
<b><u>DEPARTMENT OF LABOR</u></b>				
17.002	LABOR FORCE STATISTICS	\$676,660	\$0	\$676,660
17.005	COMPENSATION AND WORKING CONDITIONS	\$79,006	\$0	\$79,006
17.225	UNEMPLOYMENT INSURANCE (NOTE 4)	\$138,362,181	\$0	\$138,362,181
17.235	SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM	\$49,240	\$729,652	\$778,892
17.245	TRADE ADJUSTMENT ASSISTANCE	\$2,749,806	\$0	\$2,749,806
17.261	WORKFORCE DATA QUALITY INITIATIVE (WDQI)	\$150,997	\$64,215	\$215,212
17.268	H-1B JOB TRAINING GRANTS	\$843,013	\$2,045	\$845,058

STATE OF WEST VIRGINIA  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FEDERAL GRANTOR LISTING  
FOR THE YEAR ENDING JUNE 30, 2023

FEDERAL ASSISTANCE LISTING/ GRANT/ CONTRACT NUMBER	NAME OF PROGRAM	FEDERAL PROGRAM EXPENDITURES	AMOUNT PASSED THROUGH TO SUBRECIPIENTS	TOTAL FEDERAL EXPENDITURES
17.270	REENTRY EMPLOYMENT OPPORTUNITIES	\$17,303	\$0	\$17,303
17.271	WORK OPPORTUNITY TAX CREDIT PROGRAM (WOTC)	\$144,491	\$0	\$144,491
17.273	TEMPORARY LABOR CERTIFICATION FOR FOREIGN WORKERS	\$27,609	\$0	\$27,609
17.277	WIOA NATIONAL DISLOCATED WORKER GRANTS/WIA NATIONAL EMERGENCY GRANTS	\$78,200	\$1,538,984	\$1,617,184
17.280	WIOA DISLOCATED WORKER NATIONAL RESERVE DEMONSTRATION GRANTS	\$346,500	\$0	\$346,500
17.285	APPRENTICESHIP USA GRANTS	\$108,135	\$15,534	\$123,669
17.287	JOB CORPS EXPERIMENTAL PROJECTS AND TECHNICAL ASSISTANCE	\$333,156	\$0	\$333,156
17.504	CONSULTATION AGREEMENTS	\$350,622	\$0	\$350,622
17.600	MINE HEALTH AND SAFETY GRANTS	\$616,847	\$0	\$616,847
17.804	LOCAL VETERANS' EMPLOYMENT REPRESENTATIVE PROGRAM	\$409,127	\$0	\$409,127
17.999	MISCELLANEOUS LABOR PROGRAMS	\$(26,845)	\$0	\$(26,845)
<b><u>EMPLOYMENT SERVICE CLUSTER</u></b>				
17.207	EMPLOYMENT SERVICE/WAGNER-PEYSER FUNDED ACTIVITIES	\$7,555,084	\$10,264	\$7,565,348
17.801	JOBS FOR VETERANS STATE GRANTS	\$651,960	\$0	\$651,960
<b><u>TOTAL EMPLOYMENT SERVICE CLUSTER</u></b>		<b>\$8,207,044</b>	<b>\$10,264</b>	<b>\$8,217,308</b>
<b><u>WIOA CLUSTER</u></b>				
17.258	WIOA ADULT PROGRAM	\$384,047	\$5,978,882	\$6,362,929
17.259	WIOA YOUTH ACTIVITIES	\$115,549	\$5,415,264	\$5,530,813
17.278	WIOA DISLOCATED WORKER FORMULA GRANTS	\$3,084,531	\$10,255,797	\$13,340,328
<b><u>TOTAL WIOA CLUSTER</u></b>		<b>\$3,584,127</b>	<b>\$21,649,943</b>	<b>\$25,234,070</b>
<b><u>TOTAL DEPARTMENT OF LABOR</u></b>		<b>\$157,107,219</b>	<b>\$24,010,637</b>	<b>\$181,117,856</b>
<b><u>DEPARTMENT OF TRANSPORTATION</u></b>				
20.205*	HIGHWAY PLANNING AND CONSTRUCTION	\$549,956,745	\$3,730,883	\$553,687,628
20.215	HIGHWAY TRAINING AND EDUCATION	\$(12,040)	\$74,564	\$62,524
20.219*	RECREATIONAL TRAILS PROGRAM	\$615,340	\$1,024,105	\$1,639,445
20.224	FEDERAL LANDS ACCESS PROGRAM	\$0	\$10,575	\$10,575
20.232	COMMERCIAL DRIVER'S LICENSE PROGRAM IMPLEMENTATION GRANT	\$34,473	\$0	\$34,473
20.301	RAILROAD SAFETY	\$7,718	\$0	\$7,718
20.505	METROPOLITAN TRANSPORTATION PLANNING AND STATE AND NON-METROPOLITAN PLANNING AND RESEARCH	\$73,513	\$1,091,797	\$1,165,310
20.509	FORMULA GRANTS FOR OTHER THAN URBANIZED AREAS	\$1,023,282	\$8,819,316	\$9,842,598
20.513	CAPITAL ASSISTANCE PROGRAM FOR ELDERLY PERSONS AND PERSONS WITH DISABILITIES	\$1,535,466	\$1,221,481	\$2,756,947
20.528	RAIL FIXED GUIDEWAY PUBLIC TRANSPORTATION SYSTEM STATE SAFETY OVERSIGHT FORMULA GRANT PROGRAM	\$159,605	\$0	\$159,605
20.700	PIPELINE SAFETY PROGRAM STATE BASE GRANT	\$925,718	\$0	\$925,718
20.724	PIPELINE SAFETY RESEARCH COMPETITIVE ACADEMIC AGREEMENT PROGRAM (CAAP)	\$77,248	\$0	\$77,248
20.933	NATIONAL INFRASTRUCTURE INVESTMENTS	\$35,831,611	\$0	\$35,831,611
<b><u>FMCSA CLUSTER</u></b>				
20.218	MOTOR CARRIER SAFETY ASSISTANCE	\$3,146,610	\$0	\$3,146,610
20.237	MOTOR CARRIER SAFETY ASSISTANCE HIGH PRIORITY ACTIVITIES GRANTS AND COOPERATIVE AGREEMENTS	\$372,561	\$2,013	\$374,574
<b><u>TOTAL FMCSA CLUSTER</u></b>		<b>\$3,519,171</b>	<b>\$2,013</b>	<b>\$3,521,184</b>
<b><u>FEDERAL TRANSIT CLUSTER</u></b>				
20.507	FEDERAL TRANSIT FORMULA GRANTS	\$(28,661)	\$0	\$(28,661)
20.525	STATE OF GOOD REPAIR GRANTS PROGRAM	\$1,318,757	\$0	\$1,318,757
20.526	BUSES AND BUS FACILITIES FORMULA PROGRAM	\$272,001	\$0	\$272,001
<b><u>TOTAL FEDERAL TRANSIT CLUSTER</u></b>		<b>\$1,562,097</b>	<b>\$0</b>	<b>\$1,562,097</b>
<b><u>HIGHWAY SAFETY CLUSTER</u></b>				
20.600	STATE AND COMMUNITY HIGHWAY SAFETY	\$1,200,016	\$1,160,021	\$2,360,037
20.616	NATIONAL PRIORITY SAFETY PROGRAMS	\$2,406,551	\$107,770	\$2,514,321
<b><u>TOTAL HIGHWAY SAFETY CLUSTER</u></b>		<b>\$3,606,567</b>	<b>\$1,267,791</b>	<b>\$4,874,358</b>
<b><u>TOTAL DEPARTMENT OF TRANSPORTATION</u></b>		<b>\$598,916,514</b>	<b>\$17,242,525</b>	<b>\$616,159,039</b>
<b><u>DEPARTMENT OF THE TREASURY</u></b>				
COVID 21.019	COVID-19 - CORONAVIRUS RELIEF FUND	\$23,844,180	\$15,943,259	\$39,787,439
COVID 21.027	COVID-19 - CORONAVIRUS STATE AND LOCAL FISCAL RECOVERY FUNDS	\$2,705,101	\$2,261,025	\$4,966,126
<b><u>TOTAL DEPARTMENT OF THE TREASURY</u></b>		<b>\$26,549,281</b>	<b>\$18,204,284</b>	<b>\$44,753,565</b>
<b><u>APPALACHIAN REGIONAL COMMISSION</u></b>				
23.001	APPALACHIAN REGIONAL DEVELOPMENT (SEE INDIVIDUAL APPALACHIAN PROGRAMS)	\$64,266	\$0	\$64,266
23.002	APPALACHIAN AREA DEVELOPMENT	\$340,177	\$891,468	\$1,231,645
23.011	APPALACHIAN RESEARCH, TECHNICAL ASSISTANCE, AND DEMONSTRATION PROJECTS	\$52,364	\$0	\$52,364

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23.U01	WORKFORCE CONSTRUCTION, TELECOMMUNICATIONS, & ENERGY (CCE) TRAINING CENTER	\$19,737	\$0	\$19,737
23.U02	EQUITY IN ENTREPRENEURSHIP: STRATEGIC PLANNING FOR YOUTH ENTREPRENEURSHIP	\$30,700	\$0	\$30,700
<u>TOTAL APPALACHIAN REGIONAL COMMISSION</u>		<u>\$507,244</u>	<u>\$891,468</u>	<u>\$1,398,712</u>
<u>EQUAL EMPLOYMENT OPPORTUNITY COMMISSION</u>				
30.001	EMPLOYMENT DISCRIMINATION-TITLE VII OF THE CIVIL RIGHTS ACT OF 1964	\$31,405	\$0	\$31,405
<u>TOTAL EQUAL EMPLOYMENT OPPORTUNITY COMMISSION</u>		<u>\$31,405</u>	<u>\$0</u>	<u>\$31,405</u>
<u>GENERAL SERVICES ADMINISTRATION</u>				
39.003	DONATION OF FEDERAL SURPLUS PERSONAL PROPERTY	\$190,403	\$0	\$190,403
<u>TOTAL GENERAL SERVICES ADMINISTRATION</u>		<u>\$190,403</u>	<u>\$0</u>	<u>\$190,403</u>
<u>NATIONAL AERONAUTICS AND SPACE ADMINISTRATION</u>				
43.001	SCIENCE	\$10,064	\$0	\$10,064
43.008***	OFFICE OF STEM ENGAGEMENT (OSTEM)	\$47,525	\$(126)	\$47,399
43.009	MISSION SUPPORT	\$364,252	\$0	\$364,252
<u>TOTAL NATIONAL AERONAUTICS AND SPACE ADMINISTRATION</u>		<u>\$421,841</u>	<u>\$(126)</u>	<u>\$421,715</u>
<u>INSTITUTE OF MUSEUM AND LIBRARY SERVICES</u>				
45.025	PROMOTION OF THE ARTS PARTNERSHIP AGREEMENTS	\$340,871	\$427,892	\$768,763
45.129	PROMOTION OF THE HUMANITIES FEDERAL/STATE PARTNERSHIP	\$1,500	\$0	\$1,500
45.149	PROMOTION OF THE HUMANITIES - DIVISION OF PRESERVATION AND ACCESS	\$39,720	\$547	\$40,267
45.310	GRANTS TO STATES	\$1,441,783	\$615,324	\$2,057,107
<u>TOTAL INSTITUTE OF MUSEUM AND LIBRARY SERVICES</u>		<u>\$1,823,874</u>	<u>\$1,043,763</u>	<u>\$2,867,637</u>
<u>NATIONAL SCIENCE FOUNDATION</u>				
47.049***	MATHEMATICAL AND PHYSICAL SCIENCES	\$95,779	\$0	\$95,779
47.050	GEOSCIENCES	\$37,770	\$0	\$37,770
47.070***	COMPUTER AND INFORMATION SCIENCE AND ENGINEERING	\$202,622	\$0	\$202,622
47.076***	STEM EDUCATION (FORMERLY EDUCATION AND HUMAN RESOURCES)	\$619,855	\$0	\$619,855
47.078	POLAR PROGRAMS	\$66,698	\$0	\$66,698
47.081***	OFFICE OF EXPERIMENTAL PROGRAM TO STIMULATE COMPETITIVE RESEARCH CICI:SSC: SCITRUST ENHANCING SECURITY FOR MODERN SOFTWARE	\$687,445	\$187,903	\$875,348
47.U01	PROGRAMMING CYBERINFRASTRUCTURE	\$54,999	\$0	\$54,999
<u>TOTAL NATIONAL SCIENCE FOUNDATION</u>		<u>\$1,765,168</u>	<u>\$187,903</u>	<u>\$1,953,071</u>
<u>SMALL BUSINESS ADMINISTRATION</u>				
59.037	SMALL BUSINESS DEVELOPMENT CENTERS	\$806,209	\$255	\$806,464
COVID 59.037	COVID-19 - SMALL BUSINESS DEVELOPMENT CENTERS	\$280,878	\$0	\$280,878
59.058	FEDERAL AND STATE TECHNOLOGY PARTNERSHIP PROGRAM	\$44,480	\$0	\$44,480
59.059	CONGRESSIONAL GRANTS	\$138,922	\$0	\$138,922
59.061	STATE TRADE EXPANSION	\$0	\$129,169	\$129,169
<u>TOTAL SMALL BUSINESS ADMINISTRATION</u>		<u>\$1,270,489</u>	<u>\$129,424</u>	<u>\$1,399,913</u>
<u>DEPARTMENT OF VETERANS AFFAIRS</u>				
64.015	VETERANS STATE NURSING HOME CARE	\$8,258,455	\$0	\$8,258,455
64.028	POST-9/11 VETERANS EDUCATIONAL ASSISTANCE	\$139,116	\$0	\$139,116
64.124	ALL-VOLUNTEER FORCE EDUCATIONAL ASSISTANCE	\$103,990	\$0	\$103,990
64.203	VETERANS CEMETERY GRANTS PROGRAM	\$111,768	\$0	\$111,768
64.U01	VETERAN'S CERTIFICATION	\$1,705	\$0	\$1,705
<u>TOTAL DEPARTMENT OF VETERANS AFFAIRS</u>		<u>\$8,615,034</u>	<u>\$0</u>	<u>\$8,615,034</u>
<u>ENVIRONMENTAL PROTECTION AGENCY</u>				
66.001	AIR POLLUTION CONTROL PROGRAM SUPPORT	\$1,211,686	\$0	\$1,211,686
66.034	SURVEYS, STUDIES, RESEARCH, INVESTIGATIONS, DEMONSTRATIONS, AND SPECIAL PURPOSE ACTIVITIES RELATING TO THE CLEAN AIR ACT	\$456,430	\$0	\$456,430
66.040	STATE CLEAN DIESEL GRANT PROGRAM	\$150,000	\$0	\$150,000
66.204	MULTIPURPOSE GRANTS TO STATES AND TRIBES	\$79,837	\$41,304	\$121,141
66.419	WATER POLLUTION CONTROL STATE, INTERSTATE, AND TRIBAL PROGRAM SUPPORT	\$1,556,188	\$37,830	\$1,594,018
66.432	STATE PUBLIC WATER SYSTEM SUPERVISION	\$700,875	\$0	\$700,875
66.433	STATE UNDERGROUND WATER SOURCE PROTECTION	\$110,152	\$0	\$110,152
66.444	VOLUNTARY SCHOOL AND CHILD CARE LEAD TESTING AND REDUCTION GRANT PROGRAM	\$142,326	\$0	\$142,326
66.454	WATER QUALITY MANAGEMENT PLANNING	\$173,608	\$119,575	\$293,183
66.458	CLEAN WATER STATE REVOLVING FUND	\$0	\$25,030,626	\$25,030,626
66.460	NONPOINT SOURCE IMPLEMENTATION GRANTS	\$1,251,154	\$714,108	\$1,965,262
66.461	REGIONAL WETLAND PROGRAM DEVELOPMENT GRANTS	\$231,663	\$0	\$231,663
66.466	GEOGRAPHIC PROGRAMS - CHESAPEAKE BAY PROGRAM	\$1,388,971	\$588,226	\$1,977,197
66.468	DRINKING WATER STATE REVOLVING FUND	\$5,636,376	\$218,847	\$5,855,223
66.513	GREATER RESEARCH OPPORTUNITIES (GRO) FELLOWSHIPS FOR UNDERGRADUATE ENVIRONMENTAL STUDY	\$81,729	\$0	\$81,729
66.605	PERFORMANCE PARTNERSHIP GRANTS	\$661,595	\$53,829	\$715,424

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66.608	ENVIRONMENTAL INFORMATION EXCHANGE NETWORK GRANT PROGRAM AND RELATED ASSISTANCE	\$60,516	\$0	\$60,516
66.708	POLLUTION PREVENTION GRANTS PROGRAM	\$121,397	\$0	\$121,397
66.714	PESTICIDE ENVIRONMENTAL STEWARDSHIP PROGRAM (PESP) GRANTS	\$49,522	\$0	\$49,522
66.716	RESEARCH, DEVELOPMENT, MONITORING, PUBLIC EDUCATION, TRAINING, DEMONSTRATIONS, AND STUDIES	\$19,175	\$0	\$19,175
66.801	HAZARDOUS WASTE MANAGEMENT STATE PROGRAM SUPPORT	\$1,363,364	\$0	\$1,363,364
66.802	SUPERFUND STATE, POLITICAL SUBDIVISION, AND INDIAN TRIBE SITE-SPECIFIC COOPERATIVE AGREEMENTS	\$209,067	\$0	\$209,067
66.804	UNDERGROUND STORAGE TANK (UST) PREVENTION, DETECTION AND COMPLIANCE PROGRAM	\$244,031	\$0	\$244,031
66.805	LEAKING UNDERGROUND STORAGE TANK TRUST FUND CORRECTIVE ACTION PROGRAM	\$849,729	\$0	\$849,729
66.809	SUPERFUND STATE AND INDIAN TRIBE CORE PROGRAM COOPERATIVE AGREEMENTS	\$128,871	\$0	\$128,871
66.817	STATE AND TRIBAL RESPONSE PROGRAM GRANTS	\$330,560	\$0	\$330,560
66.818	BROWNFIELDS MULTIPURPOSE, ASSESSMENT, REVOLVING LOAN FUND, AND CLEANUP COOPERATIVE AGREEMENTS	\$194,189	\$481,966	\$676,155
66.U01	MISC. FEDERAL AWARDS PROGRAMS	\$5,357,402	\$0	\$5,357,402
<u>TOTAL ENVIRONMENTAL PROTECTION AGENCY</u>		<u>\$22,760,413</u>	<u>\$27,286,311</u>	<u>\$50,046,724</u>
<u>DEPARTMENT OF ENERGY</u>				
81.041	STATE ENERGY PROGRAM	\$298,992	\$404,009	\$703,001
81.042	WEATHERIZATION ASSISTANCE FOR LOW-INCOME PERSONS	\$293,759	\$3,511,600	\$3,805,359
81.049	OFFICE OF SCIENCE FINANCIAL ASSISTANCE PROGRAM	\$385,701	\$0	\$385,701
81.057	UNIVERSITY COAL RESEARCH	\$1,377	\$0	\$1,377
81.086***	CONSERVATION RESEARCH AND DEVELOPMENT	\$25,926	\$0	\$25,926
81.089***	FOSSIL ENERGY RESEARCH AND DEVELOPMENT (NOTE 3)	\$110,298	\$0	\$110,298
81.117	ENERGY EFFICIENCY AND RENEWABLE ENERGY INFORMATION DISSEMINATION, OUTREACH, TRAINING AND TECHNICAL ANALYSIS/ASSISTANCE	\$410,327	\$0	\$410,327
81.119	STATE ENERGY PROGRAM SPECIAL PROJECTS	\$15,395	\$30,930	\$46,325
81.U01	UCFER: COMPUTATIONAL INVESTIGATION OF COAL CONVERSION VIA MICROWAVE INDUCED PLASMAS	\$(161)	\$0	\$(161)
81.U02	JOINT APPOINTMENT OF WEST VIRGINIA UNIVERSITY'S PROFESOR ANURAG SRIVASTAVA	\$4,711	\$0	\$4,711
<u>TOTAL DEPARTMENT OF ENERGY</u>		<u>\$1,546,325</u>	<u>\$3,946,539</u>	<u>\$5,492,864</u>
<u>DEPARTMENT OF EDUCATION</u>				
84.002	ADULT EDUCATION - BASIC GRANTS TO STATES	\$670,691	\$3,036,907	\$3,707,598
84.007**	FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS (FSEOG)	\$4,312,613	\$0	\$4,312,613
84.010	TITLE I GRANTS TO LOCAL EDUCATIONAL AGENCIES	\$948,827	\$93,115,875	\$94,064,702
84.013	TITLE I STATE AGENCY PROGRAM FOR NEGLECTED AND DELINQUENT CHILDREN AND YOUTH	\$1,501,287	\$0	\$1,501,287
84.016	UNDERGRADUATE INTERNATIONAL STUDIES AND FOREIGN LANGUAGE PROGRAMS	\$56,881	\$29,154	\$86,035
84.031	HIGHER EDUCATION INSTITUTIONAL AID	\$4,757,113	\$0	\$4,757,113
84.033**	FEDERAL WORK-STUDY PROGRAM (FWS)	\$3,637,811	\$0	\$3,637,811
84.038**	FEDERAL PERKINS LOAN PROGRAM FEDERAL CAPITAL CONTRIBUTIONS	\$13,183,684	\$0	\$13,183,684
84.048	CAREER AND TECHNICAL EDUCATION-BASIC GRANTS TO STATES	\$4,749,921	\$4,940,663	\$9,690,584
84.063**	FEDERAL PELL GRANT PROGRAM	\$90,303,046	\$0	\$90,303,046
84.116	FUND FOR THE IMPROVEMENT OF POSTSECONDARY EDUCATION	\$317,740	\$0	\$317,740
84.126	REHABILITATION SERVICES-VOCATIONAL REHABILITATION GRANTS TO STATES	\$32,214,736	\$569,561	\$32,784,297
84.169	INDEPENDENT LIVING-STATE GRANTS	\$0	\$370,080	\$370,080
84.177	REHABILITATION SERVICES INDEPENDENT LIVING SERVICES FOR OLDER INDIVIDUALS WHO ARE BLIND	\$237,467	\$0	\$237,467
84.181	SPECIAL EDUCATION - GRANTS FOR INFANTS AND FAMILIES	\$3,798,355	\$677,526	\$4,475,881
COVID 84.181	COVID-19 - SPECIAL EDUCATION - GRANTS FOR INFANTS AND FAMILIES	\$130,633	\$191,000	\$321,633
84.184	SCHOOL SAFETY NATIONAL ACTIVITIES	\$8,707	\$0	\$8,707
84.196	EDUCATION FOR HOMELESS CHILDREN AND YOUTH	\$103,207	\$513,061	\$616,268
84.206	JAVIS GIFTED AND TALENTED STUDENTS EDUCATION GRANT PROGRAM	\$110,596	\$21,073	\$131,669
84.217	TRIO-MCNAIR POST-BACCALAUREATE ACHIEVEMENT	\$296,184	\$0	\$296,184
84.268**	FEDERAL DIRECT STUDENT LOANS	\$350,324,981	\$0	\$350,324,981
84.287	TWENTY-FIRST CENTURY COMMUNITY LEARNING CENTERS	\$260,776	\$8,465,276	\$8,726,052
84.325	SPECIAL EDUCATION - PERSONNEL DEVELOPMENT TO IMPROVE SERVICES AND RESULTS FOR CHILDREN WITH DISABILITIES	\$231,980	\$0	\$231,980
84.326	SPECIAL EDUCATION-TECHNICAL ASSISTANCE AND DISSEMINATION TO IMPROVE SERVICES AND RESULTS FOR CHILDREN WITH DISABILITIES	\$118,910	\$11,600	\$130,510
84.334	GAINING EARLY AWARENESS AND READINESS FOR UNDERGRADUATE PROGRAMS	\$3,589,724	\$793,286	\$4,383,010
84.335	CHILD CARE ACCESS MEANS PARENTS IN SCHOOL	\$160,106	\$0	\$160,106
84.358	RURAL EDUCATION	\$76,886	\$1,842,711	\$1,919,597
84.365	ENGLISH LANGUAGE ACQUISITION STATE GRANTS	\$93,902	\$344,346	\$438,248
84.367	SUPPORTING EFFECTIVE INSTRUCTION STATE GRANTS (FORMERLY IMPROVING TEACHER QUALITY STATE GRANTS)	\$634,801	\$13,765,356	\$14,400,157
84.369	GRANTS FOR STATE ASSESSMENTS AND RELATED ACTIVITIES	\$2,866,188	\$1,241	\$2,867,429

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84.379**	TEACHER EDUCATION ASSISTANCE FOR COLLEGE AND HIGHER EDUCATION GRANTS (TEACH GRANTS)	\$410,682	\$0	\$410,682
84.424	STUDENT SUPPORT AND ACADEMIC ENRICHMENT PROGRAM	\$139,203	\$7,908,676	\$8,047,879
<b><u>EDUCATION STABILIZATION FUND</u></b>				
COVID 84.425C	COVID-19 - EDUCATION STABILIZATION FUND - GEER	\$2,541,930	\$5,081,593	\$7,623,523
COVID 84.425D	COVID-19 - EDUCATION STABILIZATION FUND - ESSER	\$961,092	\$103,571,438	\$104,532,530
COVID 84.425E	COVID-19 - EDUCATION STABILIZATION FUND - HEERF STUDENT	\$1,617,788	\$0	\$1,617,788
COVID 84.425F	COVID-19 - EDUCATION STABILIZATION FUND - HEERF INSTITUTIONAL	\$23,285,990	\$0	\$23,285,990
COVID 84.425J	COVID-19 - EDUCATION STABILIZATION FUND - HBCU	\$15,124,525	\$0	\$15,124,525
COVID 84.425M	COVID-19 - EDUCATION STABILIZATION FUND - SIP	\$2,117,109	\$0	\$2,117,109
COVID 84.425R	COVID-19 - EDUCATION STABILIZATION FUND - CRRSA EANS	\$186	\$1,842,743	\$1,842,929
COVID 84.425U	COVID-19 - EDUCATION STABILIZATION FUND - ARP ESSER	\$1,174,428	\$162,467,680	\$163,642,108
COVID 84.425V	COVID-19 - EDUCATION STABILIZATION FUND - ARP EANS	\$0	\$2,989,943	\$2,989,943
COVID 84.425W	COVID-19 - EDUCATION STABILIZATION FUND - ARP ESSER - HOMELESS CHILDREN AND YOUTH	\$0	\$957,230	\$957,230
<b><u>TOTAL EDUCATION STABILIZATION FUND</u></b>		<b><u>\$46,823,048</u></b>	<b><u>\$276,910,627</u></b>	<b><u>\$323,733,675</u></b>
<b><u>SPECIAL EDUCATION CLUSTER (IDEA)</u></b>				
84.027	SPECIAL EDUCATION-GRANTS TO STATES (IDEA, PART B)	\$5,002,895	\$80,451,813	\$85,454,708
84.173	SPECIAL EDUCATION-PRESCHOOL GRANTS (IDEA PRESCHOOL)	\$376,164	\$3,606,842	\$3,983,006
<b><u>TOTAL SPECIAL EDUCATION CLUSTER (IDEA)</u></b>		<b><u>\$5,379,059</u></b>	<b><u>\$84,058,655</u></b>	<b><u>\$89,437,714</u></b>
<b><u>TRIO CLUSTER</u></b>				
84.042	TRIO-STUDENT SUPPORT SERVICES	\$1,992,656	\$0	\$1,992,656
84.044	TRIO-TALENT SEARCH	\$312,856	\$0	\$312,856
84.047	TRIO-UPWARD BOUND	\$2,621,119	\$0	\$2,621,119
<b><u>TOTAL TRIO CLUSTER</u></b>		<b><u>\$4,926,631</u></b>	<b><u>\$0</u></b>	<b><u>\$4,926,631</u></b>
84.U01	NAEP	\$(187,066)	\$0	\$(187,066)
84.U02	NATIONAL ASSESSMENT OF EDUCATIONAL PROGRESS	\$326,679	\$0	\$326,679
<b><u>TOTAL DEPARTMENT OF EDUCATION</u></b>		<b><u>\$577,515,989</u></b>	<b><u>\$497,566,674</u></b>	<b><u>\$1,075,082,663</u></b>
<b><u>ELECTION ASSISTANCE COMMISSION</u></b>				
90.401	HELP AMERICA VOTE ACT REQUIREMENTS PAYMENTS	\$132,493	\$1,894,723	\$2,027,216
<b><u>TOTAL ELECTION ASSISTANCE COMMISSION</u></b>		<b><u>\$132,493</u></b>	<b><u>\$1,894,723</u></b>	<b><u>\$2,027,216</u></b>
<b><u>DEPARTMENT OF HEALTH AND HUMAN SERVICES</u></b>				
93.041	SPECIAL PROGRAMS FOR THE AGING-TITLE VII, CHAPTER 3-PROGRAMS FOR PREVENTION OF ELDER ABUSE, NEGLECT, AND EXPLOITATION	\$0	\$21,900	\$21,900
93.042	SPECIAL PROGRAMS FOR THE AGING-TITLE VII, CHAPTER 2-LONG TERM CARE OMBUDSMAN SERVICES FOR OLDER INDIVIDUALS	\$91,006	\$150,959	\$241,965
93.043	SPECIAL PROGRAMS FOR THE AGING-TITLE III, PART D-DISEASE PREVENTION AND HEALTH PROMOTION SERVICES	\$5,610	\$308,562	\$314,172
93.048	SPECIAL PROGRAMS FOR THE AGING-TITLE IV AND TITLE II - DISCRETIONARY PROJECTS	\$177,974	\$398,834	\$576,808
93.051	ALZHEIMER'S DISEASE DEMONSTRATION GRANTS TO STATES	\$0	\$(772)	\$(772)
93.052	NATIONAL FAMILY CAREGIVER SUPPORT, TITLE III, PART E	\$14,826	\$2,139,702	\$2,154,528
93.069	PUBLIC HEALTH EMERGENCY PREPAREDNESS	\$1,478,935	\$3,059,648	\$4,538,583
93.070	ENVIRONMENTAL PUBLIC HEALTH AND EMERGENCY RESPONSE	\$20,908	\$0	\$20,908
93.071	MEDICARE ENROLLMENT ASSISTANCE PROGRAM	\$20,456	\$275,066	\$295,522
93.079	COOPERATIVE AGREEMENTS TO PROMOTE ADOLESCENT HEALTH THROUGH SCHOOL-BASED HIV/STD PREVENTION AND SCHOOL-BASED SURVEILLANCE	\$3,141	\$23,072	\$26,213
93.090	GUARDIANSHIP ASSISTANCE	\$4,302,195	\$0	\$4,302,195
93.092	AFFORDABLE CARE ACT (ACA) PERSONAL RESPONSIBILITY EDUCATION PROGRAM	\$9,372	\$198,756	\$208,128
93.103***	FOOD AND DRUG ADMINISTRATION-RESEARCH	\$1,460,279	\$738	\$1,461,017
93.104	COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES (SED)	\$377,063	\$1,857,480	\$2,234,543
93.110	MATERNAL AND CHILD HEALTH FEDERAL CONSOLIDATED PROGRAMS	\$100,254	\$0	\$100,254
93.116	PROJECT GRANTS AND COOPERATIVE AGREEMENTS FOR TUBERCULOSIS CONTROL PROGRAMS	\$133,363	\$0	\$133,363
93.121	ORAL DISEASES AND DISORDERS RESEARCH	\$21,817	\$0	\$21,817
93.127	EMERGENCY MEDICAL SERVICES FOR CHILDREN	\$71,677	\$1,606	\$73,283
93.130	COOPERATIVE AGREEMENTS TO STATES/TERRITORIES FOR THE COORDINATION AND DEVELOPMENT OF PRIMARY CARE OFFICES	\$166,776	\$0	\$166,776
93.136	INJURY PREVENTION AND CONTROL RESEARCH AND STATE AND COMMUNITY BASED PROGRAMS	\$2,447,150	\$5,283,395	\$7,730,545
93.150	PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)	\$0	\$268,627	\$268,627
COVID 93.155	COVID-19 - RURAL HEALTH RESEARCH CENTERS	\$0	\$2,140,876	\$2,140,876
93.165	GRANTS TO STATES FOR LOAN REPAYMENT	\$0	\$708,560	\$708,560
93.191	GRADUATE PSYCHOLOGY EDUCATION	\$97,316	\$0	\$97,316
93.197	CHILDHOOD LEAD POISONING PREVENTION PROJECTS, STATE AND LOCAL CHILDHOOD LEAD POISONING PREVENTION AND SURVEILLANCE OF BLOOD LEVELS IN CHILDREN	\$335,501	\$0	\$335,501
93.213	RESEARCH AND TRAINING IN COMPLEMENTARY AND ALTERNATIVE MEDICINE	\$41,865	\$0	\$41,865

STATE OF WEST VIRGINIA  
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FEDERAL GRANTOR LISTING  
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FEDERAL ASSISTANCE LISTING/ GRANT/ CONTRACT NUMBER	NAME OF PROGRAM	FEDERAL PROGRAM EXPENDITURES	AMOUNT PASSED THROUGH TO SUBRECIPIENTS	TOTAL FEDERAL EXPENDITURES
93.217	FAMILY PLANNING SERVICES	\$2,341,312	\$0	\$2,341,312
93.233	NATIONAL CENTER ON SLEEP DISORDERS RESEARCH	\$26,413	\$0	\$26,413
93.235	TITLE V STATE SEXUAL RISK AVOIDANCE EDUCATION (TITLE V STATE SRAE) PROGRAM	\$0	\$371,007	\$371,007
93.236	GRANTS TO STATES TO SUPPORT ORAL HEALTH WORKFORCE ACTIVITIES	\$42,730	\$172,949	\$215,679
93.241	STATE RURAL HOSPITAL FLEXIBILITY PROGRAM	\$17,031	\$480,634	\$497,665
93.243	SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES PROJECTS OF REGIONAL AND NATIONAL SIGNIFICANCE	\$343,454	\$7,624,515	\$7,967,969
COVID 93.243	COVID-19 - SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES PROJECTS FOR REGIONAL AND NATIONAL SIGNIFICANCE	\$0	\$287,804	\$287,804
93.247	ADVANCED NURSING EDUCATION WORKFORCE GRANT PROGRAM	\$771,025	\$0	\$771,025
93.251	EARLY HEARING DETECTION AND INTERVENTION	\$83,239	\$104,212	\$187,451
93.262	OCCUPATIONAL SAFETY AND HEALTH PROGRAM	\$5,335	\$0	\$5,335
93.264**	NURSE FACULTY LOAN PROGRAM (NFLP)	\$129,892	\$0	\$129,892
93.268	IMMUNIZATION COOPERATIVE AGREEMENTS	\$1,404,709	\$815,046	\$2,219,755
COVID 93.268	COVID-19 - IMMUNIZATION COOPERATIVE AGREEMENTS	\$1,527,080	\$4,399,169	\$5,926,249
93.270	VIRAL HEPATITIS PREVENTION AND CONTROL	\$320,586	\$0	\$320,586
93.279	DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	\$758,701	\$125,607	\$884,308
93.301	SMALL RURAL HOSPITAL IMPROVEMENT GRANT PROGRAM	\$0	\$200,442	\$200,442
93.310	TRANS-NIH RESEARCH PROJECT	\$115,893	\$0	\$115,893
93.319	OUTREACH PROGRAMS TO REDUCE THE PREVALENCE OF OBESITY IN HIGH RISK RURAL AREAS	\$418,603	\$41,395	\$459,998
93.323	EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)	\$415,343	\$103,364	\$518,707
COVID 93.323	COVID-19 - EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)	\$21,108,874	\$7,374,674	\$28,483,548
93.324	STATE HEALTH INSURANCE ASSISTANCE PROGRAM	\$0	\$(36)	\$(36)
93.336	BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM	\$412,641	\$0	\$412,641
93.342**	HEALTH PROFESSIONS STUDENT LOANS, INCLUDING PRIMARY CARE LOANS AND LOANS FOR DISADVANTAGED STUDENTS (HP/SL/PCL/LDS)	\$7,989,460	\$0	\$7,989,460
93.350	NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	\$5,502	\$0	\$5,502
93.354	PUBLIC HEALTH EMERGENCY RESPONSE: COOPERATIVE AGREEMENT FOR EMERGENCY RESPONSE: PUBLIC HEALTH CRISIS RESPONSE	\$0	\$1,279,122	\$1,279,122
COVID 93.354	COVID-19 - PUBLIC HEALTH EMERGENCY RESPONSE: COOPERATIVE AGREEMENT FOR EMERGENCY RESPONSE: PUBLIC HEALTH CRISIS RESPONSE	\$77,003	\$651,847	\$728,850
93.359	NURSE EDUCATION, PRACTICE QUALITY AND RETENTION GRANTS	\$165,832	\$0	\$165,832
93.364**	NURSING STUDENT LOANS (NSL)	\$703,474	\$0	\$703,474
93.366	STATE ACTIONS TO IMPROVE ORAL HEALTH OUTCOMES AND PARTNER ACTIONS TO IMPROVE ORAL HEALTH OUTCOMES	\$202,243	\$95,590	\$297,833
93.367	FLEXIBLE FUNDING MODEL - INFRASTRUCTURE DEVELOPMENT AND MAINTENANCE FOR STATE MANUFACTURING FOOD REGULATORY PROGRAMS	\$219,594	\$0	\$219,594
93.369	ACL INDEPENDENT LIVING STATE GRANTS	\$0	\$121,081	\$121,081
93.387	NATIONAL AND STATE TOBACCO CONTROL PROGRAM	\$544,742	\$274,130	\$818,872
93.391	ACTIVITIES TO SUPPORT STATE, TRIBAL, LOCAL AND TERRITORIAL (STLT) HEALTH DEPARTMENT RESPONSE TO PUBLIC HEALTH OR HEALTHCARE CRISES	\$347,024	\$0	\$347,024
COVID 93.391	COVID-19 - ACTIVITIES TO SUPPORT STATE, TRIBAL, LOCAL AND TERRITORIAL (STLT) HEALTH DEPARTMENT RESPONSE TO PUBLIC HEALTH OR HEALTHCARE CRISES	\$1,827,685	\$6,030,030	\$7,857,715
93.393	CANCER CAUSE AND PREVENTION RESEARCH	\$302,928	\$0	\$302,928
93.399	CANCER CONTROL	\$282	\$0	\$282
93.413	THE STATE FLEXIBILITY TO STABILIZE THE MARKET GRANT PROGRAM	\$50,676	\$0	\$50,676
93.421	STRENGTHENING PUBLIC HEALTH SYSTEMS AND SERVICES THROUGH NATIONAL PARTNERSHIPS TO IMPROVE AND PROTECT THE NATION'S HEALTH	\$15	\$132,588	\$132,603
93.426	THE NATIONAL CARDIOVASCULAR HEALTH PROGRAM	\$814,731	\$870,192	\$1,684,923
93.436	WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION (WISEWOMAN)	\$56,242	\$150,672	\$206,914
93.472	TITLE IV-E PREVENTION PROGRAM	\$87,590	\$0	\$87,590
93.493	CONGRESSIONAL DIRECTIVES	\$648,717	\$0	\$648,717
COVID 93.497	COVID-19 - FAMILY VIOLENCE PREVENTION AND SERVICES/SEXUAL ASSAULT/RAPE CRISIS SERVICES AND SUPPORTS	\$0	\$183,360	\$183,360
93.498	PROVIDER RELIEF FUND AND AMERICAN RESCUE PLAN (ARP) RURAL DISTRIBUTION	\$756,114	\$0	\$756,114
COVID 93.499	COVID-19 - LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM	\$2,900,976	\$0	\$2,900,976
93.556	MARYLEE ALLEN PROMOTING SAFE AND STABLE FAMILIES	\$1,621,202	\$837,210	\$2,458,412
93.558	TEMPORARY ASSISTANCE FOR NEEDY FAMILIES	\$66,707,913	\$18,789,521	\$85,497,434
COVID 93.558	COVID-19 - TEMPORARY ASSISTANCE FOR NEEDY FAMILIES	\$13,020	\$0	\$13,020
93.560	PAYMENTS TO TERRITORIES - ADULTS	\$(11,083)	\$0	\$(11,083)
93.563	CHILD SUPPORT ENFORCEMENT	\$25,421,101	\$0	\$25,421,101
93.566	REFUGEE AND ENTRANT ASSISTANCE STATE/REPLACEMENT DESIGNEE ADMINISTERED PROGRAMS	\$26,186	\$50,000	\$76,186
93.568	LOW-INCOME HOME ENERGY ASSISTANCE	\$49,547,102	\$17,320,525	\$66,867,627
COVID 93.568	COVID-19 - LOW-INCOME HOME ENERGY ASSISTANCE	\$11,361,762	\$0	\$11,361,762
93.569	COMMUNITY SERVICES BLOCK GRANTS	\$308,732	\$8,176,891	\$8,485,623
COVID 93.569	COVID-19 - COMMUNITY SERVICES BLOCK GRANTS	\$0	\$1,377,089	\$1,377,089
93.586	STATE COURT IMPROVEMENT PROGRAM	\$393,393	\$0	\$393,393
93.590	COMMUNITY-BASED CHILD ABUSE PREVENTION GRANTS	\$11,977	\$239,388	\$251,365

STATE OF WEST VIRGINIA  
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COVID 93.590	COVID-19 - COMMUNITY-BASED CHILD ABUSE PREVENTION GRANTS	\$0	\$260,133	\$260,133
93.597	GRANTS TO STATES FOR ACCESS AND VISITATION PROGRAMS	\$84,109	\$0	\$84,109
93.599	CHAFEE EDUCATION AND TRAINING VOUCHERS PROGRAM (ETV)	\$138,122	\$16,715	\$154,837
COVID 93.599	COVID-19 - CHAFEE EDUCATION AND TRAINING VOUCHERS PROGRAM (ETV)	\$163,196	\$0	\$163,196
93.600	HEAD START	\$71,207	\$38,759	\$109,966
93.603	ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS	\$3,041,022	\$57,046	\$3,098,068
93.630	DEVELOPMENTAL DISABILITIES BASIC SUPPORT AND ADVOCACY GRANTS	\$346,784	\$281,010	\$627,794
COVID 93.630	COVID-19 - DEVELOPMENTAL DISABILITIES BASIC SUPPORT AND ADVOCACY GRANTS	\$0	\$26,695	\$26,695
	STATE PLANNING GRANTS FOR QUALIFYING COMMUNITY-BASED MOBILE CRISIS INTERVENTION SERVICES	\$233,790	\$0	\$233,790
93.639	CHILDREN'S JUSTICE GRANTS TO STATES	\$130,410	\$89,130	\$219,540
93.645	STEPHANIE TUBBS JONES CHILD WELFARE SERVICES PROGRAM	\$1,669,387	\$0	\$1,669,387
93.658	FOSTER CARE TITLE IV-E	\$72,363,603	\$76,813	\$72,440,416
93.659	ADOPTION ASSISTANCE	\$83,615,058	\$116,710	\$83,731,768
COVID 93.665	COVID-19 - EMERGENCY GRANTS TO ADDRESS MENTAL AND SUBSTANCE USE DISORDERS DURING COVID-19	\$19,442	\$1,442,601	\$1,462,043
93.667	SOCIAL SERVICES BLOCK GRANT	\$19,533,794	\$0	\$19,533,794
93.669	CHILD ABUSE AND NEGLECT STATE GRANTS	\$39,527	\$87,884	\$127,411
93.671	FAMILY VIOLENCE PREVENTION AND SERVICES/DOMESTIC VIOLENCE SHELTER AND SUPPORTIVE SERVICES	\$73	\$638,257	\$638,330
COVID 93.671	COVID-19 - FAMILY VIOLENCE PREVENTION AND SERVICES/DOMESTIC VIOLENCE SHELTER AND SUPPORTIVE SERVICES	\$0	\$716,565	\$716,565
93.674	JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD	\$1,883,979	\$471,261	\$2,355,240
COVID 93.674	COVID-19 - JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD	\$2,620	\$757,185	\$759,805
93.687	MATERNAL OPIOID MISUSE MODEL	\$596,752	\$0	\$596,752
93.732	MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS	\$858,830	\$0	\$858,830
93.747	ELDER ABUSE PREVENTION INTERVENTION PROGRAM	\$14,579	\$119,558	\$134,137
COVID 93.747	COVID-19 - ELDER ABUSE PREVENTION INTERVENTION PROGRAM	\$215,248	\$300,378	\$515,626
93.767	CHILDREN'S HEALTH INSURANCE PROGRAM	\$72,586,219	\$0	\$72,586,219
93.779	CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) RESEARCH, DEMONSTRATIONS AND EVALUATIONS	\$62,660	\$315,239	\$377,899
93.788	OPIOID STR	\$3,362,542	\$32,770,917	\$36,133,459
93.791	MONEY FOLLOWS THE PERSON REBALANCING DEMONSTRATION	\$1,635,502	\$1,423,279	\$3,058,781
93.800	ORGANIZED APPROACHES TO INCREASE COLORECTAL CANCER SCREENING	\$530,258	\$242,500	\$772,758
93.837	HEART AND VASCULAR DISEASES RESEARCH	\$305,133	\$0	\$305,133
93.838	LUNG DISEASES RESEARCH	\$2,000	\$5,682,583	\$5,684,583
93.844	ACL CENTERS FOR INDEPENDENT LIVING, RECOVERY ACT	\$93,050	\$0	\$93,050
93.847	DIABETES ENDOCRINOLOGY AND METABOLISM RESEARCH	\$492,748	\$0	\$492,748
93.853	EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	\$1,992	\$0	\$1,992
93.855***	ALLERGY AND INFECTIOUS DISEASES RESEARCH	\$25,017	\$0	\$25,017
93.859***	BIOMEDICAL RESEARCH AND RESEARCH TRAINING (NOTE 3)	\$922,379	\$0	\$922,379
93.865***	CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	\$294,138	\$0	\$294,138
93.866	AGING RESEARCH	\$14,004	\$0	\$14,004
93.867	VISION RESEARCH	\$359,508	\$51,324	\$410,832
93.870	MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING GRANT	\$835,060	\$6,233,382	\$7,068,442
COVID 93.870	COVID-19 - MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING GRANT	\$0	\$1,123,760	\$1,123,760
93.889	NATIONAL BIOTERRORISM HOSPITAL PREPAREDNESS PROGRAM	\$339,535	\$1,249,394	\$1,588,929
93.898	CANCER PREVENTION AND CONTROL PROGRAMS FOR STATE, TERRITORIAL AND TRIBAL ORGANIZATIONS	\$1,567,444	\$592,076	\$2,159,520
93.912	RURAL HEALTH CARE SERVICES OUTREACH, RURAL HEALTH NETWORK DEVELOPMENT AND SMALL HEALTH CARE PROVIDER QUALITY IMPROVEMENT	\$84,320	\$438,326	\$522,646
93.913	GRANTS TO STATES FOR OPERATION OF STATE OFFICES OF RURAL HEALTH	\$175,465	\$55,476	\$230,941
93.917	HIV CARE FORMULA GRANTS	\$7,164,008	\$2,574,176	\$9,738,184
93.940	HIV PREVENTION ACTIVITIES HEALTH DEPARTMENT BASED RESEARCH, TREATMENT AND EDUCATION PROGRAMS ON LYME DISEASE IN THE UNITED STATES	\$683,805	\$10,849	\$694,654
93.942	HUMAN IMMUNODEFICIENCY VIRUS (HIV)/ACQUIRED IMMUNODEFICIENCY VIRUS SYNDROME (AIDS) SURVEILLANCE	\$76,760	\$0	\$76,760
93.944	COOPERATIVE AGREEMENTS TO SUPPORT STATE-BASED SAFE MOTHERHOOD AND INFANT HEALTH INITIATIVE PROGRAMS	\$226,631	\$0	\$226,631
93.946	BLOCK GRANTS FOR COMMUNITY MENTAL HEALTH SERVICES	\$150,549	\$0	\$150,549
93.958	BLOCK GRANTS FOR COMMUNITY MENTAL HEALTH SERVICES	\$527,430	\$2,899,829	\$3,427,259
COVID 93.958	COVID-19 - BLOCK GRANTS FOR COMMUNITY MENTAL HEALTH SERVICES	\$122,929	\$2,254,560	\$2,377,489
93.959	BLOCK GRANTS FOR PREVENTION AND TREATMENT OF SUBSTANCE ABUSE	\$779,524	\$7,683,432	\$8,462,956
COVID 93.959	COVID-19 - BLOCK GRANTS FOR PREVENTION AND TREATMENT OF SUBSTANCE ABUSE	\$302,104	\$4,057,180	\$4,359,284
93.965	COAL MINERS RESPIRATORY IMPAIRMENT TREATMENT CLINICS AND SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION COLLABORATION WITH ACADEMIA TO STRENGTHEN PUBLIC HEALTH	\$103,873	\$2,575,080	\$2,678,953
93.967	COAL MINERS RESPIRATORY IMPAIRMENT TREATMENT CLINICS AND SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION COLLABORATION WITH ACADEMIA TO STRENGTHEN PUBLIC HEALTH	\$14,526	\$0	\$14,526
93.977	SEXUALLY TRANSMITTED DISEASES (STD) PREVENTION AND CONTROL GRANTS	\$482,840	\$0	\$482,840

