

STATE BOARD OF ACCOUNTS
302 West Washington Street
Room E418
INDIANAPOLIS, INDIANA 46204-2769

FEDERAL COMPLIANCE AUDIT REPORT

OF THE

STATE OF INDIANA

July 1, 2022 to June 30, 2023



FILED

03/28/2024

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INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING
AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF THE FINANCIAL
STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

TO: THE HONORABLE ERIC J. HOLCOMB, THE MEMBERS OF THE GENERAL ASSEMBLY,
AND THE CITIZENS OF THE STATE OF INDIANA

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, 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 Indiana (State), as of and for the year ended June 30, 2023, and the related notes to the financial statements, which collectively comprise the State's basic financial statements and have issued our report thereon dated January 18, 2024. Our report includes a reference to other auditors who audited the financial statements of the Indiana Economic Development Corporation, Indiana Finance Authority, State Lottery Commission, Indiana Bond Bank, Indiana Housing and Community Development Authority, Indiana Board for Depositories, Indiana Secondary Market for Educational Loans Inc., Indiana Stadium and Convention Building Authority, White River State Park Development Commission, Ports of Indiana, Indiana State Fair Commission, Indiana Comprehensive Health Insurance Association, Indiana Political Subdivision Risk Management Commission, Indiana State Museum and Historic Sites Corporation, Indiana Motorsports Commission, Purdue University, Indiana University, Indiana Public Retirement System, State Police Pension Fund, State of Indiana 457 Deferred Compensation Retirement Plan, State of Indiana 401(a) Deferred Compensation Matching Retirement Plan, and External Investment Pool Custodial Fund, as described in our report on the State's financial statements. The financial statements of the Indiana State Fair Commission, Indiana Political Subdivision Risk Management Commission, Ports of Indiana, Indiana Public Retirement System, State Police Pension Fund, State of Indiana 457 Deferred Compensation Retirement Plan, and State of Indiana 401(a) Deferred Compensation Matching Retirement Plan were not audited in accordance with Government Auditing Standards, and accordingly, this report does not include reporting on internal control over financial reporting or compliance and other matters associated with the Indiana State Fair Commission, Indiana Political Subdivision Risk Management Commission, Ports of Indiana, Indiana Public Retirement System, State Police Pension Fund, State of Indiana 457 Deferred Compensation Retirement Plan, and State of Indiana 401(a) Deferred Compensation Matching Retirement Plan or that are reported on separately by those auditors who audited the financial statements of the Indiana Economic Development Corporation, Indiana Finance Authority, State Lottery Commission, Indiana Bond Bank, Indiana Housing and Community Development Authority, Indiana Board for Depositories, Indiana Secondary Market for Educational Loans Inc., Indiana Stadium and Convention Building Authority, White River State Park Development Commission, Indiana Comprehensive Health Insurance Association, Indiana State Museum and Historic Sites Corporation, Indiana Motorsports Commission, Purdue University, Indiana University, and External Investment Pool Custodial Fund.

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING
AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF THE FINANCIAL
STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*
(Continued)

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the State'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 the State's internal control. Accordingly, we do not express an opinion on the effectiveness of the State'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 combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the State's financial statements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency is a deficiency, or 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. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. We did identify certain deficiencies in internal control, as described in the accompanying Schedule of Findings and Questioned Costs as item 2023-001, that we consider to be a significant deficiency.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the State'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 determination of financial statement amounts. 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 instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards* and which are described in the accompanying Schedule of Findings and Questioned Costs as item 2023-001.


State of Indiana's Response to Findings

Government Auditing Standards requires the auditor to perform limited procedures on the State's response to findings identified in our audit and described in the accompanying Schedule of Findings and Questioned Costs. The State's response to the findings identified in our audit is described in the accompanying Corrective Action Plan. The State's response was not subjected to the auditing procedures applied in the audit of the financial statements, and, accordingly, we express no opinion on it.

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING
AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF THE FINANCIAL
STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*
(Continued)

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 State'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 State's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.


Paul D. Joyce, CPA
State Examiner

January 18, 2024, except for the Schedule of Expenditures
of Federal Awards, for which the date is March 28, 2024



INDEPENDENT AUDITOR'S REPORT 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

TO: THE HONORABLE ERIC J. HOLCOMB, THE MEMBERS OF THE GENERAL ASSEMBLY,
AND THE CITIZENS OF THE STATE OF INDIANA

Report on Compliance for Each Major Federal Program

Qualified and Unmodified Opinions

We have audited the State of Indiana's (State) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2023. The State'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 Unemployment Insurance

In our opinion, except for the noncompliance described in the *Basis for Qualified and Unmodified Opinions* section of our report, the State complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on the Unemployment Insurance program for the year ended June 30, 2023.

