

STATE OF FLORIDA AUDITOR GENERAL

Operational Audit

Report No. 2025-112
February 2025

DEPARTMENT OF VETERANS' AFFAIRS

State Nursing Home and Domiciliary Admissions
and Information Technology Controls



Sherrill F. Norman, CPA
Auditor General

Executive Director of the Department of Veterans' Affairs

The Department of Veterans' Affairs is established by Section 20.37, Florida Statutes. The head of the Department is the Governor and Cabinet. The Executive Director is appointed by the Governor, subject to a majority vote by the Governor and Cabinet, with the Governor on the prevailing side. The appointment is subject to confirmation by the Senate. James S. Hartsell served as Executive Director during the period of our audit.

The team leader was Joseph Coverdill, CPA, and the audit was supervised by Anna A. McCormick, CPA.

Please address inquiries regarding this report to Karen W. Van Amburg, CPA, Audit Manager, by e-mail at karenvanamburg@aud.state.fl.us or by telephone at (850) 412-2766.

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DEPARTMENT OF VETERANS' AFFAIRS

State Nursing Home and Domiciliary Admissions and Information Technology Controls

SUMMARY

This operational audit of the Department of Veterans' Affairs (Department) focused on State nursing home and Domiciliary admissions and selected information technology controls. Our audit disclosed the following:

State Nursing Home and Domiciliary Admissions

Finding 1: Nursing home and Domiciliary processes for, and records related to, admissions need improvement to better demonstrate that residents are admitted in priority order and in accordance with applicable requirements.

Finding 2: Department controls over the collection of nursing home and Domiciliary resident social security numbers need improvement to demonstrate compliance with State law.

Information Technology Controls

Finding 3: Department controls over employee access to the Florida Accounting Information Resource Subsystem, MatrixCare, and the Department network need improvement to help prevent any improper or unauthorized use of access privileges.

BACKGROUND

The Department of Veterans' Affairs (Department) is a Cabinet agency created to assist all former, present, and future members of the Armed Forces of the United States and their spouses and dependents in preparing claims for and securing compensation, hospitalization, career training, and other benefits or privileges to which they are, or may become, entitled to under Federal or State law or regulation as a result of their service in the Armed Forces.¹ The Department provides access to earned services, benefits, and support for many of the State's over 1.4 million veterans and their families.

FINDINGS AND RECOMMENDATIONS

STATE NURSING HOME AND DOMICILIARY ADMISSIONS

The Department's main administrative office is located in Largo, Florida, and pursuant to State law,² the Department provides long-term residential health care and domiciliary services for honorably discharged veterans through eight nursing homes and a Domiciliary (assisted living facility). Table 1 provides a

¹ Section 292.05(1), Florida Statutes.

² Chapter 296, Florida Statutes.

listing of the number of residents admitted to Department-operated facilities during the period July 2021 through March 2023.

Table 1
Number of Residents Admitted to
State Veterans' Nursing Homes and Domiciliary
During the Period July 2021 Through March 2023

Facility	Location	Residents Admitted
Emory L. Bennett State Veterans' Nursing Home (Bennett Nursing Home)	Daytona Beach	135
Douglas T. Jacobson State Veterans' Nursing Home (Jacobson Nursing Home)	Port Charlotte	109
Baldomero Lopez State Veterans' Nursing Home (Lopez Nursing Home)	Land O'Lakes	68
Alexander Nininger State Veterans' Nursing Home (Nininger Nursing Home)	Pembroke Pines	82
Clifford C. Sims State Veterans' Home (Sims Nursing Home)	Panama City	139
Clyde E. Lassen State Veterans' Home (Lassen Nursing Home)	St. Augustine	140
Ardie. R. Copas State Veterans' Nursing Home (Copas Nursing Home) ^a	Port St. Lucie	35
Alwyn C. Cashe State Veterans' Nursing Home (Cashe Nursing Home) ^b	Orlando	14
Robert H. Jenkins Jr. State Veterans' Domiciliary Home (Domiciliary)	Lake City	113
Total		<u>835</u>

^a Copas Nursing Home opened June 29, 2022.

^b Cashe Nursing Home opened July 6, 2022.

Source: Department records and personnel.

Finding 1: Admissions Process and Records

Pursuant to State law,³ the Administrator of each Department nursing home and the Domiciliary is responsible for determining the eligibility of residents admitted to the facilities. State law,⁴ Federal regulations,⁵ Agency for Health Care Administration (Agency) rules,⁶ and Department policies and

³ Section 296.04(2) and 296.34(3), Florida Statutes.