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COVID 93.977	COVID-19 - SEXUALLY TRANSMITTED DISEASES (STD) PREVENTION AND CONTROL GRANTS	\$956,096	\$76,345	\$1,032,441
93.991	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT	\$327,605	\$250,135	\$577,740
93.994	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES	\$3,364,234	\$3,402,739	\$6,766,973
<b><u>AGING CLUSTER</u></b>				
93.044	SPECIAL PROGRAMS FOR THE AGING-TITLE III, PART B-GRANTS FOR SUPPORTIVE SERVICES AND SENIOR CENTERS	\$196,713	\$5,635,320	\$5,832,033
93.045	SPECIAL PROGRAMS FOR THE AGING-TITLE III, PART C-NUTRITION SERVICES	\$277,239	\$8,102,240	\$8,379,479
93.053	NUTRITION SERVICES INCENTIVE PROGRAM	\$0	\$522,702	\$522,702
<b><u>TOTAL AGING CLUSTER</u></b>		<b><u>\$473,952</u></b>	<b><u>\$14,260,262</u></b>	<b><u>\$14,734,214</u></b>
<b><u>CCDF CLUSTER</u></b>				
93.575	CHILD CARE AND DEVELOPMENT BLOCK GRANT	\$36,880,842	\$11,676,900	\$48,557,742
COVID 93.575	COVID-19 - CHILD CARE AND DEVELOPMENT BLOCK GRANT	\$103,443,493	\$30,658,281	\$134,101,774
93.596	CHILD CARE MANDATORY AND MATCHING FUNDS OF THE CHILD CARE AND DEVELOPMENT FUND	\$16,864,084	\$2,904,180	\$19,768,264
<b><u>TOTAL CCDF CLUSTER</u></b>		<b><u>\$157,188,419</u></b>	<b><u>\$45,239,361</u></b>	<b><u>\$202,427,780</u></b>
<b><u>MEDICAID CLUSTER</u></b>				
93.775	STATE MEDICAID FRAUD CONTROL UNITS	\$1,885,949	\$0	\$1,885,949
93.777	STATE SURVEY AND CERTIFICATION OF HEALTH CARE PROVIDERS AND SUPPLIERS (TITLE XVIII) MEDICARE	\$5,568,649	\$0	\$5,568,649
93.778	MEDICAL ASSISTANCE PROGRAM	\$4,611,310,565	\$3,236,391	\$4,614,546,956
<b><u>TOTAL MEDICAID CLUSTER</u></b>		<b><u>\$4,618,765,163</u></b>	<b><u>\$3,236,391</u></b>	<b><u>\$4,622,001,554</u></b>
COVID 93.U01	COVID-19 - A MULTICENTER, ADAPTIVE, RANDOMIZED, BLINDED CONTROLLED TRIAL OF THE SAFETY AND EFFICACY OF INVESTIGATIONAL THERAPEUTICS FOR HOSPITALIZED ADULTS WITH COVID-19	\$400	\$0	\$400
93.U02	CLINICAL LABORATORY IMPROVEMENT AMENDMENTS	\$227,723	\$0	\$227,723
COVID 93.U02	COVID-19 - CLINICAL LABORATORY IMPROVEMENT AMENDMENTS	\$5,486	\$0	\$5,486
93.U03	VITAL STATISTICS COOP PROGRAM	\$143,540	\$0	\$143,540
COVID 93.U04	COVID-19 - A MULTICENTER PLATFORM TRIAL OF PUTATIVE THERAPEUTICS FOR THE TREATMENT OF COVID-19 IN HOSPITALIZED PATIENTS	\$40,834	\$0	\$40,834
93.U05	MAMMOGRAPHY QUALITY ACT	\$36,411	\$0	\$36,411
93.U06	TOBACCO WORKPLAN	\$711,903	\$0	\$711,903
COVID 93.U07	COVID-19 - A MULTICENTER, ADAPTIVE, RANDOMIZED, CONTROLLED PLATFORM TRIAL OF THE SAFETY AND EFFICACY OF ANTITHROMBOTIC STRATEGIES IN HOSPITALIZED ADULTS WITH COVID-19	\$400	\$0	\$400
93.U08	RECOVER INITIATIVE	\$533,987	\$0	\$533,987
93.U09	CHILDREN WITH SERIOUS EMOTIONAL DISORDERS WAIVER EDUCATION AND OUTREACH FOR MEDICAID MEMBERS, THEIR CAREGIVERS AND PROVIDERS	\$62,364	\$0	\$62,364
93.U10	COLLEGIATE RECOVERY PROGRAM	\$23,893	\$0	\$23,893
93.U11	ADVANCING CLINICAL TRIALS IN NEONATAL OPIOID WITHDRAWAL SYNDROME (ACT NOW) DATA COLLECTION STUDY: INFANT EXPOSURE AND TREATMENT	\$1,539	\$0	\$1,539
93.U12	FEDERAL FOOD, DRUG AND COSMETIC ACT	\$321	\$0	\$321
93.U13	ENUMERATION AT BIRTH	\$38,688	\$0	\$38,688
93.U14	MYELOID-DERIVED SUPPRESSOR CELLS EXPRESSING MYELOPEROXIDASE DIRECTLY INHIBIT ADAPTIVE IMMUNE CELLS LIMITING IMMUNOTHERAPY IN MELANOMA	\$292,016	\$0	\$292,016
COVID 93.U15	COVID-19 - ADAPTIVE PLATFORM TREATMENT TRIAL FOR OUTPATIENTS WITH COVID-19	\$400	\$0	\$400
COVID 93.U16	COVID-19 - ACTIV-3B (TESICO) FOR HOSPITALIZED PATIENTS WITH ARDS ASSOCIATED WITH COVID-19	\$4,935	\$0	\$4,935
93.U17	MULTILEVEL FACTORS ASSOCIATED WITH SCREENING, DIAGNOSTIC, AND TREATMENT DELAYS FOR LUNG CANCER - A SYSTEMATIC REVIEW	\$5,889	\$0	\$5,889
COVID 93.U18	COVID-19 - RANDOMIZED MASTER PROTOCOL FOR IMMUNE MODULATORS FOR TREATING COVID-19	\$44,940	\$0	\$44,940
<b><u>TOTAL DEPARTMENT OF HEALTH AND HUMAN SERVICES</u></b>		<b><u>\$5,277,319,103</u></b>	<b><u>\$239,712,322</u></b>	<b><u>\$5,517,031,425</u></b>
<b><u>CORPORATION FOR NATIONAL AND COMMUNITY SERVICE</u></b>				
94.003	AMERICORPS STATE COMMISSIONS SUPPORT GRANT	\$343,222	\$0	\$343,222
94.006	AMERICORPS STATE AND NATIONAL	\$23,485	\$4,082,495	\$4,105,980
94.009	TRAINING AND TECHNICAL ASSISTANCE	\$138,093	\$0	\$138,093
94.013	AMERICORPS VOLUNTEERS IN SERVICE TO AMERICA	\$0	\$24,500	\$24,500
94.021	AMERICORPS VOLUNTEER GENERATION FUND	\$129,559	\$70,927	\$200,486
<b><u>TOTAL CORPORATION FOR NATIONAL AND COMMUNITY SERVICE</u></b>		<b><u>\$634,359</u></b>	<b><u>\$4,177,922</u></b>	<b><u>\$4,812,281</u></b>
<b><u>EXECUTIVE OFFICE OF THE PRESIDENT</u></b>				
95.001	HIGH INTENSITY DRUG TRAFFICKING AREAS PROGRAM (NOTE 3)	\$774,281	\$0	\$774,281
<b><u>TOTAL EXECUTIVE OFFICE OF THE PRESIDENT</u></b>		<b><u>\$774,281</u></b>	<b><u>\$0</u></b>	<b><u>\$774,281</u></b>
<b><u>SOCIAL SECURITY ADMINISTRATION</u></b>				
96.001	SOCIAL SECURITY DISABILITY INSURANCE	\$17,834,814	\$0	\$17,834,814
<b><u>TOTAL SOCIAL SECURITY ADMINISTRATION</u></b>		<b><u>\$17,834,814</u></b>	<b><u>\$0</u></b>	<b><u>\$17,834,814</u></b>
<b><u>DEPARTMENT OF HOMELAND SECURITY</u></b>				
97.008	SOCIAL SECURITY - WORK INCENTIVES PLANNING AND ASSISTANCE PROGRAM	\$544	\$672,507	\$673,051

STATE OF WEST VIRGINIA  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FEDERAL GRANTOR LISTING  
FOR THE YEAR ENDING JUNE 30, 2023

FEDERAL ASSISTANCE LISTING/ GRANT/ CONTRACT NUMBER	NAME OF PROGRAM	FEDERAL PROGRAM EXPENDITURES	AMOUNT PASSED THROUGH TO SUBRECIPIENTS	TOTAL FEDERAL EXPENDITURES
97.012	BOATING SAFETY FINANCIAL ASSISTANCE	\$589,228	\$0	\$589,228
97.023	COMMUNITY ASSISTANCE PROGRAM STATE SUPPORT SERVICES ELEMENT (CAP-SSSE)	\$99,256	\$0	\$99,256
97.035	INDIVIDUAL AND FAMILY GRANTS	\$0	\$45,281	\$45,281
97.036	DISASTER GRANTS - PUBLIC ASSISTANCE (PRESIDENTIALLY DECLARED DISASTERS)	\$5,493,902	\$47,083,919	\$52,577,821
COVID 97.036	COVID-19 - DISASTER GRANTS - PUBLIC ASSISTANCE (PRESIDENTIALLY DECLARED DISASTERS)	\$52,455,993	\$18,915,313	\$71,371,306
97.039	HAZARD MITIGATION GRANT	\$219,601	\$1,420,128	\$1,639,729
97.041	NATIONAL DAM SAFETY PROGRAM	\$91,987	\$0	\$91,987
97.042	EMERGENCY MANAGEMENT PERFORMANCE GRANTS	\$2,171,843	\$2,801,316	\$4,973,159
97.044	ASSISTANCE TO FIREFIGHTERS GRANT	\$47,043	\$0	\$47,043
97.045	COOPERATING TECHNICAL PARTNERS	\$2,327,509	\$0	\$2,327,509
97.047	BRIC: BUILDING RESILIENT INFRASTRUCTURE AND COMMUNITIES COVID-19 - PRESIDENTIAL DECLARED DISASTER ASSISTANCE TO INDIVIDUALS AND HOUSEHOLDS - OTHER NEEDS	\$143,804	\$61,855	\$205,659
COVID 97.050	HOMELAND SECURITY GRANT PROGRAM	\$142,397	\$0	\$142,397
97.067	DISASTER ASSISTANCE PROJECTS	\$1,048,083	\$2,619,144	\$3,667,227
97.088	HOMELAND SECURITY, RESEARCH, TESTING, EVALUATION, AND DEMONSTRATION OF TECHNOLOGIES	\$0	\$455,195	\$455,195
97.108		\$8,813	\$0	\$8,813
<u>TOTAL DEPARTMENT OF HOMELAND SECURITY</u>		<u>\$64,840,003</u>	<u>\$74,074,658</u>	<u>\$138,914,661</u>
<u>U.S AGENCY FOR INTERNATIONAL DEVELOPMENT</u>				
98.012	USAID DEVELOPMENT PARTNERSHIPS FOR UNIVERSITY COOPERATION AND DEVELOPMENT	\$241,427	\$0	\$241,427
<u>TOTAL U.S AGENCY FOR INTERNATIONAL DEVELOPMENT</u>		<u>\$241,427</u>	<u>\$0</u>	<u>\$241,427</u>
<u>TOTAL EXPENDITURES OF FEDERAL AWARDS</u>		<u>\$7,965,248,419</u>	<u>\$1,219,061,405</u>	<u>\$9,184,309,824</u>

\* HIGHWAY PLANNING AND CONSTRUCTION CLUSTER, TOTAL STATE OF WEST VIRGINIA EXPENDITURES \$550,572,085 TOTAL SUBRECIPIENT EXPENDITURES \$4,754,988 AND TOTAL FEDERAL EXPENDITURES \$555,327,073.

\*\* STUDENT FINANCIAL ASSISTANCE CLUSTER, TOTAL STATE OF WEST VIRGINIA EXPENDITURES \$470,995,643 TOTAL SUBRECIPIENT EXPENDITURES \$0 AND TOTAL FEDERAL EXPENDITURES \$470,995,643.

\*\*\* RESEARCH AND DEVELOPMENT CLUSTER, TOTAL STATE OF WEST VIRGINIA EXPENDITURES \$9,578,618, TOTAL SUBRECIPIENT EXPENDITURES \$241,596, AND TOTAL FEDERAL EXPENDITURES \$9,820,214.

The accompanying notes are an integral part of this schedule.

**STATE OF WEST VIRGINIA  
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE FISCAL YEAR ENDED JUNE 30, 2023**

**NOTE 1. BASIS OF ACCOUNTING**

The Schedule of Expenditures of Federal Awards (the Schedule) has been prepared on the cash basis of accounting. The federal awards are listed in the Schedule under the federal agency supplying the award. The individual Assistance Listing numbers are listed first, then clusters, and then federal contract numbers. The federal program number followed by U\*\* and a two digit number are used if the Assistance Listing number is not available.

The Schedule includes noncash items such as Food Stamps (Assistance Listing number 10.551), State Administrative Expense for Child Nutrition (Assistance Listing number 10.560), and Donation of Federal Surplus Personal Property (Assistance Listing number 39.003). All items are valued based on amounts as established by the federal grantor agency.

**NOTE 2. INDIRECT COST RATE**

Per Uniform Guidance 2 CFR § 200.510(b)(6), auditees are required to disclose whether they elect to use the 10 percent de minimis cost rate that 2 CFR§ 200.414(f) allows for nonfederal entities that have never received a negotiated indirect cost rate. The State does not elect to use the 10 percent de minimis cost rate.

**NOTE 3. LOANS OUTSTANDING**

Loans outstanding as of June 30, 2023, with continuing compliance requirements, are as follows:

<u>Assistance</u>		
<u>Listing Number</u>	<u>Name of Program</u>	<u>Ending Balance</u>
11.307	Economic Adjustment Assistance	\$ 1,904,583
COVID 11.307	COVID-19 – Economic Adjustment Assistance	7,340,023
84.038	Federal Perkins Loan (FPL) – Federal Capital Contributions	9,480,227
93.264	Nurse Faculty Loan Program (NFLP)	117,113
93.342	Health Professions Student Loans, Including Primary Care Loans and Loans for Disadvantaged Students (HPSL/PCL/LDS)	6,610,455
93.364	Nursing Student Loans (NSL)	<u>635,835</u>
	Total Loans Outstanding	<u>\$ 26,088,236</u>

**STATE OF WEST VIRGINIA**  
**NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**FOR THE FISCAL YEAR ENDED JUNE 30, 2023**

**NOTE 4. REPORTING ENTITY**

The Schedule includes various departments, agencies, boards and commissions governed by the legislature, judiciary and/or constitutional officers of the State of West Virginia (the State). The reporting entity also includes the State's institutions of public higher education. Certain institutions of higher education within the State maintain separate research corporations. These corporations receive various federal awards for research and development and other programs. Each of the research corporations has a separate audit performed in accordance with the Uniform Guidance, and accordingly, a separate submission has been made (see Note 8).

The Schedule does not include federal funds received and expended by certain independent authorities and other organizations included in the reporting entity under the criteria of the Governmental Accounting Standards Board, as described in Note 1 to the State's basic financial statements published in the Annual Comprehensive Financial Report for the fiscal year ended June 30, 2023. The West Virginia Housing Development Fund, West Virginia Water Development Authority, and the West Virginia Drinking Water Treatment Revolving Loan Fund, which are discretely presented component units and a proprietary fund, respectively, elected to have their own single audit; therefore, their expenditures of federal awards are excluded from the State's schedule of expenditures of federal awards. This component unit and proprietary fund are required to submit their own single audit report to the federal audit clearinghouse (see Note 8).

**NOTE 5. INDIRECT/PASS-THROUGH FEDERAL FUNDS**

The United States Office of Drug Control Policy provides funds to the Laurel County Fiscal Court of London, Kentucky. A portion of these funds are passed through from the Fiscal Court to the West Virginia State Police with pass-through entity identifying numbers HDTA22 and HDTA23.

The West Virginia Research Corporation passed funds to the West Virginia School of Osteopathic Medicine for Assistance Listing Number 93.859 with pass-through entity identifying numbers 12-303-WVSOM-5, 12-303-WVSOM-7, and 01-054B-WVSOM-2, and also to Shepherd University for Assistance Listing Number 43.008 with pass-through identifying number 91-175C-SU-2 and for Assistance Listing Number 93.859 with pass-through identifying numbers 01-054B-SU-12 and P20GM103434. The West Virginia Research Corporation also passed funds to the West Virginia Geological and Economic Survey for

**STATE OF WEST VIRGINIA  
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE FISCAL YEAR ENDED JUNE 30, 2023**

Assistance Listing Number 81.089 with pass-thru identifying numbers 19-553-WVGES and MM000400539.

The Marshall University Research Corporation passed funds to the West Virginia School of Osteopathic Medicine for Assistance Listing Number 93.859 with pass-through identifying numbers P2200900, P2202098, and P2301291.

The Battelle Research Institute passed funds to the West Virginia Geological and Economic Survey for Assistance Listing Number 81.089 with pass-through identifying numbers 779375 and 000844343.

**NOTE 6. UNEMPLOYMENT INSURANCE PROGRAM (UI) (ASSISTANCE LISTING NUMBER 17.225 AND COVID-19 17.225)**

The State receives federal funds for administrative purposes. State unemployment taxes must be deposited to a state account in the Federal Unemployment Trust Fund, used only to pay benefits under the federally approved state law. State UI funds as well as federal funds are included on the Schedule.

The following schedule provides a breakdown of the state and federal portions of the total expended under Assistance Listing number 17.225 and COVID-19 17.225:

	<u>Beginning Balance July 1, 2022</u>	<u>Receipts</u>	<u>Expenditures</u>	<u>Ending Balance June 30, 2023</u>
State UI Funds	\$ 246,406	\$ 13,367,480	\$ 14,467,715	\$ (853,827)
Federal UI Funds	<u>599,165</u>	<u>123,309,667</u>	<u>123,894,466</u>	<u>14,365</u>
Total	<u>\$ 845,571</u>	<u>\$ 136,677,147</u>	<u>\$ 138,362,181</u>	<u>\$ (839,462)</u>

**NOTE 7. APPROVED PROJECT WORKSHEETS**

The State incurred eligible expenditures in FY 2022 and the Federal Emergency Management Agency (FEMA) approved the State's project worksheets in FY 2023. The State recorded the eligible expenditures of \$322,898 in Assistance Listing 97.036 on this year's SEFA.

**STATE OF WEST VIRGINIA  
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE FISCAL YEAR ENDED JUNE 30, 2023**

**NOTE 8. COMPONENT UNITS / PROPRIETARY FUND**

The following is a summary of federal awards at the various component units and a proprietary fund that have separate Uniform Guidance audits and submissions. These awards have been excluded from the State's Schedule.

West Virginia Housing Development Fund

West Virginia University Research Corporation

Marshall University Research Corporation

West Virginia State University Research and Development Corporation

West Virginia Drinking Water Treatment Revolving Loan Fund

West Virginia Water Development Authority

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***SCHEDULE  
OF FINDINGS  
AND  
QUESTIONED  
COSTS***

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**State of West Virginia**  
**Schedule of Findings and Questioned Costs**  
**for the Year Ended June 30, 2023**

**Section I—Summary of Auditor’s Results**

**Financial Statements**

Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP: Unmodified, with reference to other auditors

Internal control over financial reporting:

Material weakness(es) identified?	<u>  X  </u>	yes	<u>      </u>	no
Significant deficiency(ies) identified?	<u>      </u>	yes	<u>  X  </u>	<b>none reported</b>
Noncompliance material to financial statements noted?	<u>      </u>	yes	<u>  X  </u>	<b>no</b>

**Federal Awards**

Internal control over major federal programs:

Material weakness(es) identified?	<u>  X  </u>	yes	<u>      </u>	no
Significant deficiency(ies) identified?	<u>  X  </u>	yes	<u>      </u>	<b>none reported</b>

Type of auditor’s report issued on compliance for major federal programs:

Unmodified, except for the following:

- Supplemental Nutrition Assistance Program (SNAP Cluster)
- Child Nutrition Cluster
- National Infrastructure Investments
- Education Stabilization Fund
- Disaster Grants – Public Assistance (Presidentially Declared Disasters)

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Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?

<u>  X  </u>	yes	<u>      </u>	no
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**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**Identification of Major Federal Programs:**

Assistance Listing Number(s)	Name of Federal Program or Cluster
10.542	Pandemic EBT Food Benefits
10.551/10.561/ COVID-19 10.561	Supplemental Nutrition Assistance Program (SNAP Cluster)
10.553/10.555/10.556/10.559/10.582	Child Nutrition Cluster
14.228/COVID-19 14.228	Community Development Block Grants/State's Program and Non-Entitlement Grants in Hawaii
15.252	Abandoned Mine Land Reclamation (AMLR)
17.225	Unemployment Insurance
20.933	National Infrastructure Investments
84.007/84.033/84.038/84.063/84.268/ 84.379/84.408/93.264/93.342/93.364	Student Financial Assistance Cluster
COVID-19 84.425C,D,E,F,J,M,R,U,V,W	Education Stabilization Fund
93.323/COVID-19 93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)
93.558/COVID-19 93.558	Temporary Assistance for Needy Families
93.568/COVID-19 93.568	Low-Income Home Energy Assistance
93.575/COVID-19 93.575/93.596	Child Care and Development Fund (CCDF Cluster)
93.658	Foster Care Title IV-E
93.659	Adoption Assistance
93.767	Children's Health Insurance Program (CHIP)
93.775/93.777/93.778	Medicaid Cluster
93.788	Opioid STR
97.036/COVID-19 97.036	Disaster Grants – Public Assistance (Presidentially Declared Disasters)

Dollar threshold used to distinguish between Type A and Type B programs:

\$ 27,552,929

Auditee qualified as low-risk auditee?

\_\_\_\_\_ yes        X   no

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**Section II—Financial Statement Findings and Questioned Costs**

**2023-001 FINANCIAL STATEMENT CLOSE PROCESS**

<b>Criteria or specific requirement (including statutory, regulatory or other citation):</b>	Management is responsible for maintaining a process that provides for the accurate reporting of its discretely presented component units in the Annual Comprehensive Financial Report (ACFR). Statement No. 33 of the Governmental Accounting Standards Board, Accounting and Financial Reporting for Nonexchange Transactions, as amended (GASBS 33, as amended), prescribes the timing and recognition for voluntary nonexchange transactions. In accordance with GASBS 33, as amended, expenses and revenues for resources transmitted in advance should not be recognized until eligibility requirements are met.
<b>Condition:</b>	During fiscal year 2023, Management realized that it had reported a grant that it passed through to the Water Development Authority (the “Authority”), a discretely presented component unit, as revenue in the ACFR statement of activities of the discretely presented component units for the year ended June 30, 2022. The reporting of the grant as revenue in the ACFR was inconsistent with the reporting in the Authority’s audited financial statements. The Authority reported the grant received as unearned revenue. Management improperly recognized revenue for an advanced basis grant for which the eligibility criteria were not met.
<b>Cause:</b>	The cause of this misstatement was a misapplication of the GASBS 33, as amended, and an oversight in the reconciliation of the combining schedules of discretely presented component units to the respective audited financial statements of the Authority.
<b>Effect or Potential Effect:</b>	As of July 1, 2023, there was an overstatement of net position in the amount of \$250 million.
<b>Recommendation:</b>	As part of the annual financial statement close process Management should ensure additional review and approval is performed to validate the completeness and accuracy of the combining process for the discretely presented component unit’s financial statements.
<b>Views of Responsible Officials:</b>	Management at the Financial Accounting and Reporting Section will ensure that additional review and approval is performed to ensure accuracy of the combining process for the discretely presented component unit’s financial statements. This extra review process was implemented in October 2023.

**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**Section III — Federal Award Findings and Questioned Costs**

**2023–002 DHHR INFORMATION SYSTEM AND RELATED BUSINESS PROCESS CONTROLS**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Agriculture Supplemental Nutrition Assistance Program (SNAP Cluster) Grant Award 1WV400401 Grant Award 1WV430459 Grant Award 1WV430469 Grant Award 1WV460479	10.551/10.561/ COVID-19 10.561
	U.S. Department of Health and Human Services Temporary Assistance for Needy Families (TANF) Grant Award 2201WVTANF Grant Award 2301WVTANF	93.558/COVID-19 93.558
	Child Care and Development Fund (CCDF) Cluster Grant Award 2201WVCCDF Grant Award 2201WVCCDM Grant Award 2201WVCCDD Grant Award 2301WVCCDF Grant Award 2301WVCCDM Grant Award 2301WVCCDD	93.575/93.596/ COVID-19 93.575
	Foster Care Title IV-E Grant Award 2201WVFOST Grant Award 2301WVFOST	93.658
	Adoption Assistance Grant Award 2201WVADPT Grant Award 2301WVADPT	93.659

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-002 DHHR INFORMATION SYSTEM AND RELATED BUSINESS PROCESS CONTROLS**  
(continued)

**Condition:** **Family and Children Tracking System (FACTS):** West Virginia Department of Health and Human Resources (DHHR) operates a wide variety of computer applications, many of which affect federal and State programs' data. Our review of the information system controls noted that adequate segregation of duties does not exist for the FACTS information system. Certain users have the ability to both create and approve cases. We noted that management implemented a mitigating detect control for the Foster Care program during fiscal year 2012 in response to this repeat finding; however, it was not designed to encompass the Adoption Assistance program or automatic payments in the Foster Care program. Additionally, no supervisory review is required for provider payment information input into the system.

**Recipient Automated Payment Information Data System (RAPIDS):** Our testing of the controls surrounding eligibility determination noted that adequate segregation of duties does not exist for the RAPIDS system. In addition, no supervisory review is required for case information input into the system. Further, it was noted that approval of disbursements only occurs at the batch level, which does not allow the approver to review each transaction individually.

**Cause:** Controls have not been implemented over the segregation of duties within RAPIDS and FACTS. Furthermore, management indicated that a lack of personnel resources contributes to the improper segregation of duties issue.

**Effect or Potential Effect:** Without proper segregation of duties or adequate detect controls, the ability exists for certain information system users to create and approve cases and demand payments within the FACTS and RAPIDS applications. Information can be input into the FACTS and RAPIDS applications or modified within the applications without supervisory review, which could lead to payments being made to ineligible applicants, for the improper amount, or for an improper length of time.

Without proper segregation of duties or adequate detect controls, the ability exists for case workers to input unsupported information into an applicant's eligibility calculation within RAPIDS. Further, without supervisory review at the transactional level, disbursements for unallowable costs or activities could occur.

**Questioned Costs:** N/A

**Context:** Total federal expenditures for these programs can be located in the Schedule of Expenditures of Federal Awards.

**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**2023–002 DHHR INFORMATION SYSTEM AND RELATED BUSINESS PROCESS CONTROLS  
(continued)**

The table below identifies the federal programs and compliance requirements impacted.

<b>Federal Program</b>	<b>System</b>	<b>Compliance Requirements Impacted</b>
Adoption Assistance	FACTS	Activities Allowed or Unallowed, Allowable Costs/Cost Principles, Eligibility
Foster Care Title IV-E	FACTS	Activities Allowed or Unallowed, Allowable Costs/Cost Principles, Eligibility, Special Tests and Provisions – Payment Rate Setting and Application
Child Care Development Fund (CCDF Cluster)	FACTS	Activities Allowed or Unallowed, Allowable Costs/Cost Principles, Eligibility
Temporary Assistance for Needy Families	RAPIDS	Eligibility, Special Tests and Provisions – Penalty for Failure to Comply with Work Verification Plan and Penalty for refusal to work
Supplemental Nutrition Assistance Program (SNAP Cluster)	RAPIDS	Activities Allowed or Unallowed, Allowable Costs/Cost Principles, Special Tests and Provisions – ADP System for SNAP

**Identification as a Repeat Finding:** Prior Year Findings 2022–001 and 2021–001

**Recommendation:** We recommend that access to various FACTS and RAPIDS system applications be restricted to a limited number of users. Controls should be established to ensure that an individual is limited to either creating or approving cases or payments. A detect control should be implemented that would require a review of all individual cases and payments with the same request and approval worker to ensure that cases and payments created and approved were appropriate.

Further, we recommend that a formal review process be implemented to ensure that information input into FACTS and RAPIDS is properly reviewed by authorized individuals prior to payment.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–003 INFORMATION TECHNOLOGY GENERAL CONTROLS – WVPATH**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Health and Human Services	
	Foster Care Title IV-E	93.658
	Grant Award 2201WVFOST	
	Grant Award 2301WVFOST	
	Adoption Assistance	93.659
	Grant Award 2201WVADPT	
	Grant Award 2301WVADPT	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).”

**Condition:** The State of West Virginia did not implement all logical access and change management controls that are required to be in place to support effective information technology general controls (ITGCs) for the wvPATH application. As a result, wvPATH ITGCs, and therefore, wvPATH application controls, cannot be relied upon in the period of audit.

**Cause:** Management could not provide evidence to support wvPATH ITGC processes and controls including access provisioning, revocation of access, and a review of user access. Additionally, documentation was not provided related to wvPATH application change management requests to support updates / customizations to the application were authorized, tested and approved prior to being implemented to production.

There was not a clear delineation of responsibilities between the State of West Virginia and the third-party software vendor related to the support and administration of the wvPATH application and supporting infrastructure. The third-party software vendor does not issue a System and Organization Controls (SOC) report for the services provided to the State of West Virginia.

**Effect or Potential Effect:** There is a risk the data relevant to the Foster Care – Title IV-E and Adoption Assistance – Title IV-E programs stored within the wvPATH system may be inappropriately created or modified.

Effective testing of the required logical access and change management controls is to support effective ITGCs over the wvPATH application. As a result, the wvPATH application cannot be relied on for the audit period.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-003 INFORMATION TECHNOLOGY GENERAL CONTROLS – WVPATH**  
**(continued)**

**Questioned Costs:** None

**Context:** Total Foster Care Title IV-E expenditures for the year ended June 30, 2023 were \$72,440,416.  
Total Adoption Assistance expenditures for the year ended June 30, 2023 were \$83,731,768.

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**Recommendation:** Documentation of the requestor, access rights requested, and approval should be defined and maintained for all new and modified wvPATH access requests. This documentation should allow for an audit trail of all new and transferred users ensuring that access was granted/removed from the wvPATH application. Additionally, segregation of duties should exist between the requestor/approver and grantor of the access. Management should remove the terminated user's access from the wvPATH application. Management should enhance the process of communicating terminated employees to ensure access is revoked or disabled timely.

Management should ensure that a review of wvPATH user access is performed on a periodic basis (e.g., annually) to ensure user access rights remain consistent with user job responsibilities. Review procedures should be performed for all users with access, including those with privileged access, to the wvPATH application to determine access appropriateness. In addition, management should ensure that adequate documentation is maintained to provide evidence (i.e., sign-offs, hard-copy reports, etc.) of the review.

A formal, documented process should be implemented to capture authorization, testing and production migration approvals for change requests to the wvPATH application and supporting infrastructure. This documentation should allow for an audit trail of all program changes ensuring that changes were appropriately authorized and administered.

For IT processes and controls that are the responsibility of the third-party software vendor, management should evaluate the need for a SOC report for control activities performed by the vendor on behalf of the State of West Virginia.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**2023-004 INTERNAL CONTROLS OVER SUBRECIPIENT MONITORING**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Health and Human Services Opioid STR	93.788
	Grant Award 1H79TI085744-01	
	Grant Award 1H79TI083313-01	
	Grant Award 6H79TI083313-02M002	
	Grant Award 6H79TI083313-02M004	
	Grant Award 5H79TI083313-02	
	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323/COVID-19 93.323
	Grant Award 6NU50CK000551-01-05	
	Grant Award 5NU50CK000551-C2-00	
	Grant Award 6NU50CK000551-02-01	
	Grant Award 6NU50CK000551-02-02	
	Grant Award 6NU50CK000551-03-05	
	Grant Award 6NU50CK000551-03-02	
	Grant Award 6NU50CK000551-02-04	
	Grant Award 6NU50CK000551-02-08	
	Grant Award 6NU50CK000551-02-06	
	Grant Award 6NU50CK000551-03-01	
	Grant Award 6NU50CK000551-01-07	
	Grant Award 6NU50CK000551-02-03	
	Grant Award 6NU50CK000551-01-06	
	Grant Award 5NU50CK000551-04-00	
	Grant Award 6NU50CK000551-04-02	
	Grant Award 6NU50CK000551-04-04	
	Child Care and Development Fund (CCDF) Cluster	93.575/93.596/ COVID-19 93.575
	Grant Award G2201WVCCDF	
	Grant Award G2301WVCCDF	
	Temporary Assistance for Needy Families	93.558/COVID-19 93.558
	Grant Award 2201WVTANF	
	Grant Award 2301WVTANF	

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–004 INTERNAL CONTROLS OVER SUBRECIPIENT MONITORING**  
(continued)

<b>Criteria or specific requirement (including statutory, regulatory or other citation):</b>	2 CFR 200.303 requires that the non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).
<b>Condition:</b>	During our internal control testing of subrecipient monitoring, we determined that the subrecipient risk assessment performed did not clearly conclude the level of risk assessed (Low, Medium, High) for each subrecipient.
<b>Cause:</b>	The internal controls over subrecipient monitoring are not designed sufficiently to require a conclusion to be reached on a subrecipient’s risk assessment to determine the level of monitoring required to be performed.
<b>Effect or Potential Effect:</b>	Subrecipients may not be properly risk assessed; therefore, impacting the type and amount of monitoring that would be performed in the future.
<b>Questioned Costs:</b>	N/A
<b>Context:</b>	The federal expenditures and subrecipient expenditures for the Opioid STR program for the fiscal year ended June 30, 2023, were \$34,877,309 and \$32,388,417, respectively.  The federal expenditures and subrecipient expenditures for the Child Care and Development Fund (CCDF Cluster) for the fiscal year ended June 30, 2023, were \$202,427,780 and \$45,239,361, respectively.  The federal expenditures and subrecipient expenditures for the Temporary Assistance for Needy Families for the fiscal year ended June 30, 2023, were \$85,510,454, and \$18,789,521, respectively.
<b>Identification as a Repeat Finding:</b>	Prior Year Finding 2022–041
<b>Recommendation:</b>	We recommend that DHHR management review its internal controls over the risk assessment process to perform the risk assessment and conclude on the level of risk and monitoring required.
<b>Views of Responsible Officials:</b>	Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-005 SPECIAL TESTS AND PROVISIONS – ADP SYSTEM FOR SNAP**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Agriculture	
	Supplemental Nutrition Assistance Program (SNAP Cluster)	10.551/10.561/ COVID-19 10.561
	Grant Award 1WV400401	
	Grant Award 1WV430459	
	Grant Award 1WV430469	
	Grant Award 1WV460479	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

7 CFR section 272.10 requires that State agencies “sufficiently automate their SNAP operations and computerize their systems for obtaining, maintaining, utilizing, and transmitting information concerning SNAP.” This includes: (1) processing and storing all case file information necessary for eligibility determination and benefit calculation, identifying specific elements that affect eligibility, and notifying the certification unit of cases requiring notices of disposition, adverse action and mass change, and expiration; (2) providing an automatic cutoff of participation for households that have not been recertified at the end of their certification period by reapplying and being determined eligible for a new period; and (3) generating data necessary to meet federal issuance and reconciliation reporting requirements.

**Condition:** The Department of Health and Human Resources (DHHR) uses the Recipient Automated Payment Information Data System (RAPIDS) as its Automated Data Processing (ADP) system for SNAP. Our testing of the controls surrounding eligibility determination noted that no independent review and approval is required in RAPIDS for case information input by the case worker. Further, it was noted that review and approval of disbursements only occurs at the batch level, which does not allow the independent reviewer to review each transaction individually. Data integrity is a critical for the automation SNAP operations. Due to limitations of the ADP system for SNAP, the auditor was unable to conclude whether or not the State’s ADP system for SNAP (i.e., RAPIDS) was in compliance with requirements of 7 CFR section 272.10.

**Cause:** Controls within the RAPIDS system are not designed to sufficiently protect the integrity of data input into the system.

**Effect or Potential Effect:** The information related to the operations of the SNAP Cluster may not be appropriately maintained, processed or transmitted by the ADP system.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-005 SPECIAL TESTS AND PROVISIONS – ADP SYSTEM FOR SNAP**  
**(continued)**

**Questioned Costs:** N/A

**Context:** Total federal expenditures for the SNAP Cluster were \$884,947,739 for the year ended June 30, 2023.

**Identification as a Repeat Finding:** Prior Year Finding 2022-002

**Recommendation:** We recommend that management establish the appropriate segregation of duties related to the review and approval of eligibility applications, in order to maintain effective IT general controls over the RAPIDS ADP system for SNAP.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**2023–006 ACTIVITIES ALLOWED OR UNALLOWED AND ALLOWABLE COSTS/COST PRINCIPLES**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b> U.S. Department of Agriculture Supplemental Nutrition Assistance Program (SNAP Cluster) Grant Award 1WV400401 Grant Award 1WV430459 Grant Award 1WV430469 Grant Award 1WV460479	<b>Assistance Listing #</b>  10.551/10.561/ COVID-19 10.561
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**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200 requires that costs do not consist of improper payments, defined as “any payment that should not have been made or that was made in an incorrect amount under statutory, contractual, administrative, or other *legally applicable* requirements. Incorrect amounts are overpayments or underpayments that are made to eligible recipients (including inappropriate denials of payment or service, any payment that does not account for credit for applicable discounts, payments that are for an incorrect amount, and duplicate payments). An improper payment also includes any payment that was made to an ineligible recipient or for an ineligible good or service, or payments for goods or services not received (except for such payments authorized by law).”

**Condition:** During our testing of 40 cases for allowability for SNAP, we noted one emergency supplemental allotment payment to a recipient for a month that was not allowable.

**Cause:** Internal controls are not adequately designed or implemented to prevent non-compliance surrounding the issuance of SNAP benefits.

**Effect or Potential Effect:** Disbursements to recipients could be made that are not allowable.

**Questioned Costs:** \$463

**Context:** Total federal expenditures for the SNAP Cluster were \$884,947,739 for the year ended June 30, 2023.

**Identification as a Repeat Finding:** Prior Year Finding 2022–003

**Recommendation:** DHHR should ensure that all compliance requirements are reviewed to ensure the benefit amounts are accurate prior to disbursement.

**Views of Responsible Officials:** Management concurs with the findings and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-007 TRANSPARENCY ACT REPORTING**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Education Child Nutrition Cluster	10.553/10.555/ 10.556/10.559/ 10.582
<b>Criteria or specific requirement (including statutory, regulatory or other citation):</b>	<p>2 CFR 200.303 requires that the non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).”</p> <p>Under the requirements of the Federal Funding Accountability and Transparency Act (Pub. L. No. 109-282) (Transparency Act) that are codified in 2 CFR Part 170, “unless the auditee is exempt as provided in paragraph d. of this award term, the auditee must report each action that equals or exceeds \$30,000 in Federal funds for a subaward to a non-Federal entity or Federal agency no later than the end of the month following the month in which the obligation was made.” Recipients of grants or cooperative agreements are required to report first-tier subawards of \$30,000 or more to the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) per submission instructions posted at <a href="http://www.fsr.gov">http://www.fsr.gov</a>.</p>	
<b>Condition:</b>	The West Virginia Department of Education is a prime recipient of funding for the Child Nutrition Cluster and made first tier subawards of greater than \$30,000, but did not file any of the necessary Federal Funding Accountability and Transparency Act (FFATA) reports.	
<b>Cause:</b>	Policies and procedures and internal controls were not in place to ensure compliance with the Transparency Act.	
<b>Effect or Potential Effect:</b>	West Virginia Department of Education management did not report the necessary FFATA reports for first tier subawards over \$30,000 to The FFATA Subaward Reporting System.	
<b>Questioned Costs:</b>	N/A	
<b>Context:</b>	Total federal expenditures and total subrecipient expenditures for the Child Nutrition Cluster were \$197,977,921 and \$197,522,202, respectively, for the year ended June 30, 2023.	
<b>Identification as a Repeat Finding:</b>	Prior Year Finding 2022-004	

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-007 TRANSPARENCY ACT REPORTING**  
(continued)

**Recommendation:** We recommend that West Virginia Department of Education management take immediate action to ensure compliance with the reporting requirements of the FFATA.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-008 TRANSPARENCY ACT REPORTING**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Housing and Urban Development	
	Community Development Block Grants/State's Program and Non-Entitlement Gants in Hawaii	14.228
	Grant Award B15DC540001	
	Grant Award B16DL540001 #2	
	Grant Award B15DC540001	
	Grant Award B16DC540001	
	Grant Award B17DC540001	
	Grant Award B18DC540001	
	Grant Award B19DC540001	
	Grant Award B20DC540001	
	Grant Award B20DW540001	
	Grant Award B21DC540001	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that the non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).”

Under the requirements of the Federal Funding Accountability and Transparency Act (Pub. L. No. 109-282) (Transparency Act) that are codified in 2 CFR Part 170, “unless the auditee is exempt as provided in paragraph d. of this award term, the auditee must report each action that equals or exceeds \$30,000 in Federal funds for a subaward to a non-Federal entity or Federal agency no later than the end of the month following the month in which the obligation was made.” Recipients of grants or cooperative agreements are required to report first-tier subawards of \$30,000 or more to the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) per submission instructions posted at <http://www.fsrs.gov>.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-008 TRANSPARENCY ACT REPORTING**  
(continued)

**Condition:** During our testing of Federal Funding Accountability and Transparency Act (FFATA) Reports, it was noted that the reports were not submitted by the State of West Virginia Community Development Block Grant program management within the timeframe designated in 2 CFR 170 Appendix A.

Transactions Tested	Subaward not reported	Report not timely	Subaward amount incorrect	Subaward missing/incorrect key elements
5	0	5	0	0
Dollar amount of Tested transactions	Subaward not reported	Report not timely	Subaward amount incorrect	Subaward missing/incorrect key elements
\$18,302,375	0	\$18,302,375	0	\$0

**Cause:** A lack of oversight and adequate review of the FFATA reporting requirements by CDBG management caused the reports required for first-tier subawards over \$30,000 to not be submitted timely to the FFATA Subaward Reporting System, and to have missing/incorrect information reported.

**Effect or Potential Effect:** CDBG management did not report the necessary FFATA reports for first-tier subawards over \$30,000 to The FFATA Subaward Reporting System accurately or in a timely fashion.

**Questioned Costs:** N/A

**Context:** Subawards for the CDBG program included 19 subawards that totaled \$21,829,101 for the year ended June 30, 2023. The five subawards tested that were not reported to the FFATA Subaward Reporting System timely were \$18,302,375. Total expenditures for the CDBG program were \$29,946,440 for the year ended June 30, 2023.