Qualified Opinion on Food Distribution Cluster

In our opinion, except for the possible effects of the matter described in the *Basis for Qualified and Unmodified Opinions* section of our report, the State complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on the Food Distribution Cluster for the year ended June 30, 2023.

Qualified Opinion on Title I Grants to Local Educational Agencies

In our opinion, except for the possible effects of the matter described in the *Basis for Qualified and Unmodified Opinions* section of our report, the State complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on the Title I Grants to Local Educational Agencies program for the year ended June 30, 2023.

INDEPENDENT AUDITOR'S REPORT 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
(Continued)

Qualified Opinion on Supporting Effective Instruction State Grant

In our opinion, except for the possible effects of the matter described in the *Basis for Qualified and Unmodified Opinions* section of our report, the State complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on the Supporting Effective Instruction State Grant program for the year ended June 30, 2023.

Qualified Opinion on COVID-19 - Education Stabilization Fund

In our opinion, except for the possible effects of the matter described in the *Basis for Qualified and Unmodified Opinions* section of our report, the State complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on COVID-19 - Education Stabilization Fund program for the year ended June 30, 2023.

Qualified Opinion on Special Education Cluster

In our opinion, except for the possible effects of the matter described in the *Basis for Qualified and Unmodified Opinions* section of our report, the State complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on the Special Education Cluster for the year ended June 30, 2023.

Qualified Opinion on Temporary Assistance for Needy Families

In our opinion, except for the possible effects of the matter described in the *Basis for Qualified and Unmodified Opinions* section of our report, the State complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on the Temporary Assistance for Needy Families program for the year ended June 30, 2023.

Qualified Opinion on CCDF Cluster

In our opinion, except for the possible effects of the matter described in the *Basis for Qualified and Unmodified Opinions* section of our report, the State complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on the CCDF Cluster for the year ended June 30, 2023.

Unmodified Opinion on Each of the Other Major Federal Programs

In our opinion, the State complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its other major federal programs 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.

INDEPENDENT AUDITOR'S REPORT 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
(Continued)

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 and to meet our other ethical responsibilities, in accordance with 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 opinion on compliance for each major federal program. Our audit does not provide a legal determination of the State's compliance with the compliance requirements referred to above.

Matters Giving Rise to Qualified Opinion on Unemployment Insurance

As described in the accompanying Schedule of Findings and Questioned Costs, the State did not comply with requirements regarding 17.225 Unemployment Insurance, as described in items 2023-002 and 2023-003 for Activities Allowed or Unallowed, Allowable Costs/Cost Principles, Eligibility and Special Tests and Provisions - UI Reemployment Programs: Worker Profiling and Reemployment Services (WPRS) and Reemployment Services and Eligibility Assessments (RESEA). Compliance with such requirements is necessary, in our opinion, for the State to comply with the requirements applicable to that program.

Matters Giving Rise to Qualified Opinion on Title I Grants to Local Educational Agencies

As described in the accompanying Schedule of Findings and Questioned Costs, the State did not comply with requirements regarding 84.010 Title I Grants to Local Educational Agencies, as described in items 2023-018 and 2023-020 for Special Tests and Provisions - Oversight and Monitoring Responsibilities with Respect to Charter Schools with Relationships with Charter Management Organizations and Subrecipient Monitoring. Compliance with such requirements is necessary, in our opinion, for the State to comply with the requirements applicable to that program.

Matters Giving Rise to Qualified Opinion on Supporting Effective Instruction State Grant

As described in the accompanying Schedule of Findings and Questioned Costs, the State did not comply with requirements regarding 84.367 Supporting Effective Instruction State Grant, as described in items 2023-022 and 2023-024 for Special Tests and Provisions - Oversight and Monitoring Responsibilities with Respect to Charter Schools with Relationships with Charter Management Organizations and Subrecipient Monitoring. Compliance with such requirement is necessary, in our opinion, for the State to comply with the requirements applicable to that program.

Matter Giving Rise to Qualified Opinion on COVID-19 - Education Stabilization Fund

As described in the accompanying Schedule of Findings and Questioned Costs, the State did not comply with requirements regarding 84.425 COVID-19 - Education Stabilization Fund, as described in item 2023-026 for Subrecipient Monitoring. Compliance with such requirement is necessary, in our opinion, for the State to comply with the requirements applicable to that program.