⁴ Sections 296.06, 296.08, 296.36, and 400.141(1)(j), Florida Statutes.

⁵ Title 42, Part 483, Code of Federal Regulations.

⁶ Agency Rules 59A-4.106 and 59A-36.006, Florida Administrative Code.

procedures⁷ specify eligibility, priority of admittance, and resident admission record requirements. Department nursing homes and the Domiciliary were required to enter and maintain resident documents in MatrixCare⁸ as an integral part of resident medical records.

While Department policies and procedures were generally comprehensive, we noted that the documents the nursing homes and the Domiciliary were to utilize to determine State residency were not specified. In addition, our examination of Department facility records for 50 residents admitted to the Domiciliary and Cashe, Jacobson, Lopez, and Nininger nursing homes (10 residents from each facility) during the period July 2021 through March 2023 disclosed that:

- The Cashe, Lopez, and Nininger nursing homes did not maintain a listing of applications received and their status (admitted, waiting, or denied) and, consequently, could not demonstrate that the required priority of admissions had been followed when admitting residents.
- Nursing home and Domiciliary records did not always include all required admissions documents or otherwise evidence resident eligibility. Specifically:
 - An application for admissions form was not available for 1 Lopez nursing home resident and, at the time of our on-site fieldwork, Cashe nursing home personnel were unable to locate the hard copy admissions records for 1 resident and no information had been uploaded into MatrixCare. Subsequent to our on-site fieldwork, nursing home personnel located the resident's file and uploaded the information to MatrixCare.
 - For 16 residents (1 at Cashe, 2 at Jacobson, 4 at Lopez, 2 at Nininger, and 7 at the Domiciliary), Department admissions records did not include copies of a State-issued driver's license, identification card, or other similar documentation evidencing State residency. According to facilities personnel, in lieu of a driver's license or identification card, admissions staff sometimes utilized, for example, the word of a family member that the applicant had previously been residing in their household within the State, or that the individual was coming from an in-State VA hospital.
 - Nininger nursing home records did not evidence that 2 residents had received information related to advanced directives, although required by State law, Federal regulations, Agency rules, and Department policies and procedures.
 - Lopez nursing home records did not evidence that 4 residents had been discharged from active duty under honorable conditions, although required by Department policies and procedures.
 - A *Medical Certification for Medicaid Long-Term Care Services and Patient Transfer Form* was not properly completed for 14 residents (4 at Cashe, 2 at Jacobson, 5 at Lopez, and 3 at Nininger). For example, some forms did not contain a certification from the physician that the patient required nursing facility services.
 - For 20 residents (10 at Cashe and 10 at Lopez), nursing home records did not evidence that the nursing homes had conducted a pre-admission screening in accordance with Department policies and procedures.

In response to our audit inquiry, nursing home and Domiciliary management indicated that certain requirements for determining eligibility and priority of admittance and for maintaining resident admissions

⁷ Department Policies and Procedures Numbers 1602, *Admission Criteria for State Veterans' Nursing Homes and Domiciliary*, 3402, *Resident Admission Documentation Guidelines*, and 2201, *Document Scanning into the MatrixCare System*.

⁸ MatrixCare is an electronic health records system used by the Department to manage financial and clinical functions of the Department's nursing homes and the Domiciliary.

records were not consistently followed by staff, mainly due to staff error and uncertainty regarding current requirements. According to the Cashe nursing home Administrator, the pre-admissions screening process was not used when the home opened, but the home had since begun using the admission tool and following the process outlined in Department policies and procedures. Additionally, the Lopez nursing home Administrator indicated that the Lopez home had stopped using the pre-admission screening document to speed up admissions, as the Admissions Director was a nurse and could medically assess residents, and the Administrator reviewed all admissions.

Absent adequate processes for, and records related to, admissions, Department nursing homes and the Domiciliary may not be able to demonstrate that residents are admitted in accordance with priority requirements or State law, Federal regulations, Agency rules, and Department policies and procedures.

Recommendation: We recommend that Department management ensure that nursing home and Domiciliary process and recordkeeping controls are enhanced to ensure that resident admissions are made in accordance with priority requirements and applicable State law, Federal regulations, Agency rules, and Department policies and procedures. Additionally, we recommend that Department management update admissions policies and procedures to specify the types of acceptable documentation of proof of State residency.