**Identification as a Repeat Finding:** Prior Year Finding 2022-005

**Recommendation:** We recommend that CDBG management take immediate action to ensure compliance with the reporting requirements of the Federal Funding Accountability and Transparency Act, which includes the timely submission of the reports and accurate information.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**2023-009 TRANSPARENCY ACT REPORTING**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of the Interior	
	Abandoned Mine Land Reclamation (AMLR)	15.252
	Grant Award S16AF20058	
	Grant Award S18AF20000	
	Grant Award S19AF20000	
	Grant Award S19AF20020	
	Grant Award S20AF20008	
	Grant Award S20AF20038	
	Grant Award S20AF20094	
	Grant Award S21AF10040	
	Grant Award S22AF00013	
	Grant Award S22AF00039	
	Grant Award S23AF00013	
	Grant Award S23AF00059	
	Grant Award S23AF00107	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that the non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).”

Under the requirements of the Federal Funding Accountability and Transparency Act (Pub. L. No. 109-282) (Transparency Act) that are codified in 2 CFR Part 170, “unless the auditee is exempt as provided in paragraph d. of this award term, the auditee must report each action that equals or exceeds \$30,000 in Federal funds for a subaward to a non-Federal entity or Federal agency no later than the end of the month following the month in which the obligation was made.” Recipients of grants or cooperative agreements are required to report first-tier subawards of \$30,000 or more to the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) per submission instructions posted at <http://www.fsrs.gov>.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-009 TRANSPARENCY ACT REPORTING**  
**(continued)**

**Condition:** For three of four subawards selected for testing, the West Virginia Department of Environmental Protection (the Department) was not in compliance with FFATA reporting requirements. The following table summarizes the exceptions noted during testing.

Transactions Tested	Subaward not reported	Report not timely	Subaward amount incorrect	Subaward missing key elements
4	0	0	0	3
Dollar Amount of Tested Transactions	Subaward not reported	Report not timely	Subaward amount incorrect	Subaward missing key elements
\$11,872,000	\$0	\$0	\$0	\$11,582,000

There were no internal controls in place surrounding review and approval of the FFATA reports.

**Cause:** The Department does not have adequate internal controls and policies and procedures in place to ensure that subawards of \$30,000 or more are being reported accurately to FSRS.

**Effect or Potential Effect:** The Department is not reporting accurate information for first-tier subawards of \$30,000 or more causing them not to be in compliance with federal reporting requirements.

**Questioned Costs:** N/A

**Context:** Total federal expenditures and total subrecipient expenditures for the Abandoned Mine Land Reclamation (AMLR) Grants program were \$29,631,143 and \$12,283,714, respectively, for the year ended June 30, 2023.

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**Recommendation:** We recommend that the Department strengthen internal controls and policies and procedures over FFATA reporting to ensure they are in compliance with federal reporting requirements.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-010 REPORTING**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of the Interior	
	Abandoned Mine Land Reclamation (AMLR)	15.252
	Grant Award S16AF20058	
	Grant Award S18AF20000	
	Grant Award S19AF20000	
	Grant Award S19AF20020	
	Grant Award S20AF20008	
	Grant Award S20AF20038	
	Grant Award S20AF20094	
	Grant Award S21AF10040	
	Grant Award S22AF00013	
	Grant Award S22AF00039	
	Grant Award S23AF00013	
	Grant Award S23AF00059	
	Grant Award S23AF00107	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

2 CFR 200.302(b)(2) “Accurate, current, and complete disclosure of the financial results of each Federal award or program in accordance with the reporting requirements set forth in §§ 200.328 and 200.329.”

**Condition:** The West Virginia Department of Environmental Protection (the Department) is responsible for preparing the SF-425 and SF-425A. There were errors in reporting on the SF-425 reports where receipts and disbursements reported did not agree to the underlying data used to prepare the reports. In addition, the Department did not file the SF-425A reports as required.

There were no internal controls in place surrounding review and approval of the financial reports.

**Cause:** The Department does not have adequate internal controls and policies and procedures in place to ensure that reports contain accurate financial information and are submitted as required.

**Effect or Potential Effect:** The Department is not reporting accurate information for the SF-425 reports and is not submitting the SF-425A reports causing them not to be in compliance with federal reporting requirements over financial reports.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-010 REPORTING**  
**(continued)**

**Questioned Costs:** Unknown

**Context:** We selected five SF-425 reports for testing and noted errors in all the reports.

We selected five SF-425A reports for testing and noted the reports were not filed.

Total federal expenditures for the AMLR Grants program were \$29,631,143 for the year ended June 30, 2023.

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**Recommendation:** We recommend that the Department strengthen internal controls and policies and procedures over financial reporting to ensure they are in compliance with federal reporting requirements.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**2023-011 SUBRECIPIENT MONITORING**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of the Interior	
	Abandoned Mine Land Reclamation (AMLR)	15.252
	Grant Award S16AF20058	
	Grant Award S18AF20000	
	Grant Award S19AF20000	
	Grant Award S19AF20020	
	Grant Award S20AF20008	
	Grant Award S20AF20038	
	Grant Award S20AF20094	
	Grant Award S21AF10040	
	Grant Award S22AF00013	
	Grant Award S22AF00039	
	Grant Award S23AF00013	
	Grant Award S23AF00059	
	Grant Award S23AF00107	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that the non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

2 CFR 200.332(b) requires that all pass-through entities must:

- (b) Evaluate each subrecipient’s risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring described in paragraphs (d) and (e) of this section, which may include consideration of such factors as:
  - (1) The subrecipient’s prior experience with the same or similar subawards;
  - (2) The results of previous audits including whether or not the subrecipient receives a Single Audit in accordance with Subpart F of this part, and the extent to which the same or similar subaward has been audited as a major program;
  - (3) Whether the subrecipient has new personnel or new or substantially changed systems; and
  - (4) The extent and results of Federal awarding agency monitoring (e.g., if the subrecipient also receives Federal awards directly from a Federal awarding agency).

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-011 SUBRECIPIENT MONITORING**  
**(continued)**

**Condition:** We noted that the West Virginia Department of Environmental Protection (the Department) did not perform a subrecipient risk assessment. Therefore, the Department was unable to provide documentation supporting that the level of monitoring to be completed for each subrecipient was appropriate based on the risk assessment.

**Cause:** The Department does not have policies and procedures in place surrounding the subrecipient monitoring compliance requirements and a risk assessment of subrecipients was not performed during the current fiscal year.

**Effect or Potential Effect:** The Department does not have proper internal controls in place to ensure risk assessments are performed annually for all subrecipients.

**Questioned Costs:** Unknown

**Context:** Total federal expenditures and total subrecipient expenditures for the AMLR Grants program were \$29,631,143 and \$12,283,714, respectively, for the year ended June 30, 2023. There were 24 subrecipients during the year ended June 30, 2023.

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**Recommendation:** We recommend that the Department implement written policies and procedures to perform an annual risk assessment of subrecipients to determine the proper extent of monitoring procedures.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–012 REPORTING - SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of the Interior	
	Abandoned Mine Land Reclamation (AMLR) Grants	15.252
	Grant Award S16AF20058	
	Grant Award S18AF20000	
	Grant Award S19AF20000	
	Grant Award S19AF20020	
	Grant Award S20AF20008	
	Grant Award S20AF20038	
	Grant Award S20AF20094	
	Grant Award S21AF10040	
	Grant Award S22AF00013	
	Grant Award S22AF00039	
	Grant Award S23AF00013	
	Grant Award S23AF00059	
	Grant Award S23AF00107	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

The Uniform Guidance 2 CFR section 200.510 states, “(b) Schedule of expenditures of Federal awards. The auditee must also prepare a schedule of expenditures of federal awards (SEFA) for the period covered by the auditee’s financial statements which must include the total Federal awards expended as determined in accordance with §200.502 Basis for determining Federal awards expended.”

**Condition:** The West Virginia Department of Environmental Protection (the Department)’s internal controls are not adequate to ensure the Schedule of Expenditures of Federal Awards (SEFA) accurately reports all federal assistance. The Department’s SEFA for fiscal year 2023 under the Abandoned Mine Land Reclamation (AMLR) Grants program excluded indirect costs preliminary SEFA.

**Cause:** The internal controls over the SEFA reporting processes were not operating effectively to ensure the SEFA included indirect costs.

**Effect or Potential Effect:** The Department is not properly reporting their federal expenditures and major programs may not be appropriately identified.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-012 REPORTING - SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**(continued)**

**Questioned Costs:** N/A

**Context:** Total indirect costs for fiscal 2023, totaling \$1,592,074, were incorrectly excluded from the SEFA. Management corrected the final SEFA.

Total federal expenditures for the AMLR Grants program were \$31,223,217 for the year ended June 30, 2023.

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**Recommendation:** We recommend that the Department ensure staff responsible for the preparation of the SEFA be provided guidance on recording indirect expenses on the SEFA and the SEFA be reviewed and approved by supervising personnel.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**2023–013 INTERNAL CONTROLS OVER INFORMATION TECHNOLOGY (ABPS)**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Labor	
	Unemployment Insurance (UI)	17.225
	Grant Award UI-38244-22-55-A-54	
	Grant Award UI-34749-20-55-A-54	
	Grant Award UI-39304-23-55-A-54	
	Grant Award UI-37257-22-55-A-54	
	Grant Award UI-39356-23-55-A-54	
	Grant Award UI-38014-22-60-A-54	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

**Condition:** Workforce West Virginia (WWV) does not perform periodic documented reviews of administrator access changes to the Automated Benefit Payment System (ABPS) or the Unemployment Compensation Tax applications (UC Tax). A user access review is performed periodically for ABPS and UC Tax, however the review is not documented. Employee terminations were not being communicated timely to the West Virginia Office of Technology (WVOT) to remove network access or within the organization to remove access to ABPS and UC Tax. The current process to remove terminated employees does not allow for the documentation of all applications requiring access removal.

WWV has not performed periodic disaster recovery testing for WWV owned applications.

WWV did not perform a timely review of the SOC report for wvOASIS and documentation did not include reviewing and determining if the required complementary user entity controls were in place. Additionally, complementary user entity controls were not in place.

**Cause:** The internal controls over the information technology processes were not adequately designed or implemented.

**Effect or Potential Effect:** Unauthorized access to critical information systems may occur and not be detected or resolved in a timely manner causing WWV to be in noncompliance.

WWV may not be able to effectively respond to a disaster and recover pertinent data.

**Questioned Costs:** N/A

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–013 INTERNAL CONTROLS OVER INFORMATION TECHNOLOGY (ABPS)**  
**(continued)**

**Context:** Total federal disbursements for the UI program were \$138,362,181 for the year ended June 30, 2023.

**Identification as a Repeat Finding:** Prior Year Findings 2022–008 and 2021–005

**Recommendation:** WWV should implement policies and procedures that include monitoring the information systems and systems controls reports.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**2023-014 REPORTING**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Labor	
	Unemployment Insurance (UI)	17.225
	Grant Award UI-38244-22-55-A-54	
	Grant Award UI-34749-20-55-A-54	
	Grant Award UI-39304-23-55-A-54	
	Grant Award UI-37257-22-55-A-54	
	Grant Award UI-9356-23-55-A-54	
	Grant Award UI-38014-22-60-A-54	
<b>Criteria or specific requirement (including statutory, regulatory or other citation):</b>	2 CFR 200.303 requires that the non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).”	
<b>Condition:</b>	The following reports tested were not reviewed and approved prior to submission: 1) ) one of the four Employment and Training Administration “ETA” 9050 reports 2) two of the four ETA 9052 reports, and 3) one of the four ETA 9055 reports.	
<b>Cause:</b>	The internal controls over the individual reporting processes were not adequately enforced or documented.	
<b>Effect and Potential Effect:</b>	Reports could be filed with errors or lack of supporting documentation and not be identified by management.	
<b>Questioned Costs:</b>	N/A	
<b>Context:</b>	Total federal disbursements for the UI program were \$138,362,181 for the year ended June 30, 2023.	
<b>Identification as a Repeat Finding:</b>	Prior Year Findings 2022-007 and 2021-006	
<b>Recommendation:</b>	We recommend that WWV implement internal controls over the report submission process, to ensure each report is reviewed and approved by appropriate individuals familiar with the reporting requirements to ensure that accurate information is reported.	
<b>Views of Responsible Officials:</b>	Management concurs with the finding and has developed a plan to correct the finding.	

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-015 REPORTING**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Transportation	
	National Infrastructure Investments	20.933
	Grant Award 693JJ22040000BDG0WV0522045	
	Grant Award 693JJ22040000BDG0WV0484326	
	Grant Award 693JJ22140000BDG3WV0641399	
	Grant Award 693JJ22240000BDG6WV0793309	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that the non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

The terms and conditions of the grant awards require the recipient to submit various financial and performance reports, including Quarterly Project Progress Reports and Pre-Project Performance Measurement Reports.

**Condition:** The West Virginia Division of Highways (the Division) could not provide documentation that the Quarterly Project Progress Reports and Pre-project Performance Measurement Report, that were required to be submitted during the fiscal year under audit, were filed.

**Cause:** The Division does not have proper policies and procedures in place surrounding the reporting compliance requirements.

**Effect or Potential Effect:** The Division could not provide documentation that required reports were submitted to the federal awarding agency in accordance with the grant awards.

**Questioned Costs:** Unknown

**Context:** There was one Pre-project Performance Measurement Report and 15 Quarterly Project Progress Reports required to be filed in fiscal year 2023.

Total federal expenditures for the National Infrastructure Investments program were \$35,831,611 for the year ended June 30, 2023.

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-015 REPORTING**  
**(continued)**

**Recommendation:** We recommend that the Division implement policies and procedures surrounding reporting to ensure compliance with all conditions of the grant awards.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–016 SPECIAL TESTS AND PROVISIONS - NOTIFICATION OF CHANGES TO KEY PERSONNEL**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Transportation	
	National Infrastructure Investments	20.933
	Grant Award 693JJ22040000BDG0WV0522045	
	Grant Award 693JJ22040000BDG0WV0484326	
	Grant Award 693JJ22140000BDG3WV0641399	
	Grant Award 693JJ22240000BDG6WV0793309	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

The terms and conditions of the grant awards require the recipient to notify all U.S. Department of Transportation (USDOT) representatives, noted in the grant agreement, in writing within 30 calendar days of any change in key personnel.

**Condition:** The West Virginia Division of Highways (the Division) could not provide documentation that the USDOT was made aware of changes in key personnel within 30 calendar days.

**Cause:** The Division does not have proper policies and procedures in place over the notification of changes to key personnel requirements.

**Effect or Potential Effect:** The Division is not in compliance with the provisions of the grant awards since changes to key personnel were not communicated in writing to the USDOT within 30 calendar days.

**Questioned Costs:** Unknown

**Context:** There were three grants that had a change in key personnel; the change in key personnel was not communicated to the USDOT.

Total federal expenditures for the National Infrastructure Investments program were \$35,831,611 for the year ended June 30, 2023.

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-016 SPECIAL TESTS AND PROVISIONS - NOTIFICATION OF CHANGES TO KEY PERSONNEL**  
**(continued)**

**Recommendation:** We recommend that the Division implement policies and procedures surrounding the notification of changes to key personnel requirements to ensure compliance with all conditions of the grant awards.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–017 SPECIAL TESTS AND PROVISIONS – SATISFACTORY ACADEMIC PROGRESS (N9)**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	Student Financial Assistance Cluster	
	U.S. Department of Education	84.007/84.033/ 84.038/84.063/ 84.268/84.379
	U.S. Department of Health and Human Services	93.264/93.342/ 93.364

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).”

34 CFR 668.16(e) states: “For purposes of determining student eligibility for assistance under a title IV, HEA program, establishes, publishes, and applies reasonable standards for measuring whether an otherwise eligible student is maintaining satisfactory academic progress in his or her educational program. The Secretary considers an institution's standards to be reasonable if the standards are in accordance with the provisions specified in § 668.34.”

*34 CFR 668.34 states:* “An institution must establish a reasonable satisfactory academic progress policy for determining whether an otherwise eligible student is making satisfactory academic progress in his or her educational program and may receive assistance under the title IV, HEA programs. The Secretary considers the institution's policy to be reasonable if—

- (1) The policy is at least as strict as the policy the institution applies to a student who is not receiving assistance under the title IV, HEA programs;
- (2) The policy provides for consistent application of standards to all students within categories of students, *e.g.*, full-time, part-time, undergraduate, and graduate students, and educational programs established by the institution;
- (3) The policy provides that a student's academic progress is evaluated—
  - (i) At the end of each payment period if the educational program is either one academic year in length or shorter than an academic year; or
  - (ii) For all other educational programs, at the end of each payment period or at least annually to correspond with the end of a payment period;

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–017 SPECIAL TESTS AND PROVISIONS – SATISFACTORY ACADEMIC PROGRESS (N9)**  
**(continued)**

- (4)
- (i) The policy specifies the grade point average (GPA) that a student must achieve at each evaluation, or if a GPA is not an appropriate qualitative measure, a comparable assessment measured against a norm; and
  - (ii) If a student is enrolled in an educational program of more than two academic years, the policy specifies that at the end of the second academic year, the student must have a GPA of at least a “C” or its equivalent, or have academic standing consistent with the institution's requirements for graduation;
- (5) The policy specifies—
- (i) For all programs, the maximum timeframe as defined in paragraph (b) of this section; and
  - (ii) For a credit hour program using standard or nonstandard terms that is not a subscription-based program, the pace, measured at each evaluation, at which a student must progress through his or her educational program to ensure that the student will complete the program within the maximum timeframe, calculated by either dividing the cumulative number of hours the student has successfully completed by the cumulative number of hours the student has attempted or by determining the number of hours that the student should have completed by the evaluation point in order to complete the program within the maximum timeframe. In making this calculation, the institution is not required to include remedial courses;
- (6) The policy describes how a student's GPA and pace of completion are affected by course incompletes, withdrawals, or repetitions, or transfers of credit from other institutions. Credit hours from another institution that are accepted toward the student's educational program must count as both attempted and completed hours;
- (7) Except as provided in paragraphs (c) and (d) of this section, the policy provides that, at the time of each evaluation, a student who has not achieved the required GPA, or who is not successfully completing his or her educational program at the required pace, is no longer eligible to receive assistance under the title IV, HEA programs;
- (8) If the institution places students on financial aid warning, or on financial aid probation, as defined in paragraph (b) of this section, the policy describes these statuses and that—
- (i) A student on financial aid warning may continue to receive assistance under the title IV, HEA programs for one payment period despite a determination that the student is not making satisfactory academic progress. Financial aid warning status may be assigned without an appeal or other action by the student; and

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–017 SPECIAL TESTS AND PROVISIONS – SATISFACTORY ACADEMIC PROGRESS (N9)**  
**(continued)**

- (ii) A student on financial aid probation may receive title IV, HEA program funds for one payment period. While a student is on financial aid probation, the institution may require the student to fulfill specific terms and conditions such as taking a reduced course load or enrolling in specific courses. At the end of one payment period on financial aid probation, the student must meet the institution's satisfactory academic progress standards or meet the requirements of the academic plan developed by the institution and the student to qualify for further title IV, HEA program funds;
- (9) If the institution permits a student to appeal a determination by the institution that he or she is not making satisfactory academic progress, the policy describes—
  - (i) How the student may reestablish his or her eligibility to receive assistance under the title IV, HEA programs;
  - (ii) The basis on which a student may file an appeal: The death of a relative, an injury or illness of the student, or other special circumstances; and
  - (iii) Information the student must submit regarding why the student failed to make satisfactory academic progress, and what has changed in the student's situation that will allow the student to demonstrate satisfactory academic progress at the next evaluation;
- (10) If the institution does not permit a student to appeal a determination by the institution that he or she is not making satisfactory academic progress, the policy must describe how the student may reestablish his or her eligibility to receive assistance under the title IV, HEA programs; and
- (11) The policy provides for notification to students of the results of an evaluation that impacts the student's eligibility for title IV, HEA program funds.”

**Condition:**

Bluefield State University (BSU), Fairmont State University (FSU), Marshall University (MU), New River Community and Technical College (NRCTC), West Liberty University (WLU), West Virginia Northern Community College (WVNCC), West Virginia School of Osteopathic Medicine (WVSOM), and West Virginia University at Parkersburg (WVUP) did not have adequate internal controls in place surrounding the satisfactory academic progress (SAP) policy. During our testing, we noted there was no documentation retained to evidence that a review of the SAP policy was performed to ensure compliance with federal regulations.

Additionally, Blue Ridge Community College (BRCTC) and WVUP did not publish the most recent version of the SAP policy on their websites.

Furthermore, WVSOM did not include reasonable standards for measuring whether eligible students are maintaining SAP in their educational program in their published SAP policy as the related SAP policies excluded the required element #11 above. BRCTC had an appropriate policy, but they did not publish the most recent version of the policy on their website. The older version of the SAP policy that was published on their website did not include the required element #11 above.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–017 SPECIAL TESTS AND PROVISIONS – SATISFACTORY ACADEMIC PROGRESS (N9)**  
**(continued)**

**Cause:** Management of BRCTC, BSU, FSU, MU, NRCTC, WLU, WVNCC, WVSOM, and WVUP did not retain sufficient documentation for their review procedures over the SAP policy.

Management of BRCTC and WVSOM did not include all reasonable standards for measuring whether eligible students are maintaining SAP in their educational program in their published SAP policies.

**Effect or Potential Effect:** The published SAP policy may be deemed insufficient for the compliance requirements.

**Questioned Costs:** None

**Context:** Total Student Financial Assistance Cluster expenditures for BRCTC, BSU, FSU, MU, NRCTC, WLU, WVNCC, WVSOM, and WVUP were \$5,084,582, \$7,651,688, \$17,584,932, \$93,991,163, \$3,672,778, \$16,726,007, \$3,090,314, \$44,681,370, \$6,847,451, respectively, for the year ended June 30, 2023. The total expenditures for the Student Financial Assistance Cluster for the year ended June 30, 2023, were \$470,995,643.

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**Recommendation:** Management should ensure the SAP is reviewed and approved on an annual basis and supporting documentation of the review retained.

Management should design and implement internal controls over the SAP policy to ensure all requirements are included in the policy appropriately and published on the institution’s website timely.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**2023–018 INTERNAL CONTROLS OVER FINANCIAL REPORTING**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b> Student Financial Assistance Cluster U.S. Department of Education	<b>Assistance Listing #</b>  84.063/84.268
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**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

**Condition:** In our control testing, Pierpont Community and Technical College (PCTC) could not provide adequate documentation of controls in place over Pell Common Origination and Disbursement (COD) reconciliations conducted prior to October 2022 to ensure the data reported is complete, accurate, and prepared in accordance with the required instructions. Effective controls were implemented with the reconciliation for October and remained in effect the remainder of the audit period.

**Cause:** PCTC’s policies and procedures did not require adequate documentation be maintained to demonstrate that controls are operating effectively prior to October 2022.

**Effect or Potential Effect:** The U.S. Department of Education could receive incorrect Pell or Direct Loan payment data.

**Questioned Costs:** N/A

**Context:** Total Direct Loans and Pell expenditures for PCTC were \$4,201,839 for the year ended June 30, 2023. The total expenditures for the Student Financial Assistance Cluster for the year ended June 30, 2023, were \$470,995,643.

**Identification as a Repeat Finding:** Prior Year Findings 2022–014 and 2021–020

**Recommendation:** We recommend that PCTC continues to use the policies and procedures implemented for reconciliations performed for October 2022 and after.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–019 SPECIAL TESTS AND PROVISIONS – GRAMM-LEACH-BLILEY ACT-STUDENT  
INFORMATION SECURITY (N12)**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	Student Financial Assistance Cluster	
	U.S. Department of Education	84.007/84.033/ 84.038/84.063/ 84.268/84.379
	U.S. Department of Health and Human Services	93.264/93.342/ 93.364

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).”

The Gramm-Leach-Bliley Act (Pub. L. No. 106-102) (GLBA) requires financial institutions to explain their information-sharing practices to their customers and to safeguard sensitive data (16 CFR 314).

Institutions are required to develop, implement, and maintain a comprehensive information security program that is written in one or more readily accessible parts.

At a minimum, an institution’s written information security program —

- (1) Designates a qualified individual responsible for overseeing and implementing the institution’s information security program and enforcing the information security program in compliance (16 CFR 314.4(a)).
- (2) Provides for the information security program to be based on a risk assessment that identifies reasonably foreseeable internal and external risks to the security, confidentiality, and integrity of customer information (as the term customer information applies to the institution) that could result in the unauthorized disclosure, misuse, alteration, destruction, or other compromise of such information, and assesses the sufficiency of any safeguards in place to control these risks (16 CFR 314.4(b)).
- (3) Provides for the design and implementation of safeguards to control the risks the institution identifies through its risk assessment (16 CFR 314.4(c)). At a minimum, the institution’s written information security program must address the implementation of the minimum safeguards identified in 16 CFR 314.4(c)(1) through (8). The eight minimum safeguards that the written information security program must address are summarized as follows:
  - (i) Implement and periodically review access controls.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–019 SPECIAL TESTS AND PROVISIONS – GRAMM-LEACH-BLILEY ACT-STUDENT INFORMATION SECURITY (N12)**  
**(continued)**

- (ii) Conduct a periodic inventory of data, noting where it's collected, stored, or transmitted.
  - (iii) Encrypt customer information on the institution's system and when it's in transit.
  - (iv) Assess apps developed by the institution
  - (v) Implement multi-factor authentication for anyone accessing customer information on the institution's system
  - (vi) Dispose of customer information securely
  - (vii) Anticipate and evaluate changes to the information system or network.
  - (viii) Maintain a log of authorized users' activity and keep an eye out for unauthorized access.
- (4) Provides for the institution to regularly test or otherwise monitor the effectiveness of the safeguards it has implemented (16 CFR 314.4(d)).
- (5) Provides for the implementation of policies and procedures to ensure that personnel are able to enact the information security program (16 CFR 314.4(e)(1)).
- (6) Addresses how the institution will oversee its information system service providers (16 CFR 314.4(f)).
- (7) Provides for the evaluation and adjustment of its information security program in light of the results of the required testing and monitoring; any material changes to its operations or business arrangements; the results of the required risk assessments; or any other circumstances that it knows or has reason to know may have a material impact the institution's information security program (16 CFR 314.4(g)).

**Condition:**

Blue Ridge Community and Technical College (BRCTC), Concord University (CU), Marshall University (MU), New River Community and Technical College (NRCTC), West Liberty University (WLU), West Virginia Northern Community College (WVNCC), and West Virginia University at Parkersburg (WVUP) did not have adequate internal controls in place surrounding the Information Security Program. During our testing, we noted there was no documentation retained to evidence that a review of the Information Security Program was performed to ensure compliance with federal regulations.

Additionally, the written Information Security Program for Bluefield University (BSU), CU, MU, NRCTC, Shepherd University (SU), WLU, WVNCC, West Virginia State University (WVSU) and WVUP did not address all required elements per 16 CFR 314.4 outlined above.

Furthermore, Fairmont State University (FSU) and Pierpont Community and Technical College (PCTC) did not have a written Information Security Program. For FSU, the written Information Security Program was not in place until May 2023.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–019 SPECIAL TESTS AND PROVISIONS – GRAMM-LEACH-BLILEY ACT-STUDENT  
INFORMATION SECURITY (N12)**  
(continued)

**Cause:** Management of BRCTC, CU, MU, NRCTC, WLU, WVNCC, and WVUP did not retain sufficient documentation for their review procedures over the Information Security Program.

Management of BSU, CU, MU, NRCTC, SU, WVNCC, and WVSU did not include all reasonable standards required for the Information Security Program.

Management of FSU and PCTC did not have a written Information Security Program.

**Effect or Potential Effect:** The written Information Security Program may not be compliant with federal regulations.

**Questioned Costs:** None

**Context:** Total Student Financial Assistance Cluster expenditures for BRCTC, BSU, CU, FSU, MU, NRCTC, PCTC, SU, WLU, WVNCC, WVSU, and WVUP were \$5,084,582, \$7,651,688, \$13,833,684, \$17,584,932, \$93,991,163, \$3,672,778, \$4,388,461, \$15,171,851, \$16,726,007, \$3,090,314, \$9,313,808, \$6,847,451, respectively, for the year ended June 30, 2023. The total expenditures for the Student Financial Assistance Cluster for the year ended June 30, 2023, were \$470,995,643.

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**Recommendation:** Management should design and implement internal controls over the Information Security Program to ensure all requirements of the GLBA are included in the written Information Security Program appropriately.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–020 INTERNAL CONTROLS OVER SPECIAL TESTS AND PROVISIONS – VERIFICATION (N1)**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	Student Financial Assistance Cluster	
	U.S. Department of Education	84.007/84.033/ 84.038/84.063/ 84.268/84.379
	U.S. Department of Health and Human Services	93.264/93.342/ 93.364

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

**Condition:** Fairmont State University (FSU) did not have adequate internal controls in place surrounding the verification compliance requirement. During our testing, we noted for the samples selected that there were multiple selections showing a lack of proper review in the verification process.

**Cause:** FSU did not have adequate internal controls in place to ensure that verification changes identified were processed and submitted to the U.S. Department of Education.

**Effect or Potential Effect:** Students receiving federal aid could receive the incorrect amount of federal student financial assistance.

**Questioned Costs:** N/A

**Context:** We selected a sample of 23 students for FSU and identified 8 instances where the verification forms were not reviewed and approved.

Total Student Financial Assistance Cluster expenditures for FSU were \$17,584,932 for the year ended June 30, 2023. The total expenditures for the Student Financial Assistance Cluster for the year ended June 30, 2023, were \$470,995,643.

**Identification as a Repeat Finding:** Prior Year Findings 2022–015 and 2021–014

**Recommendation:** Management should develop and update internal controls to ensure that controls related to the verification process are implemented.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–021 BANNER INFORMATION TECHNOLOGY GENERAL CONTROLS**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	Student Financial Assistance Cluster	
	U.S. Department of Education	84.007/84.033/ 84.038/84.063/ 84.268/84.379
	U.S. Department of Health and Human Services	93.264/93.342/ 93.364

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).”

**Condition:** The State of West Virginia did not implement all logical access and change management controls that are required to be in place to support effective information technology general controls (ITGCs) for the Banner application instances at 12 of 15 universities / colleges. As a result, Banner ITGCs, and therefore, Banner application controls, cannot be relied upon in the period of audit.

**Cause:** Across the 11 universities/colleges (Blue Ridge Community and Technical College, Bluefield State University, Mountwest Community and Technical College, New River Community and Technical College, Pierpont Community and Technical College, Shepherd University, West Liberty University, West Virginia Northern Community College, West Virginia University, West Virginia University at Parkersburg, and West Virginia State University), management did not have a formalized process to support access provisioning events were authorized, approved and documented. Additionally, documentation did not exist to support the timely revocation of access upon a user leaving the university / college. Further, a user access review for Banner was not performed to ensure access remains appropriate based on users’ job responsibilities. We also identified instances where privileged accounts to Banner were shared amongst users and password settings were not configured with leading industry standards. Specific to the change management process, a formalized and documented process was not consistently followed to support that Banner application and supporting infrastructure patches and releases were authorized, tested, and approved prior to being implemented to production.

**Effect or Potential Effect:** There is a risk the data relevant to the Student Financial Assistance Cluster program stored within the student financial aid system may be inappropriately created or modified.

Effective testing of the required logical access and change management controls is to support effective ITGCs over the Banner application. As a result, the Banner application cannot be relied on for the audit period.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–021 BANNER INFORMATION TECHNOLOGY GENERAL CONTROLS**  
**(continued)**

**Questioned Costs:** None

**Context:** The total expenditures for the Student Financial Assistance Cluster for the year ended June 30, 2023, were \$470,995,643.

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**Recommendation:** Documentation of the requestor, access rights requested, and approval should be defined and maintained for all new and modified Banner access requests. This documentation should allow for an audit trail of all new and transferred users ensuring that access was granted/removed from the Banner application. Additionally, segregation of duties should exist between the requestor/approver and grantor of the access. Management should remove the terminated user's access from the Banner application. Management should enhance the process of communicating terminated employees to ensure access is revoked or disabled timely.

Management should ensure that a review of user access is performed on a periodic basis (e.g., annually) to ensure user access rights remain consistent with user job responsibilities. Review procedures should be performed for all users with access to the Banner application to determine access appropriateness. In addition, management should ensure that adequate documentation is maintained to provide evidence (i.e., sign-offs, hard-copy reports, etc.) of the review.

Management should configure Banner password settings related to minimum length, complexity, expiration, history, and account lockout to enhance overall security. Further, privileged access to the Banner application should be granted to administrators via unique IDs to provide accountability and avoid the sharing of default privileged accounts.

A formal, documented change process needs implemented to capture authorization, testing and production migration approvals for patches and releases to the Banner application and supporting infrastructure. This documentation should allow for an audit trail of all program changes ensuring that changes were appropriately authorized and administered.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–022 SPECIAL TESTS AND PROVISIONS – RETURN OF TITLE IV FUNDS (N4)**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b> Student Financial Assistance Cluster U.S. Department of Education	<b>Assistance Listing #</b>  84.007/84.033/ 84.063/84.268
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**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

34 CFR section 668.173(b) requires timely return of title IV, HEA program funds. “In accordance with procedures established by the Secretary or FFEL Program lender, an institution returns unearned title IV, HEA program funds timely if - (1) The institution deposits or transfers the funds into the bank account it maintains under § 668.163 no later than 45 days after the date it determines that the student withdrew; (2) The institution initiates an electronic funds transfer (EFT) no later than 45 days after the date it determines that the student withdrew; (3) The institution initiates an electronic transaction, no later than 45 days after the date it determines that the student withdrew, that informs a FFEL lender to adjust the borrower’s loan account for the amount returned; or (4) The institution issues a check no later than 45 days after the date it determines that the student withdrew. An institution does not satisfy this requirement if - (i) The institution’s records show that the check was issued more than 45 days after the date the institution determined that the student withdrew; or (ii) The date on the cancelled check shows that the bank used by the Secretary or FFEL Program lender endorsed that check more than 60 days after the date the institution determined that the student withdrew.”

**Condition:** Blue Ridge Community and Technical College (BRCTC), Mountwest Career & Technical College (MCTC), Pierpont Community and Technical College (PCTC), and West Virginia Northern Community College (WVNCC) were unable to provide adequate documentation showing they maintained an effective review process over the returns of Title IV funds.

In addition, for Bluefield State University (BSU) it was noted during compliance testing that certain amounts to be returned were not returned timely.

**Cause:** The institutions do not have adequate internal controls in place over the return of Title IV funds to prevent noncompliance.

**Effect or Potential Effect:** The institutions may not be returning the correct amount of federal student financial assistance required or the funds are not returned within the required time frame to the United States Department of Education.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–022 SPECIAL TESTS AND PROVISIONS – RETURN OF TITLE IV FUNDS (N4)**  
**(continued)**

**Questioned Costs:** None

**Context:** In 11 of 29 instances of internal control testing at BRCTC, we noted that the internal control was not sufficiently documented or not functioning effectively. The support documentation provided did not include any evidence of review.

In 19 of 22 instances of internal control testing at MCTC, we noted that the internal control was not sufficiently documented or not functioning effectively. MCTC relied on application controls within the Banner system, which has been determined to have ineffective ITGCs. Additionally, the support documentation provided did not include sufficient evidence of review.

In 2 of 18 instances in internal control testing at PCTC, we noted that the internal control was not sufficiently documented or not functioning effectively. In addition, the return to Title IV funds was not completed within the required 45-day timeframe.

In all 20 instances of internal control testing at WVNCC, we noted that the internal control was not sufficiently documented or not functioning effectively. WVNCC relied on the application controls within the Banner system, which has been determined to have ineffective ITGCs. Additionally, there was no evidence of review of the calculation in the support documentation provided.

In one of 40 returns tested for compliance, we noted that one return related to BSU was not completed within the required 45-day timeframe.

Total Student Financial Assistance Cluster expenditures for BRCTC, BSU, MCTC, PCTC, and WVNCC were \$5,084,582, \$7,651,688, \$4,467,631, \$4,388,461, and \$3,090,314, respectively, for the year ended June 30, 2023. The total expenditures for the Student Financial Assistance Cluster for the year ended June 30, 2023, were \$470,995,643

**Identification as a Repeat Finding:** Prior Year Findings 2022–011 and 2021–015

**Recommendation:** Management should implement internal controls to ensure that the correct amount of federal student financial assistance is returned and returned within the required time frame.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**2023–023 INTERNAL CONTROLS OVER CASH MANAGEMENT**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b> Student Financial Assistance Cluster U.S. Department of Education	<b>Assistance Listing #</b>  84.007/84.033/ 84.063/84.268
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**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).”

**Condition:** For the period July 2022 – January 2023 at Fairmont State University (FSU), there was no second level review of drawdown requests for accuracy, completeness and agreement to the underlying books and records of the institution.

Bluefield State University (BSU) did not retain evidence of the review and approval for one of seven drawdown requests selected for internal control testing.

Mountwest Community and Technical College (MCTC) did not have evidence of the review control related to cash management. Three of the 15 drawdown requests selected for internal control testing did not have proper approval prior to the drawdowns.

West Virginia Northern Community College (WVNCC) did not retain evidence of the review and approval for seven of 12 drawdown requests selected for control testing.

**Cause:** For FSU, one individual was responsible for preparing the drawdown request and making the drawdown through the U.S. Department of Education’s G5 payment management system. Internal controls were not implemented until February 2023.

BSU, MCTC, and WVNCC have policies and procedures in place to review the drawdowns prior to requesting from the U.S. Department of Education’s G5 payment management system; however, the policies and procedures were not followed for these drawdowns.

**Effect or Potential Effect:** Drawdowns could be inaccurate, incomplete, and not agree to underlying books and records of the institution.

**Questioned Costs:** None

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–023 INTERNAL CONTROLS OVER CASH MANAGEMENT**  
**(continued)**

**Context:** Total BSU, FSU, MCTC, and WVNCC expenditures for the Student Financial Assistance Cluster for the year ended June 30, 2023, were \$7,651,688, \$17,584,932, and \$4,467,631, and \$3,090,314 respectively. Total Student Financial Assistance Cluster expenditures were \$470,995,643 for the year ended June 30, 2023.

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**Recommendation:** For FSU, management should continue to follow internal controls implemented in February 2023 requiring a second level review of drawdown requests. For BSU, MCTC, and WVNCC, management should follow established policies, procedures and internal controls for the review and approval of drawdown requests.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–024 SPECIAL TESTS AND PROVISIONS – USING A SERVICER TO DELIVER TITLE IV CREDIT BALANCES TO A CARD OR OTHER ACCESS DEVICE (N3)**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	Student Financial Assistance (SFA) Cluster	
	U.S. Department of Education	84.007/84.033/ 84.038/84.063/ 84.268/84.379
	U.S. Department of Health and Human Services	93.264/93.342/ 93.364

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).”

An institution may enter into an arrangement with a servicer or a financial institution to make a direct payment of federal student aid credit balances to students through electronic funds transfer to a bank account designated by a student or parent, to issue a check payment to the student or to use an access device such as a debit, demand, or smart card provided by the servicer or its financial partner. Regulations at 34 CFR 668.164(e) and (f) establish two different types of arrangements between schools and financial account providers: Tier One arrangements and Tier Two arrangements. The type of arrangement determines the provisions that are applicable to the school.

34 CFR 668.164(e)(2)(viii) states under a T1 arrangement, the institution must “provide to the Secretary an up-to-date URL for the contract and contract data as described in paragraph (e)(2)(vii) of this section for publication in a centralized database accessible to the public.”

34 CFR 668.164(e)(2)(ix) states under a T1 arrangement, the institution must “ensure that the terms of the accounts offered pursuant to a T1 arrangement are not inconsistent with the best financial interests of the students opening them. The Secretary considers this requirement to be met if (A) The institution documents that it conducts reasonable due diligence reviews at least every two years to ascertain whether the fees imposed under the T1 arrangement are, considered as a whole, consistent with or below prevailing market rates; and (B) All contracts for the marketing or offering of accounts pursuant to T1 arrangements to the institution's students make provision for termination of the arrangement by the institution based on complaints received from students or a determination by the institution under paragraph (e)(2)(ix)(A) of this section that the fees assessed under the T1 arrangement are not consistent with or are higher than prevailing market rates.”

34 CFR 668.164(e)(2)(x) states under a T1 arrangement, the institution must “take affirmative steps, by way of contractual arrangements with the third-party servicer as necessary, to ensure that requirements of this section are met with respect to all accounts offered pursuant to T1 arrangements.”

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–024 SPECIAL TESTS AND PROVISIONS – USING A SERVICER TO DELIVER TITLE IV CREDIT BALANCES TO A CARD OR OTHER ACCESS DEVICE (N3)**  
**(continued)**

<b>Condition:</b>	Bluefield State University (BSU), Blueridge Community & Technical College (BRCTC), Concord University (CU), Mountwest Community & Technical College (MCTC), Shepherd University (SU), West Virginia Northern Community College (WVNCC), and West Virginia University at Parkersburg (WVUP) have a T1 arrangement with a third-party servicer.  BSU, CU, SU, WVNCC, and WVUP were unable to provide documentation showing that their institutions had submitted a URL to their contract with their third-party servicer and cost information related to their third-party servicer to the U.S. Department of Education for publication in the Cash Management Contracts Database.  BSU, BRCTC, CU, MCTC, SU and WVNCC were unable to provide evidence showing that their institutions documented a due diligence review over the fees assessed by their third-party servicer of Title IV credit balances.
<b>Cause:</b>	BSU, BRCTC, CU, MCTC, SU, WVUP, and WVNCC did not have an internal control in place to review the contract with their third-party servicer of Title IV credit balances or obtain and review the third-party servicer’s Title IV compliance audit to ensure compliance with federal regulations. As such, instances of noncompliance were noted above.
<b>Effect or Potential Effect:</b>	The schools are not in compliance with certain federal regulations over T1 arrangements contained in 34 CFR 668.164(e).
<b>Questioned Costs:</b>	None
<b>Context:</b>	BSU, BRCTC, CU, MCTC, SU, WVNCC, and WVUP had total expenditures of \$7,651,688, \$5,084,582, \$13,833,684, \$4,467,631, \$15,171,851, \$3,090,314, and \$6,847,451 respectively. Total expenditures for the SFA Cluster were \$470,995,643 for the year ended June 30, 2023.
<b>Identification as a Repeat Finding:</b>	This is not a repeat finding from the prior year.
<b>Recommendation:</b>	The schools should implement internal controls over the review of the contract with their third-party servicer of Title IV credit balances and their Title IV compliance audit, <i>Report on Controls at a Service Organization Relevant to User Entities’ Internal Control over Financial Reporting</i> (SOC 1) and <i>Report on Controls Relevant to Security</i> (SOC 2) to ensure compliance with the federal regulations over T1 arrangements. Documentation over the specific items reviewed and conclusions reached should be retained to support the operating effectiveness of internal controls.
<b>Views of Responsible Officials:</b>	Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–025 SPECIAL TESTS AND PROVISIONS – PERKINS LOAN RECORDKEEPING AND RECORD RETENTION (N7)**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b> Student Financial Assistance Cluster U.S. Department of Education	<b>Assistance Listing #</b>  84.038
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**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).”

As stated in the 2023 OMB Compliance Supplement (34 CFR 674.19), “when an institution uses a third-party servicer for its Perkins Loan program, the institution must perform due diligence to ensure that the third-party servicer is in compliance with the requirements for the functions the third-party servicer is performing for the institution. Such due diligence could include obtaining and reviewing the third-party servicer’s most recent Title IV compliance audit.”

34 CFR 674.19(e)(2) states “an institution shall retain a record of disbursements for each loan made to a borrower on a Master Promissory Note (MPN). This record must show the date and amount of each disbursement.”

34 CFR 674.19(e)(4) states “*Manner of retention of promissory notes and repayment schedules.* An institution shall keep the original promissory notes and repayment schedules until the loans are satisfied. If required to release original documents in order to enforce the loan, the institution must retain certified true copies of those documents.

- (i) An institution shall keep the original paper promissory note or original paper MPN and repayment schedules in a locked, fireproof container.
- (ii) If a promissory note was signed electronically, the institution must store it electronically and the promissory note must be retrievable in a coherent format. An original electronically signed MPN must be retained by the institution for 3 years after all the loans made on the MPN are satisfied.
- (iii) After the loan obligation is satisfied, the institution shall return the original or a true and exact copy of the note marked “paid in full” to the borrower, or otherwise notify the borrower in writing that the loan is paid in full, and retain a copy for the prescribed period.”

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–025 SPECIAL TESTS AND PROVISIONS – PERKINS LOAN RECORDKEEPING AND RECORD RETENTION (N7)**  
**(continued)**

<b>Condition:</b>	<p>Concord University (CU), Marshall University (MU), Shepherd University (SU), West Liberty University (WLU), West Virginia School of Osteopathic Medicine (WVSOM), and West Virginia University (WVU) did not maintain sufficient evidence of the due diligence review performed over their third-party servicer of its Federal Perkins Loan Program portfolio. While the schools obtained the third-party servicer’s Title IV compliance audit report, <i>Report on Controls at a Service Organization Relevant to User Entities’ Internal Control over Financial Reporting</i> (SOC 1) and <i>Report on Controls Relevant to Security</i> (SOC 2), the schools did not retain documentation showing what specific items were reviewed or what conclusions were reached related to the servicers compliance with the requirements they were contracted for.</p> <p>For six of 40 Perkins loans sampled, WVU could not provide a copy of the MPN.</p>
<b>Cause:</b>	<p>CU, MU, SU, WLU, WVSOM and WVU did not have effective internal controls in place requiring retention of the due diligence review performed. WVU did not have adequate internal controls in place over the retention of Perkins loan records, specifically, MPNs.</p>
<b>Effect or Potential Effect:</b>	<p>The third-party servicer could be out of compliance with federal regulations and have ineffective internal controls which could impact the school’s compliance with the Federal Perkins Loan Program requirements. In addition, WVU is in noncompliance with federal Perkins loan recordkeeping and record retention requirements.</p>
<b>Questioned Costs:</b>	<p>None</p>
<b>Context:</b>	<p>CU, MU, SU, WLU, WVSOM, and WVU had Federal Perkins Loan Program expenditures of \$1,096,355, \$2,246,751, \$60,304, \$1,076,806, \$482,984, and \$8,147,751, respectively. Total Federal Perkins Loan Program expenditures were \$13,183,684 for the year ended June 30, 2023. Total expenditures for the SFA Cluster were \$470,995,643 for the year ended June 30, 2023.</p>
<b>Identification as a Repeat Finding:</b>	<p>This is not a repeat finding from the prior year.</p>
<b>Recommendation:</b>	<p>The schools should retain all relevant documentation used in performing the due diligence review, including the specific items reviewed and the conclusions reached. In addition, WVU should ensure it is retaining the required Perkins loan program records for the timeframe required per federal regulations.</p>
<b>Views of Responsible Officials:</b>	<p>Management concurs with the finding and has developed a plan to correct the finding.</p>

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–026 INTERNAL CONTROLS OVER SPECIAL TESTS AND PROVISIONS – ENROLLMENT REPORTING (N5)**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b> Student Financial Assistance (SFA) Cluster U.S. Department of Education	<b>Assistance Listing #</b>  84.063/84.268
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**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).”