INDEPENDENT AUDITOR'S REPORT 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
(Continued)

Matter Giving Rise to Qualified Opinion on Temporary Assistance for Needy Families

As described in the accompanying Schedule of Findings and Questioned Costs, the State did not comply with requirements regarding 93.558 Temporary Assistance for Needy Families, as described in item 2023-029 for Special Tests and Provisions - Child Support Non-Cooperation. Compliance with such requirement is necessary, in our opinion, for the State to comply with the requirements applicable to that program.

Matter Giving Rise to Qualified Opinion on CCDF Cluster

As described in the accompanying Schedule of Findings and Questioned Costs, the State did not comply with requirements regarding the CCDF Cluster, as described in item 2023-030 for Period of Performance. Compliance with such requirement is necessary, in our opinion, for the State to comply with the requirements applicable to that program.

Matter Giving Rise to Qualified Opinion on Food Distribution Cluster

As described in the accompanying Schedule of Findings and Questioned Costs, we were unable to obtain sufficient appropriate audit evidence supporting the compliance of the State with the Food Distribution Cluster, as described in item 2023-010 for Cash Management. Consequently, we were unable to determine whether the State complied with those requirements applicable to that program.

Matter Giving Rise to Qualified Opinion on Special Education Cluster

As described in the accompanying Schedule of Findings and Questioned Costs, we were unable to obtain sufficient appropriate audit evidence supporting the compliance of the State with the Special Education Cluster, as described in item 2023-027 for Matching, Level of Effort, Earmarking. Consequently, we were unable to determine whether the State complied with those requirements applicable to that program.

Other Matter - Federal Expenditures Not Included in the Compliance Audit

The State's basic financial statements include the operations of Purdue University, Indiana University, Indiana State University, Ball State University, Vincennes University, University of Southern Indiana, Ivy Tech Community College, Indiana Finance Authority, Indiana Economic Development Corporation, and the Indiana Housing and Community Development Authority, which expended \$3,451,995,795 in federal awards that are not included in the State's Schedule of Expenditures of Federal Awards during the year ended June 30, 2023. Our compliance audit, described in the *Qualified and Unmodified Opinions* paragraph, does not include the operations of Purdue University, Indiana University, Indiana State University, Ball State University, Vincennes University, University of Southern Indiana, Ivy Tech Community College, Indiana Finance Authority, Indiana Economic Development Corporation, and the Indiana Housing and Community Development Authority as they are legally separate from the State and are subject to separate audits in accordance with Indiana state statutes or regulations including the audit requirements of the Uniform Guidance.

INDEPENDENT AUDITOR'S REPORT 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
(Continued)

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's federal programs.

Auditor's Responsibilities for the Audit of 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'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'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'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'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'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 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:

INDEPENDENT AUDITOR'S REPORT 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
(Continued)

Finding #	Assistance Listing Number	Program Name	Compliance Requirement
2023-004	17.225	Unemployment Insurance	Period of Performance
2023-005		WIOA Cluster	Period of Performance
2023-008	93.323	Epidemiology and Laboratory Capacity for Infectious Disease (ELC)	Reporting
2023-009	93.323	Epidemiology and Laboratory Capacity for Infectious Disease (ELC)	Subrecipient Monitoring
2023-011	97.036	Disaster Grants - Public Assistance (Presidentially Declared Disasters)	Reporting
2023-012	97.036	Disaster Grants - Public Assistance (Presidentially Declared Disasters)	Subrecipient Monitoring
2023-013	84.048	Career and Technical Education - Basic Grants to States	Subrecipient Monitoring
2023-015		Child Nutrition Cluster	Reporting
2023-016		Child Nutrition Cluster	Special Tests and Provisions - Accountability for USDA-Donated Foods
2023-017	84.010	Title I Grants to Local Educational Agencies	Reporting
2023-019	84.010	Title I Grants to Local Educational Agencies	Specials Tests and Provisions - Access to Federal Funds for New or Significantly Expanded Charter Schools
2023-021	84.367	Supporting Effective Instruction State Grants	Reporting
2023-023	84.367	Supporting Effective Instruction State Grants	Specials Tests and Provisions - Access to Federal Funds for New or Significantly Expanded Charter Schools
2023-032	93.959	Block Grants for Prevention and Treatment of Substance Abuse	Subrecipient Monitoring
2023-033	93.959	Block Grants for Prevention and Treatment of Substance Abuse	Reporting
2023-034		Medicaid Cluster	Activities Allowed or Unallowed, Allowable Costs/Cost Principals, and Eligibility
2023-035		Medicaid Cluster	Special Tests and Provisions - Medical Loss Ratio (MLR)
2023-036		Medicaid Cluster	Special Tests and Provisions - Managed Care Financial Audit
2023-037		Medicaid Cluster	Special Tests and Provisions - Provider Health and Safety Standards
2023-039	93.767	Children's Health Insurance Program	Special Tests and Provisions - Medical Loss Ratio (MLR)
2023-040	93.767	Children's Health Insurance Program	Special Tests and Provisions - Managed Care Financial Audit