Finding 2: Collection of Resident Social Security Numbers

The Legislature has recognized in State law⁹ that social security numbers (SSNs) can be used to acquire sensitive personal information, the release of which could result in fraud against individuals or cause other financial or personal harm. Accordingly, the Legislature specified that State agencies may not collect an individual's SSN unless the agency is authorized by law to do so or it is imperative for the performance of that State agency's duties and responsibilities as prescribed by law. State agencies are required to provide each individual whose SSN is collected written notification regarding the purpose for collecting the number, including the specific Federal or State law governing the collection, use, or release of the SSN. The SSNs collected may not be used by the agency for any purpose other than the purposes provided in the written notification. State law further provides that SSNs held by an agency are confidential and exempt from public inspection and requires each agency to review the SSN collection activities to ensure the agency's compliance with the requirements of State law and to immediately discontinue SSN collection upon discovery of noncompliance.

As part of our audit, we inquired of nursing home and Domiciliary management and examined Department nursing home and Domiciliary admissions packets to determine whether the forms included in the packets requested SSNs and, if so, whether the requests were made in accordance with State law. Our audit procedures disclosed that nursing home and Domiciliary management had not reviewed SSN collection activities and that for the nine forms where SSNs were collected:

- One form, the *Domiciliary Application for Certificate of Eligibility*, did not identify the purpose for collecting SSNs or identify the specific laws authorizing their collection.
- Two forms, *Medical Certification for Medicaid Long-Term Care Services and Patient Transfer Form* and *Application for Benefits VA Form 10-10-EZ*, were originally created by the Agency and the United States Department of Veterans' Affairs, respectively, and included disclosures related

⁹ Section 119.071(5)(a), Florida Statutes.

to the purpose and legal authorization for collecting SSNs. However, the Department had not included these disclosures when incorporating the forms into the standard nursing home application packet.

- One form, the *Application for Admission*, included a disclosure regarding the purpose for collecting SSNs, but did not identify the specific legal authorization.

According to Department management, SSN collection activities were not reviewed and required disclosures were not always made due to oversights.

Effective controls over the collection of resident SSNs would better ensure Department compliance with statutory requirements and reduce the risk that SSNs may be unnecessarily collected or utilized for unauthorized purposes.

Recommendation: We recommend that Department management ensure that nursing home and Domiciliary SSN collection activities are reviewed pursuant to State law and all admissions forms that collect resident SSNs comply with statutory requirements for collection and use.

INFORMATION TECHNOLOGY CONTROLS

As part of our audit, we evaluated selected Department information technology (IT) access controls for the Florida Accounting Information Resource Subsystem (FLAIR),¹⁰ MatrixCare, and the Department network.

Finding 3: IT Access Controls

Department of Management Services (DMS) rules¹¹ require State agencies to ensure that access to IT resources is limited to authorized users, review access privileges periodically based on system categorization or assessed risk, and ensure that IT access privileges are removed when access to an IT resource is no longer required. Periodic reviews of user access privileges help ensure that only authorized users have access and that the access provided to each user remains appropriate. Prompt action to deactivate unnecessary access privileges is essential to help prevent misuse of the access privileges.

Department policies and procedures¹² required that, upon hiring a new employee, managers, supervisors, and human resource personnel were to complete a Network Services Access Form (Access Form) identifying the IT access needed by the employee. Additionally, upon separation from Department employment, managers, supervisors, and human resource personnel were to submit an Access Form to request removal of the employee's user access privileges.

To assess the adequacy of Department IT access controls, we inquired of Department management and examined Department records related to user access to FLAIR, MatrixCare, and the Department network for 30 employees who were still employed with the Department as of May 2023 and 30 employees who had separated from Department employment during the period July 2021 through March 2023. Our audit procedures found that:

¹⁰ The Department uses FLAIR to authorize payment of Department obligations and to record and report financial transactions.

¹¹ DMS Rule 60GG-2.003(1)(a)6. and 8., Florida Administrative Code.

¹² Department Policies and Procedures Number 5030.613, *Information Technology Access Control Management Policy*.