**Condition:** Internal controls over the review and approval of the enrollment report sent to the National Student Clearinghouse (NSC) were not adequately designed or operating effectively for Bluefield State University (BSU), Blueridge Community and Technical College (BRCTC), Concord University (CU), Fairmont State University (FSU), Marshall University (MU), Mountwest Community and Technical College (MCTC), New River Community and Technical College (NRCTC), Pierpont Community and Technical College (PPCTC), Shepherd University (SU), West Liberty University (WLU), West Virginia Northern Community College (WVNCC), West Virginia State University (WVSU), West Virginia University (WVU), and West Virginia University at Parkersburg (WVUP).

For the enrollment reporting transmissions tested for internal controls, we noted the following:

- Final review and approval signoff to submit the enrollment report to NSC, the third-party used in the enrollment reporting process, was not consistently retained by the institution (BSU, BRCTC, PCTC, WLU, WVNCC, WVSU)
- A record count reconciliation between the final enrollment report, text file and the number of files received by the NSC, including documentation over how any rejected records were addressed, was not retained. (BSU, BRCTC, CU, FSU, MU, MCTC, NRCTC, PCTC, SU, WLU, WVNCC, WVSU, WVU, WVUP)
- Details of the validation of student information included in the enrollment report for accuracy was not consistently retained by the institution. (BSU, FSU, MU, MCTC, NRCTC, WVSU)
- The NSC automated emails used as a quality checklist regarding due dates, receipt of the text file by the NSC, availability and completion of the Error Resolution Report, and confirmation of certification and processing by the NSC were not consistently retained by the institution (BSU, BRCTC, NRCTC, PCTC, SU, WLU, WVNCC, WVSU, WVUP)

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–026 INTERNAL CONTROLS OVER SPECIAL TESTS AND PROVISIONS – ENROLLMENT REPORTING (N5)**  
**(continued)**

**Cause:** The institutions did not have adequately designed internal controls in place surrounding the enrollment reporting process.

**Effect or Potential Effect:** The institutions may not promptly notify the National Student Loan Data System (NSLDS) of changes in student status in an accurate and complete manner; thus, inaccurate, or incomplete information could be reported to the NSLDS.

**Questioned Costs:** None

**Context:** The total expenditures for the SFA Cluster for the year ended June 30, 2023, were \$470,995,643.

**Identification as a Repeat Finding:** Prior Year Findings 2022–012 and 2021–016

**Recommendation:** Documentation over the review and approval of the enrollment report for accuracy and completeness should be retained to evidence the operating effectiveness of internal controls.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**2023–027 MAINTENANCE OF EFFORT**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b> U.S. Department of Education Education Stabilization Fund (ESF) Grant Award S425U210036 Grant Award S425U210036 – 21A	<b>Assistance Listing #</b>  COVID-19 84.425U
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**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that the non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).”

Under section 317 of the Coronavirus Response and Relief Supplemental Appropriation (CRRSA) Act, for fiscal year 2022, a state that receives Elementary and Secondary School Emergency Relief (ESSER) II, Governor’s Emergency Education Relief (GEER) II, or Emergency Assistance to Nonpublic Schools (EANS) funds under the CRRSA Act must:

- a) Maintain State support for elementary and secondary education in fiscal year 2022 at least at the proportional level of the state’s support for elementary and secondary education relative to the state’s overall spending, averaged over fiscal years 2017, 2018, and 2019; and
- b) Maintain state support for higher education in fiscal year 2022 at least at the proportional level of the state’s support for higher education relative to the state’s overall spending, averaged over fiscal years 2017, 2018, and 2019.

Under section 2004(a) of the American Rescue Plan (ARP) Act, a state that receives ARP ESSER funds must meet the above Maintenance of Effort (MOE) requirement in each of fiscal years 2022 and 2023.

**Condition:** The Department of Education did not provide the calculations to support meeting the maintenance of effort provisions for fiscal year 2023.

**Cause:** The Department of Education did not provide the documentation and calculations supporting the maintenance of effort for fiscal year 2023. The calculations are performed by the State Budget Office and the calculations have not been prepared as of the date of the audit report. The Department of Education had previously requested a waiver from the provisions but did not receive approval specific to fiscal year 2023.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–027 MAINTENANCE OF EFFORT**  
**(continued)**

**Effect or Potential Effect:** The ESF did not meet the maintenance of effort requirement.

**Questioned Costs:** N/A

**Context:** Total federal expenditures for the ESF program for the fiscal year ended June 30, 2023, were \$323,733,675.

**Identification as a Repeat Finding:** Prior Year Finding 2022-021

**Recommendation:** The West Virginia Department of Education management and the State Legislative officials need to implement procedures to ensure adequate appropriations are made to meet the maintenance of effort requirements.

**Views of Responsible Officials:** Management concurs with the findings and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–028 TRANSPARENCY ACT REPORTING**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b> U.S. Department of Education Education Stabilization Fund (ESF) ESF Section 1 – Elementary and Secondary Education	<b>Assistance Listing #</b>  COVID-19 84.425C COVID-19 84.425D
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**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that the non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations (COSO) of the Treadway Commission.”

Under the requirements of the Federal Funding Accountability and Transparency Act (Pub. L. No. 109-282) (Transparency Act) that are codified in 2 CFR Part 170, “unless the auditee is exempt as provided in paragraph d. of this award term, the auditee must report each action that equals or exceeds \$30,000 in Federal funds for a subaward to a non-Federal entity or Federal agency no later than the end of the month following the month in which the obligation was made.” Recipients of grants or cooperative agreements are required to report first-tier subawards of \$30,000 or more to the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) per submission instructions posted at <http://www.fsrs.gov>.

**Condition:** During our testing of Federal Funding Accountability and Transparency Act (FFATA) Reports, it was noted that eight (8) reports were not submitted by the State of West Virginia.

Transactions Tested	Subaward not reported	Report not timely	Subaward amount incorrect	Subaward missing/incorrect key elements
9	8	0	0	0
Dollar amount of Tested transactions	Subaward not reported	Report not timely	Subaward amount incorrect	Subaward missing/incorrect key elements
\$4,030,511	\$2,750,250	0	0	0

In addition, for 1 of the 9 reports that was submitted, there was not adequate documentation to support an appropriate level of review and approval of the FFATA report.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–028 TRANSPARENCY ACT REPORTING**  
**(continued)**

**Cause:** The original grant funding from the U.S. Department of Education was received by the Office of the Governors of the State of West Virginia. These funds were in turn passed through to the State of West Virginia Department of Education (WVDE) which subsequently passed through a portion of the funding to the Local Educational Agencies (subrecipients). WVDE did not notify the Office of the Governor that the monies were passed to subrecipients and the FAFTA report was not filed.

In addition, documentation to support internal controls review was not provided for the 1 report that was submitted during the year.

**Effect or Potential Effect:** The State of West Virginia did not report the necessary FFATA report for the Education Stabilization Fund first-tier subawards over \$30,000 to the FFATA Subaward Reporting System.

**Questioned Costs:** N/A

**Context:** We tested 9 FFATA reports related to subawards with grant funding amount of \$4,030,511. of which 8 FFATA reports were not submitted that totaled \$2,750,250. The federal expenditures for the Education Stabilization Fund program for the fiscal year ended June 30, 2023 were \$323,733,675.

**Identification as a Repeat Finding:** Prior Year Finding 2022–025

**Recommendation:** We recommend that WVDE strengthen internal controls and procedures over communication with the Office of the Governor related to FFATA reporting to ensure they are in compliance with the federal reporting requirements.

**Views of Responsible Officials:** Management concurs with the findings and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-029 REPORTING**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Education	
	Education Stabilization Fund (ESF)	COVID-19
	ESF Section 1 – Elementary and Secondary Education	84.425D
		84.425R/84.425U/ 84.425V
	Grant Award S425R210008	
	Grant Award S425D210036	
	Grant Award S425U210036	
	Grant Award S425V210008	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that the non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).”

Under the American Rescue Plan (ARP) Act and 34 CFR Part 76, grantees that receive Elementary and Secondary School Emergency Relief (ESSER) Fund, Governor’s Emergency Education Relief (GEER) Fund and Emergency Assistance to Nonpublic Schools (EANS) Program must submit an annual performance report with data on expenditures, planned expenditures, subrecipients, and uses of funds, including for mandatory reservations.

**Condition:** Management did not provide evidence of the review and approval of the annual ESSER and EANS report.

In addition, for the annual EANS report, documentation supporting the amounts reported was not provided.

**Cause:** The Department of Education did not have sufficient internal controls over the review and approval of the annual ESSER and EANS reports. In addition, sufficient internal controls are not in place to require the maintenance of supporting documentation.

**Effect or Potential Effect:** ESSER and EANS reports submitted could have incorrect or inaccurate data/amounts.

**Questioned Costs:** N/A

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-029 REPORTING**  
**(continued)**

**Context:** The ESSER and the EANS annual reports submitted relate to year ended June 30, 2022. The total expenditures for the ARP ESSER and ARP EANS programs in fiscal year 2022 were \$163,642,108 and \$2,989,943, respectively.

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**Recommendation:** We recommend WVDE enforces the existing policies and procedures and retain documentation over review and approval of reports prior to submission.

**Views of Responsible Officials:** Management concurs with the findings and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–030 ACTIVITIES ALLOWED OR UNALLOWED AND ALLOWABLE COSTS/COST PRINCIPLES**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b> U.S. Department of Education Education Stabilization Fund (ESF) ESF Section 1 – Elementary and Secondary Education Grant Award – S425U210036 Grant Award – S425D210036 Grant Award – S425D200036	<b>Assistance Listing #</b>  COVID-19 84.425D/84.425U
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**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that the West Virginia Department of Education must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

2 CFR 200.403 requires that costs “be necessary and reasonable for the performance of the Federal award.” Costs should not consist of improper payments, including payments that were made to an ineligible party or for an ineligible good or service or payments for goods or services not received.

**Condition:** The West Virginia Department of Education (WVDE) paid a Local Educational Agency invoice amounting to \$566,340 for which the good or service was not received or was only partially received.

**Cause:** WVDE paid invoices to a Local Educational Agency that has not followed the appropriate procurement procedures.

**Effect or Potential Effect:** Unallowable expenditures may have been paid with federal funds.

**Questioned Costs:** \$566,340

**Context:** Total federal expenditures for the Education Stabilization Fund program were \$323,733,675 for the year ended June 30, 2023.

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**Recommendation:** We recommend that WVDE strengthen its internal controls over subrecipient monitoring to ensure that all invoices are accurate and that costs are for appropriately procured and eligible good or service under the federal program.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–031 INTERNAL CONTROLS OVER ACTIVITIES ALLOWED OR UNALLOWED AND  
ALLOWABLE COSTS/COST PRINCIPLES**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b> U.S. Department of Education Education Stabilization Fund (ESF) ESF Section 2 – Higher Education (Higher Education Emergency Relief Fund (HEERF)) Grant Award –P425J200056	<b>Assistance Listing #</b>  COVID-19 84.425J
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**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that the West Virginia State University (WVSU) must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

**Condition:** In our testing of payroll expenditures charged to the HEERF, we noted 7 transactions for which the employee’s time sheets were not approved.

**Cause:** WVSU does not have proper internal controls in place to ensure that timesheets are approved by the employee’s supervisor/manager.

**Effect or Potential Effect:** Potentially incorrect or unallowable costs could be charged to the federal program.

**Questioned Costs:** None

**Context:** We tested a total of 40 payroll transactions (total costs of \$91,515) for the WVSU and for 7 payroll transactions (totaling \$19,645), timesheets were not approved by the employee’s supervisor or manager. Total payroll expenditures charged to HEERF in fiscal year 2023 was \$8,706,376. The total expenditures for the HEERF program is \$323,733,675 for the year ended June 30, 2023.

**Identification as a Repeat Finding:** This finding is not a repeat finding from prior year.

**Recommendation:** We recommend that WVSU strengthen its internal controls to ensure that all timesheets are approved to ensure allowable costs are charged under the federal program.

**Views of Responsible Officials:** Management concurs with the findings and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–032 INTERNAL CONTROLS OVER ACTIVITIES ALLOWED OR UNALLOWED AND  
ALLOWABLE COSTS/COST PRINCIPLES**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b> U.S. Department of Education Education Stabilization Fund (ESF) ESF Section 2 – Higher Education (Higher Education Emergency Relief Fund (HEERF)) Grant Award P425F201180	<b>Assistance Listing #</b>  COVID-19 84.425F
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**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

**Condition:** During our testing of allowability at West Liberty University (WLU), we noted \$1,017,478 was disbursed in student aid payments from the HEERF institutional funds. The detail report on student enrollment and outstanding balances was generated from Banner and downloaded into an excel file. WLU did not retain the detail Banner report or report parameters used to run the report, therefore, we could not support the completeness and accuracy of the report.

In addition, in our allowability testing we noted 1 instance where the appropriate review and approval of the costs charged to the HEERF program was not noted.

**Cause:** Management did not retain the supporting documentation for the detail Banner report on student enrollment or outstanding balances.

For the 1 instance there was no documentation to support that the review of the expenditure for allowability was performed.

**Effect or Potential Effect:** There is a risk that the report on student enrollment and outstanding balances generated from the Banner system is inaccurate or incomplete. This may further lead to improper amounts applied to the student’s accounts.

In addition, lack of an appropriate review and approval of expenditures could potentially lead to unallowable costs charged to the program.

**Questioned Costs:** None

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-032 INTERNAL CONTROLS OVER ACTIVITIES ALLOWED OR UNALLOWED AND  
ALLOWABLE COSTS/COST PRINCIPLES**  
(continued)

**Context:** Total HEERF expenditures for WLU was \$3,298,313 for the year ended June 30, 2023. The total expenditures for the HEERF program for the year ended June 30, 2023 were \$323,733,675.

**Identification as a Repeat Finding:** Prior Year Finding 2022-023

**Recommendation:** We recommend Management retain the supporting Banner reports and report parameters to support the accuracy and completeness of the data.

In addition, we recommend Management to document the review and approval of costs charged to the HEERF program.

**Views of Responsible Officials:** Management concurs with the findings and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–033 CASH MANAGEMENT**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Education	
	Education Stabilization Fund (ESF)	COVID-19
	ESF Section 2 – Higher Education	84.425E, F, J
	(Higher Education Emergency Relief Fund (HEERF))	
	Grant Award P425J200063	
	Grant Award P425E201113	
	Grant Award P425F201736	
	Grant Award P425J200056	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).”

For CRRSAA, HEERF II and ARP HEERF III, the Certification and Agreements and/or Supplemental Agreements requires that Student Aid Portion (*Assistance Listing 84.425E*) should be disbursed within 15 calendar days of the drawdown from ED’s G5 grants system and Institutional Aid Portion, (a)(2), and (a)(3) funds (all other ALNs) should be disbursed within three calendar days of the drawdown from G5. For lost revenue, the “obligation” occurs on the date the institution completes its estimate of its amount of lost revenue after the estimation period.

**Condition:** For three disbursement samples for Bluefield State College (BSC) we noted that the disbursements did not occur within 3 calendar days of the drawdown from ED’s G5 grants system.

In addition, during our review of the schedule of expenditures of federal awards, we noted West Virginia State University (WVSU) had an ending cash balance of \$397,412 at June 30, 2023.

**Cause:** BSC incurred the expenses and performed the drawdown from the ED’s G5 grants system. Three of the expenses were paid by the State of West Virginia on behalf of Bluefield State College and these expenses were initially rejected by the State auditor and while subsequently resolved and paid, the timing caused the time lag between the drawdown date and the payment date to be outside of the allowed 3 calendar days.

WVSU did not have adequate internal controls in place to ensure a thorough review of cash balance on hand was performed prior to performing drawdowns from the ED’s G5 grants system.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–033 CASH MANAGEMENT**  
**(continued)**

**Effect or Potential Effect:** BSC was not in compliance with the requirement to disburse funds within 3 days of the drawdown from G5.

WVSU has over drawn funds under the HEERF program resulting in an ending cash balance at June 30, 2023. Consequently, this resulted in a violation of the cash management rules.

**Questioned Costs:** \$397,412 (Grant Award No's: P425E201113, P425F201736, P425J200056)

**Context:** Total BSC expenditures for the HEERF were \$5,959,981 and the total WVSU expenditures for the HEERF were \$13,084,264 representing 1.8% and 4.0%, respectively of the total Education Stabilization Fund and HEERF (84.425) expenditures of \$323,733,675 for the year ended June 30, 2023.

**Identification as a Repeat Finding:** Prior Year Finding 2022–024

**Recommendation:** Management of BSC and WVSU should enhance its internal controls to ensure funds are disbursed within the stipulated time frame and/or drawdown funds after the expenditures have been disbursed.

**Views of Responsible Officials:** Management concurs with the findings and has developed a plan to correct the finding.

**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**2023-034 SUBRECIPIENT CASH MANAGEMENT**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Health and Human Services	
	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323/ COVID-19 93.323
	Grant Award 6NU50CK000551-01-05	
	Grant Award 5NU50CK000551-C2-00	
	Grant Award 6NU50CK000551-02-01	
	Grant Award 6NU50CK000551-02-02	
	Grant Award 6NU50CK000551-03-05	
	Grant Award 6NU50CK000551-03-02	
	Grant Award 6NU50CK000551-02-04	
	Grant Award 6NU50CK000551-02-08	
	Grant Award 6NU50CK000551-02-06	
	Grant Award 6NU50CK000551-03-01	
	Grant Award 6NU50CK000551-01-07	
	Grant Award 6NU50CK000551-02-03	
	Grant Award 6NU50CK000551-01-06	
	Grant Award 5NU50CK000551-04-00	
	Grant Award 6NU50CK000551-04-02	
	Grant Award 6NU50CK000551-04-04	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

2 CFR 200.305(b)(1) requires that the non-federal entity must “monitor cash drawdowns by their subrecipients to ensure that the time elapsing between the transfer of federal funds to the subrecipient and their disbursement for program purposes is minimized as required by the applicable cash management requirements in the federal award to the recipient.”

Per DHHR policy, the Spending Unit shall limit cash advances to a subrecipient to the minimum amounts needed and be timed in accordance with the actual, immediate cash requirements of the subrecipient for carrying out the purpose of the approved program or project. The timing and amount of cash advances shall be as close as is administratively feasible to the actual disbursements by the subrecipient for direct program or project costs and the proportionate share of any allowable indirect costs.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–034 SUBRECIPIENT CASH MANAGEMENT**  
**(continued)**

<b>Condition:</b>	During our testing of Epidemiology and Laboratory Capacity for Infectious Diseases, the West Virginia Department of Health and Human Resources (DHHR) was unable to provide adequate documentation supporting why a subrecipient drawdown was approved for payment for 1 of the 36 drawdowns selected for testing. The supporting documentation for the draw down showed less expenses than the amount that had been drawn down to date on the grants and also showed the subrecipient appeared to have adequate cash balances on hand at the time of the request.
<b>Cause:</b>	Supporting documentation was not retained to demonstrate cash advances to the subrecipient represented the minimum amount needed for actual and immediate cash requirements of the subrecipient for carrying out the purpose of the program.
<b>Effect or Potential Effect:</b>	The cash remitted to the subrecipient may not be accurate and may be in excess of the subrecipients actual and immediate cash requirements for carrying out the purpose of the program.
<b>Questioned Costs:</b>	\$77,063
<b>Context:</b>	The total subrecipient drawdowns selected for testing was \$1,879,150. The total amount of subrecipient drawdowns for the Epidemiology program during FY23 was \$7,478,038.
<b>Identification as a Repeat Finding:</b>	This is not a repeat finding from the prior year.
<b>Recommendation:</b>	We recommend that DHHR establish policies and procedures requiring documentation from subrecipients substantiating that the amount of a drawdown is appropriate based on the expenditures through the request date so that the reconciliation performed for the related drawdown is sufficient to determine that the drawdown is appropriate and excess cash is not remitted to the subrecipient.
<b>View of Responsible Officials:</b>	Management concurs with the findings and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–035 INTERNAL CONTROLS OVER SPECIAL TESTS AND PROVISIONS – CHILD SUPPORT  
NON-COOPERATION, PENALTY FOR REFUSAL TO WORK, AND ADULT CUSTODIAL  
PARENT OF CHILD UNDER SIX WHEN CHILD CARE NOT AVAILABLE**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Health and Human Services Temporary Assistance for Needy Families (TANF)	93.558/ COVID-19 93.558
	Grant Award 2022 – 2201WVTANF	
	Grant Award 2023 – 2301WVTANF	
<b>Criteria or specific requirement (including statutory, regulatory or other citation):</b>	2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations (COSO) of the Treadway Commission.	
<b>Condition:</b>	The West Virginia Department of Health & Human Resources (DHHR) has policies and procedures in place surrounding the issuance and removal of sanctions; however, adequate documentation to determine that the controls were operating effectively was not consistently maintained or available.	
<b>Cause:</b>	Internal controls over the documentation of the review and approval of the issuance or removal of sanctions against TANF recipients are not operating effectively.	
<b>Effect or Potential Effect:</b>	Recipient benefits may potentially be reduced or increased in error or without appropriate cause.	
<b>Questioned Costs:</b>	N/A	
<b>Context:</b>	Total federal expenditures for Temporary Assistance for Needy Families (TANF) for the fiscal year ended June 30, 2023, were \$85,510,454.	
<b>Identification as a Repeat Finding:</b>	Prior Year Findings 2022–027 and 2021–028	
<b>Recommendation:</b>	We recommend that DHHR management maintain sufficient documentation to evidence its review prior to the issuance or removal of sanctions.	
<b>Views of Responsible Officials:</b>	Management concurs with the finding and has developed a plan to correct the finding.	

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–036 SPECIAL TESTS AND PROVISIONS – PENALTY FOR REFUSAL TO WORK**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Health and Human Services	
	Temporary Assistance for Needy Families (TANF)	93.558/ COVID-19 93.558
	Grant Award 2022 – 2201WVTANF	
	Grant Award 2023 – 2301WVTANF	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

The State agency must maintain adequate documentation, verification, and internal control procedures to ensure the accuracy of the data used in calculating work participation rates. In so doing, it must have in place procedures to (a) determine whether its work activities may count for participation rate purposes; (b) determine how to count and verify reported hours of work; (c) identify who is a work-eligible individual; and (d) control internal data transmission and accuracy. Each State agency must comply with its HHS-approved Work Verification Plan in effect for the period that is audited. HHS may penalize the State by an amount not less than one percent and not more than five percent of the SFAG for violation of this provision (42 USC 601, 602, 607, and 609); 45 CFR sections 261.60, 261.61, 261.62, 261.63, 261.64, and 261.65).

If an individual in a family receiving assistance refuses to engage in required work, a State must reduce assistance to the family, at least pro rata, with respect to any period during the month in which the individual so refuses or may terminate assistance. Any reduction or termination is subject to good cause or other exceptions as the State may establish (42 USC 607(e)(1); 45 CFR sections 261.13 and 261.14(a) and (b)). However, a State may not reduce or terminate assistance based on a refusal to work if the individual is a single custodial parent caring for a child who is less than 6 years of age if the individual can demonstrate the inability (as determined by the State) to obtain child care for one or more of the following reasons: (a) the unavailability of appropriate care within a reasonable distance of the individual’s work or home; (b) unavailability or unsuitability of informal child care; or (c) unavailability of appropriate and affordable formal child care (42 USC 607(e)(2); 45 CFR sections 261.15(a), 261.56, and 261.57).

**Condition:** For one of the 40 cases selected for testing, the individual should not have been included in the overall population of individuals not participating in their assigned activity. The State has supporting documentation that the client had been participating in their assigned activity. We determined that the cause was from the individual being incorrectly included in the population provided by the state.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–036 SPECIAL TESTS AND PROVISIONS – PENALTY FOR REFUSAL TO WORK**  
**(continued)**

**Cause:** There are insufficient internal controls in place surrounding the generation and review of the population of individuals not participating in an assigned activity provided to the auditor, and caseworker data entry into the Recipient Automated Payment Information Data System (RAPIDS).

**Effect or Potential Effect:** The State may inappropriately reduce or terminate the assistance grant of an individual who refuses to engage in work but are subject to good cause or other exceptions established by the State. Further the State may not be able to effectively identify individuals that should or should not be subject to reductions or terminations in benefits.

**Questioned Costs:** Unknown

**Context:** Total federal expenditures for TANF for the fiscal year ended June 30, 2023, were \$85,510,454.

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**Recommendation:** We recommend that management implement policies and procedures to ensure that information in RAPIDS and populations are complete and accurate.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-037 SPECIAL TESTS AND PROVISIONS – INCOME ELIGIBILITY AND VERIFICATION SYSTEM**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Health and Human Services	
	Temporary Assistance for Needy Families (TANF)	93.558/ COVID-19 93.558
	Grant Award 2022 – 2201WVTANF	
	Grant Award 2023 – 2301WVTANF	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

Each state shall participate in the Income Eligibility and Verification System (IEVS) required by Section 1137 of the Social Security Act as amended. Under the state plan the state is required to coordinate data exchanges with other federally assisted benefit programs, request and use income and benefit information when making eligibility determinations and adhere to standardized formats and procedures in exchanging information with other programs and agencies. Specifically, the state is required to request and obtain information as follows (42 USC 1320b-7; 45CFR section 205.55). (a) Wage information from the state Wage Information Collection Agency (SWICA) should be obtained for all applicants at the first opportunity following receipt of the application, and for all recipients on a quarterly basis. (b) Unemployment Compensation (UC) information should be obtained for all applicants at the first opportunity, and in each of the first three months in which the individual is receiving aid. This information should also be obtained in each of the first three months following any recipient-reported loss of employment. If an individual is found to be receiving UC, the information should be requested until benefits are exhausted. (c) All available information from the Social Security Administration (SSA) for all applicants at the first opportunity. (d) Information from the U.S. Citizenship and Immigration Services and any other information from other agencies in the state or in other states that might provide income or other useful information. (e) Unearned income from the Internal Revenue Service (IRS).

**Condition:** During testing of 40 TANF cases subject to IEVS, we noted the following:

Control - For 40 of the 40 cases selected for control testing, adequate documentation of review of the data exchanges, and system matches, and review of actions taken by the caseworker when required was not provided.

Compliance- For 3 of the 40 cases selected for testing, the recipient did not appear to be receiving WVWorks benefits. The auditor was unable to determine if these cases should have been subject to a data match under TANF.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–037 SPECIAL TESTS AND PROVISIONS – INCOME ELIGIBILITY AND VERIFICATION SYSTEM**  
**(continued)**

For 12 of the 40 cases selected for testing, the recipient appeared to be receiving WVWorks benefits, and a data match indicating caseworker action required was noted, but no action was completed. Additionally, additional documentation supporting no action required for the match was not available.

For the remaining 25 of the 40 cases, the recipient appeared to be receiving WVWorks, a data match occurred, and related worker action was taken, but documentation supporting the action was not available.

In addition, the auditor could not determine if specific action items were completed relating to individual exchange types.

**Cause:** There are insufficient internal controls in place surrounding the generation and review of populations provided to the auditor, the Income Eligibility and Verification System matches, and the caseworker actions required within the Recipient Automated Payment Information Data System (RAPIDS). Also, insufficient documentation surrounding matches made between the information systems and actions taken after a match is made.

**Effect or Potential Effect:** The State of WV may not be coordinating data exchanges with other federally assisted benefit programs as required by the state plan.

**Questioned Costs:** Unknown

**Context:** Total federal expenditures for TANF for the fiscal year ended June 30, 2023, were \$85,510,454.

**Identification as a Repeat Finding:** Prior Year Finding 2022–028 and 2021–029

**Recommendation:** We recommend that management implement policies and procedures to ensure that information in RAPIDS and populations are complete and accurate. In addition, we also recommend DHHR evaluate their control over the caseworker action requirement within RAPIDS on matches related to the IEVS.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–038 SUBRECIPIENT MONITORING**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b> U.S. Department of Health and Human Services Temporary Assistance for Needy Families (TANF)  Grant Award 2022 – 2201WVTANF Grant Award 2023 – 2301WVTANF	<b>Assistance Listing #</b>  93.558/ COVID-19 93.558
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**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that the non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

2 CFR 200.332(a) requires that a pass-through entity “Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward.” Required information includes the Federal Award Identification Number (FAIN).

**Condition:** For four of four subawards selected for testing for subrecipient monitoring, the West Virginia Department of Education (DOE) did not communicate the FAIN to the subrecipient in the subaward.

**Cause:** There are insufficient internal controls in place surrounding what information is included in the subaward.

**Effect or Potential Effect:** The DOE is not providing required information to their subrecipients and therefore, not complying with federal regulations.

**Questioned Costs:** Unknown

**Context:** The federal expenditures and subrecipient expenditures for TANF for the fiscal year ended June 30, 2023, were \$85,510,454, and \$18,789,521, respectively.

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-038 SUBRECIPIENT MONITORING**  
**(continued)**

**Recommendation:** We recommend that DOE implement policies and procedures to ensure that the subawards include all requirements information to be communication to subrecipients in line with federal regulations.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-039 ELIGIBILITY**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b> U.S. Department of Health and Human Services Temporary Assistance for Needy Families (TANF)  Grant Award 2022 – 2201WVTANF Grant Award 2023 – 2301WVTANF	<b>Assistance Listing #</b>  93.558/ COVID-19 93.558
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**Criteria or specific requirement (including statutory, regulatory or other citation):** Any family that includes an adult or minor child head of household or a spouse of the head of household who has received assistance under any State program funded by federal Temporary Assistance for Needy Families (TANF) funds for 60 months (whether or not consecutive) is ineligible for additional federally funded TANF assistance. However, the State may extend assistance to a family on the basis of hardship, as defined by the State, or if a family member has been battered or subjected to extreme cruelty. In determining the number of months for which the head of household or the spouse of the head of household has received assistance, the State must not count any month during which the adult received the assistance while living in Indian country or in an Alaskan Native Village and the most reliable data available with respect to that month (or a period including that month) indicate at least 50% of the adults living in Indian country or in the village were not employed (42 USC 608(a)(7); 45 CFR sections 264.1(a), (b), and (c)).

Further, the average monthly number of families that include an adult or minor child head of household, or the spouse of the head of household, who has received assistance under any State program funded by federal TANF funds for more than 60 countable months (whether or not consecutive) may not exceed 20 percent of the average monthly number of all families to which the State provided assistance during the fiscal year or the immediately preceding fiscal year (but not both), as the State may elect (42 USC 608(a)(7)(C)(ii); 45 CFR sections 264.1(c) and (d)).

**Condition:** During analysis of the TANF Data Report, ACF 199, two individuals were noted to have received TANF benefits for 61 months and one individual received benefits for 86 months.

**Cause:** Management indicated the finding was caused by worker errors and insufficient verification of case information. Internal controls are not suitably designed to review and approve participant eligibility applications.

**Effect or Potential Effect:** Ineligible claims may have been reimbursed using federal funds.

**Questioned Costs:** \$1,754

**Context:** Total federal expenditures for TANF for the fiscal year ended June 30, 2023, were \$85,510,454.

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-039 ELIGIBILITY**  
(continued)

**Recommendation:** We recommend that management implement policies and procedures to ensure that information in RAPIDS is complete and accurate to ensure compliance with eligibility requirements. In addition, we also recommend DHHR evaluate the effectiveness of the current training programs for the TANF program to ensure adequate technical training is provided.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-040 SPECIAL TESTS AND PROVISIONS – PENALTY FOR FAILURE TO COMPLY WITH WORK VERIFICATION PLAN**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Health and Human Services Temporary Assistance for Needy Families (TANF)	
	Grant Award 2022 – 2201WVTANF Grant Award 2023 – 2301WV TANF	93.558

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

The state agency must maintain adequate documentation, verification, and internal control procedures to ensure the accuracy of the data used in calculating work participation rates. In so doing, it must have in place procedures to (a) determine whether its work activities may count for participation rate purposes; (b) determine how to count and verify reported hours of work; (c) identify who is a work-eligible individual; and (d) control internal data transmission and accuracy. Each state agency must comply with its HHS-approved Work Verification Plan in effect for the period that is audited. HHS may penalize the state by an amount not less than one percent and not more than five percent of the SFAG for violation of this provision (42 USC 601, 602, 607, and 609); 45 CFR sections 261.60, 261.61, 261.62, 261.63, 261.64, and 261.65).

**Condition:** For one of the 40 cases selected for testing, the individual’s work eligibility and participation status documented in the case file and RAPIDS were not consistent with the data elements reported.

For one of the 40 cases selected for testing, there was conflicting information for the participation hours for the individual/month selected. The incorrect information was included in the data elements reported.

**Cause:** The discrepancies between data elements reported and supported were due to caseworker errors. Internal controls are not suitably designed to review and approve participant eligibility applications.

**Effect or Potential Effect:** The auditor was unable to determine if the auditee was in compliance with the specified compliance requirement.

**Questioned Costs:** Unknown

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-040 SPECIAL TESTS AND PROVISIONS – PENALTY FOR FAILURE TO COMPLY WITH WORK  
VERIFICATION PLAN**  
(continued)

**Context:** Total federal expenditures for TANF for the fiscal year ended June 30, 2023 were \$85,510,454.

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**Recommendation:** We recommend that management implement policies and procedures to ensure that information in RAPIDS is complete and accurate. In addition, we also recommend DHHR evaluate the effectiveness of the current training programs for the TANF program to ensure adequate technical training is provided.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**2023-041 TRANSPARENCY ACT REPORTING**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Health and Human Services	
	Temporary Assistance for Needy Families (TANF)	93.558/ COVID-19 93.558
	Grant Award 2022 – 2201WVTANF	
	Grant Award 2023 – 2301WVTANF	
	Low-Income Home Energy Assistance	93.568/ COVID-19 93.568
	Grant Award G-2101WVE5C6	
	Grant Award G-2201WVLIEA	
	Grant Award G-2201WVLIEI	
	Grant Award G-2301WVLIEE	
	Grant Award G-2301WVLIEA	
	Grant Award G-2301WVLIEI	

**Criteria or specific requirement (including statutory, regulatory, or other citation):** 2 CFR 200.303 requires that the non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).”

Under the requirements of the Federal Funding Accountability and Transparency Act (Pub. L. No. 109-282) (Transparency Act) that are codified in 2 CFR Part 170, “unless the auditee is exempt as provided in paragraph d. of this award term, the auditee must report each action that equals or exceeds \$30,000 in Federal funds for a subaward to a non-Federal entity or Federal agency no later than the end of the month following the month in which the obligation was made.” Recipients of grants or cooperative agreements are required to report first-tier subawards of \$30,000 or more to the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) per submission instructions posted at <http://www.fsr.gov>.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-041 TRANSPARENCY ACT REPORTING**  
**(continued)**

**Condition:** During our testing of Federal Funding Accountability and Transparency Act (FFATA) reports for the Temporary Assistance for Needy Families (TANF) program, the subawards were not reported timely and support could not be provided for certain required data elements. Therefore, the TANF program was not in compliance with the provisions of 2 CFR 170 Appendix A.

Transactions Tested	Subaward not reported	Report not timely	Subaward amount incorrect	Subaward missing key elements
5	0	5	0	5
Dollar amount of Tested transactions	Subaward not reported	Report not timely	Subaward amount incorrect	Subaward missing key elements
\$2,851,508	0	\$2,851,508	0	\$2,851,508

During our testing of Federal Funding Accountability and Transparency Act (FFATA) reports for the Low-Income Home Energy Assistance (LIHEAP) program, it was noted that the reports were not submitted by the Department of Health and Human Resources (DHHR) within the timeframe designated in 2 CFR 170 Appendix A, as well as did not contain accurate subaward grant numbers.

Transactions Tested	Subaward not reported	Report not timely	Subaward amount incorrect	Subaward missing key elements
5	0	5	0	5
Dollar amount of Tested transactions	Subaward not reported	Report not timely	Subaward amount incorrect	Subaward missing key elements
\$3,775,558	0	\$3,775,558	0	\$3,775,558

**Cause:** The West Virginia Department of Health and Human Resources (DHHR) received awards directly from the federal awarding agency. DHHR passed through a portion of the awards to other non-federal entities that were also agencies of the State. Those other agencies of the State subsequently passed through a portion of their awards to other non-federal entities that are not agencies of the State. When DHHR passed through the awards to other agencies of the State, DHHR used their standard grant agreement template since those agencies were external to DHHR. When completing the FFATA reports, the DHHR inappropriately entered the other State agencies as the subrecipient/subawardee and did not report the first-tier subrecipients of DOE timely. DHHR was also not able to provide supporting documentation for the subrecipients unique entity identification (UEI) number.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-041 TRANSPARENCY ACT REPORTING**  
(continued)

**Effect or Potential Effect:** The FFATA reports were not submitted timely, and documentation could not be provided to ensure all required data elements were accurate.

**Questioned Costs:** N/A

**Context:** Subawards for the TANF program awarded by the West Virginia Department of Education (DOE) included 11 subawards that totaled \$5,653,405 for the year ended June 30, 2023. The 5 subawards that were reported to the FFATA Subaward Reporting System incorrectly and/or late represent the entirety of the \$2,851,508 selected for testing. Total federal expenditures for TANF for the fiscal year ended June 30, 2023, were \$85,510,454.

Subawards for the LIHEAP program included 28 subawards that totaled \$17,348,041 for the year ended June 30, 2023. The 5 subawards that were incorrectly reported to the FFATA Subaward Reporting System represent the entirety of the \$3,775,558 selected for testing. Total federal expenditures for LIHEAP for the fiscal year ended June 30, 2023, were \$78,229,389.

**Identification as a Repeat Finding:** Prior Year Finding 2022-029

**Recommendation:** DHHR should consider the State of West Virginia to be the prime recipient. Even if the DHHR passes through a portion of a federal award to other non-federal entities that are agencies of the State, the DHHR should consider those agencies to be part of the prime recipient tier instead of subrecipients. Regardless of the State agency that receives the award directly from the federal awarding agency, the only time a subrecipient relationship exists for the State is when a portion of the award is passed through to a non-federal entity that is not an agency of the State. Accordingly, when DHHR receives and passes through a portion of a federal award to another agency of the State, DHHR should work with the other agency when completing the FFATA reports in an effort to ensure that all subawardee information is complete and accurate.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-042 SPECIAL TESTS AND PROVISIONS – PROVIDER ELIGIBILITY FOR ARP ACT  
STABILIZATION FUNDS**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Health and Human Services	
	Child Care Disaster Relief/Child Care Development	
	Block Grant/Child Care Mandatory and Matching	
	Funds of the Child Care Development Fund (CCDF	93.575/COVID-19
	Cluster)	93.575/93.596
	Grant Award 2022 – 2201WVCCDD	
	Grant Award 2022 – 2201WVCCDF	
	Grant Award 2023 – 2301WVCCDD	
	Grant Award 2023 – 2301WVCCDF	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

According to Pub L 117-2 Sec. 2201: “To be qualified to receive ARP Act stabilization funds, a provider on the date of application for the award must either be: (1) open and available to provide child care services, or (2) closed due to public health, financial hardship, or other reasons relating to the COVID-19 public health emergency. In addition, the provider must either (1) be eligible to serve children who receive CCDF subsidies at the time of application for stabilization funds, or (2) be licensed, regulated, or registered in the state, territory, or tribe as of March 11, 2021 and meet applicable state and local health and safety requirements at the time of application for stabilization funds. In their application for stabilization funds, a child care provider must certify: a). That the provider will, when open and providing services, implement policies in line with guidance and orders from corresponding state, territorial, tribal, and local authorities and, to the greatest extent possible, implement policies in line with guidance from the CDC. b). For each employee, the provider must pay at least the same amount in weekly wages and maintain the same benefits for the duration of the stabilization funding. c). The provider will provide relief from copayments and tuition payments for the families enrolled in the provider’s program, to the extent possible, and prioritize such relief for families struggling to make either type of payment.”

**Condition:** The West Virginia Department of Health & Human Resources (DHHR) has policies and procedures in place surrounding the review and approval of provider certifications in the application for funding and review and approval of verification of eligibility criteria; however, adequate documentation to support the review was not maintained.

In addition, 2 of the 40 selected did not have a Provider Service Agreement that was completed and 1 of the 40 Provider Service Agreements did not have evidence of provider’s required certifications available.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–042 SPECIAL TESTS AND PROVISIONS – PROVIDER ELIGIBILITY FOR ARP ACT  
STABILIZATION FUNDS**  
(continued)

<b>Cause:</b>	Internal controls are not operating effectively surrounding the review and approval of provider certifications and verification of eligibility criteria.
<b>Effect or Potential Effect:</b>	Providers who received ARP Act Stabilization funds may not have met the eligibility criteria or made the required certifications.
<b>Questioned Costs:</b>	N/A
<b>Context:</b>	Total federal expenditures for CCDF Cluster for the fiscal year ended June 30, 2023, were \$202,427,780.
<b>Identification as a Repeat Finding:</b>	Prior Year Finding 2022–026
<b>Recommendation:</b>	We recommend that DHHR management maintain sufficient documentation to evidence its review and approval of provider certifications and eligibility criteria.
<b>Views of Responsible Officials:</b>	Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**2023-043 TRANSPARENCY ACT REPORTING**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b> U.S. Department of Health and Human Services Child Care Disaster Relief/Child Care Development Block Grant/Child Care Mandatory and Matching Funds of the Child Care Development Fund (CCDF Cluster) Grant Award 2022 – 2201WVCCDD Grant Award 2022 – 2201WVCCDF Grant Award 2023 – 2301WVCCDD Grant Award 2023 – 2301WVCCDF	<b>Assistance Listing #</b>   93.575/COVID-19 93.575/93.596
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**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that the non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations (COSO) of the Treadway Commission.”

Under the requirements of the Federal Funding Accountability and Transparency Act (Pub. L. No. 109-282) (Transparency Act) that are codified in 2 CFR Part 170, “unless the auditee is exempt as provided in paragraph d. of this award term, the auditee must report each action that equals or exceeds \$30,000 in Federal funds for a subaward to a non-Federal entity or Federal agency no later than the end of the month following the month in which the obligation was made.” Recipients of grants or cooperative agreements are required to report first-tier subawards of \$30,000 or more to the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) per submission instructions posted at <http://www.fsr.gov>.

**Condition:** During our testing of Federal Funding Accountability and Transparency Act (FFATA) Reports, it was noted that one report was not submitted by the State of West Virginia Child Care Development Fund (DHHR) program management within the timeframe designated in 2 CFR 170 Appendix A.

Transactions Tested	Subaward not reported	Report not timely	Subaward amount incorrect	Subaward missing/incorrect key elements
5	0	1	0	0
Dollar amount of Tested transactions	Subaward not reported	Report not timely	Subaward amount incorrect	Subaward missing/incorrect key elements
\$5,633,065	0	\$497,679	0	0

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–043 TRANSPARENCY ACT REPORTING**  
**(continued)**

**Cause:** A lack of oversight and adequate review of the FFATA reporting by DHHR management.

**Effect or Potential Effect:** DHHR management did not report the necessary FFATA report for Child Care first-tier subawards over \$30,000 to The FFATA Subaward Reporting System in a timely fashion for one report.

**Questioned Costs:** N/A

**Context:** Subawards for the Child Care program included 10 subawards which had payments totaling \$45,239,361 for the year ended June 30, 2023. The federal expenditures for the Child Care program for the fiscal year ended June 30, 2023 were \$202,427,780.

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**Recommendation:** We recommend that strengthen internal controls and policies and procedures over FFATA reporting to ensure they are in compliance with the federal reporting requirements.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-044 ACTIVITIES ALLOWED OR UNALLOWED AND ALLOWABLE COSTS/COST PRINCIPLES  
AND ELIGIBILITY**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Health and Human Services	
	Child Care Disaster Relief/Child Care Development	
	Block Grant/Child Care Mandatory and Matching	
	Funds of the Child Care Development Fund (CCDF	93.575/COVID-19
	Cluster)	93.575/93.596
	Grant Award 2201WVCCDD	
	Grant Award 2101WVCCDF	
	Grant Award 2201WVCCDF	
	Grant Award 2301WVCCDD	
	Grant Award 2301WVCCDF	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that the non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).”

The allowability compliance requirements of the Child Care and Development Fund (CCDF) Cluster require the West Virginia Department of Health and Human Resources (DHHR) to conform to the following criteria contained in 2 CFR Part 200:

“Costs did not consist of improper payments, including (1) payments that should not have been made or that were made in incorrect amounts (including overpayments and underpayments) under statutory, contractual, administrative, or other legally applicable requirements; (2) payments that do not account for credit for applicable discounts; (3) duplicate payments; (4) payments that were made to an ineligible party or for an ineligible good or service; and (5) payments for goods or services not received (except for such payments where authorized by law).

Costs were necessary and reasonable for the performance of the Federal award and allocable under the principles of 2 CFR part 200, subpart E.

Costs were adequately documented.”