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

Government Auditing Standards requires the auditor to perform limited procedures on the State's response to the noncompliance findings identified in our audit described in the accompanying Schedule of Findings and Questioned Costs. The State's response to the noncompliance findings identified in our audit is described in the accompanying Corrective Action Plan. The State's response was not subjected to the 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 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 deficiencies in internal control over compliance described in the accompanying Schedule of Findings and Questioned Costs to be material weaknesses:

INDEPENDENT AUDITOR'S REPORT 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
(Continued)

Finding #	Assistance Listing Number	Program Name	Compliance Requirement
2023-002	17.225	Unemployment Insurance	Activities Allowed or Unallowed, Allowable Costs/Cost Principals, and Eligibility
2023-003	17.225	Unemployment Insurance	Special Tests and Provisions - UI Reemployment Programs: Worker Profiling and Reemployment Services (WPRS) and Reemployment Services and Eligibility Assessments (RESEA)
2023-004	17.225	Unemployment Insurance	Period of Performance
2023-005		WIOA Cluster	Period of Performance
2023-006	66.605	Performance Partnership Grants	Reporting
2023-007	66.605	Performance Partnership Grants	Matching, Level of Effort, Earmarking
2023-008	93.323	Epidemiology and Laboratory Capacity for Infectious Disease (ELC)	Reporting
2023-009	93.323	Epidemiology and Laboratory Capacity for Infectious Disease (ELC)	Subrecipient Monitoring
2023-010		Food Distribution Cluster	Cash Management
2023-011	97.036	Disaster Grants-Public Assistance (Presidentially Declared Disasters)	Reporting
2023-012	97.036	Disaster Grants-Public Assistance (Presidentially Declared Disasters)	Subrecipient Monitoring
2023-013	84.048	Career and Technical Education - Basic Grants to States	Subrecipient Monitoring
2023-014	84.048	Career and Technical Education - Basic Grants to States	Activities Allowed or Unallowed, Allowable Costs/Cost Principals, Eligibility, and Period of Performance
2023-015		Child Nutrition Cluster	Reporting
2023-016		Child Nutrition Cluster	Special Tests and Provisions - Accountability for USDA-Donated Foods
2023-017	84.010	Title I Grants to Local Educational Agencies	Reporting
2023-018	84.010	Title I Grants to Local Educational Agencies	Special Tests and Provisions - Oversight and Monitoring Responsibilities with Respect to Charter Schools with Relationships with Charter Management Organizations (SEAs/LEAs)
2023-019	84.010	Title I Grants to Local Educational Agencies	Special Tests and Provisions - Access to Federal Funds for New or Significantly Expanded Charter Schools
2023-020	84.010	Title I Grants to Local Educational Agencies	Subrecipient Monitoring
2023-021	84.367	Supporting Effective Instruction State Grants	Reporting
2023-022	84.367	Supporting Effective Instruction State Grants	Special Tests and Provisions - Oversight and Monitoring Responsibilities with Respect to Charter Schools with Relationships with Charter Management Organizations (SEAs/LEAs)
2023-023	84.367	Supporting Effective Instruction State Grants	Special Tests and Provisions - Access to Federal Funds for New or Significantly Expanded Charter Schools
2023-024	84.367	Supporting Effective Instruction State Grants	Subrecipient Monitoring
2023-025	84.367	Supporting Effective Instruction State Grants	Matching, Level of Effort, Earmarking
2023-026	84.425	COVID-19 - Education Stabilization Fund	Subrecipient Monitoring
2023-027		Special Education Cluster	Matching, Level of Effort, Earmarking
2023-028		Special Education Cluster	Subrecipient Monitoring
2023-029	93.558	Temporary Assistance for Needy Families	Special Tests and Provisions - Child Support Non-Cooperation
2023-030		CCDF Cluster	Period of Performance
2023-031	93.959	Block Grants for Prevention and Treatment of Substance Abuse	Matching, Level of Effort, Earmarking
2023-034		Medicaid Cluster	Activities Allowed or Unallowed, Allowable Costs/Cost Principals, and Eligibility
2023-036		Medicaid Cluster	Special Tests and Provisions - Managed Care Financial Audit
2023-037		Medicaid Cluster	Special Tests and Provisions - Provider Health and Safety Standards
2023-038	93.767	Children's Health Insurance Program	Eligibility
2023-040	93.767	Children's Health Insurance Program	Special Tests and Provisions - Managed Care Financial Audit
2023-041	93.767	Children's Health Insurance Program	Matching, Level of Effort, Earmarking