- The Department was unable to provide an Access Form for 56 of the tested employees. According to Department management, 3 of the employees worked in IT and the manager did not create an Access Form, accounts for 3 employees were created using an automated user creation form, and network access requests for the other employees were likely submitted under the Department's prior ticketing system.
- According to Department management, ongoing FLAIR, MatrixCare and network user access reviews were conducted to assess the appropriateness of user access privileges; however, documentation evidencing MatrixCare and network access reviews was not maintained.
- User access to the Department network was not always timely removed upon an employee's separation from Department employment. Specifically:
 - 10 of the 30 applicable users still had active network access privileges as of May 8, 2023, although 45 to 75 days (an average of 57 days) had elapsed since the employees separated from Department employment. Subsequent to our audit inquiry, the Department removed the users' network access on September 7, 2023, 105 to 197 days (an average of 173 days) after the employees separated from Department employment.
 - Access privileges for 2 of the 30 users were removed 30 and 37 days after the employees separated from Department employment.
 - The Department could not provide documentation evidencing the date user access was removed for 18 of the 30 users.

According to Department management, the untimely removal of user network access privileges was due to a domain name change and that records evidencing the date user access was removed were automatically deleted from the system logs after a period of time.

- FLAIR access privileges for 6 of the 7 applicable employees who separated from Department employment during the period January 2021 through March 2023 remained active 3 to 18 days (an average of 9 days) after the employees separated from Department employment.
- MatrixCare does not capture the date that user access is removed. Therefore, for the 21 employees with MatrixCare access privileges who separated from Department employment during the period January 2021 through March 2023, the Department could not provide documentation evidencing the date user access was removed. We did note that none of the 21 employees were listed as having active MatrixCare user access privileges as of May 9, 2023.

The maintenance of documentation evidencing authorized IT access privileges and the conduct of complete and periodic reviews of network and MatrixCare user access privileges would provide Department management assurance that user access privileges are authorized and remain appropriate. Prompt deactivation of network, FLAIR, and MatrixCare user access privileges upon an employee's separation from Department employment reduces the risk of unauthorized disclosure, modification, or destruction of Department data and IT resources by former employees or others.

Recommendation: We recommend that Department management enhance IT user access privilege controls to ensure that Department records evidence:

- **The authorization of all IT access privileges and the conduct of periodic reviews of the appropriateness of all assigned network and MatrixCare user access privileges.**
- **The immediate deactivation of network, FLAIR, and MatrixCare user access privileges upon a user's separation from Department employment.**

OBJECTIVES, SCOPE, AND METHODOLOGY

The Auditor General conducts operational audits of governmental entities to provide the Legislature, Florida's citizens, public entity management, and other stakeholders unbiased, timely, and relevant information for use in promoting government accountability and stewardship and improving government operations.

We conducted this operational audit from April 2023 through October 2023 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

This operational audit of the Department of Veterans' Affairs (Department) focused on State nursing home and Domiciliary admissions and selected information technology (IT) controls. For those areas, the objectives of the audit were to:

- Evaluate management's performance in establishing and maintaining internal controls, including controls designed to prevent and detect fraud, waste, and abuse, and in administering responsibilities in accordance with applicable laws, administrative rules, contracts, grant agreements, and other guidelines.
- Examine internal controls designed and placed into operation to promote and encourage the achievement of management's control objectives in the categories of compliance, economic and efficient operations, the reliability of records and reports, and the safeguarding of assets, and identify weaknesses in those internal controls.
- Identify statutory and fiscal changes that may be recommended to the Legislature pursuant to Section 11.45(7)(h), Florida Statutes.

This audit was designed to identify, for those programs, activities, or functions included within the scope of the audit, deficiencies in internal controls significant to our audit objectives; instances of noncompliance with applicable governing laws, rules, or contracts; and instances of inefficient or ineffective operational policies, procedures, or practices. The focus of this audit was to identify problems so that they may be corrected in such a way as to improve government accountability and efficiency and the stewardship of management. Professional judgment has been used in determining significance and audit risk and in selecting the particular transactions, legal compliance matters, records, and controls considered.

As described in more detail below, for those programs, activities, and functions included within the scope of our audit, our audit work included, but was not limited to, communicating to management and those charged with governance the scope, objectives, timing, overall methodology, and reporting of our audit; obtaining an understanding of the program, activity, or function; identifying and evaluating internal controls significant to our audit objectives; exercising professional judgment in considering significance and audit risk in the design and execution of the research, interviews, tests, analyses, and other procedures included in the audit methodology; obtaining reasonable assurance of the overall sufficiency and appropriateness of the evidence gathered in support of our audit's findings and conclusions; and reporting on the results of the audit as required by governing laws and auditing standards.