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-044 ACTIVITIES ALLOWED OR UNALLOWED AND ALLOWABLE COSTS/COST PRINCIPLES  
AND ELIGIBILITY  
(continued)**

<b>Condition:</b>	Benefits paid to or on behalf of the individuals were calculated correctly and in compliance with the requirements of the program.  We noted benefits were not paid in accordance with 2 CFR Part 200 (1) during the testing of 40 payments to providers for eligibility and allowability, as follows: <ul style="list-style-type: none"> <li>• For 1 of the 40 payments, records indicate the child was covered under a Child Protective Services (CPS) safety plan. However, the \$3 daily supplement was not included in the calculation or paid, resulting in an underpayment of \$170.</li> <li>• For 1 of the 40 payments, the provider requested payment and was paid for 13 non-traditional days, however records indicate only 11 of the 13 days were non-traditional, resulting in an overpayment of \$12.</li> </ul>
<b>Cause:</b>	Management indicated that the errors were due to caseworker oversight. Internal controls are not suitably designed to review and approve disbursements.
<b>Effect or Potential Effect:</b>	Payments were not given consistent treatment, potentially resulting in overpayment or underpayment to providers.
<b>Questioned Costs:</b>	\$12 Assistance Listing # 93.575 (Grant Award 2301WVCCDF)
<b>Context:</b>	The total of all benefit payments tested was \$25,385. Total provider payments for the CCDF Cluster for the fiscal year ended June 30, 2023 were \$157,188,419.
<b>Identification as a Repeat Finding:</b>	This is not a repeat finding from the prior year.
<b>Recommendation:</b>	DHHR should evaluate the effectiveness of the current training programs for the use of the Families and Children Tracking System (FACTS) (and subsequently West Virginia People's Access to Help (WV PATH) systems for CCDF payments). Furthermore, DHHR should follow established policies and procedures to ensure client information and the number of days are input correctly.
<b>Views of Responsible Officials:</b>	Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**2023–045 SPECIAL TESTS AND PROVISIONS – FRAUD DETECTION AND REPAYMENT**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>CFDA#</b>
	U.S. Department of Health and Human Services	
	Child Care Disaster Relief/Child Care Development	93.575/93.596
	Block Grant/Child Care Mandatory and Matching	COVID-19 93.575
	Funds of the Child Care Development Fund (CCDF	
	Cluster)	
	Grant Award 2201WVCCDD	
	Grant Award 2201WVCCDF	
	Grant Award 2301WVCCDD	
	Grant Award 2301WVCCDF	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 states that the non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). (b) Comply with Federal statutes, regulations, and the terms and conditions of the Federal awards. (c) Evaluate and monitor the non-Federal entity’s compliance with statute, regulations and the terms and conditions of Federal awards. (d) Take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings. (e) Take reasonable measures to safeguard protected personally identifiable information and other information the Federal awarding agency or pass-through entity designates as sensitive or the non-Federal entity considers sensitive consistent with applicable Federal, state and local laws regarding privacy and obligations of confidentiality.”

Lead Agencies shall recover child care payments that are the result of fraud. These payments shall be recovered from the party responsible for committing the fraud. (45 CFR section 98.60).

**Condition:** Current policies indicate the DHHR refers potentially fraudulent payments to the Office of the Inspector General (OIG) for investigation. When an investigation results in a determination of fraud, a repayment plan is required to be established and tracked. However, documentation of the review of the listing of cases referred for investigation, including the status was not available.

For one of the five closed investigations selected, a repayment plan was approved however repayments were not received and documentation of action taken was not available.

For two of the five closed investigations selected, documentation for approval of the repayment plan, repayments received, or other follow-up action taken was not available. Therefore, the auditor was unable to reach a conclusion.

**Cause:** Staff turnover in recent years in Departments responsible for this process caused inconsistencies in the way investigation of potentially fraudulent claims were identified, documented, and reported.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–045 SPECIAL TESTS AND PROVISIONS – FRAUD DETECTION AND REPAYMENT**  
(continued)

**Effect or Potential Effect:** Payments resulting from fraud may not have been identified, and the proper procedures to establish repayment or recovery may not have occurred in a reasonable amount of time.

**Questioned Costs:** \$16,103

**Context:** Total federal expenditures for the CCDF Cluster for fiscal year ended June 30, 2023, were \$202,427,780.

**Identification as a Repeat Finding:** This is not a repeat finding from prior year.

**Recommendation:** The DHHR should work with the OIG to ensure its internal controls and policies and procedures are robust and include sufficient documentation of oversight and review to ensure fraudulent claims are identified and tracked beginning in the year of identification and continuing through the establishment and enforcement of repayment agreements. Additionally, status monitoring of cases referred for investigation should be documented, and follow-up completed timely.

**Views of Responsible Officials:** Management acknowledges the finding. See corrective action plan.

**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**2023-046 ELIGIBILITY**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Health and Human Services Low-Income Home Energy Assistance	93.568/ COVID-19 93.568
	Grant Award G-2101WVE5C6	
	Grant Award G-2201WVLIEA	
	Grant Award G-2201WVLIEI	
	Grant Award G-2301WVLIEE	
	Grant Award G-2301WVLIEA	
	Grant Award G-2301WVLIEI	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that the non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).”

LIHEAP requires the West Virginia Department of Health and Human Resources (DHHR) to determine whether federal monies are spent in accordance with the eligibility guidelines promulgated by 42 USC 8624(b)(2).

**Condition:** During our testing of 40 LIHEAP benefit payments for eligibility, we noted that three of the six sampled cases from May and June 2023 were paid using the incorrect benefit amount.

**Cause:** Management indicated that the errors were due to the benefit tables not being properly updated within the RAPIDS system to properly calculate the recipients’ benefits during the months of May and June 2023. This was due to insufficient oversight to ensure the table amounts were correct and the benefits were calculating properly.

**Effect or Potential Effect:** Benefit payments were made at the incorrect amount based on the eligible recipients household size, income, and source of energy.

**Questioned Costs:** \$1,637 LIHEAP #93.568, Grant # G-2301WVLIEE

**Context:** The three instances noted (three out of six case files tested for May and June, 2023) represent \$1,637 of benefit payments out of \$3,471 tested from those months. Total payments for benefit assistance for the LIHEAP program were \$2,659,674 for the months of May and June 2023 and were \$58,226,354 for the year ended June 30, 2023. The federal expenditures for the LIHEAP program for the fiscal year ended June 30, 2023, were \$78,229,389.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-046 ELIGIBILITY**  
(continued)

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**Recommendation:** DHHR should evaluate its policies and procedures to ensure that the benefit tables within the RAPIDS system are properly updated and reviewed to ensure that all recipients benefits are properly calculated.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**2023-047 SUBRECIPIENT MONITORING**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Health and Human Services Low-Income Home Energy Assistance	93.568/ COVID-19 93.568
	Grant Award G-2101WVE5C6	
	Grant Award G-2201WVLIEA	
	Grant Award G-2201WVLIEI	
	Grant Award G-2301WVLIEE	
	Grant Award G-2301WVLIEA	
	Grant Award G-2301WVLIEI	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that the non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).”

Per 2 CFR 200.332(f), “All pass-through entities must: Verify that every subrecipient is audited as required by Subpart F of this part when it is expected that the subrecipient’s Federal awards expended during the respective fiscal year equaled or exceeded the threshold set forth in § 200.501.”

**Condition:** During our testing of subrecipient monitoring for subrecipients subject to Uniform Guidance Audit Requirements, it was noted that for the five subrecipients selected that were subject to audit requirements, the management of the West Virginia Community Advancement and Development (WV CAD) was unable to provide supporting documentation that verified the agency performed due diligence to ensure that the subrecipients were properly audited in accordance with the provisions of 2 CFR 200.332(f).

**Cause:** There was lack of supporting documentation provided to properly determine whether the WV CAD management properly verified whether all subrecipients had been audited that were required to be under the requirements of 2 CFR 200.332(f).

**Effect or Potential Effect:** The WV CAD does not have proper internal controls in place to ensure policies and procedures surrounding subrecipient monitoring compliance requirements are in effect. The WV CAD does not have evidence to support that all subrecipients that were required to be audited were done so properly; therefore, this could result in subrecipients required to be audited not having an audit completed.

**Questioned Costs:** N/A

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-047 SUBRECIPIENT MONITORING**  
**(continued)**

**Context:** Total expenditures and total subrecipient expenditures for the Low-Income Home Energy Assistance program for the year ended June 30, 2023, were \$78,229,389 and \$17,209,504, respectively. There were 16 total subrecipients and all 5 selected for testing were unable to provide information to support due diligence procedures over subrecipients.

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**Recommendation:** We recommend that the WV CAD management review policies and procedures for sufficiency and commit appropriate personnel to subrecipient monitoring to ensure they are in compliance with all federal requirements.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–048 ACTIVITIES ALLOWED OR UNALLOWED AND ALLOWABLE COSTS/COST PRINCIPLES  
AND SPECIAL TESTS AND PROVISIONS – PAYMENT RATE SETTING AND  
APPLICATION**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Health and Human Services	
	Foster Care Title IV-E	93.658
	Grant Award 2201WVFOST	
	Grant Award 2301WVFOST	

**Criteria or specific requirement (including statutory, regulatory, or other citation):** 2 CFR 200 defines an improper payment as “any payment that should not have been made or that was made in an incorrect amount under statutory, contractual, administrative, or other *legally applicable* requirements. Incorrect amounts are overpayments or underpayments that are made to eligible recipients (including inappropriate denials of payment or service, any payment that does not account for credit for applicable discounts, payments that are for an incorrect amount, and duplicate payments.”

42 USC 671(a) requires that, to be eligible for payments under the Foster Care – Title IV-E program, States “shall have a plan approved by the Secretary which provides for foster care maintenance payments.” 45 CFR section 1356.21(m)(1) adds that “the title IV-E agency must review at reasonable, specific, time-limited periods to be established by the agency the amount of the payments made for foster care maintenance... to assure their continued appropriateness.”

**Condition:** One of the 40 cases tested for allowability and payment rate setting and application resulted in an underpayment to a reimbursable provider based on the applicable approved rates.

**Cause:** Management indicated that the errors resulted from oversights by caseworkers. Internal controls are not suitably designed to review and approve disbursements.

**Effect or Potential Effect:** An improper payment was made using federal funds.

**Questioned Costs:** N/A

**Context:** Total federal expenditures for the Foster Care Title IV-E program were \$72,440,416 for the year ended June 30, 2023.

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**Recommendation:** We recommend that DHHR review the current staffing and training programs to ensure sufficient staff levels are maintained and adequate technical training is provided.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–049 ACTIVITIES ALLOWED OR UNALLOWED AND ALLOWABLE COSTS/COST PRINCIPLES  
AND ELIGIBILITY**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Health and Human Services Foster Care Title IV-E Grant Award 2201WVFOST Grant Award 2301WVFOST	93.658
<b>Criteria or specific requirement (including statutory, regulatory, or other citation):</b>	2 CFR 200.303 requires that the DHHR must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).	
	2 CFR 1356.30(f) requires that “in order for a child care institution to be eligible for Title IV-E funding, the licensing file for the institution must contain documentation which verifies that safety considerations with respect to the staff of the institution have been addressed.”	
<b>Condition:</b>	Ten of the 40 cases tested for eligibility related to providers whose licensing files did not initially include the required documentation of certain safety considerations, including criminal background checks for all adults working at the child care institution. During audit fieldwork, management obtained the required documentation related to safety considerations retained by the providers for eight of the 10 cases.	
<b>Cause:</b>	Management indicated that the missing documentation was related to a misunderstanding of the requirement by licensing personnel.	
<b>Effect or Potential Effect:</b>	An ineligible provider was paid using federal funds.	
<b>Questioned Costs:</b>	\$3,653	
<b>Context:</b>	The two cases without the required documentation represent \$3,653 of Foster Care – Title IV-E payments out of a total sample of benefit payments tested for allowability and eligibility of \$103,814. Total federal expenditures for the Foster Care – Title IV-E program were \$72,440,416 for the year ended June 30, 2023.	
<b>Identification as a Repeat Finding:</b>	This is not a repeat finding from the prior year.	
<b>Recommendation:</b>	We recommend that DHHR obtain and maintain in the licensing file sufficient documentation from all providers to ensure compliance with required safety considerations. Additionally, we recommend that DHHR develop appropriate policies related to the supervision and review of provider licensing and safety consideration monitoring.	

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-049 ACTIVITIES ALLOWED OR UNALLOWED AND ALLOWABLE COSTS/COST PRINCIPLES  
AND ELIGIBILITY**  
(continued)

<b>Views of Responsible Officials:</b>	Management concurs with the finding and has developed a plan to correct the finding.
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**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–050 INTERNAL CONTROL OVER ACTIVITIES ALLOWED OR UNALLOWED AND  
ALLOWABLE COSTS/COST PRINCIPLES, SPECIAL TEST AND PROVISIONS – PROVIDER  
ENROLLMENT & SPECIAL TEST AND PROVISIONS: PROVIDER HEALTH AND SAFETY  
STANDARDS (MEDICAID ONLY)**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Health and Human Services Medicaid Cluster	93.775/93.777/ 93.778
	Grant Award 2005WVINCT	
	Grant Award 1905WV5MAP	
	Grant Award 2005WV5ADM	
	Grant Award 2005WVIMPL	
	Grant Award 2005WV5MAP	
	Grant Award 2105WV5MAP	
	Grant Award 2105WV5ADM	
	Grant Award 2105WVIMPL	
	Grant Award 2105WVINCT	
	Grant Award 2005WVINCT	
	Grant Award 1905WV5MAP	
	Children’s Health Insurance Program (CHIP)	93.767
	Grant Award 2005WV5021	
	Grant Award 2105WV5021	
	Grant Award 2205WV5021	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

**Condition:** West Virginia Department of Health and Human Resources (DHHR) contracts a third-party service organization (Gainwell Technologies LLC) to design and maintain the WV Medicaid Management Information System (WVMMIS) and perform various functions related to the processing of claims for both the Medicaid and CHIP programs. DHHR obtains a Service Organization Controls (SOC) 1 Type 2 report for WVMMIS annually. DHHR’s internal controls over the review of the report did not identify the report had a qualified opinion. Therefore, management did not appropriately address the risk of DHHR relying on the data within WVMMIS.

**Cause:** Management’s design of the internal controls over the annual review of the WVMMIS SOC-1 Type 2 report was not suitably designed to assess the type of opinion issued and the control exceptions identified and then implement appropriate actions for any adverse items noted.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–050 INTERNAL CONTROL OVER ACTIVITIES ALLOWED OR UNALLOWED OR  
ALLOWABLE COSTS/COST PRINCIPLES, SPECIAL TEST AND PROVISIONS – PROVIDER  
ENROLLMENT & SPECIAL TEST AND PROVISIONS: PROVIDER HEALTH AND SAFETY  
STANDARDS (MEDICAID ONLY)**

(continued)

<b>Effect or Potential Effect:</b>	WVMMS relied on the WVMMS SOC-1 Type 2 report that had a qualified opinion.
<b>Questioned Costs:</b>	N/A
<b>Context:</b>	The federal expenditures for the Medicaid and CHIP programs for the fiscal year ended June 30, 2023, were \$4,622,001,554 and \$72,568,219, respectively.
<b>Identification as a Repeat Finding:</b>	This is not a repeat finding from the prior year.
<b>Recommendation:</b>	DHHR should develop internal controls to outline the key components of the SOC-1 Type 2 report to ensure the review appropriately identifies internal controls issues timely to ensure they are addressed timely.
<b>Views of Responsible Officials:</b>	Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**2023–051 SPECIAL TESTS AND PROVISIONS – ADP RISK ANALYSIS & SYSTEM SECURITY  
REVIEW**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Health and Human Services Medicaid Cluster	93.775/93.777/ 93.778
	Grant Award 2005WVINCT	
	Grant Award 1905WV5MAP	
	Grant Award 2005WV5ADM	
	Grant Award 2005WVIMPL	
	Grant Award 2005WV5MAP	
	Grant Award 2105WV5MAP	
	Grant Award 2105WV5ADM	
	Grant Award 2105WVIMPL	
	Grant Award 2105WVINCT	
	Grant Award 2005WVINCT	
	Grant Award 1905WV5MAP	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

45 CFR 95.621 requires State Medicaid Agencies (SMAs) “shall review the Automated Data Processing (ADP) system security installations involved in the administration of the Secretary of the U.S. Department of Health and Human Services (HHS) programs on a biennial basis. At a minimum, the reviews shall include an evaluation of physical and data security operating procedures, and personnel practices. The SMA shall maintain reports on its biennial ADP system security reviews, together with pertinent supporting documentation, for HHS on-site reviews.”

States agencies must establish and maintain a program for conducting periodic risk analyses to ensure appropriate, cost-effective safeguards are incorporated into new and existing systems. As part of complying with the above requirement, a state may obtain a statement on Standards for Attestation Engagements (AT) Section 801, Reporting on Controls at a Service Organization Service Organization Control (SOC) 1 type 2 report from its service organization (if the state has a service organization). The specific areas covered by a SOC 1 type 2 report differ according to each individual service organization’s operations; however, in every instance, the type 2 report procedures assess the sufficiency of the design of an organization’s controls and test their effectiveness.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-051 SPECIAL TESTS AND PROVISIONS –ADP RISK ANALYSIS & SYSTEM SECURITY  
REVIEW  
(continued)**

<b>Condition:</b>	The West Virginia Department of Health & Human Resources (DHHR) utilizes two ADP systems related to Medicaid: RAPIDS and West Virginia’s Medicaid Management Information System (MMIS).  DHHR does not have policies and procedures established to perform periodic risk assessments and security reviews over MMIS. As this system utilizes sub-systems (Health PAS Solution) with automated components that directly affect the Medicaid cluster of programs, it meets the criteria stated above from 45 CFR 95.621. DHHR obtains a Service Organization Controls (SOC) 1 Type 2 report for MMIS annually, but DHHR did not sufficiently document their review of the service organization’s controls and overall effectiveness of each control, in order to meet the aforementioned criteria for conducting a periodic risk analysis over each ADP system, per 45 CFR 95.621.
<b>Cause:</b>	Management’s policies and procedures surrounding the review of the MMIS SOC 1 Type 2 report related to assessing risk and system security do not include the retention of documentation outlining what was reviewed and the results of the review.
<b>Effect or Potential Effect:</b>	There could be risks related to physical and data security operating procedures, and personnel practices that are not identified timely and appropriately addressed.
<b>Questioned Costs:</b>	N/A
<b>Context:</b>	The federal expenditures for the Medicaid program for the fiscal year ended June 30, 2022, were \$4,622,001,554.
<b>Identification as a Repeat Finding:</b>	Prior Year Finding 2022-037
<b>Recommendation:</b>	DHHR should enhance its policies and procedures related to the review of the MMIS SOC 1 Type 2 report to ensure that appropriate documentation is retained in order to meet the criteria of an ADP periodic risk assessment and security review of WVMMIS.
<b>Views of Responsible Officials:</b>	Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**2023–052 SUBRECIPIENT CASH MANAGEMENT**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Health and Human Services Opioid STR	
	Grant Award 1H79TI085744	93.788
	Grant Award 5H79TI083313	
	Grant Award 1H79TI083313	
	Grant Award 6H79TI083313	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be following guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

2 CFR 200.305(b)(1) requires that the non-federal entity must “monitor cash drawdowns by their subrecipients to ensure that the time elapsing between the transfer of federal funds to the subrecipient and their disbursement for program purposes is minimized as required by the applicable cash management requirements in the federal award to the recipient.”

Per DHHR policy, the Spending Unit shall limit cash advances to a subrecipient to the minimum amounts needed and be timed in accordance with the actual, immediate cash requirements of the subrecipient for carrying out the purpose of the approved program or project. The timing and amount of cash advances shall be as close as is administratively feasible to the actual disbursements by the subrecipient for direct program or project costs and the proportionate share of any allowable indirect costs.

**Condition:** During testing of the State Targeted Response to the Opioid Crisis Grants, for 3 of the 40 disbursements selected for testing the approval of the reconciliation of grantee drawdowns and expenses was not reviewed prior to the payment of the subrecipient invoice.

Further for 1 of the 40 disbursements selected for testing, information supporting why the subrecipient drawdown was approved for payment was not adequate. Supporting information indicates the grantee had excess cash balances on hand prior to the draw and there was no formal documentation of a program manager’s justification to allow the draw therefore the state was not minimizing the time between the transfer of funds to the subrecipient and the subrecipient’s expenditure of the funds.

**Cause:** Internal controls are not operating effectively surrounding the approval of subrecipient cash disbursements. Supporting documentation was not retained to demonstrate cash advances to the subrecipient represented the minimum amount needed for actual and immediate cash requirements of the subrecipient for carrying out the purpose of the program.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-052 SUBRECIPIENT CASH MANAGEMENT**  
(continued)

**Effect or Potential Effect:** The cash remitted to the subrecipient may not be accurate and may be in excess of the subrecipients actual and immediate cash requirements for carrying out the purpose of the program.

**Questioned Costs:** \$188,484, Opioid STR 93.788

**Context:** The total subrecipient drawdowns selected for testing was \$8,073,637. The total amount of subrecipient drawdowns for the Opioid STR program was \$32,972,268 for the year ended June 30, 2023.

**Identification as a Repeat Finding:** Prior Year Finding 2022-038

**Recommendation:** We recommend that DHHR establish policies and procedures requiring documentation from subrecipients substantiating that the amount of a drawdown is appropriate based on the expenditures through the request date so that the reconciliation performed for the related drawdown is sufficient to determine that the drawdown is appropriate and excess cash is not remitted to the subrecipient.

**Views of Responsible Officials:** Management concurs with the findings and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–053 ACTIVITIES ALLOWED OR UNALLOWED AND ALLOWABLE COSTS/COST PRINCIPLES  
AND ELIGIBILITY**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b> U.S. Department of Health and Human Services Adoption Assistance Grant Award 2201WVADPT Grant Award 2301WVADPT	<b>Assistance Listing #</b>     93.659
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**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

42 USC 673(a)(2) indicates that funds may be expended for adoption assistance subsidy payments made on behalf of eligible children, in accordance with a written and binding adoption assistance agreement. Subsidy payments are made to adoptive parents based on the need(s) of the child (i.e., developmental, cognitive, emotional behavioral) and the circumstances of the adopting parents.

**Condition:** Four of the 40 cases tested for allowability and eligibility resulted in a disbursement that was not related to the Adoption Assistance – Title IV-E program due to a clerical error, which caused certain benefit payments to be paid out of the incorrect federal assistance listing number. One of the 40 cases tested for allowability and eligibility resulted in an overpayment.

**Cause:** Management indicated that the payments were caused by clerical errors. Internal controls are not suitably designed to review and approve disbursements.

**Effect or Potential Effect:** Ineligible or unallowable claims were paid using federal funds.

**Questioned Costs:** \$2,446

**Context:** The five instances represent \$2,446 of adoption assistance payments out of a total sample of benefit payments tested for allowability and eligibility of \$53,146. Total federal expenditures for the Adoption Assistance program were \$83,731,768 for the year ended June 30, 2023.

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-053 ACTIVITIES ALLOWED OR UNALLOWED AND ALLOWABLE COSTS/COST PRINCIPLES  
AND ELIGIBILITY**  
(continued)

**Recommendation:** We recommend that DHHR implement internal controls to review all benefit payments to ensure they are coded correctly and the proper amount of benefits are paid out of the correct federal assistance listing number.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–054 INTERNAL CONTROLS OVER TRANSPARENCY ACT REPORTING**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Homeland Security	
	Disaster Grants – Public Assistance (Presidentially Declared Disasters)	97.036/ COVID-19 97.036
	Grant Award FEMA–4273-DR–WV	
	Grant Award FEMA–4331-DR–WV	
	Grant Award FEMA–4359-DR–WV	
	Grant Award FEMA–4378-DR–WV	
	Grant Award FEMA–4455-DR–WV	
	Grant Award FEMA–4517-DR–WV	
	Grant Award FEMA–4603-DR–WV	
	Grant Award FEMA–4605-DR–WV	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

**Condition:** For 21 of the 31 subawards selected for testing, the West Virginia Division of Emergency Management (DEM) did not review and approve the Federal Funding Accountability and Transparency Act (FFATA) reports that were submitted to Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS).

**Cause:** DEM does not have adequate internal controls in place to ensure that subawards of \$30,000 or more are being reported timely and accurately to FSRS.

**Effect or Potential Effect:** DEM may report inaccurate or untimely information for first-tier subawards of \$30,000 or more causing them not to be in compliance with federal reporting requirements.

**Questioned Costs:** N/A

**Context:** Total federal expenditures and total subrecipient expenditures for the Disaster Grants – Public Assistance (Presidentially Declared Disasters) program were \$123,949,127 and \$65,999,232, respectively, for the year ended June 30, 2023.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-054 INTERNAL CONTROLS OVER TRANSPARENCY ACT REPORTING**  
(continued)

**Identification as a Repeat Finding:** Prior Year Findings 2022-042 and 2021-041

**Recommendation:** We recommend that DEM strengthen internal controls over FFATA reporting to ensure they are in compliance with federal reporting requirements.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**2023-055 SUBRECIPIENT MONITORING**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Homeland Security Disaster Grants – Public Assistance (Presidentially Declared Disasters)	97.036
	Grant Award FEMA-4273-DR-WV	
	Grant Award FEMA-4331-DR-WV	
	Grant Award FEMA-4359-DR-WV	
	Grant Award FEMA-4378-DR-WV	
	Grant Award FEMA-4455-DR-WV	
	Grant Award FEMA-4517-DR-WV	
	Grant Award FEMA-4603-DR-WV	
	Grant Award FEMA-4605-DR-WV	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that the West Virginia Division of Emergency Management (DEM) must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

2 CFR 200.332(b) requires that all pass-through entities must:

- (b) Evaluate each subrecipient’s risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring described in paragraphs (d) and (e) of this section, which may include consideration of such factors as:
  - (1) The subrecipient’s prior experience with the same or similar subawards;
  - (2) The results of previous audits including whether or not the subrecipient receives a Single Audit in accordance with Subpart F of this part, and the extent to which the same or similar subaward has been audited as a major program;
  - (3) Whether the subrecipient has new personnel or new or substantially changed systems; and
  - (4) The extent and results of Federal awarding agency monitoring (e.g., if the subrecipient also receives Federal awards directly from a Federal awarding agency).

2 CFR 200.332(f) required that all pass-through entities must “verify that every subrecipient is audited as required by Subpart F of this part when it is expected that the subrecipient’s Federal awards expended during the respective fiscal year equaled or exceeded the threshold set forth in Section 200.501.”

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-055 SUBRECIPIENT MONITORING**  
**(continued)**

**Condition:** The School Building Authority (SBA) did not perform subrecipient risk assessments. Additionally, SBA did not verify if subrecipients subject to be audited per 2 CFR 200.332(f) were audited as required.

**Cause:** SBA does not have proper policies and procedures in place surrounding the subrecipient monitoring compliance requirements.

**Effect or Potential Effect:** SBA is not in compliance with the subrecipient monitoring compliance requirements.

**Questioned Costs:** Unknown

**Context:** Total federal expenditures for the Disaster Grants – Public Assistance (Presidentially Declared Disasters) program were \$123,949,127 for the year ended June 30, 2023. SBA had two subrecipients with subrecipient expenditures totaling \$45,615,370 for the year ended June 30, 2023.

**Identification as a Repeat Finding:** Prior Year Finding 2022-043

**Recommendation:** We recommend that SBA implement policies and procedures surrounding subrecipient monitoring to ensure they are in compliance with the subrecipient monitoring compliance requirements.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023–056 INTERNAL CONTROLS OVER ACTIVITIES ALLOWED OR UNALLOWED AND  
ALLOWABLE COSTS/COST PRINCIPLES**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Homeland Security	
	Disaster Grants – Public Assistance (Presidentially Declared Disasters)	97.036/ COVID-19 97.036
	Grant Award FEMA–4273-DR–WV	
	Grant Award FEMA–4331-DR–WV	
	Grant Award FEMA–4359-DR–WV	
	Grant Award FEMA–4378-DR–WV	
	Grant Award FEMA–4455-DR–WV	
	Grant Award FEMA–4517-DR–WV	
	Grant Award FEMA–4603-DR–WV	
	Grant Award FEMA–4605-DR–WV	
<b>Criteria or specific requirement (including statutory, regulatory or other citation):</b>	2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).	
<b>Condition:</b>	For 21 of the 40 payroll transactions selected for testing at the West Virginia Military Authority (the Authority), there was no documentation that the employee’s time worked was reviewed and approved.	
<b>Cause:</b>	The Authority does not have adequate internal controls and policies and procedures in place to ensure all payroll transactions are reviewed and approved.	
<b>Effect or Potential Effect:</b>	The Authority may not identify noncompliance with federal statutes, regulations, and terms of the conditions of the federal award including allowability. Expenditures may be paid that are not allowable.	
<b>Questioned Costs:</b>	N/A	
<b>Context:</b>	Total federal expenditures for the Disaster Grants – Public Assistance (Presidentially Declared Disasters) program were \$123,949,127, for the year ended June 30, 2023. Total payroll charged to the grant at the Authority was \$2,221,140.	
<b>Identification as a Repeat Finding:</b>	This is not a repeat finding from the prior year.	

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-056 INTERNAL CONTROLS OVER ACTIVITIES ALLOWED OR UNALLOWED AND  
ALLOWABLE COSTS/COST PRINCIPLES**  
(continued)

**Recommendation:** We recommend that the Authority implement controls to ensure that expenditures are properly reviewed and approved before being charged to a federal award.

**Views of  
Responsible  
Officials:** Management acknowledges the finding. See corrective action plan.

**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**2023–057 ACTIVITIES ALLOWED OR UNALLOWED AND ALLOWABLE COSTS/COST PRINCIPLES**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Homeland Security	
	Disaster Grants – Public Assistance (Presidentially Declared Disasters)	97.036/ COVID-19 97.036
	Grant Award FEMA–4273-DR–WV	
	Grant Award FEMA–4331-DR–WV	
	Grant Award FEMA–4359-DR–WV	
	Grant Award FEMA–4378-DR–WV	
	Grant Award FEMA–4455-DR–WV	
	Grant Award FEMA–4517-DR–WV	
	Grant Award FEMA–4603-DR–WV	
	Grant Award FEMA–4605-DR–WV	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that the West Virginia Division of Emergency Management (DEM) must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

2 CFR 200.403 requires that costs “be necessary and reasonable for the performance of the Federal award.” Costs should not consist of improper payments, including payments that were made to an ineligible party or for an ineligible good or service or payments for goods or services not received.

**Condition:** The West Virginia Department of Health and Human Resources (DHHR) paid invoices to a third party vendor that were approved for payment without verifying the invoices for accuracy.

**Cause:** DHHR does not have proper internal controls in place to ensure that invoices are verified for accuracy prior to payment.

**Effect or Potential Effect:** Unallowable expenditures may have been paid with federal funds.

**Questioned Costs:** \$3,464,213

**Context:** Total federal expenditures for the Disaster Grants – Public Assistance (Presidentially Declared Disasters) program were \$123,949,127 for the year ended June 30, 2023.

**Identification as a Repeat Finding:** This is not a repeat finding from the prior year.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-057 ACTIVITIES ALLOWED OR UNALLOWED AND ALLOWABLE COSTS/COST PRINCIPLES**  
**(continued)**

**Recommendation:** We recommend that DHHR implement proper internal controls to ensure that all invoices are accurate, and costs are allowable under the federal program.

**Views of Responsible Officials:** Management concurs with the finding and has developed a plan to correct the finding.

**State of West Virginia  
Schedule of Findings and Questioned Costs (continued)  
for the Year Ended June 30, 2023**

**2023-058 EQUIPMENT AND REAL PROPERTY MANAGEMENT**

<b>Federal Program Information:</b>	<b>Federal Agency and Program Name</b>	<b>Assistance Listing #</b>
	U.S. Department of Health and Human Services	
	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323/ COVID-19 93.323
	Grant Award 6NU50CK000551-01-05	
	Grant Award 5NU50CK000551-C2-00	
	Grant Award 6NU50CK000551-02-01	
	Grant Award 6NU50CK000551-02-02	
	Grant Award 6NU50CK000551-03-05	
	Grant Award 6NU50CK000551-03-02	
	Grant Award 6NU50CK000551-02-04	
	Grant Award 6NU50CK000551-02-08	
	Grant Award 6NU50CK000551-02-06	
	Grant Award 6NU50CK000551-03-01	
	Grant Award 6NU50CK000551-01-07	
	Grant Award 6NU50CK000551-02-03	
	Grant Award 6NU50CK000551-01-06	
	Grant Award 5NU50CK000551-04-00	
	Grant Award 6NU50CK000551-04-02	
	Grant Award 6NU50CK000551-04-04	

**Criteria or specific requirement (including statutory, regulatory or other citation):** 2 CFR 200.303 requires that a non-federal entity must “(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

2 CFR 200.313(b) requires a state use, manage and dispose of equipment acquired under a Federal award by the state in accordance with state laws and procedures.

According to State Policy, “All agencies are required to take a physical inventory once every three years, and shall have completed such physical inventory by June 30th of the relevant year. The physical inventory shall include viewing of all Reportable Assets under the agency’s jurisdiction. The head of every spending unit of state government shall, on or before the fifteenth day of July of each year, file with the Purchasing Division director an inventory of all real and personal property, and of all equipment, supplies and commodities in its possession as of the close of the last fiscal year as stated in West Virginia Code §5A-3-35.

**State of West Virginia**  
**Schedule of Findings and Questioned Costs (continued)**  
**for the Year Ended June 30, 2023**

**2023-058 EQUIPMENT AND REAL PROPERTY MANAGEMENT**  
**(continued)**

<b>Condition:</b>	During our testing of Epidemiology and Laboratory Capacity for Infectious Diseases, the West Virginia Department of Health and Human Resources (DHHR) was unable to provide adequate documentation supporting the most recent physical inventory of fixed assets for the agency.
<b>Cause:</b>	Adequate documentation supporting compliance with the State's policies regarding physical inventory was not provided.
<b>Effect or Potential Effect:</b>	The Epidemiology and Laboratory Capacity for Infectious Diseases Program may not be in compliance with the requirements of F. Equipment & Real Property Management.
<b>Questioned Costs:</b>	Unknown
<b>Context:</b>	The total expenditures for the year ended June 30, 2023 were \$23,002,255. Total equipment purchases for FY 2023 were \$2,533,124.
<b>Identification as a Repeat Finding:</b>	This is not a repeat finding from prior year.
<b>Recommendation:</b>	We recommend that DHHR follow the State's established policies and maintain documentation evidencing the internal control and oversight of fixed asset management.
<b>View of Responsible Officials:</b>	Management concurs with the findings and has developed a plan to correct the finding.

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***CORRECTIVE  
ACTION  
PLAN***

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## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

### CONTACT PERSON

For finding resolution and Single Audit matters, please contact Betsy Chapman, West Virginia Department of Administration, Financial Accounting and Reporting Section, 2101 Washington Street, E., Charleston, WV 25305 (Telephone 304-414-9072). E-mail: [Betsy.Chapman@wv.gov](mailto:Betsy.Chapman@wv.gov). The respective state agency identified in each finding is responsible for the corrective action plan.

**2023-001 FINANCIAL STATEMENT CLOSE PROCESS**  
**Financial Accounting and Reporting Section**  
**Assistance Listing Number Not Applicable**

Management at the Financial Accounting and Reporting Section will ensure that additional review and approval is performed to ensure accuracy of the combining process for the discretely presented component unit's financial statements. This extra review process was implemented in October 2023.

**2023-002 DHHR INFORMATION SYSTEM AND RELATED BUSINESS**  
**PROCESS CONTROLS**  
**Department of Health and Human Resources (DHHR)**  
**Assistance Listing Number 10.551, 10.561, COVID-19 10.561,**  
**93.558, COVID-19 93.558, 93.568, COVID-19 93.568, 93.575, 93.596,**  
**COVID-19 93.575, 93.658, 93.659, 93.767, 93.775, 93.777, COVID-19**  
**93.777, 93.778**

The DHHR is currently phasing in a new information technology system for determining eligibility, making payments, maintaining documentation, etc. The name of the new system is WVPATH (West Virginia People's Access to Help). The WVPATH system will replace the Family and Children's Tracking System (FACTS) and the Recipient Automated Payment Information Data System (RAPIDS), which are currently referenced in the finding. The WVPATH system will have additional controls and levels of review as compared with the FACTS and RAPIDS systems. Due to the timing of the phase-in process, the DHHR anticipates the finding will be resolved for the year ended June 30, 2024.



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

### **2023-003 INFORMATION TECHNOLOGY GENERAL CONTROLS – WVPATH**

#### **Department of Health and Human Resources (DHHR) Assistance Listing Number 93.658, 93.659**

The DHHR, Office of Management Information Services (OMIS), analyzed this finding and hereby offers more details into the condition and cause of the finding. The information technology system in question is named WVPATH, which stands for, “West Virginia People’s Access to Help.” WVPATH is a comprehensive social services/child welfare information system, allowing employees to more efficiently track and view data, streamline services, and ultimately improve the manner by which the State determines eligibility for programs and provides for the delivery of services. With respect to the Foster Care and Adoption programs, the WVPATH system replaced the “Family and Children’s Tracking System” (FACTS). The DHHR transitioned from FACTS to WVPATH in January 2023, which was approximately six months into fiscal year 2023.

Fieldwork for the information technology portion of the West Virginia Single Audit began in June 2023. During fieldwork, the auditors inquired about the information technology general controls (ITGCs) within the WVPATH system. In particular, the auditors requested a description of the controls along with a copy of the policies, procedures, system generated listings, screenprints, and other documentation related to information security and access administration, change management, and backup recovery and restoration. Although the OMIS is of the opinion that the State of West Virginia indeed implemented all logical access and change management controls to support effective ITGCs over the WVPATH system, the OMIS did not address the auditor’s request in a timely manner during fieldwork. Therefore, the auditors were unable to determine whether the controls were designed sufficiently, nor were they able to conduct the requisite testing to confirm that the controls were in place and operating effectively during the applicable months of the audit period.



STATE OF WEST VIRGINIA  
DEPARTMENT OF ADMINISTRATION  
Financial Accounting & Reporting Section  
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## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

Upon receiving this finding, the OMIS conferred with the State's third-party software vendor for the WVPATH system; prepared a description of controls; collected the documentation related to information security and access administration, change management, and backup recovery and restoration within the WVPATH system; and submitted the description of controls and related documentation to the auditors. On February 14, 2024, a meeting was held between the auditors, the OMIS, the third-party software vendor, and one of the audit coordinators from the DHHR central finance level. The purpose of the meeting was to discuss this finding and determine whether the documentation collected by the OMIS after fieldwork would have averted the finding in the first place. During the meeting, the auditors indicated that the description of controls is very detailed and appears to support the OMIS's assertion that the controls are designed sufficiently. However, since the documentation was submitted to the auditors after fieldwork was complete, there was not enough time for the auditors to conduct the requisite testing to determine whether the processes and controls were in place and operating effectively during the applicable months of the audit period.

In terms of a corrective action plan for this finding, the OMIS now has a greater understanding of the auditor's objectives and procedures surrounding ITGCs. During fieldwork for the [forthcoming] West Virginia Single Audit for the year ended June 30, 2024, when the auditors are ready to test the required logical access and change management controls that are required to be in place to support effective ITGCs for the WVPATH system, the OMIS will undoubtedly be prepared to provide the auditors with a description of the controls along with a copy of all documentation related to information security and access administration, change management, and backup recovery and restoration within the WVPATH system.



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

**2023-004 INTERNAL CONTROLS OVER SUBRECIPIENT MONITORING  
Department of Health and Human Resources (DHHR)  
Assistance Listing Number 93.788, 93.323, COVID-19 93.323,  
93.575, 93.596, COVID-19 93.575, 93.558, COVID-19 93.558**

This finding is a repeat of prior year finding 2022-041. As related to the first paragraph of the corrective action plan for 2022-041, the new risk assessment form and related processes are still under review within the DHHR. Regarding the second paragraph of that corrective action plan, the DHHR developed a series of certifications that will replace the mandatory monitoring checklist currently in use within the DHHR. The certifications will be part of the workflow within the DHHR's subrecipient Grants Management Solution system (CRM).

One of the certifications will be based on the requirements for pass-through entities within the Code of Federal Regulations at 2 CFR 200.332(b) and will require DHHR spending units to evaluate each subrecipient's risk of noncompliance with federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate level of monitoring to apply to the award. The level of monitoring applied to a particular subrecipient for an individual grant award will depend on multiple factors, such as the subrecipient's prior experience with the same or similar grant awards or programs; the subrecipient's prior experience with any type of grant award or program; the results of previous external audits or internal reviews, including whether or not the subrecipient receives a Single Audit in accordance with 2 CFR 200 Subpart F ("Audit Requirements"); and whether the subrecipient has new personnel or new or substantially changed systems. When a DHHR spending unit considers these [and other] factors prior to awarding a grant, they are in essence evaluating the subrecipient's risk of noncompliance with federal statutes, regulations, and the terms and conditions of the grant award. If an evaluation of such factors proves that the subrecipient's risk of noncompliance is high, the award will still be made to address a programmatic need, and special conditions that correspond to the degree of risk may be applied to the award. In other words, the DHHR spending unit may adjust or impose specific and additional award conditions upon a subrecipient if the evaluation proves that such additional conditions



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

are appropriate. Special conditions would include but not be limited to requiring payments as reimbursements rather than advance payments; withholding authority to process to the next phase until receipt of evidence of acceptable performance within a given performance period; requiring additional, more detailed financial reports; requiring additional project monitoring; requiring the subrecipient to obtain technical or management assistance; and establishing additional prior approvals. Although none of these requirements are new within the DHHR, adding a certification directly within the CRM workflow to address such matters will provide the DHHR with an ability to embed various controls directly within the system, provide a higher level of assurance over the risk assessment and monitoring process, increase accountability on the part of the spending units, and provide a more effective audit trail. Given these expanded goals and the need to work with a contractor on adding these additional controls within the CRM system, the DHHR plans to implement the controls via a manual process first, with a desired date for completion of May 31, 2024.

### **2023-005 SPECIAL TESTS AND PROVISIONS – ADP SYSTEM FOR SNAP Department of Health and Human Resources (DHHR) Assistance Listing Number 10.551, 10.561, COVID-19 10.561**

Management within the DHHR, Bureau for Family Assistance (BFA), appreciates and shares the auditors' concern with SNAP program integrity as it relates to the Recipient Automated Payment and Information Data System (RAPIDS) ADP system. The BFA notes that 7 CFR § 272.10 begins with, "(1) Purpose. All state agencies are required to sufficiently automate their SNAP operations and computerize their systems for obtaining, maintaining, utilizing, and transmitting information concerning SNAP. Sufficient automation levels are those which result in effective programs or in cost effective reductions in errors and improvements in management efficiency, such as decreases in program administrative costs..." Within the RAPIDS ecosystem for SNAP administration, this automation includes data matching measures undertaken, in compliance with related federal rules as specified in 7 CFR § 272.8, 7 CFR § 272.16, etc., to automate the validation of client-provided, worker-input information while mitigating the additional administrative burden of secondary review for all worker



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

interactions with a client's case. Policy regarding state and federal data matching is laid out in Chapter 6 of the State's Income Maintenance Manual (IMM) at <https://dhhr.wv.gov/bfa/policyplans/Documents/Binder4.pdf>.

The primary data exchange system detailed in IMM Chapter 6 that is applicable to SNAP is the Income and Eligibility Verification System (IEVS) required by 7 CFR § 272.8. Systems mandated federally for inclusion in the IEVS include those operated by WorkForce WV, the Internal Revenue Service (IRS), and the U.S. Social Security Administration (SSA). A variety of other sources may also be queried for the purpose of validating client-provided information entered into RAPIDS by a worker, including Veterans Affairs (VA), Beneficiary and Earnings Data Exchange (BENDEX), Beneficiary Earnings and Exchange Record System (BEERS), National Directory of New Hires, and Prisoner Matching with the Department of Corrections as well as the Federal Data Services Hub (FDSH).

IMM Chapter 6, page 2 describes the purpose of data matching through the IEVS thusly:

Information obtained through IEVS is used for the following purposes:

- To verify the eligibility of the assistance group (AG).
- To verify the proper amount of benefits.
- To determine if the AG received benefits to which it was not entitled.
- To obtain information for use in criminal or civil prosecution based on receipt of benefits to which the AG was not entitled.

IMM Chapter 6, pages 2-3 further detail the points at which a match with the IEVS must take place:

A data exchange in the eligibility system occurs:

- When a new case is created;
- When a new person is added to a benefit;
- When a person's demographic information is changed; and,



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

- On a periodic basis for all individuals in the eligibility system, depending on the type of benefit being received.

Requirements for independent verification of information when automated data matches fail or report a discrepancy with client-provided, worker-input information are spelled out in IMM 6.4.4.

The BFA believes that these automations, while perhaps not foolproof, are in keeping with both the word and intent of 7 CFR § 272.10, 7 CFR § 272.8, 7 CFR § 272.16, etc., which aim to automate processes in order to reduce administrative burden and associated costs, such as those that would be associated with a secondary review of all worker interactions with a client's case.

Furthermore, page 4-10.551-9 of the Compliance Supplement 2023, which lays out the suggested audit procedures for this topic, recommends the use of the USDA-FNS SNAP System Integrity Review Tool (SIRT) to ensure that the State's ADP system is in alignment with USDA-FNS requirements and ensure that automated processes within RAPIDS continue to comport with federal requirements for ADP systems. To our knowledge, the auditors neither utilized that tool to guide their work nor requested verification from the State that the SIRT had been completed and previously employed. To support this response, management advocates a review of the SIRT submitted to FNS on October 26, 2023 in preparation for the go-live stage of the West Virginia People's Access to Help (WV PATH) Family Assistance pilot program; as there is no significant difference in system functionality between the Family Assistance module of WV PATH and the existing eRAPIDS system, the responses/comments/replies from both FNS and the State that are included in this version of the SIRT generally apply both to eRAPIDS and to PATH.

Throughout 2023, the BFA Division of Performance and Quality Improvement continued its ongoing SNAP case reviews, as well as its efforts to report compliance with monthly requirements for expanded supervisor case reviews conducted and tracked through the Rushmore case review system, as mandated in a December 7, 2022 memorandum to supervisors and made available to the auditors last year.



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

Furthermore, the BFA developed additional worker training, including the reinstatement of face-to-face Statewide Payment Accuracy Conferences (held throughout the summer of 2023), with the aim to ensure that client information is accurately captured in RAPIDS so the APD can perform its automated functions with integrity.