A significant deficiency in internal control over compliance is a deficiency, or 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 deficiencies in internal control over compliance described in the accompanying Schedule of Findings and Questioned Costs to be significant deficiencies:

Finding #	Assistance Listing Number	Program Name	Compliance Requirement
2023-032	93.959	Block Grants for Prevention and Treatment of Substance Abuse	Subrecipient Monitoring
2023-033	93.959	Block Grants for Prevention and Treatment of Substance Abuse	Reporting
2023-035		Medicaid Cluster	Special Tests and Provisions - Medical Loss Ratio (MLR)
2023-039	93.767	Children's Health Insurance Program	Special Tests and Provisions - Medical Loss Ratio (MLR)

INDEPENDENT AUDITOR'S REPORT 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
(Continued)


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 require the auditor to perform limited procedures on the State'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'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, as of and for the year ended June 30, 2023, and the related notes to the financial statements, which collectively comprise the State's basic financial statements. We issued our report thereon dated January 18, 2024, which contained unmodified opinions on those financial statements. Our audit was performed 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 financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional 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.


Paul D. Joyce, CPA
State Examiner

March 28, 2024

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND ACCOMPANYING NOTES

The Schedule of Expenditures of Federal Awards and accompanying notes presented were prepared by management of the State. The schedule and notes are presented as intended by the State.

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STATE OF INDIANA
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
 July 1, 2022 to June 30, 2023

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Business Unit - Note 4	Grant Number	Final SEFA Amounts	
				Federal Awards Expended	Passed Through To Subrecipients
<u>U.S. Department of Agriculture</u>					
Plant and Animal Disease, Pest Control, and Animal Care	10.025	300	18-8218-1847-CA	2,763	-
			19-8218-1847-CA	1,073	-
			AP20PPQFO000C509	50,319	-
			AP20PPQFO000C514	(1,998)	-
			AP20PPQFO000C514	8,660	-
			AP21PPQFO000C252	40,084	26,534
			AP21PPQFO000C305	35,805	35,805
			AP21PPQFO000C306	17,270	-
			AP21PPQFO000C313	62	-
			AP21VSSP0000C012	1,832	-
			AP22VSSPRS00C070	110,554	-
			AP22VSSPRS00C072	53,972	-
			AP22VSSPRS00C136	116,178	-
			AP23VSSP0000C008	3,190	-
			AP23VSSPRS00C076	47,771	-
			AP23VSSPRS00C082	12,412	-
			SCN-1013295	21,427	-
Total For Program - Plant and Animal Disease, Pest Control, and Animal Care				<u>521,374</u>	<u>62,339</u>
Wildlife Services	10.028	300	AP21WSNWRC00C041	<u>21,241</u>	<u>21,241</u>
Total For Program - Wildlife Services				<u>21,241</u>	<u>21,241</u>
Voluntary Public Access and Habitat Incentive Program	10.093	300	NR2052KYXXXXG001	<u>232,190</u>	-
Total For Program - Voluntary Public Access and Habitat Incentive Program				<u>232,190</u>	-
Federal-State Marketing Improvement Program	10.156	36	AM190100XXXXG067	<u>79,303</u>	<u>79,303</u>
Total For Program - Federal-State Marketing Improvement Program				<u>79,303</u>	<u>79,303</u>
COVID-19 Specialty Crop Block Grant Program - Farm Bill	10.170	36	21SCBPIN1107-00	<u>71,108</u>	<u>71,108</u>
Subtotal for Program - COVID-19 Specialty Crop Block Grant Program - Farm Bill				<u>71,108</u>	<u>71,108</u>
Specialty Crop Block Grant Program - Farm Bill	10.170	36	21SCBPIN1041-00	168,696	168,129
			AM170200XXXXG003	31,820	31,820
			AM190100XXXXG007	208,135	184,535
			AM200100XXXXG043	147,423	147,423

STATE OF INDIANA
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
 July 1, 2022 to June 30, 2023