Our audit included the selection and examination of transactions and records. Unless otherwise indicated in this report, these transactions and records were not selected with the intent of statistically projecting the results, although we have presented for perspective, where practicable, information concerning relevant population value or size and quantifications relative to the items selected for examination.

An audit by its nature does not include a review of all records and actions of agency management, staff, and vendors, and as a consequence, cannot be relied upon to identify all instances of noncompliance, fraud, waste, abuse, or inefficiency.

In conducting our audit, we:

- Reviewed applicable laws, rules, Department policies and procedures, and other guidelines, and interviewed Department personnel to obtain an understanding of State nursing home and Domiciliary resident admissions processes and responsibilities.
- Inquired of Department management regarding whether the Department made any expenditures or entered into any contracts under the authority granted by an applicable state of emergency during the period July 2021 through March 2023.
- Evaluated whether the Department had established and biennially reviewed and approved policies and procedures governing resident admissions and services provided in Department nursing homes and the Domiciliary in accordance with Department policy and Agency for Health Care Administration (Agency) rules.
- From the population of 835 residents admitted to the Department's eight nursing homes and one Domiciliary during the period July 2021 through March 2023, examined Department records related to 50 selected residents (10 residents each from the Domiciliary and Cashe, Jacobson, Lopez, and Nininger nursing homes) to determine whether nursing home and Domiciliary admission controls promoted compliance with State law, Federal regulations, Agency rules, and Department policies and procedures.
- Reviewed applicable laws, rules, and other State guidelines to obtain an understanding of the legal framework governing Department operations.
- Interviewed nursing home and Domiciliary management, examined Department nursing home and Domiciliary admissions packets, and evaluated Department compliance with applicable statutory requirements for collecting and utilizing individuals' social security numbers.
- Observed, documented, and evaluated the effectiveness of selected Department processes and procedures for:
 - Managing FLAIR, MatrixCare, and network access privileges, settlement agreements, and fixed capital outlay.
 - The administration of tangible personal property in accordance with applicable guidelines. As of April 2023, the Department was responsible for tangible personal property with related acquisition costs totaling \$223,973,115.
 - The administration of Department contracts. As of March 2023, the Department was responsible for 27 active contracts totaling \$119,295,527.
- Communicated on an interim basis with applicable officials to ensure the timely resolution of issues involving controls and noncompliance.
- Performed various other auditing procedures, including analytical procedures, as necessary, to accomplish the objectives of the audit.

- Prepared and submitted for management response the findings and recommendations that are included in this report and which describe the matters requiring corrective actions. Management's response is included in this report under the heading **MANAGEMENT'S RESPONSE**.

AUTHORITY

Section 11.45, Florida Statutes, requires that the Auditor General conduct an operational audit of each State agency on a periodic basis. Pursuant to the provisions of Section 11.45, Florida Statutes, I have directed that this report be prepared to present the results of our operational audit.

A handwritten signature in blue ink that reads "Sherrill F. Norman". The signature is fluid and cursive, with the first name "Sherrill" and last name "Norman" clearly legible, and "F." as a middle initial.

Sherrill F. Norman, CPA
Auditor General

MANAGEMENT'S RESPONSE



James S. Hartsell,
Executive Director

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February 12, 2025

Ms. Sherrill F. Norman, Auditor General
State of Florida Auditor General
111 West Madison Street
Tallahassee FL 32399-1450

Dear Ms. Norman:

This letter is in response to your letter dated 13 January 2025, outlining the findings from your 2023 Operational Audit of the Florida Department of Veterans' Affairs (FDVA). Pursuant to Section 11.45(4)(d), Florida Statutes, we are providing our responses to the preliminary and tentative Operational Audit Findings and Recommendations.

FDVA has been proactive in making improvements since the guidance provided by the Auditor General's Operational Audit report. The agency strives for excellence in the operational processes and appreciates your efforts in assisting us in further improving our operations.

On behalf of FDVA I would like to thank your staff for their professionalism and expertise during the audit process. If you have any questions, please contact the Office of Inspector General at 727-518-3202 extension 5570.

Sincerely,

James S. Hartsell
Major General, United States Marine Corps (Ret.)
Executive Director

"Honoring those who served U.S."

Finding 1: Nursing home and Domiciliary processes for, and records related to, admissions need improvement to better demonstrate that residents are admitted in priority order and in accordance with applicable requirements.

- See attached report for details.