**2023-006**

### **ALLOWABILITY**

#### **Department of Health and Human Resources (DHHR)**

#### **Assistance Listing Number 10.551, 10.561, COVID-19 10.561**

The West Virginia Department of Health and Human Resources, Bureau for Family Assistance (BFA), analyzed the condition that led to this finding and hereby offers more details into the condition and cause of the finding. The \$463.00 cost in question was a supplemental Emergency Assistance payment from July 2022. The SNAP Assistance Group was due for recertification review for the month of July 2022. A review document was mailed to the client in June 2022. The client failed to return the review in a timely manner, which resulted in a late review interview. The SNAP household eventually submitted the review document on July 11, 2022, whereby the interview was conducted the same day. As the household was then required to submit updated income verification, the case was still pending on July 11, 2022. On July 28, 2022, the case comments document that the client submitted paystubs, but the paystubs were outside the period of consideration (POC); the SNAP benefit failed on this date. On August 2, 2022, the household submitted additional documentation and the BFA reopened the SNAP benefit retroactively for July. The Emergency Assistance (EA) supplements were not to be initiated until the second month of SNAP issuance (i.e., the month following active SNAP approval). Therefore, the \$463.00 payment in question was ineligible because the SNAP Assistance Group was not receiving SNAP at the time of the July 2022 EA supplemental issuance. The condition is due to the household reporting new income prior to the start of the recertification, which caused the BFA to need or request additional payments immediately following. Client confusion added to this issue.

On December 29, 2022, the U.S. President signed into law the Consolidated Appropriations Act, 2023. Division HH, Title IV, Section



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503(b), of the Act ended the SNAP EA that was provided by Section 2302(a)(1) of the Families First Coronavirus Response Act (FFCRA). The law terminated EA after the issuance of February 2023 benefits. Therefore, the last benefit month that may include EA was February 2023. If future EA or related programs become available for SNAP, the BFA will work with its contractor to develop stopgap measures within the eligibility system that will require an additional review to process supplemental EA payments when a household is due for recertification.

### **2023-007 TRANSPARENCY ACT REPORTING**

#### **Department of Education (DOE)**

#### **Assistance Listing Number 10.553, 10.555, 10.556, 10.559, 10.582**

Setting up a process to comply with the FFATA reporting requires retrieving information from multiple systems. In addition, child nutrition reimbursements are more complex than grants that have a known subrecipient amount. Due to the complexity, DOE is relying on guidance from the USDA to complete reporting procedures. DOE is currently waiting to get answers to several questions that are preventing full development of a process. USDA is also working to help DOE find another state agency that can help with unanswered questions. A FFATA reporting process is anticipated to be in place by July 1, 2024.

### **2023-008 TRANSPARENCY ACT REPORTING**

#### **West Virginia Community Development Block Grant Program (CDBG)**

#### **Assistance Listing Number 14.228**

The CDBG program has experienced turnover in staff during the last year. While CDBG knows the FFATA report was submitted, a physical copy of this report could not be provided, and it cannot be verified if it was submitted on time. In the FSRS system, only the person who creates the original report can view, edit, and pull the actual report, and since the employee who was responsible for submitting this report is no longer with the agency, it cannot be determined when it was originally submitted. CAD staff have since recreated the report in the FSRS system so there is a copy of the report.



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

To ensure this doesn't happen in the future, CAD staff has completed FFATA training for the personnel involved in the reporting process. CAD staff is creating a calendar with due dates for the programs reporting requirements to ensure the dates are not missed. Once the report is submitted in the FSRS system, staff is required to save a copy of the report in shared files. CAD is also looking to implement a system where a centralized person is responsible for submitting the FSRS reports to ensure all processes are completed and documents saved correctly.

### **2023-009      TRANSPARENCY ACT REPORTING** **Department of Environmental Protection (DEP)** **Assistance Listing Number 15.252**

Effective February 2024, DEP will implement the following steps to correct the finding: 1. Review 2 CFR 200.303 and the Federal Funding Accountability and Transparency Act (2 CFR 170) to determine the requirements and proper procedures in submitting FFATA reports in FSRS. 2. Evaluate the agency's current standard operating procedure for submitting FFATA reports and identify deficiencies that address accuracy, accountability, and segregation of duties in approving and submitting reports. 3. Update the agency's current standard operating procedures to better meet the requirements 2 CFR 200.303 and the Federal Funding Accountability and Transparency Act (2 CFR 170) and addresses proper segregation of duties in reviewing, approving, and submitting FFATA reports.

### **2023-010      REPORTING** **Department of Environmental Protection (DEP)** **Assistance Listing Number 15.252**

Effective March 2024, DEP will implement the following steps to correct the finding: 1. Review the Office of Surface Mining Federal Assistance Manual for information and instructions in regard to preparing the required financial reports for periodic and annual submissions. The information obtained from the Federal Assistance Manual will be compared to 2 CFR 200.328 and 329 to ensure all required information



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

is included in the financial reports. 2. Review the Federal Notice of Grant Award documents to ensure that reporting period dates and the submitted reports reconcile and are in agreement. 3. Create and implement written narrative that agrees with the requirements set forth in the Federal Assistance Manual. 4. Develop and implement standard operating procedures to ensure timely, accurate reporting that involves a review and approval process prior to submission. 5. Create a checklist of required items, and signature lines to show that reviews/approvals have taken place.

**2023-011 SUBRECIPIENT MONITORING**  
**Department of Environmental Protection (DEP)**  
**Assistance Listing Number 15.252**

Effective April 2024, DEP will prepare and implement a written risk assessment policy containing monitoring and compliance review standards. DEP will also prepare and implement written standard operating procedures to assist in measuring subrecipient risk.

**2023-012 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Department of Environmental Protection (DEP)**  
**Assistance Listing Number 15.252**

Effective March 2024, DEP will develop and implement a standard operating procedure to track indirect costs. DEP will create a separate spreadsheet to track indirect costs to be included in the year ending SEFA reporting. DEP will attend training sessions conducted by the West Virginia Financial and Accounting Reporting Section to ensure all expenses are reported correctly on the SEFA. Additional training from accredited educational institutions will also be researched if necessary.

**2023-013 INTERNAL CONTROLS OVER INFORMATION TECHNOLOGY**  
**Workforce West Virginia (WWV)**  
**Assistance Listing Number 17.225**

WWV will create policies and procedures to be effective March 2024 which documents the process for periodic review of administrative access and user access for the ABPS and UI Tax systems. Appropriate



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

staff will be trained once the policies and procedures are implemented. The wvOASIS SOC audit report for 2023 was completed in September 2023 and WV is in the process of reviewing the report at this time. Disaster Recovery testing was conducted with WV Office of Technology and the mainframe vendor Ensono October 16-19, 2023.

**2023-014      REPORTING**  
**Workforce West Virginia (WVW)**  
**Assistance Listing Number 17.225**

WVW updated reporting procedures in April 2023 and provided training to appropriate staff regarding the ETA 9050, 9052, and 9055 reports that did not have proper reviews documented prior to submission. That training is reflected in the reports selected after May 2023 that show proper documented reviews prior to submission.

**2023-015      REPORTING**  
**Division of Highways (the Division)**  
**Assistance Listing Number 20.933**

Effective January 2024, procedures have been put in place where pre-project performance management and quarterly progress reports on federal award projects will be compiled by WVDOT recipient/key personnel indicated in the BUILD Transportation Discretionary Federal Grants and submitted to USDOT by the 20th day after each calendar year quarter has closed as required by the grants. Prior reports that were not submitted to the USDOT as identified by the fiscal year 2023 audit will be sent.

**2023-016      SPECIAL TESTS AND PROVISIONS – NOTIFICATION OF CHANGES TO KEY PERSONNEL**  
**Division of Highways (the Division)**  
**Assistance Listing Number 20.933**

Due to staff turnover, WVDOT recipient contact/key personnel had changed for some of the BUILD Transportation Discretionary Federal Grants. The USDOT representatives noted in the federal grants were not notified of these changes. The USDOT will be notified of all recent



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

recipient contact/key personnel changes. Effective February 2024, when there are recipient changes, the USDOT will be notified within 30 days of the occurrence.

### **2023-017 SPECIAL TESTS AND PROVISIONS – SATISFACTORY ACADEMIC PROGRESS**

**Blue Ridge Community and Technical College, Bluefield State University, Fairmont State University, Marshall University, New River Community and Technical College, West Liberty University, West Virginia Northern Community College, West Virginia School of Osteopathic Medicine, and West Virginia University at Parkersburg**

**Assistance Listing Number 84.007, 84.033, 84.038, 84.063, 84.268, 84.379, 93.264, 93.342, 93.364**

#### **Blue Ridge Community and Technical College (BRCTC) response**

BRCTC agrees with the auditor's comments that the internal control process regarding the Satisfactory Academic Progress (SAP) Policy can be improved by maintaining documentation of an annual formal review of the SAP policy and its publication on the website, internal policy manuals and the student catalog. Effective January 2024, BRCTC's website has been updated to appropriately reflect the SAP policy.

#### **Bluefield State University (BSU) response**

Effective January 2024, internal controls are in place to perform the Review of the Standards of Satisfactory Academic Progress Policy to comply with federal regulations 2-CFR 200.303, 34 CFR 668.16 (e) and 34 CFR 668.34. The current SAP policy was reviewed in June of 2023, but a signature was not maintained. The SAP policy will be reviewed annually prior to the new academic year that begins each August. The review will consist of the Director of Financial Aid, Chief Financial Officer and Provost reviewing all aspects of the current policy at first and then maintaining any changes annually along with retaining signatures of the annual review. The policies and procedures will be given a new review date each year to reflect the process.



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### **Fairmont State University (FSU) response**

Effective January 2024, the following has been placed into the Satisfactory Academic Progress policy and will go into effect in Spring 2024 - Institutional Documentation Retention. Prior to the Satisfactory Academic Progress policy being applied to students at FSU, the Director will be responsible for the following:

1. Download the most current Satisfactory Academic Progress regulations from studentaid.gov. This documentation will be retained on the M drive under the appropriate aid year file folder for SAP.
2. Review, compare, and update the current Satisfactory Academic Progress policy at FSU with the most current federal regulations. The most current version of the policy will be signed off and dated by the Director of Financial Aid & Scholarship. This documentation will be retained on the M drive under the appropriate aid year file folder for SAP.
3. The Director of Financial Aid & Scholarships will provide any updates to the policy to the Information Systems Specialist by email in order for the Banner system to be updated with the updates. Email documentation will be retained on the M drive under the appropriate aid year file folder for SAP.
4. The Information Systems Specialist will update the Banner system in TEST.
5. The updates will be ran in TEST by running the ROPSAPR process for the future fall and future summer terms.
6. The TEST data will be reviewed and evaluated to ensure all policy updates have been captured and the students have been appropriately evaluated according to federal regulations.
7. The Information Systems Specialist will notify the Director of Financial Aid & Scholarships by email the status of the TEST system to determine if additional updates need to be made.
8. If the Director approves the data from the TEST system, they will notify the Information Systems Specialist by email that the updates are ready for production. Email documentation will be retained on the M drive under the appropriate aid year file folder for SAP.



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9. Updates will be applied to the production system by the Information Systems Specialist and the ROPSAPR process will be run on all current students for evaluation.
10. The Information Systems Specialist will notify the Director of Financial Aid & Scholarships by email once the process is complete for one final review of the data to ensure all federal regulations are being met and the students have been evaluated accordingly. Email documentation will be retained on the M drive under the appropriate aid year file folder for SAP.
11. The Director of Financial Aid & Scholarships will sign off on the completed process by email to the Information Systems Specialist. Email documentation will be retained on the M drive under the appropriate aid year file folder for SAP.

### **Marshall University (MU) response**

MU updated the website in February-March which included a review of SAP Policies and Procedures. MU did not update the Revision Date as there were no updates to Satisfactory Academic Progress federal regulations for the 2023-24 aid year. The policy did not change but was reviewed when updates were made to the website. This policy was updated and also added to the website. Effective February 2024, MU will document and retain all reviews and approvals for compliance with federal regulations.

### **New River Community and Technical College (NRCTC) response**

NRCTC will continue to review policies and procedures at least once, and sometimes twice a year when the catalog is reviewed. NRCTC will continue doing this review and maintain documentation to ensure compliance with federal regulations.

### **West Liberty University (WLU) response**

Effective January 2024, to comply with internal control over federal awards, WLU will ensure that SAP policies are compliant with the US DOE standards and retain evidence of the review before the SAP procedures are completed annually. If there are no changes, the policy will be approved to move forward. A signed sheet of the SAP policy



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approval will be retained in the office and an email of no updates will be sent to others in the Financial Aid Office. If changes are necessary, a financial aid committee would meet to make the appropriate updates. Once the policies and procedures are updated, a signed copy of the update will be retained in the FA Office and an email of the updates will be sent to the Financial Aid Office and communicated to all faculty, staff and students.

**West Virginia Northern Community College (WVNCC) response**  
Effective December 2023, a new internal control process has been added to validate WVNCC's processes (including SAP) with any changes to the Dept of Ed regulations, as available for the upcoming school year. WVNCC begins creating the new policy and procedure manual as the new year financial aid setup begins. The Director of Financial Aid will be creating a task force which meets two times per year to review the procedures. As WVNCC's policy and procedure manual is a live working document, updates will be made as needed with a revision date denoted where applicable. WVNCC had an initial conversation with NASFAA on their policy and procedure information available and has created a sign off form to verify the review of the policy each academic year. This process is being implemented during the 2023-2024, prior to this year, as with the 2022-2023 documents, changes in regulations or college policy changes were made in the policy and procedure manual but may not have had a revision date as it done during the manual creation. This process will be fully implemented for the new 2024-2025 policy and procedure manual as it is being created. The new control will formalize this process, a review of applicable review is in process.

### **West Virginia School of Osteopathic Medicine (WVSOM) response**

WVSOM did not have adequate internal controls in place surrounding the satisfactory academic policy (SAP) policy. A new SAP policy will be written and published to the public website to include reasonable standards for measuring whether eligible students are maintaining SAP in the educational program in our published SAP policy. The new policy will provide notification to the students of the results of an evaluation that impacts the students' eligibility for title IV program funds. WVSOM will retain sufficient documentation that the procedures are performed



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and reviewed by the Financial Aid Director and a second review performed by the Associate Director of Financial Aid. The review will provide two signature sign-offs.

### **West Virginia University at Parkersburg (WVU-P) response**

Financial Aid employees review all financial aid policies and procedures at minimum once per academic year. The Satisfactory Academic Progress (SAP) policy was reviewed and updated by financial aid staff throughout the spring and was approved by the Executive Vice President in June 2023, the updated SAP policy was forwarded to the President's office to be filed and posted in the appropriate places, including online.

WVU-P agrees that the updated and most recent SAP policy was not posted to the website prior to June 30, 2023. There was a college-wide policy review this spring, and the volume of that caused a delay in the policy's posting. The resolution for this issue is to complete our policy review process earlier, and ensure if updates are necessary then the Marketing and Communications staff are aware of a deadline prior to June 30 to post the updated policy.

WVU-P believes that there is sufficient documentation to show that the review of the SAP policy occurred within the academic year. The policies themselves have footnotes to document that Heather Skidmore reviewed the policies, and then the secondary review completed by Alice Harris before submission to the President. WVU-P will retain all communication that occurs related to future review processes to avoid a repeat finding on this issue.

### **2023-018 INTERNAL CONTROLS OVER FINANCIAL REPORTING Pierpont Community and Technical College (PCTC) Assistance Listing Number 84.063, 84.268**

Beginning October 2022, PCTC has performed the updated monthly reconciliation process that was originally to take place beginning July 1, 2022. Due to the loss of the Information Systems Specialist (ISS), PCTC failed to begin on the intended date. The DLSAS reports from COD are downloaded by the 10th of each month, as before, by the ISS. The reports



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are provided to the Assistant Director of Financial Aid (Asst.) and then reconciled to both Banner paid and Common Origination and Disbursement (COD). The Asst. takes screen captures of both Banner and COD for a monthly reconciliation of the Federal Pell Grant and DL programs. Screen captures are printed, and comparisons are made by the Asst. All necessary adjustments are performed to student accounts by the Asst. or Director of Financial Aid (Director) until balanced. Reports verifying reconciliation are then completed, initialed, and saved by the Asst. and then reviewed and signed by the Director for completion and accuracy. PCTC will maintain the documentation of the DLSAS statements each month and the reconciliation report along with evidence of said review. The completed reconciliation information files are in our shared drive. This process has been in place, ongoing and has been effectively followed since October 2022.

**2023-019 SPECIAL TESTS AND PROVISIONS – GRAMM-LEACH-BLILEY ACT-STUDENT INFORMATION SECURITY**

**Blue Ridge Community and Technical College, Bluefield State University, Concord University, Fairmont State University, Marshall University, New River Community and Technical College, Pierpont Community and Technical College, Shepherd University, West Liberty University, West Virginia Northern Community College, West Virginia State University, and West Virginia University at Parkersburg**

**Assistance Listing Number 84.007, 84.033, 84.038, 84.063, 84.268, 84.379, 93.264, 93.342, 93.364**

**Blue Ridge Community and Technical College (BRCTC) response**

Management acknowledges that BRCTC did not retain documentation for the review of the written information security policy during the audit year in question. Effective January 2024, documentation will be kept for the annual review of the written information security policy.

**Bluefield State University (BSU) response**

BSU will implement policies and procedures by May 2024 to ensure policies and procedures are in place to address the 7 elements and 8 safeguards that are in the Information Security Program.



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### **Concord University (CU) response**

A Complete Risk Assessment was conducted and completed in May 2023 using the ITIL standards. CU also completed the annual GLBA Risk Assessment using the WolfPac software from Wolf and Company in June 2023. This assessment is done in conjunction with Information Technology, Financial Aid, and the Business Office to evaluate the Controls established by NIST 800-171. In addition, CU uses the KnowBe4 product to do simulated phishing campaigns to test the effectiveness of the CyberSecurity Training. CU and every individual are assigned a Risk Score that can be compared to scores for the industry. Anyone that falls for a simulated phishing email is automatically enrolled in additional training. CU has also added the phish reporting function to email clients so everyone can easily report suspected phishing emails for analysis by IT.

The GLBA Risk Assessment addresses the following:

**Employee training and management:** All employees are required to complete two trainings each year. One on privacy focused on FERPA and the other on cybersecurity. Current training is being provided using the KnowBe4 software product. CU has reviewed the access to all college resources, especially Banner over the past few months, and made necessary changes to each employee's access as needed. This review was completed by the Banner data custodians and supervisors. This allows us to ensure alignment of user privileges and job responsibilities. Access to all Banner data was approved by the appropriate data custodian. This is documented and archived in an IT account. All users are required to enter a unique username and password to gain access and are required to meet Microsoft's password complexity standards.

Another important safeguard is physical security. All telecommunication closets are secured by locks and only IT staff has access via a master key or badge. This also is true of the Data Center which houses our on-campus servers. Access to all of our campus services are secured by VPN tunnels. Trendmicro is used to protect client PCs. CU also uses bitlocker on mobile equipment used by employees to encrypt the data. Data that may be stored on mobile devices are required to be encrypted. CU is currently creating a data retention policy for the



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

retention and disposal of data. This policy will meet the state and federal requirements for data retention.

Information Systems, including network and software design, as well as, information processing, storage, transmission, disposal, and a complete risk assessment was conducted and completed in May 2023 using the ITIL standards. CU completed a risk assessment using the WolfPac software from Wolf and Company in June 2023. In addition, CU uses the KnowBe4 product to do simulated phishing campaigns to test the effectiveness of the cybersecurity training. The institution and every individual are assigned a risk score that can be compared to scores for the industry. Anyone that falls for a simulated phishing email is automatically enrolled in additional training. CU has also added the phish reporting function to email clients so everyone can easily report suspected phishing emails for analysis by IT. Detecting, preventing, and responding to attacks, intrusions, or other system failures. CU uses a Fortinet Fortigate Appliance to provide Intrusion Prevention System (IPS) Firewall, and Virtual Private Network (VPN) connections to campus. Regular software maintenance and patch management of network equipment is performed. Network patches are deployed in a test bed as they are released. If no issues are found, they are deployed to production network equipment. Systems are monitored weekly and required patches are first cleared with Enterprise Systems to ensure compatibility with Student Information System before production implementation. CU created the incident response plan and disaster recovery plan in 2022. CU partnered with CISA of Homeland Security to conduct weekly vulnerability scans using their Cyber Hygiene Services in 2022. CU also uses Nessus to do internal vulnerability scans on a monthly basis. CU is using these reports to make needed changes to network and server infrastructure to stay as protected as possible from threats. CU implemented multifactor authentication for all employees in 2022. Backups of student information system are facilitated by Oracle in our Oracle cloud environment using the Oracle database backup cloud service. Production backups are configured to retain 45 days of changes. CU conducts redundant nightly backups that will be stored on-campus for 365 day coverage and retention. CU also implemented immutable backups through ORACLE during 2023. Safeguards for each risk were identified. Safeguard for each risk were



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discussed and are shown in the Risk Assessment. CU identified two areas for improvement. Implementing data loss prevention in TrendMicro Apex 1 and blocking traffic from unfriendly nations.

Implement and periodically review access controls. Access to Banner is reviewed annually by the data stewards and any unnecessary employee access is removed. Additionally, access is removed when employees leave the institution. CU conducts a periodic inventory of data, noting where it's collected, stored, or transmitted. This is done as part of the GLBA risk assessment using WolfPac. CU encrypts customer information on the institution's system and when it's in transit. Bitlocker is used on university equipment to encrypt the entire computer hard drive. Security channels are used to transfer data when needed. A vpn tunnel and web access firewalls are used to access the Banner data in the Oracle Cloud Infrastructure (OCI). The databases are encrypted at rest and in-transit. Assess apps are developed by CU and internal and external vulnerability scans are conducted. CU also reviews system logs and uses well supported development frameworks and tools. CU implemented multi-factor authentication for anyone accessing customer information on the institution's system. Multi-factor authentication is required of all employees before they can access CU resources off-site. The employee network is segmented on its own virtual local area network. CU disposes of customer information securely and purged online forms that are no longer needed, especially those that contain PII. Financial Aid recently destroyed old documents using an onsite shredding service after scanning the documents that needed to be retained. For equipment, CU removes hard drives before the equipment is recycled and destroys the drives. CU anticipates and evaluates changes to the information system or network.

CU plans for changes to information systems and the network and incorporate appropriate measures to ensure both physical and data security. Banner upgrades and changes are tested by the Banner users group before they are placed into production. A log is maintained of authorized users' activity and keep an eye out for unauthorized access. Banner currently provides this functionality on a limited basis with a full logging system to be delivered during the current year by Ellucian.



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Risk assessments of all NIST 800-171 controls are conducted annually using WolfPac. CU uses a continuous improvement model. This year, CU identified improvements we could make in data loss prevention. CU already uses Microsoft's data loss prevention features, but determined CU could also use Trendmicro's DLP feature to further lessen the likelihood that emails or files containing PII will be shared. The other improvement CU made was by blocking network traffic from designated countries outside the US. CU can't block all countries besides the US because the needs of our international students must be met. Vulnerability scans are conducted externally by CISA of Homeland Security weekly and internal vulnerability scans are conducted monthly using NESSUS. Simulated phishing campaigns are run continuously throughout the year through the KnowBe4 software which provides an institution risk score along with the industry average for phish-prone comparison. Risk scores are also assigned to each employee. CU's average phish-prone percentage is 4.9 compared to the industry 5.5%. The phish prone percentage for the last campaign is 3%.

CU has the following policies and procedures which are reviewed by the IT Council and IT Security Council:

- Acceptable Use of Information Technology Policy
- Disaster Recovery
- Incident Response
- Information Security Policy
- Wireless Network policy

Third parties are required to sign a document as part of the contract signifying security compliance. Additionally, all third-party software is included in the vulnerability scans.

Changes are determined and implemented based on the risk assessments and regular review of security information from external and internal sources by the IT Security Council.

CU has a written Incident Response Procedure which became effective on March 8, 2022. The Chief Information Officer reports at least annually on the institution's information security program.



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

After reviewing the security plan in February in the Security Council Meeting, CU determined that adding a section on multifactor authentication was overlooked. CU does require and enforce MFA on all employees, but it is not documented in the plan. This will be added to the plan and approved at the next meeting.

### **Fairmont State University (FSU) response**

A written program was developed in May 2023, management has reviewed and signed the documentation for the written information security program. The written program is effective January 2024.

### **Marshall University (MU) response**

A regular review of each policy is being implemented per recommendations by our cybersecurity advisor in the 2023 GLBA Assessment Report. Information Technology (IT) policies and administrative procedures are being updated by the Marshall University IT Council (ITC). Once updated, they will be scheduled for an annual policy review as part of the IT activity wheel as a corrective action for this finding.

In late June 2023, a GLBA Risk Assessment was conducted by an external cyber security advisor. Remediation of findings from this risk assessment is currently underway by a cross-functional team lead by IT. Priority is being placed on addressing updates to 14 CFR 314.4 which took effect in early June 2023. As a corrective action for this finding, the CISO revise the written information security program to reflect the latest updates to 14 CFR 314.4

### **New River Community and Technical College (NRCTC) response**

NRCTC's Data Stewards will be reviewing and approving this information each spring and then sharing that approval with the President's Cabinet so that it appears in the minutes as evidence for the next audit. NRCTC also developed GLBA Compliance Procedures which were implemented in January 2024.



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### **Pierpont Community and Technical College (PCTC) response**

PCTC's Information Security Program is overseen and administered by the CIO of the Institution. The CIO will use all information that can be gathered to help protect the Institution. PCTC uses multiple vendors to help identify and mitigate internal and external risks. A third-party vendor is used to perform a yearly security audit. A weekly cyber hygiene assessment is provided to the Institution by CISA. A third-party vendor is used to patch and maintain all on-prem networking equipment to the latest patch levels where needed including firewalls and internal equipment.

The following safeguards are used:

- a. Physical access to all sensitive information technology (IT) areas is locked down via either key or keycard access and follow the access to security controlled spaces policy. PCTC adheres to a least privileged access model for sensitive data.
- b. Random periodic checks are done on data inventory throughout the year.
- c. The system that houses all student systems and employee information is hosted on web-based systems and the connections are encrypted and secure. Email to outside parties that contain sensitive information is encrypted. The data security policy will be followed.
- d. PCTC does not use any in-house developed applications.
- e. Multi-factor authentication (MFA) will be turned on for email and all other SSO applications in the first quarter of 2024 for all internal employees.
- f. Any data stored electronically on physical media is disposed of using a third-party vendor that provides the Institution with a certificate of destruction and follows the Computer Disposal Policy.
- g. All PCTC systems and networks are periodically reviewed for changes. Any changes outside of a standard change (i.e. Windows updates), will be logged in the change control document.
- h. System logs and privileged access groups (i.e. domain admins, etc.) are routinely reviewed for inappropriate changes.

PCTC uses the information from the yearly audit in conjunction with the weekly cyber hygiene report to test and monitor any remediations that have been deployed. PCTC is currently working on a formal policy



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committee approval process that will be implemented withing the first quarter of 2024. At this time, all IT policies will be formally accepted and followed. PCTC will have a service contract and/or business agreement in place with all outside vendors that will outline the terms and scope between the two entities. All information that is discovered from all audits, testing, scans, or other tools that the IT department deems necessary, will be used to remediate and/or help make changes to existing polices to help protect PCTC and all user's data.

### **Shepherd University (SU) response**

Joseph Dagg serves as the CIO/CISO, Director of IT Services and serves as the point of contact for all things data security related, including GLBA as the Privacy Officer. Effective February 2024, activities performed as normal operations include access controls being reviewed at minimum once per year internally. Additionally, access/purge processes are executed on a rolling basis for students per year. Inventory of data occurs at minimum once per year internally. Protocols adhere to internal processes approving access via Banner custodian group. All data is encrypted at all stages, including transit. No apps are developed by SU. MFA is active. Customer information is retained/disposed according to internal guidelines within IT Services of data. Changes are anticipated and regularly reviewed internally and externally with the aid of IT consultants and vendors to ensure our security posture. User logs are reviewed at a minimum of once per year internally. Internally, IT management meets every month to discuss security and additional processes that need accounted for in addition to monthly stand-up meetings to account for immediate agile changes. Internally, executive governance meetings occur at minimum annually to review existing policies and address security issues to forecast change. Internally, SU will be working with IT consultants and external vendors to participate in table top security exercises to test/validate internal procedures. Monthly and quarterly, Nessus scans are performed to assess risks and mitigation needs within network, adhering to the CISA and NIST protocols for data security. Executive governance staff, internal IT management, IT consultant and vendors work cohesively together to provide a pathway to improve our security posture.



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Effective immediately, IT Services will review all affiliated policies, procedures, and activities related to GLBA compliance on a quarterly basis. Results of these reviews and/or any corrective actions identified will be documented and retained through the IT ticketing system for future reference.

### **West Liberty University (WLU) response**

WLU is active in evaluating the need and designing a procedure to ensure documentation relating to evidence of management reviews of user access to the WLU production network and our Banner financial system. The procedure will be complete by February 2024 and implemented immediately thereafter. It will include a minimum of two reviews per fiscal cycle.

### **West Virginia Northern Community College (WVNCC) response**

The WVNCC IT Policies has been updated as of February 2024 to include the previous missing items of 1) designate the Director of IT to oversee and implement security programs and 2) periodic review schedule of access controls.

### **West Virginia State University (WVSU) response**

WVSU concurs with the finding and has developed a plan of action to include the following:

1. Review and Identify Gaps: - Conduct a thorough review of the current Information Security Program (ISP) against the requirements outlined in 16 CFR 314.4 and identify specific elements that are missing or inadequately addressed in the existing ISP.
2. Develop a Remediation Plan: Based on the identified gaps and insights through discussions with management and experts, create a detailed remediation plan and clearly outline the steps required to address each missing element in the ISP, including timelines, responsibilities, and resources needed.
3. Update Information Security Program: Implement the remediation plan by updating the Information Security Program to incorporate all the required elements specified in 16 CFR 314.4 and ensure that the



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

revised ISP reflects best practices and industry standards for information security.

4. Training and Awareness Programs: Conduct training sessions and awareness programs for WVSU faculty and staff involved in the management and implementation of the Information Security Program and emphasize the importance of compliance with regulatory standards and educate staff on their roles and responsibilities in maintaining information security.

5. Periodic Reviews and Audits: Establish a system for periodic internal reviews of the Information Security Program to ensure ongoing compliance and implement a feedback loop that allows for continuous improvement and adjustments to the ISP based on changing regulatory requirements and emerging threats.

6. Documentation and Reporting: Maintain comprehensive documentation of the updated Information Security Program, including the rationale for each inclusion and the corresponding actions taken.

7. Continuous Monitoring: Implement a continuous monitoring process to track the effectiveness of the updated ISP in real-time and utilize automated tools and regular risk assessments to identify and address any new vulnerabilities or compliance gaps promptly.

8. Communication and Transparency: Communicate the changes made to the Information Security Program transparently to all relevant stakeholders and foster a culture of openness and encourage reporting of any potential security issues or concerns.

By following this plan of action, WVSU can implement the updated Information Security Program, and demonstrate a commitment to maintaining a robust and compliant information security posture by August 2024.

### **West Virginia University at Parkersburg (WVU-P) response**

By March 29, 2024, WVU-P will implement a formal tracking program that will adequately document the review process of its Information



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

Security Program. Review will occur the month of March for all sections of the Security Program by the designated responsible party and will repeat annually. Each section will be listed in a spreadsheet, shared with the appropriate responsible parties, along with the following details: section name, responsible party, last update date, last updated by, last review date, last reviewed by, and additional notes. All reviews will be tracked using this spreadsheet.

Additionally, by March, 29, 2024, WVU-P will implement and enforce the following password settings for Banner accounts:

- Minimum password length of <x>
- Password complexity requirements (Upper, lowercase, numbers, and symbols required)
- History (last three passwords will be checked)
- Account lockout: 3 attempts, 30 minute lock out
- WVU-P currently utilizes unique accounts for privileged access and will continue to prohibit the sharing of default privileged accounts.

By March 29, 2024, WVU-P will add internally developed applications to the annual formal review process. Application reviews will use the same process as Access Control and Information Security Policy reviews. Applications will be reviewed to identify which specific data sources are used, how they are used, and the potential impact of unauthorized access. Additionally, applications will be reviewed to ensure that industry standard security best practices are followed.

**2023-020 SPECIAL TESTS AND PROVISIONS – VERIFICATION  
Fairmont State University (FSU)  
Assistance Listing Number 84.007, 84.033, 84.038, 84.063, 84.268,  
84.379, 93.264, 93.342, 93.364**

Effective February 2024, controls were put into place to address the additional review of the verification compliance requirement process once the initial review was completed. A weekly review with a comprehensive monthly review will be implemented to ensure no students are missed through the review process.



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### **2023-021 BANNER INFORMATION TECHNOLOGY GENERAL CONTROLS**

**Blue Ridge Community and Technical College, Bluefield State University, Concord University, Fairmont State University, Mountwest Community and Technical College, New River Community and Technical College, Pierpont Community and Technical College, Shepherd University, West Liberty University, West Virginia Northern Community College, West Virginia State University, and West Virginia University at Parkersburg**

**Assistance Listing Number 84.007, 84.033, 84.038, 84.063, 84.268, 84.379, 93.264, 93.342, 93.364**

Effective February 2024, all West Virginia Higher Education institutions will ensure any new, modified or terminated access is defined and maintained to document the requestor, access rights modifications requested and approvals. Segregation of duties will be incorporated for the approval of any request. Processes for communication of terminated employees will be documented to ensure timely removal for any Banner user. Periodically, a review of user access will be performed to ensure access rights are consistent with current employees and job responsibilities. Documentation will be maintained for evidence of this review process. All Banner password settings will be configured to enhance overall security and privileged access will be granted to administrators by a unique identifier to ensure there will be no sharing of default accounts. Also, a formal documented change management process will be implemented to show authorization, testing and production approvals for any patches and releases of Banner application and supporting infrastructure to ensure the changes were properly authorized.



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

### **2023-022 SPECIAL TESTS AND PROVISIONS – RETURN OF TITLE IV FUNDS**

**Blueridge Community and Technical College, Bluefield State University, Fairmont State University, Mountwest Community & Technical College, Pierpont Community and Technical College, and West Virginia Northern Community College Assistance Listing Number 84.007, 84.033, 84.063, 84.268**

**Blueridge Community and Technical College (BRCTC) response**  
BRCTC maintains a review procedure implemented in December 2023 over the entire Return of Title IV process; after this review, BRCTC will add a secondary review and sign off of those students whose aid does not have to be returned due to being outside the return window.

**Bluefield State University (BSU) response**  
Effective February 2024, internal controls are in place to perform the Return of Title IV withdrawal and calculation ensuring records comply and that Return of Title IV Refunds are within the required time frame of 45 days. Controls include the review of “Permit to Withdraw” forms to ensure they are completed with all signatures of offices involved and the sign off of Return of Title IV calculations. All reviews will occur within the time frame of 45 days by the Financial Aid Director along with Business Office and Accounting. On February 8, 2024, the Director of Financial Aid spoke with the Registrar and the FA Counselors in separate meetings regarding the late submission of withdrawal forms and performing the Return of Title IV calculations. The Registrar understands they must submit the completed withdrawal forms to the Financial Aid office the same day they are completed by her office. When the forms are received by Financial Aid, a Return of Title IV will be completed within the same week of receipt and sent to the Business Office, if a Return of Title IV Aid is required. The Business Office will then review the calculations and perform the necessary repayment of Title IV Aid to the Department of Ed, utilizing the refund process through G5 within the required 45-day timeline. All adjustments to the students account will be made with in the same time frame.



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

### **Fairmont State University (FSU) response**

FSU has been identified as an institution that does not have adequate internal controls in place over the return of Title IV funds to prevent noncompliance. FSU has implemented the following Return of Title IV controls.

#### Step by Step-Initial Review:

1. FSU (Information Systems Technician) performs all Return of Title IV calculations through FAA Access to CPS on-line.
2. In Banner, the funds are unapplied to the student's account according to the Return of Title IV calculation from FAA Access.
3. Return completed Title IV Returns spreadsheet to the Accounting Assistant II that sent them to you with a 'y' in the column marked Aid Returned and the dollar amounts of any aid that was returned, and if a letter was mailed to the student and the dollar amount the student is responsible for paying.
4. In Banner comments are added to RHACOMM which include the date of withdraw(s), the type of funds that were returned and the amount of each fund that was returned.
5. If the student has to return Pell Grant (section 10 of the Title IV worksheet)- must send a letter then student has 45 days. Follow up according to federal regulations.
6. If there is a post withdraw disbursement, a letter is sent to the student. Follow up according to federal regulations.
7. FSU only completes the Return of Title IV calculation for students who have withdrawn outside of the withdraw window upon request.

#### Secondary Review:

FSU (Financial Aid Counselor) performs a second review of the Return of Title IV calculations through FAA Access to CPA on-line. This individual verified the data for the calculation has been entered correctly, the adjustments to the Banner system are accurate, and signs off on the Return to Title IV calculation worksheet.

FSU has the following controls in place: Who performs the control? Finance Program Manager and Information Systems Technician. What are the reviewer's qualifications? 3+ years' experience. When or how often is the control performed? Weekly. What does the reviewer



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

evaluate? Verifies the data for the calculation has been entered correctly, and the adjustments to the Banner system are accurate. What precision is encompassed? (How granular is the review? What are the criteria for investigation? What is the objective of the review?) By student. Additional investigation is needed when reviewer cannot produce the same results from the Return to Title IV form. Verify the accuracy of the calculation and to ensure the data being used for recalculation is accurate. What actions are taken or result? Redoing the recalculation worksheet after verifying the data from the system.

### **Mountwest Career & Technical College (MCTC) response**

MCTC maintains email communication regarding the completion of Unofficial Return of Title IV Withdrawal Calculations each semester indicating timeliness of calculations. Sampling is done to check calculations and that will be made available in future audits, effective February 2024.

MCTC will maintain the SFRWDRL reports for all withdrawals (both official and unofficial) run in "update" mode with notations to indicate timeliness, and to indicate that touch points along the calculation have been reviewed such as checking start and end dates in STVTERM and break days in SOATBRK as well as percentage calculated comparing Banner percentages to manually calculated percentages. Sampling of calculations will be compared to manual calculations using USDE supplied manual Return to Title IV worksheets to ensure that the Banner calculation of returns aligns with the manual calculation.

### **Pierpont Community and Technical College (PCTC) response**

During the prior year's audit, it was discovered that the prior processor was not completing the Return of Title IV properly. The processor left employment and Return of Title IV procedures were taught to the new processor and Asst. Director. This took place in November 2022. Unfortunately, the processor also did not complete two Return to Title IV before leaving and failed to communicate this information. It was not discovered until after the 45-day window for completion. Upon discovery, the two Return of Title IV were completed and PCTC have since followed the process and have had no additional similar findings.



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## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

The process is functioning properly which will continue to be followed going forward.

**West Virginia Northern Community College (WVNCC) response**  
Effective February 2024, for Return to Title IV review and processing in addition to the policies and procedures manual, these additional steps will be taken to maintain internal controls including maintaining email communication regarding the completion of Return of Title IV withdrawal calculations each semester indicating timeliness of calculations. Sampling will be done to check calculations and will be made available in future audits.

WVNCC will continue to maintain in the Registrar's office, the SFRWDRL reports for all withdrawals (both official and unofficial) run in "Update" mode with notations to indicate timeliness, and to indicate the calculations have been reviewed such as checking start and end dates in STVTERM and break days in SOATBRK as well as percentage calculated comparing Banner percentages to manually calculated percentages.

The Financial Aid office will maintain a sampling of calculations that are compared to manual calculations using US Dept of Ed supplied manual Return of Title IV Worksheets to ensure that the Banner calculation of returns aligns with the manual calculation.

Additionally for the Fall 2024 semester, a manual sampling of calculations will be reviewed to confirm that the calculations for the current award year are matching.



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**2023-023 INTERNAL CONTROLS OVER CASH MANAGEMENT**  
**Bluefield State University, Fairmont State University,**  
**Mountwest Community and Technical College, and West**  
**Virginia Northern Community College**  
**Assistance Listing Number 84.007, 84.033, 84.063, 84.268**

**Bluefield State University (BSU) response**

By June 2024, BSU will ensure that if a drawdown approval occurs in person with the Director of Financial Aid, the approval signature will be obtained during the meeting.

**Fairmont State University (FSU) response**

Effective February 2023, FSU has added a second level review control and it was put into place to address the inadequate internal controls identified.

**Mountwest Community and Technical College (MCTC) response**

Effective February 2024, MCTC will make the appropriate effort to obtain "inked" approvals prior to initiating drawdown requests through G5/G6 to serve as proof of double verification. However, MCTC does note that single reviews are completed prior to any drawdown request as evident of the relationship between the requestor and initiator of the drawdown in G5/G6 to ensure accuracy and completeness.

**West Virginia Northern Community College (WVNCC) response**

Beginning April 1st, 2024, WVNCC will establish an electronic repository specifically designated for the retention of evidence that a review and approval of all drawdown requests occur. The repository will be reviewed internally on a quarterly basis by the CFO and any anomalies will immediately be brought to the attention of staff and resolved.



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### **2023-024 SPECIAL TESTS AND PROVISIONS – USING A SERVICER TO DELIVER TITLE IV CREDIT BALANCES TO A CARD OR OTHER ACCESS DEVICE**

**Bluefield State University, Blueridge Community & Technical College, Concord University, Mountwest Community and Technical College, Shepherd University, West Virginia Northern Community College, and West Virginia University at Parkersburg**

**Assistance Listing Number 84.007, 84.033, 84.038, 84.063, 84.268, 84.379, 93.264, 93.342, 93.364**

#### **Bluefield State University (BSU) response**

BSU will submit the URL of their contract with their third-party servicer and cost information to the U.S. Department of Education for their publication in the Cash Management Contracts Database by Friday, February 23, 2024. BSU will also implement a detailed due diligence review over the fees assessed by the third-party servicer of Title IV credit balances.

#### **Blueridge Community & Technical College (BRCTC) response**

We acknowledge that BRCTC did not have internal controls in place to review the contract with our third-party servicer of Title IV credit balances or obtain and review the third-party servicer's Title IV compliance audit to ensure compliance with federal regulations. By February 2024, documents will be requested and an annual due diligence review will be performed and documented of the third-party servicer contract and compliance audit as well as review of fees assessed by the third-party servicer.

#### **Concord University (CU) response**

CU agrees with this finding and due to changes in personnel, this regulation was not followed. CU will review and document the review of the Cash Management Database annually to ensure the link is posted.

CU will review and document the review of other financial institutions charges compared against BankMobile's fees annually. CU will annually review the servicer's SOC report. CU will review BankMobile's report,



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

specifically looking for instances of noncompliance and internal control breaches. This will be documented annually.

### **Mountwest Community and Technical College (MCTC) response**

Effective February 2024, MCTC will implement a review process to be conducted on an annual or monthly basis, as applicable, of all accounts opened with the Servicer during the specified timeframe. The "Activation & Preferences Report" available to management through the Servicers Administrator portal will be used to provide the data for review by management.

The review process will consist of the following:

- A request made of the servicer to provide a report of accounts opened with date/time stamp of consent to opening. Frequency: Monthly
- Review of "Activation & Preferences Report" validated against Servicer "Accounts Opened" report. Frequency: Monthly
- Generate a follow-up email to applicable students confirming the opening of the Servicer Account which will include an attachment of the Servicer "Terms and Conditions" and "Fee Schedules". Frequency: Monthly
- Review the Servicers' Client Contract and Profile site for accuracy and completeness of information. Frequency: Annually
- Review the Servicers' System and Organization Controls (SOC) and Compliance audits. Frequency: Annually
- Management will incorporate as part of its "Due Diligence and Attestation" copies of comparable banking institution fee schedules that are date/time stamped to serve as evidence of review.

### **Shepherd University (SU) response**

By April 2024, SU will develop and maintain a checklist that will be periodically reviewed and signed off related to this finding, specifically: Annually, SU will be submitting the URL to the Department of Education related to the contracts between SU and BankMobile, reviewing compliance audits and SOC reports for BankMobile, recording areas of risk, and noting ways to mitigate the potential risk moving forward.



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### **West Virginia Northern Community College (WVNCC) response**

Beginning June 2024, during the annual review meeting between WVNCC and BankMobile (the servicer that delivers Title IV credit balances to students), WVNCC will obtain a copy of the BankMobile compliance audit. This will be kept on file within the Business Office for reference if needed. In addition, the budget committee will review annual the fees charged by BankMobile and attempt to compare them to other providers of similar services.

### **West Virginia University at Parkersburg (WVU-P) response**

WVU-P has submitted a URL to the US Department of Education of our contract and cost information with our third-party servicer. This submission should correct this portion of the finding although it was done after the end of the fiscal year under audit but serves to correct the finding in subsequent periods. WVU-P will ensure compliance with the remaining items noted by creating a written internal control policy requiring the following:

- Verification of the required submission of the third-party contract with the Department of Education.
- Documentation of a due diligence review of the fees assessed by the third-party servicer.
- Obtain a copy of the annual compliance examination of the Title IV Programs. The 2022 report dated June 29, 2023, was received and reviewed by us for compliance with eligibility, systems, and internal controls, disbursements, Return of Title IV funds, and administrative requirements.
- Obtain a list of students whose refunds were disbursed by the third-party vendor and cross-reference it with a list of the students processed and sent to the third-party vendor by WVU-P. For those students who elected to open a checking account, WVU-P will review supporting documentation to indicate that the student gave proper consent.

These policies and procedures will be effective February 2024.



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**2023-025 SPECIAL TESTS AND PROVISIONS – PERKINS LOAN  
RECORDKEEPING AND RECORD RETENTION  
Concord University, Marshall University, Shepherd University,  
West Liberty University, West Virginia School of Osteopathic  
Medicine, and West Virginia University  
Assistance Listing Number 84.038**

### **Concord University (CU) response**

Due to changes in personnel, CU did not follow this regulation. CU will review ECSI's report, specifically looking for instances of noncompliance and internal control breaches. This will be documented annually and will be effective August 2024.