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Business Unit - Note 4	Grant Number	Final SEFA Amounts	
				Federal Awards Expended	Passed Through To Subrecipients
		36	AM22SCBPIN1155-00	26,008	26,008
Subtotal For Program - Specialty Crop Block Grant Program - Farm Bill				582,082	557,915
Total For Program - Specialty Crop Block Grant Program - Farm Bill				653,190	629,023
COVID-19 Food Bank Network	10.182	400	AM22LFPA0000C061	1,600,658	1,711,784
Total For Program - COVID-19 Food Bank Network				1,600,658	1,711,784
Cooperative Agreements with States for Intrastate Meat and Poultry Inspection	10.475	351	FI22A311INBAR001	385,461	-
		351	FI22A311INCSR001	116,830	-
		351	FI23A311INBAR001	1,400,000	-
Total For Program - Cooperative Agreements with States for Intrastate Meat and Poultry Inspection				1,902,291	-
Food Safety Cooperative Agreements	10.479	351	FI23A311INCSR001	325,423	-
Total For Program - Food Safety Cooperative Agreements				325,423	-
COVID-19 Farm and Ranch Stress Assistance Network Competitive Grants Program	10.525	36	2021-70035-35652	246,889	246,889
Total For Program - COVID-19 Farm and Ranch Stress Assistance Network Competitive Grants Program				246,889	246,889
SNAP Fraud Framework Implementation Grant	10.535	500	SNAP-FFIG-2021-IN	496,000	-
Total For Program - SNAP Fraud Framework Implementation Grant				496,000	-
Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) Data and Technical Assistance Grants	10.537	500	232IN099S8069	2,737	-
		500	FNS-SNAP-21-DATA-IN	509,351	-
Total For Program - Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) Data and Technical Assistance Grants				512,088	-
Child Nutrition-Technology Innovation Grant	10.541	718	218IN788N7603	62,000	-
Total For Program - Child Nutrition-Technology Innovation Grant				62,000	-

STATE OF INDIANA
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
 July 1, 2022 to June 30, 2023

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Business Unit - Note 4	Grant Number	Final SEFA Amounts	
				Federal Awards Expended	Passed Through To Subrecipients
SNAP Cluster					
Supplemental Nutrition Assistance Program	10.551	500	62100	615,908,469	-
		500	62100	<u>991,997,300</u>	<u>-</u>
Total For Program - Supplemental Nutrition Assistance Program				<u>1,607,905,769</u>	<u>-</u>
COVID-19 State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	10.561	500	222IN002F1003	6,081,895	-
		500	ESTIMATE	<u>6,349</u>	<u>-</u>
Subtotal for Program - COVID-19 State Administrative Matching Grants for the Supplemental Nutrition Assistance Program				<u>6,088,244</u>	<u>-</u>
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	10.561	400	212IN127Q3903	397	-
		400	222IN127Q3903	1,862,910	3,244,684
		400	232IN127Q3903	2,165,980	1,785,279
		500	202IN099S2519	509	-
		500	202IN099S8036	(922)	-
		500	212IN099S2514	(415,926)	-
		500	222IN099S2514	37,295,565	86,006
		500	222IN099S2519	1,503,219	-
		500	222IN126Q7503	740,558	-
		500	232IN099S2520	85,659	-
		500	EST-222IN099S2520	45,266	-
		500	222IN099S9007	2,642,576	-
		500	EST-232IN099S2514	53,149,636	-
500	EST-232IN099S2519	1,572,765	-		
500	EST-232IN099S9007	<u>1,676,715</u>	<u>-</u>		
Subtotal For Program - State Administrative Matching Grants for the Supplemental Nutrition Assistance Program				<u>102,324,907</u>	<u>5,115,969</u>
Total for Program - State Administrative Matching Grants for the Supplemental Nutrition Assistance Program				<u>108,413,151</u>	<u>5,115,969</u>
Total for Cluster - SNAP Cluster				<u>1,716,318,920</u>	<u>5,115,969</u>
Child Nutrition Cluster					
School Breakfast Program	10.553	110	222IN059N1199	35,521	-
		415	222IN059N1199	<u>2,399</u>	<u>-</u>

STATE OF INDIANA
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
 July 1, 2022 to June 30, 2023