Recommendation: We recommend that Department management ensure that nursing home and Domiciliary process and recordkeeping controls are enhanced to ensure that resident admissions are made in accordance with priority requirements and applicable State law, Federal regulations, Agency rules, and Department policies and procedures. Additionally, we recommend that Department management update admissions policies and procedures to specify the types of acceptable documentation of proof of State residency.

Agency Response/Corrective Action Plan:

Homes Response: All admissions staff have been comprehensively trained on the regulations governing admissions to the SVNH, including laws related to resident eligibility, prioritization, and legal protections. The admissions checklist has been thoroughly reviewed and will be updated as necessary to align with current regulatory requirements and best practices. Staff have also been retrained on accurately completing and maintaining a prioritized waitlist, ensuring that completed applications are given consideration, and are admitted based first on their service-connected level, followed by medical and other relevant needs that the facility can safely accommodate, in accordance with accepted criteria from CMS, AHCA, and the VA.

To ensure ongoing compliance, the Deputy Director of Service Operations will conduct quarterly audits and use monitoring systems to verify that the admissions process remains consistent with all applicable laws, regulations, and organizational policies.

Finding 2: Department controls over the collection of nursing home and Domiciliary resident social security numbers need improvement to demonstrate compliance with State law.

- See attached report for details.

Recommendation: We recommend that Department management ensure that nursing home and Domiciliary SSN collection activities are reviewed pursuant to State law and all admissions forms that collect resident SSNs comply with statutory requirements for collection and use.

Agency Response/Corrective Action Plan:

Homes Response: To ensure compliance with Florida Statute Section 119.071(5) regarding the collection and use of Social Security Numbers (SSNs), the FDVA Homes Program has thoroughly reviewed its admissions process. Admission forms have been updated to clearly state the purpose of collecting SSNs, specify how the information is used, and confirm that SSNs are only obtained when legally required. These updates also include enhanced privacy statements emphasizing the confidentiality and protection of applicants' data.

In addition, admissions staff have been trained on proper SSN collection practices in accordance with the statute's requirements, including legal obligations and guidelines for safeguarding sensitive information. All updates, procedural changes, and training sessions will be fully documented to demonstrate compliance and to provide a reference for future audits.

Finding 3: Department controls over employee access to the Florida Accounting Information Resource Subsystem, MatrixCare, and the Department network need improvement to help prevent any improper or unauthorized use of access privileges.

- See attached report for details.

Recommendation: We recommend that Department management enhance IT user access privilege controls to ensure that Department records evidence:

- The authorization of all IT access privileges and the conduct of periodic reviews of the appropriateness of all assigned network and MatrixCare user access privileges.
- The immediate deactivation of network, FLAIR, and MatrixCare user access privileges upon a user's separation from Department employment.

Agency Response/Corrective Action Plan:

IT Response: FDVA IT department has completed replacing on prem equipment with a cloud-based solution consisting of new Active Directory and ICAM solutions. This includes new security and auditing functions that log not only ICAM changes but also Microsoft SharePoint, Exchange, Teams, and other Microsoft 365 applications. The new auditing capabilities allow much more granular reporting options than previous systems. FDVA IT has enhanced the network access request process by requiring all activity to be processed through an online form forcing more accuracy and the ability to ensure all requests are properly logged and stored in our ticketing system. FDVA IT has Implemented policy 5030.622 Enterprise Data Strategy and Governance. This outlines our EDSG framework, stakeholders, and responsibilities moving forward. Each Business Unit is responsible for selecting Data Stewards that are responsible for both ICAM access changes and periodic access reviews. FDVA IT is still the responsible party for network access and SSO solutions but inquiries regarding systems that are SaaS based or run by other government agencies with separate access management such as FLAIR and MatrixCare will need to be directed to the correct business unit for accurate responses. Due to the small size of the IT department, we are having to automate as much as possible and will be minimizing manual audits.

Fiscal Response: Fiscal is responsible for FLAIR. It is the supervisor's responsibility to let fiscal services - financial management know when to set employee's up with FLAIR access and when to remove employee's FLAIR access upon termination or employee no longer needing the access for their position. Since that rarely happens, fiscal services – financial management runs a separated employee report from PeopleFirst every Tuesday per SOP#40-607 which was updated 3/4/21, however, if the separated employee is not inactivated in PeopleFirst immediately then the PeopleFirst reports are not accurate. At that time, the report is compared to employee's who have FLAIR access and remove access from separated employee's who have access. If the person is on vacation the report is ran the following Tuesday.