### **Marshall University (MU) response**

MU has regularly monitored the services provided by ECSI for accuracy and completeness throughout a 30-year relationship without significant issues. Additionally, during fiscal year 2023, MU worked closely with ECSI on the Department of Education's government assignment of 837 Perkins loans going back as far as 1978. This process clearly involved several compliance requirements of this program and was completed with no compliance problems encountered. MU will document the review of ECSI's annual audit going forward.

### **Shepherd University (SU) response**

By April 2024, SU will develop and maintain a checklist that will be periodically reviewed and signed off related to this finding, specifically: Annually, SU will pull SOC reports along with any compliance audits for review of findings or areas of interest and will assess and determine any factors that may need further investigation or mitigation from SU.

### **West Liberty University (WLU) response**

Effective February 2024, WLU's CFO, Controller and Student Accounts Manager together will meet and review the most recent Title IV compliance audit. The meeting will be set using emails. Minutes and notes will be taken regarding items reviewed and conclusions reached and will retain documentation and all other relevant documentation will be retained. Any issues that arise will be dealt with accordingly.



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### **West Virginia School of Osteopathic Medicine (WVSOM) response**

Adequate due diligence was not performed to ensure that the third-party services, Educational Computer Systems, Inc. (ECSI) were following the requirements for the functions that they are performing for WVSOM. The third-party services Title IV compliance audit was obtained but was not signed off on as reviewed. A new procedure will be written with the following steps:

- 1) Accountant Senior in the Cashiers office will request the "Examination Report on Compliance with Title IV Programs" and the System and Organization Controls for Service Organizations: Controls Relevant to Security (SOC 2). The Accountant Senior will review the reports for compliance and sign off.
- 2) Accountant Senior will forward the reports to the Director of Finance. The reports will be reviewed for compliance and signed.
- 3) The Director of Finance will forward it to the Director of Accounting for submission with the audit.

The new procedure will provide two reviews and sign-offs and are effective January 2024.

### **West Virginia University (WVU) response**

WVU's Student Financials Services (SFS) department receives the 3rd Party Servicer compliance reports annually and reviews these reports once received. WVU will maintain detailed meeting minutes to document the review of 3rd Party Servicer reports moving forward.

The review of the report available for fiscal year 2024 was conducted on December 19, 2023 between members of Compliance and Training (CT) and Revenue Management (RM) teams. In this meeting, the following 3rd Party Servicer reports were discussed; report on controls at a service organization relevant to user entities' internal control over financial reporting, SOC 2 report and examination report on compliance with Title IV programs. It was noted there were no findings in the reports.

Regarding MPN's, deferments and cancellations for Perkins loans, members of SFS are pursuing several areas of remediation to resolve the fiscal year 2023 finding. SFS personnel will review all open Perkins loans and inventory files to consolidate into one central location. All files



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

will be reviewed for paper MPN's, deferment and cancellations request and an inventory list will be attached to a central location for all Perkins records. Additionally, WVU is in the process of exploring liquidation of all Perkins loans currently held by the school. While SFS is committed to resolving the current issues regarding Perkins Recordkeeping, it should be noted that this commitment must be balanced with staff's requirements to process student aid for current students that has been delayed numerous times due to FAFSA simplification delays.

### **2023-026 INTERNAL CONTROLS OVER SPECIAL TESTS AND PROVISIONS – ENROLLMENT REPORTING**

**Bluefield State University, Blueridge Community and Technical College, Concord University, Fairmont State University, Marshall University, Mountwest Community and Technical College, New River Community and Technical College, Pierpont Community and Technical College, Shepherd University, West Liberty University, West Virginia Northern Community College, West Virginia State University, West Virginia University, and West Virginia University at Parkersburg**  
**Assistance Listing Number 84.063, 84.268**

#### **Bluefield State University (BSU) response**

Effective February 2024, BSU will review the final enrollment report and approvals will be signed off to submit the report to NSC, the third party will consistently retain a copy within our institution. BSU will retain the record count reconciliation between the final enrollment report, text file, and the number of files received by the NSC, including documentation on how any rejected records were addressed. BSU will retain the details of the validation of the student's information included in the report for accuracy. BSU will consistently retain the NSC automated emails used as a quality checklist regarding due dates, and receipt of the text files by the NSC. The availability and completion of the Error Resolution Report, as well as the confirmation of certification and processing by the NSC report, will all be retained.

#### **Blueridge Community and Technical College (BRCTC) response**

BRCTC asserts that the Enrollment Reporting process is accurate and reviewed in a timely manner; BRCTC further asserts that the emails



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

from the National Student Clearinghouse are reviewed. As a result of this finding, BRCTC will expand its internal control to include documentation of reviews internally and externally with the NSC. This update to the internal control process was implemented in February 2024.

### **Concord University (CU) response**

Effective February 2024, the internal controls at CU over the review and approval of the enrollment report sent to the National Student Clearinghouse (NSC) have been updated to include the following control measures in addition to the current controls on file:

1. CU has contacted NSC to begin generating the email response for the receipt of the .txt file when submitting it to the NSC FTP portal. This email notification will be kept on file with the other report documentation.
2. CU has implemented a new checklist sheet to accompany the report and its documentation to provide a clear and organized outline of required documents and to ensure these requirements are provided. This sheet will be part of the Spot Check Letter that is included in the current control method and signed off on by two members of the Registrar's Office staff.
3. CU has also included in this new checklist a space to document the number of student files submitted to NSC and the number of files submitted to NSLDS as noted by NSC. The printout of this notation provided by NSC will also serve as documentation attached to the report.

### **Fairmont State University (FSU) response**

Effective February 2024, FSU will retain a screen shot of the record count received by the NSC and will document any rejected records and what the plan is to address the rejected records. FSU will review a portion of the enrollment records being submitted before the submission is uploaded to NSC. This review will include detailed documentation, for a select few, of how we validated the student's enrollment status. FSU will keep a spreadsheet of the students that are validated and the Banner screens that are used to do so.



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### **Marshall University (MU) response**

Effective February 2024, MU will document that a record count reconciliation has been completed between the enrollment submission file and the number of files received by the NSC. MU will document and retain how any rejected records were addressed. MU will also document and retain records of the spot check validation for accuracy of student information included in the enrollment submission files.

### **Mountwest Community and Technical College (MCTC) response**

Effective February 2024, a record count reconciliation between the final enrollment report and the number of files received by the National Student Clearinghouse (NSC) will be completed. MCTC will have the NSC query historical data and have it provided in Excel format. This will be a new source of data that will be collected and retained. This file will be generated after every rejection error report that is returned to the NSC. Each file will be saved, and a copy will be sent to the Registrar's Office. Transmission history can also be saved by table, that can be exported to Excel. These files will also be saved, and a copy sent to the Registrar's Office.

For validation of student information, MCTC will begin the process to collect data for the NSC submission first begin in audit mode. This will allow for review of the data to make any corrections that appear in the first stage of the report. Next, a second row of audits processed by the Associate Registrar will be conducted and confirm the data integrity. After this is complete, a copy of the final submission will be sent to the Registrar for final review and authorization. When approval is returned to the Associate Registrar, the data will be uploaded to the NSC.

### **New River Community and Technical College (NRCTC) response**

Effective August 2024, the Registrar's office will run a random selection of 20 students from NSLDS to ensure students are correct in the clearinghouse, which will be done at least 50 days out from the time students were initially reported. The Registrar's office will keep documentation of the sampled students. The Registrar's office will keep records of how many files were accepted and how many were rejected. The Registrar's office will provide documentation of validation of



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

student information included in the enrollment report and retain emails by providing a file specially for NSC enrollment reporting emails received and sent regarding enrollment reporting. Emails to be retained are error resolution and confirmation of certification and processing by the NSC. The Registrar's office will also create a checklist to follow and use as documentation to ensure all steps throughout the process are completed and checked off the list.

### **Pierpont Community and Technical College (PCTC) response**

Effective February 2024, PCTC will complete the review of the file before it is submitted, not after it's submitted. The Associate Registrar will pull the report prior to the due date to give those in the review process ample time to review the files before the Associate Registrar submits the document to the NSC.

PCTC will keep track of the due date of submission, the date the text file was sent to the NSC, the date the error resolution report was received, the date it was sent back, and the date the report was certified by the NSC. A new tab in the worksheet in Teams has been created that will be completed each time an enrollment verification is submitted to the NSC.

PCTC will note the actual enrollment count as of the time of the NSC submission, the enrollment count on the TXT file, the number of files received by the NSC, and the number of rejected files. This is to verify that all of the files intended to be submitted to the NSC were actually received by the NSC and processed. This information will be kept on each spreadsheet used to verify the information sent to the NSC.

### **Shepherd University (SU) response**

Effective February 2024, SU will add a checklist to the existing reporting and retention structure that had already been established for Clearinghouse data transmission. The checklist will be completed with each transmission, organizing data retention efforts to ensure inclusion of the additional elements required.



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

### **West Liberty University (WLU) response**

To comply with internal control over the review and approval of the enrollment reporting to NSC, WLU will enhance their policies and procedures. The update of these policies and procedures will be effective February 2024 and carry forward into future academic years. WLU will ensure that enrollment reporting policies and procedures are compliant with the US DOE standards and retain evidence of the internal controls. Currently, WLU is reorganizing the processing of enrollment reporting from our IT System Administrator to our Enrollment Services Coordinator. This employee will add to the current policy a process by which a record count reconciliation will happen between the final enrollment report text file and the number of files received by NSC. There will also be documentation kept showing how many rejected records were addressed with each report. Proper documentation will also kept of a final review and approval signoff to submit the enrollment report to NSC. Lastly, WLU will create an email specific to enrollment reporting where all communication from NSC will be stored for auditing and record keeping purposes.

### **West Virginia Northern Community College (WVNCC) response**

Effective February 2024, the enrollment reporting to the Clearinghouse (NSC) is being moved from the Registrar/Records office to the Institutional Research (PIER office). All reports including determination of reporting intervals per Clearinghouse and SFA guidelines, will be scheduled by the IR office with the Clearinghouse.

The following items will be retained to match internal controls for each file sent to the Clearinghouse:

- 1) Retain internal emails or approval document regarding review and approval from two persons for file prior to sending to NSC
- 2) Retain verification of count of student record in file matching student enrollment at that time
- 3) Retain verification of record count with records received by NSC
- 4) Retain a spot check of students (approx. 8-10) from the file which were tested for accuracy including printout of where this was matched (usually SFAREGS time status page is printed)



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

- 5) Retain NSC Error Report for each file prior to resolution and document of resolution
- 6) Retain reminder email from NSC that the submission file is due
- 7) Retain initial txt file receipt email from NSC
- 8) Retain NSC posted error resolution report notification email
- 9) Retain NSC Completed Error Resolution report notification email
- 10) Retain NSC final processing email

The following information for each file will also need maintained (this information is usually obtained from the NSC reporting page under the enrollment reporting link for approximately an 18 month time frame, header records on the files also show file generation date and term date information for the students reported).

- 1) Scheduled transmission date
- 2) File certification date
- 3) NSC received date
- 4) NSC processed date
- 5) Academic term the file is sent for
- 6) Submission type of the file (first of term, subsequent of term, graduate only, etc.)

### **West Virginia State University (WVSU) response**

WVSU utilizes the National Student Clearinghouse (NSC) to update student's enrollment and its effects on student's direct loan and Pell statuses.

Thorough edit checks of student data for each semester will be produced by IT on a regular basis. The Office of the Registrar, in coordination with Admissions, Dual Enrollment, and other contributors of student data, will make sure these errors are corrected. Special focus will be placed on resolving these errors before each enrollment file is produced. (initial data integrity, first check).

On or around the 25th of each month, IT will produce the NSC enrollment file. Each time the file is produced, the file will be sent to the Registrar for review to ensure accuracy of the data being pulled from Banner. Registrar sends approval for upload to NSC.



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

Emails from NSC, IT, and files with student checks to be retained. (process integrity, second check) The file will be uploaded to the NSC by IT, ensuring NSC received the appropriate number of records. The data will then be reviewed and any discrepancies in the data, when compared with past data, will be resolved in a timely manner. The NSC error report will be reviewed and any errors corrected. The NSC process makes sure these errors are resolved before the data is reported to the NSLDS, it is the responsibility of the Registrar to make sure these are resolved with accurate data. Emails from NSC, and screenshots of errors will be retained. (data integrity, third check)

After resolution of errors, the NSC will perform a final review of data before sending to the NSLDS. This will be reported on the NSLDS Reporting tab of the Enrollment Reporting screen in the NSC website. If data is satisfactory, the submission will be marked with "Congrats. No Errors!" by the originator clearinghouse. The NSC sends emails whenever these items are updated. It is the responsibility of the Registrar to review and resolve any errors in a timely manner. Emails from NSC and screenshot of NSLDS reporting dashboard to be retained. (data integrity, fourth check)

The enrollment data is then submitted to the NSLDS. After NSLDS reviews the data, any errors will be reported back through the NSC in the same manner as NSC errors. Resolution of these errors is of special importance and will be given top priority. The NSC sends emails whenever these items are updated. It is the responsibility of the registrar to review and resolve any errors in a timely manner. Emails from NSC and any error documentation to be retained. (data integrity, fifth check). These policies and procedures will be implemented in August 2024.

### **West Virginia University (WVU) response**

WVU's Registrar's office reviews rejected records and takes appropriate action to clear the rejections. Many of these rejections require additional information from students, therefore resolution is based on student discretion in providing documentation. Effective February 2024, WVU will ensure that documentation of the submission record count and rejection follow up is maintained.



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

### **West Virginia University at Parkersburg (WVU-P) response**

Effective February 2024, WVU-P will reconcile the record count of enrollment records processed by taking the following actions:

1. Highlighting the record count at the end of the Banner-generated enrollment report file as part of the spot-checking review process.
2. Screenshotting the number of files received by NSC once they acknowledge that the file has been received.
3. Retaining documentation to show that if for some reason the file count does not match, research was done to locate the reason for the discrepancy, and the discrepancy was either resolved or WVU-P is able to document why it could not be resolved. Records and Financial Aid are working together now to develop procedures to properly document the error resolution process. WVU-P will have this process in place by April 2024, in time for the new process to be fully implemented beginning with the Summer 2024 term.

WVU-P will retain all documentation, including all emails sent by NSC throughout each enrollment reporting process, within a folder in a secure drive. The name of the folder will be the date that the enrollment report was sent to NSC.

**2023-027 MAINTENANCE OF EFFORT  
Department of Education (DOE)  
Assistance Listing Number 84.425, COVID-19 84.425**

The Maintenance of Effort (MOE) calculation is in process. A waiver was requested and approved for the FY 2023 MOE data. The MOE will be completed by March 15, 2024.

**2023-028 TRANSPARENCY ACT REPORTING  
Department of Education (DOE)  
Assistance Listing Number COVID-19 84.425C, COVID-19 84.425D**

The West Virginia Department of Education, Office of Internal Operations have established internal controls and procedures over the



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

FFATA reporting and were set in place as of July 1, 2023. These procedures involve a second reviewer of the monthly FFATA reports and a signature of approval prior to reporting each month.

### **2023-029 REPORTING**

#### **Department of Education (DOE)**

**Assistance Listing Number COVID-19 84.425D, 84.425R 84.425U, 84.425V**

Effective February 2024, the DOE plans to continue to enforce the existing policies and procedures in place along with ensuring all required documentation is retained for review. The DOE plans to review the ESSER Reporting Workbook by testing several indicator values i.e. expenditure amounts, demographic data, etc. There will be an approval process put in place once the Local Education Agency (LEA) submits the reports to the state. This approval process will include reviewing the edit checks with the LEA prior to final certification of data. Certification data will include an email from the LEA approving the final copy of the ESSER Reporting Workbook.

### **2023-030 ALLOWABILITY**

#### **Department of Education (DOE)**

**Assistance Listing Number COVID-19 84.425D, 84.425U**

The DOE plans to strengthen its internal controls by putting in place a review of procurement procedures prior to the Local Educational Agency (LEA) finalizing a purchase. This control will entail DOE working with LEAs to monitor their internal control procedures for procurement and testing these procedures randomly throughout the year.

The questioned costs were first identified as stringing in the FY21 monitoring. Subsequently, there was a repeat finding with the same vendor in FY22 which raised additional questions. The LEA was required to do an additional training put on by the DOE to improve knowledge/procedures of WV Policy 8200. The DOE plans to address these issues by working with the LEA to move the expenses off federal monies. Along with working with the LEA, the DOE is working with the



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

FBI, West Virginia State Police, and the Office of the Inspector General to investigate the spending and the vendor themselves.

### **2023-031 INTERNAL CONTROLS OVER ALLOWABLE COSTS AND COST PRINCIPLES**

**West Virginia State University (WVSU)  
Assistance Listing Number COVID-19 84.425J**

In accordance with the wvOASIS/Kronos procedural guidance, WVSU will immediately implement measures within the payroll administration office to send reminders, to employees and supervisor/manager, in the sequence of three days prior to deadline and two days prior to deadline to approve all timecards. In the event an employee timecard has not received approval, employee and supervisor/manager understand that pay will be withheld for that pay period until approval is received. Further, WVSU will develop, document, and communicate a written procedure for Time and Leave by March 31, 2024 that includes proper internal controls for timesheet approval. This procedure will be communicated and reinforced through campus wide emails and via Supervisor/Manager trainings hosted by University Human Resources Office.

### **2023-032 ALLOWABILITY**

**West Liberty University (WLU)  
Assistance Listing Number COVID-19 84.425F, 84.425M**

WLU's CFO and Controller will have the Student Accounts Manager print and save documentation from the Banner System as evidence of supporting future calculations. WLU's CFO and Controller will also review all invoices for proper approvals before payments are made and changed to HEERF or any other future programs that arise will be dealt with accordingly.



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

### **2023-033 CASH MANAGEMENT**

#### **Bluefield State University and West Virginia State University Assistance Listing Number 84.425J**

##### **Bluefield State University (BSU) response**

Effective June 2024, BSU will draw down funds on appropriate expenditures that have already been disbursed to avoid any cash management violations.

##### **West Virginia State University (WVSU) response**

Currently all funds have been disbursed for HEERF awards P425E201113, P425F201736, and P425J200056. WVSU will reconcile the SEFA receipts and disbursements to internal data to locate the discrepancy and make the necessary corrections. Further, WVSU will review and update internal controls related to cash management rules to ensure compliance for drawdowns and disbursements.

### **2023-034 SUBRECIPIENT CASH MANAGEMENT**

#### **Department of Health and Human Resources (DHHR) Assistance Listing Number 93.323, COVID-19 93.323**

The West Virginia Department of Health and Human Resources, Bureau for Public Health (BPH), will analyze the condition that led to this finding in an effort to determine if the subrecipient has any excess cash on hand to date. In an effort to enhance internal controls, the BPH has initiated mandatory retraining for all staff members who are responsible for reviewing subrecipient expenditure reports and processing invoices. The retraining effort has already begun and will be conducted on a monthly basis for existing employees and at the start of employment for new staff members. The BPH has also developed and implemented a Subrecipient Grant Expenditure Checklist and Subrecipient Grant Invoice Checklist. The checklists outline the steps to take when reviewing subrecipient expenditures and invoices; provide a means to verify whether the grantee is under the 10% threshold established by the BPH when monitoring cash management for subrecipients of the Epidemiology program, including a means to compare expenditures between reporting periods; and require the staff member to certify that the reviews were completed.



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**2023-035 INTERNAL CONTROLS OVER SPECIAL TESTS AND PROVISIONS – CHILD SUPPORT NON-COOPERATION, PENALTY FOR REFUSAL TO WORK, AND ADULT CUSTODIAL PARENT OF CHILD UNDER SIX WHEN CHILD CARE NOT AVAILABLE**

**Department of Health & Human Resources (DHHR)  
Assistance Listing Number 93.558, COVID-19 93.558**

In August of 2023, the West Virginia Department of Health and Human Resources, Bureau for Family Assistance (BFA), Division of Professional Development, released a mandatory Blackboard course on Sanctions (Course ID: BFA-ITT-WV-400-2023). All staff completed the training by September 21, 2023. The BFA will repeat this mandatory training on an annual basis for all staff that have the capability to impose, approve, or remove a sanction. Reminders and desk guides will also continue to be distributed to field staff. The BFA Policy Unit will also continue its monthly reviews of RAPIDS Management reports regarding 3rd level sanctions that are being sent to the unit for review and approval.

**2023-036 SPECIAL TESTS AND PROVISIONS – PENALTY FOR REFUSAL TO WORK**

**Department of Health and Human Resources (DHHR)  
Assistance Listing Number 93.558, COVID-19 93.558**

The TANF policy staff within the West Virginia Department of Health and Human Resources, Bureau for Family Assistance, will work with Optum, the State's eligibility system vendor, and the Recipient Automated Payment and Information Data System (RAPIDS) team to ensure that the criteria for the population for penalty for refusal to work are interpreted and applied correctly. Policy staff will also conduct monthly reviews of a random sample of cases to which the penalty for refusal to work is applicable in order to ensure that it is being applied appropriately.



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**2023-037 SPECIAL TESTS AND PROVISIONS – INCOME ELIGIBILITY  
AND VERIFICATION SYSTEM  
Department of Health & Human Resources (DHHR)  
Assistance Listing Number 93.558, COVID-19 93.558**

The Division of Family Support within the West Virginia Department of Health and Human Resources, Bureau for Family Assistance (BFA), will send the current desk guides to all WV WORKS (TANF) staff, which includes the Data Exchange desk guide and the Viewing Data Exchanges by Exchange Type desk guide. The BFA Division of Family Support will also work with the BFA Division of Professional Development to create a blackboard course for supervisors and community service managers [who supervise WV WORKS (TANF) staff] to assist the supervisors and management in identifying deficiencies regarding the IEVS system.

**2023-038 SUBRECIPIENT MONITORING  
Department of Education (DOE)  
Assistance Listing Number 93.558, COVID-19 93.558**

Program management will implement policies and procedures to ensure that the subrecipient monitoring is updated to “ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the passthrough entity must provide the best information available to describe the federal award and subaward.” The timeline for the development and initiation of the process is tentatively set for February 1, 2024.

**2023-039 ELIGIBILITY  
Department of Health & Human Resources (DHHR)  
Assistance Listing Number 93.558, COVID-19 93.558**

The TANF policy staff within the West Virginia Department of Health and Human Resources, Bureau for Family Assistance, will submit monthly reminders to field staff, supervisors, and community service



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manager to refresh them on policies and procedures regarding the 60-month lifetime limit for benefits funded by TANF. The TANF policy staff will send the reminder in February 2024 and June 2024.

**2023-040**     **SPECIAL TESTS AND PROVISIONS – PENALTY FOR FAILURE TO COMPLY WITH WORK VERIFICATION PLAN**  
**Department of Health and Human Resources (DHHR)**  
**Assistance Listing Number 93.558**

For each data element quarter of the calendar year, the new component entry deadline and the participation hours entry deadline are established by the West Virginia Department of Health and Human Resources, Bureau for Family Assistance (BFA). For the first data element quarter (January, February, March), the new component entry deadline is April 30, and the participation hours entry deadline is May 5. For the second data element quarter (April, May, June), the new component entry deadline is July 31, and the participation hours entry deadline is August 5. For the third data element quarter (July, August, September), the new component entry deadline is October 31, and the participation hours entry deadline is November 5. For the fourth data element quarter (October, November, December), the new component entry deadline is January 31, and the participation hours entry deadline is February 5.

To resolve the condition that led to this finding, the BFA will work with the Recipient Automated Payment and Information Data System (RAPIDS) Data Team. The BFA will request joint meetings with the RAPIDS Data Team to review sample cases and the components and hours related thereto to ensure they have been entered into the data system correctly. The meetings will take place quarterly, within five days after the participation hours entry deadlines, and will be documented accordingly.



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**2023-041    TRANSPARENCY ACT REPORTING**  
**Department of Health and Human Resources (DHHR)**  
**Assistance Listing Number 93.558, COVID-19 93.558, 93.568,**  
**COVID-19 93.568**

The DHHR enhanced its controls over Transparency Act reporting for LIHEAP during State Fiscal Year 2023 and met with various staff members internal and external to the DHHR (e.g., at other State agencies) to ensure everyone was aware and understood their roles in ensuring compliance on behalf of the State. Although those controls are in full effect for fiscal year 2024, the DHHR will revisit and enhance the controls to the maximum extent possible. Furthermore, the DHHR will reopen its previous submissions to the FSRS and revise the data elements to those assigned by the other State agency to their subrecipients; considering the need to consult with the DHHR spending unit and the other State agency, the anticipated date for completion is April 1, 2024.

**2023-042    INTERNAL CONTROLS OVER CHILD CARE PROVIDER**  
**ELIGIBILITY FOR ARP ACT STABILIZATION FUNDS**  
**Department of Health & Human Resources (DHHR)**  
**Assistance Listing Number 93.489, 93.575, 93.596, COVID-19**  
**93.575**

All funds resulting from the American Rescue Plan Act (ARPA) were expended and all related programs ended on or before September 30, 2023.

The West Virginia Department of Health and Human Resources, Bureau for Family Assistance (BFA), Division of Early Care and Education, employs Child Care Policy Specialists who visit contracted Resource and Referral Agencies to monitor and audit both electronic and hard records. Training and coaching also takes place during these visits. These visits continued throughout the reporting period.

The BFA will evaluate the effectiveness of the current training programs for the collection and storing of eligibility records. Furthermore, the BFA will follow established policies and procedures to



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ensure provider information and documentation is appropriately obtained, reviewed, and retained.

**2023-043      TRANSPARENCY ACT REPORTING**  
**Department of Health and Human Resources (DHHR)**  
**Assistance Listing Number 93.489, 93.575, 93.596, COVID-19**  
**93.575**

The DHHR concurs with the Condition section of the finding, in that one report was not submitted timely; however, the DHHR does not agree with the Cause section of the finding, which indicates a lack of oversight and adequate review of the FFATA reporting by DHHR Management. The DHHR hereby notes that the report was due on October 31, 2022 but was not submitted until November 1, 2022 (i.e., one day late). Submitting a report one day late is not an indication of a lack of oversight or adequate review of the FFATA reporting requirement. In this case, the report was submitted one day late because the person responsible for submitting the report was working remotely on October 31, 2022 and lost internet connection until November 1, 2022. Although the DHHR strives for perfection, such a condition cannot always be achieved, especially from the perspective of information technology within the rural state of West Virginia. Nonetheless, if the situation repeats in the future, the person responsible for submitting the report will be encouraged to find a location that has an adequate [and secure] internet connection.

**2023-044      ALLOWABILITY AND ELIGIBILITY**  
**Department of Health and Human Resources (DHHR)**  
**Assistance Listing Number 93.489, 93.575, 93.596, COVID-19**  
**93.575**

For the one payment out of 40 whereby the provider requested and was paid for 13 non-traditional days although records indicated that only 11 of the days were non-traditional, the West Virginia Department of Health and Human Resources, Bureau for Family Assistance (BFA), agrees that the condition resulted in an overpayment of \$12.00. The BFA Case Manager entered 13 non-traditional days in the Family and Children Tracking System (FACTS), but the record indicated that only



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

11 days were non-traditional days. Per WV Child Care Policy and Procedures:

### 8.3.1. Worker Error

Improper payments due to worker error are defined as payments that should not have been made, or that were made in an incorrect amount due to worker error in determining and verifying eligibility, and/or calculation and input of information into the Family and Children's Tracking System (FACTS). Incorrect amounts include overpayments, underpayments and inappropriate denials of payment.

#### 8.3.1.1. Examples of worker error:

- A. The child care regulatory specialist enables the "accreditation" box, allowing the provider to receive an extra \$4 per day, when the provider has not achieved accreditation, and is not entitled to the enhanced rate.
- B. The case manager enters an incorrect number of days when entering information from the payment form into FACTS.
- C. The case manager enters more time on the child care assessment than the client's work or school schedule supports.
- D. The case manager fails to verify income, school enrollment, or special needs status.

#### 8.3.1.2. Repayment of an improper payment due to CCR&R worker error is not mandatory regardless of the amount.

The BFA Division of Early Care and Education employs Child Care Policy Specialists who visit contracted Resource and Referral Agencies to monitor and audit both electronic and hard records. Training and coaching also takes place during these visits. These visits continued throughout the reporting period. The BFA will evaluate the effectiveness of the current training programs for the use of the FACTS system (and subsequently for the West Virginia People's Access to Help (PATH) system) for CCDF payments. Furthermore, the BFA will follow established policies and procedures to ensure client information is



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appropriately obtained and maintained and that all data is input accurately.

For the payment whereby the \$3.00 daily supplement was not included in the calculation or paid, although the documentation in the eligibility system indicated that the child was covered under a CPS Safety Plan, this was not in fact a CPS Safety Plan case. The CPS Safety Plan was being used as a temporary means to address an executive order regarding COVID-19 and grant eligibility to essential workers who would otherwise not have qualified for the child care subsidy assistance due to their monthly income being above the Federal Poverty Level but below 85% of the State Median Income. The payment in question was in March 2023. Via a case assessment on November 1, 2023, this case [and other similar cases] were approved in the eligibility system as formalized Policy Exceptions rather than being selected as part of a CPS Safety Plan.

### **2023-045 SPECIAL TESTS AND PROVISIONS – FRAUD DETECTION AND REPAYMENT**

**West Virginia Department of Health and Human Resources (DHHR)**

**Assistance Listing Number 93.575, 93.596, COVID-19 93.575**

Per 45 CFR 98.68(b)(2), there is no requirement for lead agencies to recoup Child Care and Development Fund overpayments, except in instances of fraud as defined by the lead agency. Within the State of West Virginia, the lead agency is the DHHR. As indicated in Section 8.1.6 of the CCDF [State] Plan for West Virginia for Federal fiscal years 2022-2024, the DHHR Office of Inspector General (OIG) is responsible for pursuing fraud and overpayments. As indicated in Section 1.1.2 of the CCDF [State] Plan, the Division of Early Care and Education within the DHHR Bureau for Family Assistance (BFA) administers the CCDF program. Accordingly, the OIG and BFA strive to work as a unified team within the DHHR and State as a whole to identify and prevent fraud or intentional program violations; to identify and recover misspent funds as a result of fraud; and to otherwise fight fraud and ensure program integrity.



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

As the lead agency, and as necessary to ensure program integrity, the DHHR has policies and procedures in place to define fraud and to identify and recover payments resulting from fraud, as the auditors indicated within the condition and recommendation sections of this finding and to track referrals and determinations from beginning to end (i.e., beginning in the year of identification and continuing through resolution or the establishment and enforcement of repayment agreements). The policies and procedures are specifically referenced in Chapter 8 of the BFA's "Child Care Subsidy Policy and Procedures Manual." Chapter 8 of the manual is titled, "Improper Payments: Prevention, Identification, Measurement and Recoupment."

### Improper Payments

Per Chapter 8 of the manual, an improper payment occurs when the funds go to the wrong recipient, the recipient receives the incorrect amount of funds, or the recipient obtains or uses the funds in an improper manner. Improper payments include 1) worker error in determining eligibility, authorizing care, or paying for care; 2) misrepresentation on the part of the parent or provider; and 3) programmatic infractions by parents or providers.

1. Worker Error – Improper payments due to worker error are defined as payments that should not have been made or that were made in an incorrect amount due to an error in determining and verifying eligibility, calculating the benefit, or entering the data into the eligibility system. Repayment of an improper payment due to worker error is not mandatory regardless of the amount.

2. Misrepresentation – Misrepresentation (i.e., fraud) occurs when a specific section of the child care policy is violated as a result of the information not having been reported by the client or provider or reported falsely. Improper payments made as a result of misinterpretation must be referred to the OIG when the amount exceeds \$1,000.00. If the amount does not exceed \$1,000.00, the BFA must initiate repayment procedures. A willfully false statement is one that is deliberately given, with the intent that it be accepted as true, with the knowledge that it is false. It is an essential element in a



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

misrepresentation charge that the client or provider knew the statement was false.

3. Programmatic Infraction – There are times when it is difficult to discern whether an improper payment occurred due to willful misrepresentation or is simply the result of a client or provider’s genuine confusion over subsidy program rules and responsibilities. When the case manager believes that improper payments were the result of the client or provider’s failure to understand, it is considered to be a programmatic infraction; it is the BFA’s responsibility to collect the improper payment in this instance, regardless of the amount. If the case manager is in doubt as to whether an improper payment is a programmatic infraction or is the result of misrepresentation by the client or provider, and the improper payment is less than \$1,000.00, the case manager discusses the case with the supervisor and the supervisor subsequently consults with the program director; together, they make the decision whether to pursue repayment.

### Referrals from the Bureau for Family Assistance to the Office of Inspector General

If the overpayment is \$1,000.00 or greater and is due to misrepresentation by the client or provider, the case manager prepares a memo explaining the circumstances, the time period, and an estimate of the amount involved; indicates the person(s) who can verify the information within the memo; attaches a copy of all applicable documentation including, but not limited to, the payment form and attendance sheets that help support the complaint; states what corrective actions the case manager has taken on the case; and sends a copy of the memo and supporting documents to the Office of Inspector General, Division of Investigations and Fraud Management.

### Recovery of Improper Payments Resulting from Misrepresentation (i.e., Fraud)

The supervisors within the BFA are responsible for negotiating repayment schedules with providers and clients and completing a Child Care Benefit Repayment Agreement to include the amount to be recovered, the period of recovery, the monthly recovery amount, and the procedure for repayment. If the provider or client is active, the case



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

manager attempts to collect the payment in full; if this is not feasible, the case manager requests that the client or provider be asked to repay the amount in monthly installment payments of approximately 10% of the amount due. If a payment is more than 45 days late (15 days past the due date), the entire unpaid balance becomes due and must be paid in full. Failure to repay the requested amount results in case closure for clients or denial of participation in the certificate system for child care providers. Client services will not be reinstated until full payment is received. There are no policies or procedures to pursue repayments or collection beyond that point. There is no method to recoup overpayments from ongoing benefits, and the CCDF is not subject to the Treasury Offset Program, as other Federal programs are.

### Corrective Action Plan

As previously stated, the OIG and BFA strive to work as a unified team within the DHHR to identify and prevent fraud or intentional program violations; to identify and recover misspent funds as a result of fraud; and to otherwise fight fraud and ensure program integrity. In response to the auditor's recommendation for this finding, the OIG and BFA will revisit existing policies and procedures over fraud detection and repayment and will attempt to enhance the controls related thereto, particularly in relation to ensuring that all efforts concerning fraud detection and repayment are sufficiently documented, thus demonstrating full compliance with 45 CFR 98.60. Maintaining documentation of the decision-making process, the activities performed, and the results of those activities is of paramount importance in achieving that objective. A high level of documentation is necessary to support that the DHHR has policies and procedures in place and is following those policies and procedures. Maintaining adequate records and other documentary evidence will resolve this audit finding, prevent the occurrence of future audit findings, and provide a means to corroborate statements and assurances provided to regulatory agencies and other authorized individuals with regards to the DHHR's overall compliance with 45 CFR 98.60. It is not enough to perform the activities; there must be an adequate audit trail to show the "who, what, when, where, and how" of the activities performed. As such, the OIG and BFA will also develop and maintain an appropriate system for categorizing their files and organizing their records, reports, and documents in a



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systematic and orderly manner to ensure, among other purposes, that they can substantiate their efforts when audited, reviewed, or evaluated by internal staff or authorized external organizations.

**2023-046 ELIGIBILITY**  
**West Virginia Department of Health and Human Resources (DHHR)**  
**Assistance Listing Number 93.568, COVID-19 93.568**

The LIHEAP policy staff within the DHHR, Bureau for Family Assistance (BFA), have worked with the Recipient Automated Payment and Information Data System (RAPIDS) team to confirm that the benefit table has been accurately entered into the RAPIDS system for fiscal year 2024. The LIHEAP policy staff will continue to review the work of the RAPIDS team to ensure that the benefit table has been accurately entered prior to the opening of LIHEAP application intake annually.

**2023-047 SUBRECIPIENT MONITORING**  
**West Virginia Community Advancement and Development (WV CAD)**  
**Assistance Listing Number 93.568, COVID-19 93.568**

Between the years 2022 and 2023, the Weatherization Assistance Program (WAP) experienced a significant turnover in its staff. As a result of this turnover, the proper adherence to the requirement of 2 CFR 200.332(f) for verifying subrecipients was not followed during the auditing process. To ensure that this requirement is met in the future, WV CAD has taken measures to document the policies and procedures related to the financial audit requirements of 2 CFR 200.332(f) in the current WAP State Plan. A designated team member has been assigned the responsibility of maintaining a comprehensive tracking list, which includes the due dates of audits, their review dates, any necessary subrecipient corrective action plans, the dates of letter correspondence, and the uploading of all relevant documents into the divisions Shared Drive. Additionally, this team member is also responsible for downloading the audits from the Federal Audit Clearinghouse and submitting the information to the Fiscal Monitor for a thorough



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

accounting review. These measures aim to ensure proper compliance and accountability within the Weatherization Assistance Program. This action will be implemented in February 2024.

**2023-048      ALLOWABILITY AND SPECIAL TESTS AND PROVISIONS –  
PAYMENT RATE SETTING AND APPLICATION  
Department of Health and Human Resources (DHHR)  
Assistance Listing Number 93.658**

The West Virginia Department of Health and Human Resources, Bureau for Social Services (BSS), will address the underpayment in question, which was \$268.84. The BSS will also revise its training program for child welfare workers to include information regarding demand payments and pro-rating stays in foster care. To accompany the training, the BSS will also develop a desk guide for all child welfare workers and related staff, which will indicate the common monthly rates and pro-rated daily rates along with a contact person to assist with questions concerning any uncommon rates and other pertinent matters.

**2023-049      ALLOWABILITY AND ELIGIBILITY  
Department of Health and Human Resources (DHHR)  
Assistance Listing Number 93.658**

As indicated in the Condition section of the finding, although the documentation related to safety considerations at child care institutions was not initially maintained in the official licensing files for 10 of the 40 cases tested for eligibility, the documentation was eventually provided to the auditors for eight of those 10 cases. For one of the remaining two cases, the child care institution is an out-of-state institution that is no longer in business. For the other case, the child care institution provided documentation, but the documentation did not include the dates of the institution's safety checks.

In an effort to enhance internal controls over the safety considerations at child care institutions, the West Virginia Department of Health and Human Resources, Bureau for Social Services (BSS), is continuing to analyze the condition that led to this finding and is considering a



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

number of steps, including but not limited to the following as an immediate plan of action:

- Transmit a copy of 2 CFR 1356.30(f) to all licensing personnel, supervisors, and other applicable staff within the BSS and oblige them to acknowledge that they have read and understand the requirements referenced therein.
- Implement a formalized policy and develop written procedures for ensuring the licensing files for child care institutions contain documentation which verifies that safety considerations with respect to the staff of the institutions have been addressed.
- Develop overall standards for the maintenance of documentation within licensing files (e.g., a consistent naming convention for the documents, which would improve internal tracking and ensure that requests from independent auditors are addressed efficiently and fully; personnel who have read-only access to documents versus those who can add, replace, and delete documents; record retention requirements; etc.).
- Establish a formalized process for monitoring. Such a process would include a strategy for conducting internal reviews of all licensing files on a recurring basis, reporting the results of those reviews to appropriate officials internal and external to the DHHR, following up with those officials as may be necessary, and documenting the overall results accordingly. For example, if the results of a monitoring review indicated noncompliance [or potential noncompliance] on the part of a child care institution, the BSS would inform the institution, request a copy of the institution's written policies and procedures regarding safety considerations, discuss it with the institution, and provide technical assistance to the maximum extent practicable.

Once the BSS drafts the aforementioned policies and procedures and related monitoring process, or otherwise enhances their internal controls over the safety considerations at child care institutions, the BSS will discuss the matter with their regular programmatic contacts at the U.S. Department of Health and Human Services, Administration for Children and Families, and will ask the ACF if the BSS's planned



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

controls are aligned with the ACF's universal expectations surrounding 2 CFR 1356.30(f).

**2023-050 ALLOWABILITY OF EXPENDITURES, SPECIAL TEST AND PROVISIONS – PROVIDER ENROLLMENT & SPECIAL TEST AND PROVISIONS: PROVIDER HEALTH AND SAFETY STANDARDS (MEDICAID ONLY)**

**Department of Health and Human Resources (DHHR)  
Assistance Listing Number 93.775, 93.777, COVID-19 93.777, 93.778**

The West Virginia Department of Health and Human Resources, Bureau for Medical Services (BMS), has developed a form to document internal review of the service organization's SOC 1 Type 2 report for such matters as the control environment, system development and maintenance, logical security, physical access, computer operations, and input controls. The form also has dedicated sections for exceptions within the SOC 1 Type 2 report as noted by the reviewer(s) and for questions/comments that the reviewer(s) might have. As of the date of this writing, the BMS is still working on the instructions for completing the form and processing the form to the next level within the BMS as may be necessary (e.g., answering any questions or comments that the initial reviewer denoted on the form; evaluating whether any exceptions noted within the SOC 1 Type 2 report could have a negative effect on the MMIS or the Medicaid program in general; and eventually closing the SOC 1 Type 2 report and documenting the review, the overall effect, the resulting actions, and any pending actions within the appropriate system files).

**2023-051 SPECIAL TESTS AND PROVISIONS – ADP RISK ANALYSIS & SYSTEM SECURITY REVIEW**

**Department of Health and Human Resources (DHHR)  
Assistance Listing Number 93.775, 93.777, COVID-19 93.777, 93.778, ARRA 93.778**

The Condition section within prior year finding 2022-037 recognized that the DHHR has policies and procedures in place for performing periodic risk assessments and security reviews over the Recipient



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

Automated Payment and Information Data System (RAPIDS), which is an internal system; however, the Condition section also proclaimed that the DHHR does not have policies and procedures to perform periodic risk assessments and security reviews over the Medicaid Management Information System (MMIS). The first sentence of the corrective action plan for prior year finding 2022-037 indicates that the MMIS is designed, developed, implemented, and operated by an external service organization. Within the last two paragraphs of the corrective action plan for prior year finding 2022-037, the DHHR opined that it was in compliance with 45 CFR 95.621 since it receives the SOC 1 Type 2 report from the MMIS service organization and since the report documents that the service organization establishes and maintains a program for conducting periodic risk analyses to ensure appropriate, cost effective safeguards are incorporated into new and existing systems or whenever significant system changes occur, as required per 45 CFR 95.621. However, the DHHR also recognized the underlying concern expressed within the finding, in that the DHHR does not include the SOC 1 Type 2 report as part of its own policies and procedures for ADP security over the MMIS. To enhance its controls, the DHHR Bureau for Medical Services (BMS) was going to develop a policy and procedures to document MMIS compliance with 45 CFR 95.621. The procedures were to include but not be limited to a requirement to review and approve the SOC 1 Type 2 report from the MMIS service organization and document the review and approval process (e.g., for such matters as the service organization's assertions, descriptions of its systems and controls, control objectives, and related controls, and the service auditor's description of tests of controls and results). Although the DHHR BMS has not developed a comprehensive policy or any written procedures to date, they have developed a form to document internal review of the SOC 1 Type 2 report for such matters as the control environment, systems development and maintenance, logical security, physical access, computer operations, and input controls. The BMS has also discussed this issue with an independent consulting firm that is under contract with the BMS for Medicaid expertise and performs existing services related to information technology and security; modernization and planning for the overall Medicaid Enterprise Systems (MES); organization development, including alignment strategies; project management; and data architecture and governance, which includes



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

managing the availability, usability, integrity, and security of data with comprehensive standards and policies. The BMS and its independent consulting firm will work together to develop a statement of work for an independent review of the existing control environment, if deemed necessary, and any additional services that might need performed in order to ensure the DHHR maintains full compliance with 45 CFR 95.621 and can document compliance for future HHS reviewers, independent auditors, or other authorized officials.

### **2023-052 SUBRECIPIENT CASH MANAGEMENT** **Department of Health and Human Resources (DHHR)** **Assistance Listing Number 93.788**

The West Virginia Department of Health and Human Resources, Bureau for Behavioral Health (BBH), analyzed this finding and hereby offers more details into the condition and cause of the finding. For the first noted exception, the grant was finalized on March 20, 2023. The BBH received the subrecipient's first request for payment on April 12, 2023, at which point the reconciliation indicated that the subrecipient had incurred expenses of \$118,186.21 to date. Although the reconciliation was not reviewed and approved by the BBH timely, it indicated that the subrecipient had not been reimbursed at all; therefore, the subrecipient had no cash on hand at the time of the request for payment. For the second noted exception, the BBH received the reconciliation on June 2, 2023. Although the reconciliation was not reviewed and signed by the BBH timely, it indicated \$41,296.14 of cash on hand, which was under the 10% threshold established by the BBH when monitoring cash management for subrecipients of the Opioid program. For the third noted exception, the BBH received the reconciliation on March 14, 2023. Although the reconciliation was not reviewed and signed by the BBH timely, it indicated expenditures of \$63,839.08 and cash on hand of only \$18,070.92, which was less than the 10% threshold established by the BBH when monitoring cash management for subrecipients of the Opioid program.

For the fourth noted exception, a processing error within the BBH caused the subrecipient to receive a payment that should have been held due to the subrecipient having sufficient cash on hand at the time of the



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

payment. Nonetheless, after the period of performance, the subrecipient did not have excess cash on hand, or any cash on hand for that matter. The subrecipient returned \$218,290.74 to the BPH on November 14, 2023 and \$2,317.10 on November 29, 2023 in accordance with the closeout procedures referenced in 2 CFR 200.344(d). The total amount of \$220,607.84 constituted the balance of unobligated cash that the BPH paid the subrecipient in advance and was not authorized to be retained by the subrecipient for use in other projects.

In an effort to enhance internal controls, the BBH's central level managers continue to work with internal and external parties to improve everyone's understanding of the federal rules and regulations and the BBH's existing policies, procedures, and overall expectations concerning subrecipient cash management.

### **2023-053 ALLOWABILITY AND ELIGIBILITY Department of Health and Human Resources (DHHR) Assistance Listing Number 93.659**

The issues identified in the finding were due to a broad number of child welfare workers having access to select "Non-Recurring Adoption Expense" (NRAE) when issuing a demand payment through the eligibility system, causing the incorrect funding to be used. Two of the payments identified were manually entered to replace lost payments. The initial payments covered multiple children, but the replacement payment only identified one child's name. For the Adoption Program, the DHHR phased in a new information technology system for determining eligibility, making payments, maintaining documentation, etc. during the State Fiscal Year 2023. The name of the new system is PATH (People & Access to Help). The PATH system replaced the Family and Children & Tracking System (FACTS). The PATH system will have additional controls and levels of review as compared with the FACTS system. For example, as specific to this finding, the ability to select NRAE when issuing a demand through PATH has been localized to adoption subsidy unit staff within the central office of the DHHR Bureau for Social Services.