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Business Unit - Note 4	Grant Number	Final SEFA Amounts	
				Federal Awards Expended	Passed Through To Subrecipients
		415	232IN059N1099-1199	8,528	-
		451	222IN059N1199	5,311	-
		550	222IN059N1199	16,899	16,899
		550	232IN059N1099-1199	18,682	-
		560	222IN059N1199	45,394	-
		615	232IN059N1099-1199	240,000	-
		718	71818IN109942BR	1,375	1,375
		718	71819IN109942BR	474	474
		718	71820IN109942BR	12,937	12,937
		718	71822IN109942BR	42,282,427	42,282,427
		718	71823IN109942BR	82,561,597	82,561,597
Total For Program - School Breakfast Program				<u>125,231,544</u>	<u>124,875,709</u>
National School Lunch Program	10.555	110	222IN059N1199	54,979	-
		415	222IN059N1199	4,504	-
		415	232IN059N1099-1199	16,114	-
		451	222IN059N1199	10,398	-
		550	222IN059N1199	40,564	40,564
		550	232IN059N1099-1199	36,731	-
		560	222IN059N1199	116,292	-
		615	232IN059N1099-1199	385,000	-
		718	Noncash Assistance	35,902,196	-
		718	202IN059N1099	1,204,913	1,204,913
		718	222IN059N1199	144,532,458	143,941,027
		718	222IN059N8903	41,080,081	41,080,081
		718	232IN059N1099-1199	273,246,575	273,246,575
		718	232IN059N8903	9,632,225	9,632,225
		718	2IN300059	132	132
		718	2IN300059	101,334	101,334
		718	2IN300059	1,015,137	1,015,137
Total For Program - National School Lunch Program				<u>507,379,633</u>	<u>470,261,988</u>
Special Milk Program	10.556	718	71822IN109942MK	36,055	36,055
		718	71823IN109942MK	69,496	69,496
Total For Program - Special Milk Program				<u>105,551</u>	<u>105,551</u>
Summer Feeding Program	10.559	718	Noncash Assistance	31,502	-
		718	71819IN109942SF	7,763	7,763
		718	71820IN109942SF	(22,208)	(22,208)
		718	71821IN109942SF	2,095,177	2,095,177

STATE OF INDIANA
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
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Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Business Unit - Note 4	Grant Number	Final SEFA Amounts	
				Federal Awards Expended	Passed Through To Subrecipients
		718	71822IN109942SF	7,983,824	7,694,954
		718	71823IN109942SF	<u>175,531</u>	<u>121,771</u>
Total for Summer Feeding Program				<u>10,271,589</u>	<u>9,897,457</u>
Fresh Fruit and Vegetable Program	10.582	718	222IN059L1603	921,253	921,253
		718	232IN059L1603	<u>2,832,931</u>	<u>2,832,931</u>
Total For Program - Fresh Fruit and Vegetable Program				<u>3,754,184</u>	<u>3,754,184</u>
Total for Cluster - Child Nutrition Cluster				<u>646,742,501</u>	<u>608,894,889</u>
WIC Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	400	172IN002W1006	(1,200)	-
		400	212IN002W1003	437,392	437,392
		400	222IN002W1003	15,981,907	-
		400	222IN002W1006	27,727,773	-
		400	222IN012W5003	481,813	481,813
		400	232IN012W5003	1,288,999	1,288,998
		400	EST-232IN002W1003	22,532,877	18,786,614
		400	EST-232IN002W1006	<u>84,551,444</u>	<u>-</u>
Total For Program - WIC Special Supplemental Nutrition Program for Women, Infants, and Children				<u>153,001,005</u>	<u>20,994,817</u>
COVID-19 Child and Adult Care Food Program	10.558	718	202IN059N2020	473	473
		718	212IN002H1706	1,262	1,262
		718	212IN059N2020	20,167	20,167
		718	222IN059N1150	671,084	671,084
		718	222IN059N2020	688,698	688,698
		718	232IN059N1150	1,286,751	1,286,751
		718	232IN059N2020	1,410,001	1,410,001
		718	2IN300059	1,096	1,096
		718	2IN300068	<u>28,320</u>	<u>28,320</u>
Subtotal for Program - COVID-19 Child and Adult Care Food Program				<u>4,107,852</u>	<u>4,107,852</u>
Child and Adult Care Food Program	10.558	700	70022IN109942CC	224,457	-
		700	70023IN109942CC	251,841	-
		718	71813IN109942CC	(1,129)	(1,129)
		718	71818IN109942CC	153	153
		718	71819IN109942CC	5,823	5,823
		718	71821IN109942CC	105,447	105,447

STATE OF INDIANA
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
 July 1, 2022 to June 30, 2023