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

### **2023-054 INTERNAL CONTROLS OVER TRANSPARENCY ACT REPORTING**

**Division of Emergency Management (DEM)  
Assistance Listing Number 97.036, COVID-19 97.036**

To correct the finding, DEM met with federal partners in February 2023 to ensure understanding of what was to be reported, and ensured all staff managing grants with reportable awards knew the requirements. In March 2023, DEM implemented an internal control review between the Program Manager and the Section Chief for FFATA reporting. To ensure this finding is resolved, DEM will continue to utilize the internal control review that has been put in place.

### **2023-055 SUBRECIPIENT MONITORING School Building Authority (SBA) Assistance Listing Number 97.036, COVID-19 97.036**

The SBA will ensure and review audits of all subrecipients yearly effective February 2024. The SBA will implement policies and procedures to monitor all subrecipients to ensure compliance with federal requirements. This will include, but is not limited to, performing a yearly risk assessment as required by 2 CFR 200.303. This assessment will take into consideration results from the yearly audit of each subrecipient as well as other criteria listed in 2CFR 200.303 paragraphs (b), (d) & (e).

### **2023-056 INTERNAL CONTROLS OVER ALLOWABILITY West Virginia Military Authority (the Authority) Assistance Listing Number 97.036, COVID-19 97.036**

The Authority is working internally to establish appropriate internal controls to document the review and approval of all West Virginia National Guard members' timecard records to ensure that the members' time is accurately reported and entered into the Oasis payroll system at the correct pay rates and amounts. The new internal controls will be implemented by April 1, 2024.



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

### **2023-057 ALLOWABLE COSTS AND COST PRINCIPLES Department of Health and Human Resources (DHHR) Assistance Listing Number 97.036, COVID-19 97.036**

The DHHR analyzed this finding and hereby offers more details into the condition and cause of the finding. Although the DHHR concurs with the condition statement in the finding, in that certain invoices were paid to one vendor without verifying their accuracy, the DHHR does not concur with the cause statement, which proclaims a lack of proper controls within the DHHR. While no set of internal controls can prevent unseemly or otherwise improper payment activities with absolute assurance, the DHHR does indeed have proper internal controls in place to provide reasonable assurance that invoices are verified for accuracy prior to payment.

The DHHR is a large state agency with many spending units, divisions, and levels of oversight and approval. Accordingly, when paying invoices, the process includes a separation of duties. Authorization to approve cash payments begins with the DHHR spending unit, which was a programmatic unit in this case since the vendor in question was required to provide nasal swab diagnostic testing for COVID-19 and upload the test results immediately, as the tests were for specific DHHR programs and initiatives that were an absolute priority at the time. For these and other types of billings, the spending unit receives the invoice from the vendor, conducts an initial review for completeness and accuracy, and approves [or denies] the invoice for payment pursuant to the internal specifications at the spending unit level.

If approved for payment, the invoice must be certified by the spending unit. Per the Code of State Rules, Title 155, Series 1, Standards for Requisition for Payment Issued by State Officers on the Auditor, the term “certify” means, “To verify that pertinent information is true and accurate by affixation of a manual signature by an authorized person.” To comply with the verification requirement, 155CSR1-3.1.3 requires the invoice to be stamped with the following certification: “I hereby certify that the items or services contained in the foregoing have been received and approved for payment.” Within the DHHR, the certification



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## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

must be dated and signed by an authorized representative at the spending unit level with authority to approve such payments.

The spending unit then enters the information into wvOASIS, which is the statewide accounting system, and forwards the related documentation to the DHHR central finance office. The central finance office performs a secondary review for completeness and accuracy pursuant to the specifications at the DHHR central level and, if acceptable, approves the documents within the wvOASIS workflow to the WV State Auditor's Office for final review, approval, and processing of the payment pursuant to the specifications at the statewide level.

For the invoices in question, the person authorized to certify the invoices and approve the payments was an upper-level supervisor, and his duties in that position had included reviewing and verifying the accuracy of certain invoices submitted to the DHHR by vendors supplying the aforementioned COVID-19 testing and mitigation services prior to certifying the invoices for payment. The supervisor originally proclaimed that he certified the invoices only after two individuals working with the program verified the invoices. The supervisor subsequently admitted that he certified the invoices without actually making any effort to verify their accuracy. The supervisor is no longer employed by the DHHR.

It is important to note that although the supervisor certified the invoices without making any effort to verify their accuracy, it has yet to be determined if the vendor's invoices were correct or erroneous. Currently, there are several internal and external organizations investigating the vendor and the overall condition that led to this finding. Those investigations began prior to the period of the audit. Once complete, the investigations will disclose additional details surrounding the validity of the invoices and the costs in question.



## CORRECTIVE ACTION PLAN FOR THE FISCAL YEAR ENDED JUNE 30, 2023

### **2023-058    EQUIPMENT AND REAL PROPERTY MANAGEMENT** **Department of Health and Human Resources (DHHR)** **Assistance Listing Number 93.323, COVID-19 93.323**

Due to the number of administrative and programmatic offices within the DHHR and the fact that those offices are located throughout the State, the DHHR does not conduct a mass physical inventory whereby one office or person at the central level views all of the reportable assets under the DHHR's jurisdiction. Instead, the DHHR Office of Operational Administration compiles inventory reports for each office using the fixed asset module within wvOASIS, which is the statewide accounting system. The inventory reports indicate all tagged and entered assets under each office's location code within the DHHR. Once the reports are compiled, the Office of Operational Administration sends a report to each applicable office within the DHHR and asks the offices to locate and verify the assets in the report. The lack of documentation indicated by the auditors is due to the fact that some DHHR offices throughout the state do not return the verification to the Office of Operational Management.

For the next physical inventory of fixed assets within the DHHR, which will be for the year ended June 30, 2024, the Office of Operational Administration will monitor and regulate each office more stringently and will increase its efforts to ensure that each office completes the verification and returns it to the Office of Operational Administration in a timely manner. For offices that do not respond within a timeframe deemed reasonable by the Office of Operational Administration, they will inform and request assistance from a higher level of authority within the DHHR, such as the Executive Director of Operations.

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***SUMMARY  
SCHEDULE OF  
PRIOR AUDIT  
FINDINGS***

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## SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE FISCAL YEAR ENDED JUNE 30, 2023

**2022-001**     **DHHR INFORMATION SYSTEM AND RELATED BUSINESS**  
**2021-001**     **PROCESS CONTROLS**

**Department of Health and Human Resources (DHHR)**  
**Assistance Listing Number 10.551, 10.561, 10.542, 93.558, 93.568,**  
**COVID-19 93.568, 93.575, 93.596, COVID-19 93.575, 93.658, 93.659,**  
**93.767, 93.775, 93.777, COVID-19 93.777, 93.778, ARRA 93.778**  
**Partially Resolved**

The DHHR is currently phasing in a new information technology system for determining eligibility, making payments, maintaining documentation, etc. The name of the new system is PATH (People's Access to Help). The WVPATH system will replace the Family and Children's Tracking System (FACTS) and the Recipient Automated Payment Information Data System (RAPIDS), which are currently referenced in the finding. The WVPATH system will have additional controls and levels of review as compared with the FACTS and RAPIDS systems. Due to the timing of the phase-in process, the DHHR anticipates the finding will be resolved for the year ended June 30, 2024. See current year finding 2023-002.

**2022-002**     **SPECIAL TESTS AND PROVISIONS – ADP SYSTEM FOR SNAP**  
**Department of Health and Human Resources (DHHR)**  
**Assistance Listing Number 10.551, 10.561, COVID-19 10.561**  
**Partially Resolved**

As it relates to the Recipient Automated Payment and Information Data System (RAPIDS) ADP system, management within the DHHR Bureau for Family Assistance (BFA) notes that 7 CFR § 272.10 begins with, “(1) Purpose. All State agencies are required to sufficiently automate their SNAP operations and computerize their systems for obtaining, maintaining, utilizing, and transmitting information concerning SNAP. Sufficient automation levels are those which result in effective programs or in cost effective reductions in errors and improvements in management efficiency, such as decreases in program administrative costs...” Within the RAPIDS ecosystem for SNAP administration, this automation includes data matching measures undertaken, in compliance with related federal rules as specified in 7 CFR § 272.8, 7 CFR § 272.16, etc., to automate the validation of client-provided, worker-



## SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE FISCAL YEAR ENDED JUNE 30, 2023

input information while mitigating the additional administrative burden of secondary review for all worker interactions with a client's case. Policy regarding state and federal data matching is laid out in Chapter 6 of the State's Income Maintenance Manual (IMM) at <https://dhhr.wv.gov/bfa/policyplans/Documents/Binder4.pdf>.

The primary data exchange system detailed in IMM Chapter 6 that is applicable to SNAP is the Income and Eligibility Verification System (IEVS) required by 7 CFR § 272.8. Systems mandated federally for inclusion in the IEVS include those operated by WorkForce WV, the Internal Revenue Service (IRS), and the U.S. Social Security Administration (SSA). A variety of other sources may also be queried for the purpose of validating client-provided information entered into RAPIDS by a worker, including Veterans Affairs (VA), Beneficiary and Earnings Data Exchange (BENDEX), Beneficiary Earnings and Exchange Record System (BEERS), National Directory of New Hires, and Prisoner Matching with the Department of Corrections as well as the Federal Data Services Hub (FDSH).

IMM Chapter 6, page 2 describes the purpose of data matching through the IEVS thusly:

Information obtained through IEVS is used for the following purposes:

- To verify the eligibility of the assistance group (AG).
- To verify the proper amount of benefits.
- To determine if the AG received benefits to which it was not entitled.
- To obtain information for use in criminal or civil prosecution based on receipt of benefits to which the AG was not entitled.

IMM Chapter 6, pages 2-3 further detail the points at which a match with the IEVS must take place:

A data exchange in the eligibility system occurs:

- When a new case is created;
- When a new person is added to a benefit;



## SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE FISCAL YEAR ENDED JUNE 30, 2023

- When a person's demographic information is changed; and,
- On a periodic basis for all individuals in the eligibility system, depending on the type of benefit being received.

Requirements for independent verification of information when automated data matches fail or report a discrepancy with client-provided, worker-input information are spelled out in IMM 6.4.4.

The BFA believes that these automations, while perhaps not foolproof, are in keeping with both the word and intent of 7 CFR § 272.10, 7 CFR § 272.8, 7 CFR § 272.16, etc., which aim to automate processes in order to reduce administrative burden and associated costs, such as those that would be associated with a secondary review of all worker interactions with a client's case.

Furthermore, page 4-10.551-9 of the Compliance Supplement 2023, which lays out the suggested audit procedures for this topic, recommends the use of the USDA-FNS SNAP System Integrity Review Tool (SIRT) to ensure that the State's ADP system is in alignment with USDA-FNS requirements and ensure that automated processes within RAPIDS continue to comport with federal requirements for ADP systems. To our knowledge, the auditors neither utilized that tool to guide their work nor requested verification from the State that the SIRT had been completed and previously employed. To support this response, management advocates a review of the SIRT submitted to FNS on October 26, 2023 in preparation for the go-live stage of the West Virginia People's Access to Help (WV PATH) Family Assistance pilot program; as there is no significant difference in system functionality between the Family Assistance module of WV PATH and the existing eRAPIDS system, the responses/comments/replies from both FNS and the State that are included in this version of the SIRT generally apply both to eRAPIDS and to PATH.

Throughout 2023, the BFA Division of Performance and Quality Improvement continued its ongoing SNAP case reviews, as well as its efforts to report compliance with monthly requirements for expanded supervisor case reviews conducted and tracked through the Rushmore case review system, as mandated in a December 7, 2022 memorandum



## SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE FISCAL YEAR ENDED JUNE 30, 2023

to supervisors and made available to the auditors last year. Furthermore, the BFA developed additional worker training, including the reinstatement of face-to-face Statewide Payment Accuracy Conferences (held throughout the summer of 2023), with the aim to ensure that client information is accurately captured in RAPIDS so the APD can perform its automated functions with integrity. See current year finding 2023-005.

**2022-003**

### **ALLOWABILITY**

**Department of Health and Human Resources (DHHR)**

**Assistance Listing Number 10.551, 10.561, COVID-19 10.561**

**Partially Resolved**

The West Virginia Department of Health and Human Resources, Bureau for Family Assistance (BFA), analyzed the condition that led to this finding and hereby offers more details into the condition and cause of the finding. The \$463.00 cost in question was a supplemental Emergency Assistance payment from July 2022. The SNAP Assistance Group was due for recertification review for the month of July 2022. A review document was mailed to the client in June 2022. The client failed to return the review in a timely manner, which resulted in a late review interview. The SNAP household eventually submitted the review document on July 11, 2022, whereby the interview was conducted the same day. As the household was then required to submit updated income verification, the case was still pending on July 11, 2022. On July 28, 2022, the case comments document that the client submitted paystubs, but the paystubs were outside the period of consideration (POC); the SNAP benefit failed on this date. On August 2, 2022, the household submitted additional documentation and the BFA reopened the SNAP benefit retroactively for July. The Emergency Assistance (EA) supplements were not to be initiated until the second month of SNAP issuance (i.e., the month following active SNAP approval). Therefore, the \$463.00 payment in question was ineligible because the SNAP Assistance Group was not receiving SNAP at the time of the July 2022 EA supplemental issuance. The condition is due to the household reporting new income prior to the start of the recertification, which caused the BFA to need or request additional payments immediately following. Client confusion added to this issue.



**SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS  
 FOR THE FISCAL YEAR ENDED JUNE 30, 2023**

On December 29, 2022, the U.S. President signed into law the Consolidated Appropriations Act, 2023. Division HH, Title IV, Section 503(b), of the Act ended the SNAP EA that was provided by Section 2302(a)(1) of the Families First Coronavirus Response Act (FFCRA). The law terminated EA after the issuance of February 2023 benefits. Therefore, the last benefit month that may include EA was February 2023. If future EA or related programs become available for SNAP, the BFA will work with its contractor to develop stopgap measures within the eligibility system that will require an additional review to process supplemental EA payments when a household is due for recertification. See current year finding 2023-006.

**2022-004      TRANSPARENCY ACT REPORTING  
 Department of Education (DOE)  
 Assistance Listing Number 10.553, 10.555, 10.556, 10.559, 10.582  
 Partially Resolved**

Setting up a process to comply with the FFATA reporting requires retrieving information from multiple systems. In addition, child nutrition reimbursements are more complex than grants that have a known subrecipient amount. Due to the complexity, DOE is relying on guidance from the USDA to complete reporting procedures. DOE is currently waiting to get answers to several questions that are preventing full development of a process. USDA is also working to help DOE find another state agency that can help with the unanswered questions. A FFATA reporting process is anticipated to be in place by July 1, 2024. See current year finding 2023-007.

**2022-005      TRANSPARENCY ACT REPORTING  
 2021-002      Community Development Block Grant Program (CDBG)  
 Assistance Listing Number 14.228, COVID-19 14.228  
 Partially Resolved**

The CDBG program has experienced turnover in staff during the last year. While CDBG knows the FFATA report was submitted, a physical copy of this report could not be provided and it cannot be verified if it was submitted on time. In the FSRS system, only the person who creates



**SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS  
 FOR THE FISCAL YEAR ENDED JUNE 30, 2023**

the original report can view, edit, and pull the actual report, and since the employee who was responsible for submitting this report is no longer with the agency, it cannot be determined when it was originally submitted. CAD staff have since recreated the report in the FSRS system so there is a copy of the report.

To ensure this doesn't happen in the future, CAD staff has completed FFATA training for the personnel involved in the reporting process. CAD staff is creating a calendar with due dates for the programs reporting requirements to ensure the dates are not missed. Once the report is submitted in the FSRS system, staff is required to save a copy of the report in shared files. CAD is also looking to implement a system where a centralized person is responsible for submitting the FSRS reports to ensure all processes are completed and documents saved correctly. See current year finding 2023-008.

**2022-006 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
 2021-004 (SEFA)**

**Workforce West Virginia (WWV)  
 Assistance Listing Number 17.225, COVID-19 17.225, 97.050,  
 COVID-19 97.050  
 Resolved**

Corrective action taken for FY 2023.

**2022-007 REPORTING, AND MATCHING, LEVEL OF EFFORT,  
 2021-006 EARMARKING**

**Workforce West Virginia (WWV)  
 Assistance Listing Number 17.225, COVID-19 17.225  
 Partially Resolved**

WWV updated reporting procedures in April 2023 and provided training to appropriate staff regarding the ETA 9050, 9052, and 9055 reports that did not have proper reviews documented prior to submission. That training is reflected in the reports selected after May 2023 that show proper documented reviews prior to submission. See current year finding 2023-014.



## SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE FISCAL YEAR ENDED JUNE 30, 2023

**2022-008**     **INTERNAL CONTROLS OVER INFORMATION TECHNOLOGY**  
**2021-005**     **Workforce West Virginia (WV)**  
**Assistance Listing Number 17.225**  
**Partially Resolved**

WV will create policies and procedures to be effective March 2024 which documents the process for periodic review of administrative access and user access for the ABPS and UI Tax systems. Appropriate staff will be trained once the policies and procedures are implemented. The wvOASIS SOC audit report for 2023 was completed in September 2023 and WV is in the process of reviewing the report at this time. Disaster Recovery testing was conducted with WV Office of Technology and the mainframe vendor Ensono October 16-19, 2023. See current year finding 2023-013.

**2022-009**     **SPECIAL TESTS AND PROVISION – UI PROGRAM INTEGRITY**  
**2021-007**     **- OVERPAYMENTS**  
**Workforce West Virginia (WV)**  
**Assistance Listing Number 17.225, COVID-19 17.225**  
**Resolved**

Corrective action taken for FY 2023.

**2022-010**     **REPORTING**  
**State of West Virginia (WV)**  
**Assistance Listing Number 21.027**  
**Resolved**

Corrective action taken for FY 2023.

**2022-011**     **SPECIAL TESTS AND PROVISIONS – RETURN OF TITLE IV**  
**2021-015**     **FUNDS**  
**West Virginia State University, Pierpont Community and**  
**Technical College, Bluefield State University, New River**  
**Community and Technical College, and West Liberty University**  
**Assistance Listing Number 84.007, 84.033, 84.038, 84.063, 84.268,**  
**84.379, 93.264, 93.342, 93.364, 93.925**  
**Partially Resolved**



## SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE FISCAL YEAR ENDED JUNE 30, 2023

While West Virginia State University and West Liberty University identified in the prior year finding resolved this matter, Blueridge Community and Technical College, Bluefield State University, Fairmont State University, Mountwest Career and Technical College, New River Community and Technical College, Pierpont Community and Technical College, and West Virginia Northern Community College have a finding in the current year. This finding is only partially resolved because each university/college is only responsible for their own internal controls and the updated controls have not been implemented at the above institutions. See current year finding 2023-022 and the related corrective action plan.

### **West Virginia State University (WVSU) response Resolved**

Corrective action taken at this institution for FY 2023.

### **West Liberty University (WLU) response Resolved**

Corrective action taken at this institution for FY 2023.

### **Bluefield State University (BSU) response**

Effective February 2024, internal controls are in place to perform the Return of Title IV withdrawal and calculation ensuring records comply and that Return of Title IV Refunds are within the required time frame of 45 days. Controls include the review of "Permit to Withdraw" forms to ensure they are completed with all signatures of offices involved and the sign off of Return of Title IV calculations. All reviews will occur within the time frame of 45 days by the Financial Aid Director along with Business Office and Accounting. On February 8, 2024, the Director of Financial Aid spoke with the Registrar and the FA Counselors in separate meetings regarding the late submission of withdrawal forms and performing the Return of Title IV calculations. The Registrar understands they must submit the completed withdrawal forms to the Financial Aid office the same day they are completed by her office. When the forms are received by Financial Aid an Return of Title IV will be



**SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS  
 FOR THE FISCAL YEAR ENDED JUNE 30, 2023**

completed within the same week of receipt and sent to the Business Office, if a Return of Title IV Aid is required. The Business Office will then review the calculations and perform the necessary repayment of Title IV Aid to the Department of Ed, utilizing the refund process through G5 within the required 45-day timeline. All adjustments to the students account will be made with in the same time frame.

**Pierpont Community and Technical College (PCTC) response**

During the prior year’s audit, it was discovered that the prior processor was not completing the Return of Title IV properly. The processor left employment and Return of Title IV procedures were taught to the new processor and Asst. Director. This took place in November 2022. Unfortunately, the processor also did not complete two Return to Title IV before leaving and failed to communicate this information. It was not discovered until after the 45-day window for completion. Upon discovery, the two Return of Title IV were completed and PCTC have since followed the process and have had no additional similar findings. The process is functioning properly which will continue to be followed going forward.

**2022-012 SPECIAL TESTS AND PROVISIONS – ENROLLMENT  
 2021-016 REPORTING**

**Fairmont State University, Blueridge Community and Technical College, Pierpont Community and Technical College, West Virginia State University, Marshall University, Assistance Listing Number 84.007, 84.033, 84.038, 84.063, 84.268, 84.379, 93.264, 93.342, 93.364, 93.925  
 Partially Resolved**

Each university/college is responsible for their own internal controls and the updated controls have not been implemented at the above institutions. See current year finding 2023-026 and the related corrective action plan.

**Fairmont State University (FSU) response**

Effective February 2024, FSU will retain a screen shot of the record count received by the NSC and will document any rejected records and what the plan is to address the rejected records. FSU will review a



## SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE FISCAL YEAR ENDED JUNE 30, 2023

portion of the enrollment records being submitted before the submission is uploaded to NSC. This review will include detailed documentation, for a select few, of how we validated the student's enrollment status. FSU will keep a spreadsheet of the students that are validated and the Banner screens that are used to do so.

### **Blueridge Community and Technical College (BRCTC) response**

BRCTC asserts that the Enrollment Reporting process is accurate and reviewed in a timely manner; BRCTC further asserts that the emails from the National Student Clearinghouse are reviewed. As a result of this finding, BRCTC will expand its internal control to include documentation of reviews internally and externally with the NSC. This update to the internal control process was implemented in February 2024.

### **Pierpont Community and Technical College (PCTC) response**

Effective February 2024, PCTC will complete the review of the file before it is submitted, not after it's submitted. The Associate Registrar will pull the report prior to the due date to give those in the review process ample time to review the files before the Associate Registrar submits the document to the NSC.

PCTC will keep track of the due date of submission, the date the text file was sent to the NSC, the date the error resolution report was received, the date it was sent back, and the date the report was certified by the NSC. A new tab in the worksheet in Teams has been created that will be completed each time an enrollment verification is submitted to the NSC.

PCTC will note the actual enrollment count as of the time of the NSC submission, the enrollment count on the TXT file, the number of files received by the NSC, and the number of rejected files. This is to verify that all of the files intended to be submitted to the NSC were actually received by the NSC and processed. This information will be kept on each spreadsheet used to verify the information sent to the NSC.



## SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE FISCAL YEAR ENDED JUNE 30, 2023

### **West Virginia State University (WVSU) response**

WVSU utilizes the National, Student Clearinghouse (NSC) to update student's enrollment and its effects on student's direct loan and Pell statuses.

Thorough edit checks of student data for each semester will be produced by IT on a regular basis. The Office of the Registrar, in coordination with Admissions, Dual Enrollment, and other contributors of student data, will make sure these errors are corrected. Special focus will be placed on resolving these errors before each enrollment file is produced. (initial data integrity, first check).

On or around the 25th of each month, IT will produce the NSC enrollment file. Each time the file is produced, the file will be sent to the Registrar for review to ensure accuracy of the data being pulled from Banner. Registrar sends approval for upload to NSC.

Emails from NSC, IT, and files with student checks to be retained. (process integrity, second check) The file will be uploaded to the NSC by IT, ensuring NSC received the appropriate number of records. The data will then be reviewed and any discrepancies in the data, when compared with past data, will be resolved in a timely manner. The NSC error report will be reviewed and any errors corrected. The NSC process makes sure these errors are resolved before the data is reported to the NSLDS, it is the responsibility of the Registrar to make sure these are resolved with accurate data. Emails from NSC, and screenshots of errors will be retained. (data integrity, third check)

After resolution of errors, the NSC will perform a final review of data before sending to the NSLDS. This will be reported on the NSLDS Reporting tab of the Enrollment Reporting screen in the NSC website. If data is satisfactory, the submission will be marked with "Congrats. No Errors!" by the originator clearinghouse. The NSC sends emails whenever these items are updated. It is the responsibility of the Registrar to review and resolve any errors in a timely manner. Emails from NSC and screenshot of NSLDS reporting dashboard to be retained. (data integrity, fourth check)



## SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE FISCAL YEAR ENDED JUNE 30, 2023

The enrollment data is then submitted to the NSLDS. After NSLDS reviews the data, any errors will be reported back through the NSC in the same manner as NSC errors. Resolution of these errors is of special importance and will be given top priority. The NSC sends emails whenever these items are updated. It is the responsibility of the registrar to review and resolve any errors in a timely manner. Emails from NSC and any error documentation to be retained. (data integrity, fifth check). These policies and procedures will be implemented in August 2024.

### **Marshall University (MU) response**

Effective February 2024, MU will document that a record count reconciliation has been completed between the enrollment submission file and the number of files received by the NSC. MU will document and retain how any rejected records were addressed. MU will also document and retain records of the spot check validation for accuracy of student information included in the enrollment submission files.

**2022-013**     **FISCAL OPERATIONS REPORT AND APPLICATION TO**  
**2021-019**     **PARTICIPATE**

**Fairmont State University, West Virginia State University, and West Virginia School of Osteopathic Medicine**  
**Assistance Listing Number 84.007, 84.033, 84.038, 84.063, 84.268, 84.379, 93.264, 93.342, 93.364, 93.925**  
**Resolved**

Corrective action taken for FY 2023.

**2022-014**     **FINANCIAL REPORTING**  
**2021-020**     **Pierpont Community and Technical College and West Virginia State University**

**Assistance Listing Number 84.007, 84.033, 84.038, 84.063, 84.268, 84.379, 84.408, 93.264, 93.342, 93.364, 93.925**  
**Partially Resolved**

While West Virginia State University identified in the prior year finding resolved this matter, Pierpont Community and Technical College has a finding in the current year. This finding is only partially resolved



## SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE FISCAL YEAR ENDED JUNE 30, 2023

because each university/college is only responsible for their own internal controls and the updated controls have not been implemented at the above institution. See current year finding 2023-018 and the related corrective action plan.

### **Pierpont Community and Technical College (PCTC) response**

Beginning October 2022, PCTC has performed the updated monthly reconciliation process that was originally to take place beginning July 1, 2022. Due to the loss of the Information Systems Specialist (ISS), PCTC failed to begin on the intended date. The DLSAS reports from COD are downloaded by the 10th of each month, as before, by the ISS. The reports are provided to the Assistant Director of Financial Aid (Asst.) and then reconciled to both Banner paid and Common Origination and Disbursement (COD). The Asst. takes screen captures of both Banner and COD for a monthly reconciliation of the Federal Pell Grant and DL programs. Screen captures are printed, and comparisons are made by the Asst. All necessary adjustments are performed to student accounts by the Asst. or Director of Financial Aid (Director) until balanced. Reports verifying reconciliation are then completed, initialed, and saved by the Asst. and then reviewed and signed by the Director for completion and accuracy. PCTC will maintain the documentation of the DLSAS statements each month and the reconciliation report along with evidence of said review. The completed reconciliation information files are in our shared drive. This process has been in place, ongoing and has been effectively followed since October 2022.

**2022-015 SPECIAL TESTS AND PROVISIONS – VERIFICATION**  
**2021-014 Bluefield State University, Fairmont State University, and**  
**Pierpont Community and Technical College**  
**Assistance Listing Number 84.007, 84.033, 84.038, 84.063, 84.268,**  
**84.379, 84.408, 93.264, 93.342, 93.364, 93.925**  
**Partially Resolved**

While Bluefield State University and Pierpont Community and Technical College identified in the prior year finding resolved this matter, Fairmont State University has a finding in the current year. This finding is only partially resolved because each university/college is only responsible for their own internal controls and the updated controls



**SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS  
 FOR THE FISCAL YEAR ENDED JUNE 30, 2023**

have not been implemented at the above institution. See current year finding 2023-020 and the related corrective action plan.

**Bluefield State University (BSU) response  
 Resolved**

Corrective action taken at this institution for FY 2023.

**Pierpont Community and Technical College (PCTC) response  
 Resolved**

Corrective action taken at this institution for FY 2023.

**Fairmont State University (FSU) response**

Effective February 2024, controls were put into place to address the additional review of the verification compliance requirement process once the initial review was completed. A weekly review with a comprehensive monthly review will be implemented to ensure no students are missed through the review process.

**2022-016 SPECIAL TESTS AND PROVISIONS – BORROWER DATA**  
**2021-013 TRANSMISSION AND RECONCILIATION**  
**Pierpont Community and Technical College and West Virginia State University**  
**Assistance Listing Number 84.007, 84.033, 84.038, 84.063, 84.268, 84.379, 84.408, 93.264, 93.342, 93.364, 93.925**  
**Resolved**

Corrective action taken for FY 2023.



## SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE FISCAL YEAR ENDED JUNE 30, 2023

**2022-017**      **SPECIAL TESTS AND PROVISIONS – GRAMM-LEACH-BLILEY**  
**2021-018**      **ACT – STUDENT INFORMATION SECURITY**  
**Fairmont State University and Pierpont Community and**  
**Technical College**  
**Assistance Listing Number 84.007, 84.033, 84.038, 84.063, 84.268,**  
**84.379, 84.408, 93.264, 93.342, 93.364, 93.925**  
**Resolved**

Corrective action taken for FY 2023.

**2022-018**      **SPECIAL TESTS AND PROVISIONS – DISBURSEMENTS TO OR**  
**2021-012**      **ON BEHALF OF STUDENTS**  
**Pierpont Community and Technical College**  
**Assistance Listing Number 84.007, 84.033, 84.038, 84.063, 84.268,**  
**84.379, 84.408, 93.264, 93.342, 93.364, 93.925**  
**Resolved**

Corrective action taken for FY 2023.

**2022-019**      **CASH MANAGEMENT**  
**West Virginia Division of Rehabilitation Services (WVDRS)**  
**Assistance Listing Number 84.126**  
**Resolved**

Corrective action taken for FY 2023.

**2022-020**      **REPORTING**  
**West Virginia Division of Rehabilitation Services (WVDRS)**  
**Assistance Listing Number 84.126**  
**Resolved**

Corrective action taken for FY 2023.



## SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE FISCAL YEAR ENDED JUNE 30, 2023

**2022-021      MAINTENANCE OF EFFORT**  
**Department of Education (DOE)**  
**Assistance Listing Number 84.425C, 84.425D, 84.425R, 84.425U**  
**Resolved**

Corrective action taken for FY 2023.

**2022-022      REPORTING**  
**2021-021      Fairmont State University, West Virginia State University,**  
**Bluefield State University, West Virginia Northern Community**  
**College, West Liberty University, Southern West Virginia**  
**Community and Technical College, Pierpont Community and**  
**Technical College, Concord University, Mountwest Community**  
**and Technical College and Glenville State University**  
**Assistance Listing Number 84.425E, 84.425F, 84.425J, 84.425M**  
**Resolved**

Corrective action taken at all institutions for FY 2023.

**2022-023      ALLOWABILITY**  
**2021-022      Bluefield State University, Glenville State University, and**  
**Mountwest Community and Technical College**  
**Assistance Listing Number 84.425E, 84.425F, 84.425J, 84.425M**  
**Partially Resolved**

While Bluefield State University, Glenville State University, and Mountwest Community and Technical College identified in the prior year finding resolved this matter, West Liberty University has a finding in the current year. This finding is only partially resolved because each university/college is only responsible for their own internal controls and the updated controls have not been implemented at West Liberty University. See current year finding 2023-032 and the related corrective action plan.



## SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE FISCAL YEAR ENDED JUNE 30, 2023

**2022-024 CASH MANAGEMENT**  
**Southern West Virginia Community and Technical College, West Virginia Northern Community College, and Mountwest Community and Technical College**  
**Assistance Listing Number 84.425E, 84.425F, 84.425J, 84.425M**  
**Partially Resolved**

While Southern West Virginia Community and Technical College, West Virginia Northern Community College, and Mountwest Community and Technical College identified in the prior year finding resolved this matter, Bluefield State University has a finding in the current year. This finding is only partially resolved because each university/college is only responsible for their own internal controls and the updated controls have not been implemented at Bluefield State University. See current year finding 2023-033 and the related corrective action plan.

**2022-025 TRANSPARENCY ACT REPORTING**  
**Department of Education (DOE)**  
**Assistance Listing Number 84.425C, 84.425D, 84.425R, 84.425U**  
**Partially Resolved**

The West Virginia Department of Education, Office of Internal Operations have established internal controls and procedures over the FFATA reporting and were set in place as of July 1, 2023. These procedures involve a second reviewer of the monthly FFATA reports and a signature of approval prior to reporting each month. See current year finding 2023-028.

**2022-026 INTERNAL CONTROLS OVER CHILD CARE PROVIDER ELIGIBILITY FOR ARP ACT STABILIZATION FUNDS**  
**Department of Health and Human Resources (DHHR)**  
**Assistance Listing Number 93.489, 93.575, 93.596, COVID-19 93.575**  
**Partially Resolved**

All funds resulting from the American Rescue Plan Act (ARPA) were expended and all related programs ended on or before September 30, 2023.



STATE OF WEST VIRGINIA  
DEPARTMENT OF ADMINISTRATION  
Financial Accounting & Reporting Section  
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## SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE FISCAL YEAR ENDED JUNE 30, 2023

The West Virginia Department of Health and Human Resources, Bureau for Family Assistance (BFA), Division of Early Care and Education, employs Child Care Policy Specialists who visit contracted Resource and Referral Agencies to monitor and audit both electronic and hard records. Training and coaching also takes place during these visits. These visits continued throughout the reporting period.

The BFA will evaluate the effectiveness of the current training programs for the collection and storing of eligibility records. Furthermore, the BFA will follow established policies and procedures to ensure provider information and documentation is appropriately obtained, reviewed, and retained. See current year finding 2023-042.

**2022-027  
2021-028**

### **INTERNAL CONTROLS OVER SPECIAL TESTS AND PROVISIONS – CHILD SUPPORT NON-COOPERATION, PENALTY FOR REFUSAL TO WORK, AND ADULT CUSTODIAL PARENT OF CHILD UNDER SIX WHEN CHILD CARE NOT AVAILABLE**

**Department of Health and Human Resources (DHHR)  
Assistance Listing Number 93.558, COVID-19 93.558  
Partially Resolved**

In August of 2023, the West Virginia Department of Health and Human Resources, Bureau for Family Assistance (BFA), Division of Professional Development, released a mandatory Blackboard course on Sanctions (Course ID: BFA-ITT-WV-400-2023). All staff completed the training by September 21, 2023. The BFA will repeat this mandatory training on an annual basis for all staff that have the capability to impose, approve, or remove a sanction. Reminders and desk guides will also continue to be distributed to field staff. The BFA Policy Unit will also continue its monthly reviews of RAPIDS Management reports regarding 3rd level sanctions that are being sent to the unit for review and approval. See current year finding 2023-035.



## SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE FISCAL YEAR ENDED JUNE 30, 2023

**2022-028**      **SPECIAL TESTS AND PROVISIONS – INCOME ELIGIBILITY**  
**2021-029**      **AND VERIFICATION SYSTEM**

**Department of Health and Human Resources (DHHR)**  
**Assistance Listing Number 93.558, COVID-19 93.558**  
**Partially Resolved**

The Division of Family Support within the West Virginia Department of Health and Human Resources, Bureau for Family Assistance (BFA), will send the current desk guides to all WV WORKS (TANF) staff, which includes the Data Exchange desk guide and the Viewing Data Exchanges by Exchange Type desk guide. The BFA Division of Family Support will also work with the BFA Division of Professional Development to create a blackboard course for supervisors and community service managers [who supervise WV WORKS (TANF) staff] to assist the supervisors and management in identifying deficiencies regarding the IEVS system. See current year finding 2023-037.

**2022-029**      **TRANSPARENCY ACT REPORTING**  
**Department of Health and Human Resources (DHHR)**  
**Assistance Listing Number 93.558, COVID-19 93.558, 93.568,**  
**COVID-19 93.568**  
**Partially Resolved**

The DHHR enhanced its controls over Transparency Act reporting for LIHEAP during State Fiscal Year 2023 and met with various staff members internal and external to the DHHR (e.g., at other State agencies) to ensure everyone was aware and understood their roles in ensuring compliance on behalf of the State. Although those controls are in full effect for State Fiscal Year 2024, the DHHR will revisit and enhance the controls to the maximum extent possible. Furthermore, the DHHR will reopen its previous submissions to the FSRS and revise the data elements to those assigned by the other State agency to their subrecipients; considering the need to consult with the DHHR spending unit and the other State agency, the anticipated date for completion is April 1, 2024. See current year finding 2023-041.



**SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS  
FOR THE FISCAL YEAR ENDED JUNE 30, 2023**

**2022-030 SPECIAL TESTS AND PROVISIONS – PROVIDER ELIGIBILITY  
Department of Health and Human Resources (DHHR)  
Assistance Listing Number 93.767  
Resolved**

Corrective action taken for FY 2023.

**2022-031 SPECIAL TESTS AND PROVISIONS – MEDICAL LOSS RATIO  
(MLR)  
Department of Health and Human Resources (DHHR)  
Assistance Listing Number 93.767, 93.775, 93.777, COVID-19  
93.777, 93.778, ARRA 93.778  
Resolved**

Corrective action taken for FY 2023.

**2022-032 ALLOWABILITY OF EXPENDITURES  
Department of Health and Human Resources (DHHR)  
Assistance Listing Number 93.767  
Resolved**

Corrective action taken for FY 2023.

**2022-033 SPECIAL TESTS AND PROVISIONS – MANAGED CARE  
FINANCIAL AUDIT  
Department of Health and Human Resources (DHHR)  
Assistance Listing Number 93.767  
Resolved**

Corrective action taken for FY 2023.

**2022-034 ELIGIBILITY  
2021-037 Department of Health and Human Resources (DHHR)  
Assistance Listing Number 93.767  
Resolved**

Corrective action taken for FY 2023.



## SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE FISCAL YEAR ENDED JUNE 30, 2023

**2022-035 SPECIAL TESTS AND PROVISIONS – UTILIZATION CONTROL AND PROGRAM INTEGRITY**  
**Department of Health and Human Resources (DHHR)**  
**Assistance Listing Number 93.775, 93.777, COVID-19 93.777, 93.778, ARRA – 93.778**  
**Resolved**

Corrective action taken for FY 2023.

**2022-036 SPECIAL TESTS AND PROVISIONS – MANAGED CARE**  
**2021-036 FINANCIAL AUDIT**  
**Department of Health and Human Resources (DHHR)**  
**Assistance Listing Number 93.775, 93.777, COVID-19 93.777, 93.778, ARRA – 93.778**  
**Resolved**

Corrective action taken for FY 2023.

**2022-037 SPECIAL TEST AND PROVISIONS - ADP RISK ANALYSIS & SYSTEM SECURITY REVIEW**  
**Department of Health and Human Resources (DHHR)**  
**Assistance Listing Number 93.775, 93.777, COVID-19 93.777, 93.778, ARRA 93.778**  
**Resolved**

Corrective action taken for FY 2023.

**2022-038 SUBRECIPIENT CASH MANAGEMENT**  
**Department of Health and Human Resources (DHHR)**  
**Assistance Listing Number 93.788**  
**Partially Resolved**

The West Virginia Department of Health and Human Resources, Bureau for Behavioral Health (BBH), analyzed this finding and hereby offers more details into the condition and cause of the finding. For the first noted exception, the grant was finalized on March 20, 2023. The BBH received the subrecipient's first request for payment on April 12, 2023, at which point the reconciliation indicated that the subrecipient



## SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE FISCAL YEAR ENDED JUNE 30, 2023

had incurred expenses of \$118,186.21 to date. Although the reconciliation was not reviewed and approved by the BBH timely, it indicated that the subrecipient had not been reimbursed at all; therefore, the subrecipient had no cash on hand at the time of the request for payment. For the second noted exception, the BBH received the reconciliation on June 2, 2023. Although the reconciliation was not reviewed and signed by the BBH timely, it indicated \$41,296.14 of cash on hand, which was under the 10% threshold established by the BBH when monitoring cash management for subrecipients of the Opioid program. For the third noted exception, the BBH received the reconciliation on March 14, 2023. Although the reconciliation was not reviewed and signed by the BBH timely, it indicated expenditures of \$63,839.08 and cash on hand of only \$18,070.92, which was less than the 10% threshold established by the BBH when monitoring cash management for subrecipients of the Opioid program.

For the fourth noted exception, a processing error within the BBH caused the subrecipient to receive a payment that should have been held due to the subrecipient having sufficient cash on hand at the time of the payment. Nonetheless, after the period of performance, the subrecipient did not have excess cash on hand, or any cash on hand for that matter. The subrecipient returned \$218,290.74 to the BPH on November 14, 2023 and \$2,317.10 on November 29, 2023 in accordance with the closeout procedures referenced in 2 CFR 200.344(d). The total amount of \$220,607.84 constituted the balance of unobligated cash that the BPH paid the subrecipient in advance and was not authorized to be retained by the subrecipient for use in other projects.

In an effort to enhance internal controls, the BBH's central level managers continue to work with internal and external parties to improve everyone's understanding of the federal rules and regulations and the BBH's existing policies, procedures, and overall expectations concerning subrecipient cash management. See current year finding 2023-052.



## SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE FISCAL YEAR ENDED JUNE 30, 2023

**2022-039      TRANSPARENCY ACT REPORTING**  
**Department of Health and Human Resources (DHHR)**  
**Assistance Listing Number 93.788**  
**Resolved**

Corrective action taken for FY 2023.

**2022-040      SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Division of Corrections and Rehabilitation (DCR)**  
**Assistance Listing Number 93.788**  
**Resolved**

Corrective action taken for FY 2023.

**2022-041      INTERNAL CONTROLS OVER SUBRECIPIENT MONITORING**  
**2021-039      Department of Health and Human Resources (DHHR)**  
**Assistance Listing Number 93.788, 93.575, COVID-19 93.575,**  
**93.596, 93.558, COVID-19 93.558, 93.323, COVID-19 93.323**  
**Partially Resolved**

As related to the first paragraph of the corrective action plan for 2022-041, the new risk assessment form and related processes are still under review within the DHHR. Regarding the second paragraph of that corrective action plan, the DHHR developed a series of certifications that will replace the mandatory monitoring checklist currently in use within the DHHR. The certifications will be part of the workflow within the DHHR's subrecipient Grants Management Solution system (CRM).

One of the certifications will be based on the requirements for pass-through entities within the Code of Federal Regulations at 2 CFR 200.332(b) and will require DHHR spending units to evaluate each subrecipient's risk of noncompliance with federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate level of monitoring to apply to the award. The level of monitoring applied to a particular subrecipient for an individual grant award will depend on multiple factors, such as the subrecipient's prior experience with the same or similar grant awards or programs; the subrecipient's prior experience with any type of grant



## SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE FISCAL YEAR ENDED JUNE 30, 2023

award or program; the results of previous external audits or internal reviews, including whether or not the subrecipient receives a Single Audit in accordance with 2 CFR 200 Subpart F ("Audit Requirements"); and whether the subrecipient has new personnel or new or substantially changed systems. When a DHHR spending unit considers these [and other] factors prior to awarding a grant, they are in essence evaluating the subrecipient's risk of noncompliance with federal statutes, regulations, and the terms and conditions of the grant award. If an evaluation of such factors proves that the subrecipient's risk of noncompliance is high, the award will still be made to address a programmatic need, and special conditions that correspond to the degree of risk may be applied to the award. In other words, the DHHR spending unit may adjust or impose specific and additional award conditions upon a subrecipient if the evaluation proves that such additional conditions are appropriate. Special conditions would include but not be limited to requiring payments as reimbursements rather than advance payments; withholding authority to process to the next phase until receipt of evidence of acceptable performance within a given performance period; requiring additional, more detailed financial reports; requiring additional project monitoring; requiring the subrecipient to obtain technical or management assistance; and establishing additional prior approvals. Although none of these requirements are new within the DHHR, adding a certification directly within the CRM workflow to address such matters will provide the DHHR with an ability to embed various controls directly within the system, provide a higher level of assurance over the risk assessment and monitoring process, increase accountability on the part of the spending units, and provide a more effective audit trail. Given these expanded goals and the need to work with a contractor on adding these additional controls within the CRM system, the DHHR plans to implement the controls via a manual process first, with a desired date for completion of May 31, 2024. See current year finding 2023-004.



## SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE FISCAL YEAR ENDED JUNE 30, 2023

**2022-042      REPORTING**  
**2021-041      Division of Emergency Management (DEM)**  
**Assistance Listing Number 97.036, COVID-19 97.036**  
**Partially Resolved**

To correct the finding, DEM met with federal partners in February 2023 to ensure understanding of what was to be reported, and ensured all staff managing grants with reportable awards knew the requirements. In March 2023, DEM implemented an internal control review between the Program Manager and the Section Chief for FFATA reporting. To ensure this finding is resolved, DEM will continue to utilize the internal control review that has been put in place. See current year finding 2023-054.

**2022-043      SUBRECIPIENT MONITORING**  
**Division of Emergency Management (DEM)**  
**Assistance Listing Number 97.036, COVID-19 97.036**  
**Partially Resolved**

While the Division of Emergency Management Response identified in the prior year finding resolved this matter, the School Building Authority has a finding in the current year. See current year finding 2023-055 and the related corrective action plan.

**2022-044      INTERNAL CONTROL – PAYROLL**  
**Department of Health and Human Resources (DHHR)**  
**Assistance Listing Number 93.558, 93.658, 10.557**  
**Resolved**

Corrective action taken for FY 2023.