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Business Unit - Note 4	Grant Number	Final SEFA Amounts	
				Federal Awards Expended	Passed Through To Subrecipients
		718	71822IN109942CC	16,954,830	17,033,070
		718	71823IN109942CC	<u>35,237,010</u>	<u>35,230,042</u>
Subtotal For Program - Child and Adult Care Food Program				<u>52,778,432</u>	<u>52,373,406</u>
Total for Program - Child and Adult Care Food Program				<u>56,886,284</u>	<u>56,481,258</u>
State Administrative Expenses for Child Nutrition	10.560	700	222IN260N2533	1,381,825	-
		700	232IN260N2533	1,342,582	-
		718	212IN260N2533	26,322	-
		718	222IN260N2533	1,022,999	-
		718	232IN260N2533	<u>1,582,430</u>	<u>-</u>
Total For Program - State Administrative Expenses for Child Nutrition				<u>5,356,158</u>	<u>-</u>
Food Distribution Cluster					
Commodity Supplemental Food Program	10.565	400	Noncash Assistance	2,247,700	-
		400	222IN001Y8005	234,838	235,033
		400	232IN001Y8005	<u>312,377</u>	<u>299,219</u>
Total For Program - Commodity Supplemental Food Program				<u>2,794,915</u>	<u>534,252</u>
COVID-19 Emergency Food Assistance Program (Administrative Costs)	10.568	400	222IN105P1103	<u>1,885,739</u>	<u>1,885,739</u>
Subtotal for COVID-19 Emergency Food Assistance Program (Administrative Costs)				<u>1,885,739</u>	<u>1,885,739</u>
Emergency Food Assistance Program (Administrative Costs)	10.568	400	222IN001Y8105	892,408	885,611
		400	222IN001Y8613	110,731	110,731
		400	228IN100I1003	290,887	290,887
		400	232IN001Y8105	61,147	-
		400	232IN001Y8105	387,100	387,100
		400	EST-232IN001Y8613	<u>66,139</u>	<u>66,139</u>
Subtotal For Program - Emergency Food Assistance Program (Administrative Costs)				<u>1,808,412</u>	<u>1,740,468</u>
Total For Program - Emergency Food Assistance Program (Administrative Costs)				<u>3,694,151</u>	<u>3,626,207</u>
Emergency Food Assistance Program (Food Commodities)	10.569	400	Noncash Assistance - TEFAP	22,524,705	-

STATE OF INDIANA
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
 July 1, 2022 to June 30, 2023

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Business Unit - Note 4	Grant Number	Final SEFA Amounts	
				Federal Awards Expended	Passed Through To Subrecipients
		400	Noncash Assistance - CCC	3,035,289	-
		400	Noncash Assistance - BBB	<u>2,331,626</u>	<u>-</u>
Total For Program - Emergency Food Assistance Program (Food Commodities)				<u>27,891,620</u>	<u>-</u>
Total for Cluster - Food Distribution Cluster				<u>34,380,686</u>	<u>4,160,459</u>
WIC Farmers' Market Nutrition Program (FMNP)	10.572	400	212IN001Y8607	40,488	-
		400	222IN001Y8604	22,830	-
		400	222IN001Y8607	39,540	-
		400	ESTIMATE	<u>7,821</u>	<u>-</u>
Total For Program - WIC Farmers' Market Nutrition Program (FMNP)				<u>110,679</u>	<u>-</u>
Team Nutrition Grants	10.574	718	2022IN350330	<u>40,678</u>	<u>-</u>
Total For Program - Team Nutrition Grants				<u>40,678</u>	<u>-</u>
Farm to School Grant Program	10.575	400	CN-F2S-FY20-SA-IN-01	51,874	12,963
		718	USDA-FNS-F2S-SA-FY22-IN1	<u>21,167</u>	<u>-</u>
Total For Program - Farm to School Grant Program				<u>73,041</u>	<u>12,963</u>
Senior Farmers Market Nutrition Program	10.576	400	212IN001Y8313	20,515	-
		400	222IN001Y8313/14	2,182	4,407
		400	ESTIMATE	<u>1,250</u>	<u>-</u>
Total For Program - Senior Farmers Market Nutrition Program				<u>23,947</u>	<u>4,407</u>
Child Nutrition Discretionary Grants Limited Availability	10.579	718	202IN811N8103	8,320	8,320
		718	212IN811N8103	<u>475,560</u>	<u>475,560</u>
Total For Program - Child Nutrition Discretionary Grants Limited Availability				<u>483,880</u>	<u>483,880</u>
COVID-19 Pandemic EBT Administrative Costs	10.649	718	212IN120S9009	(3,063)	(3,063)
		718	222IN120S9009	<u>647,119</u>	<u>647,119</u>
Total For Program - COVID-19 Pandemic EBT Administrative Costs				<u>644,056</u>	<u>644,056</u>
Forestry Research	10.652	300	16-JV-11242305-102	<u>(53)</u>	<u>-</u>
Total For Program - Forestry Research				<u>(53)</u>	<u>-</u>

STATE OF INDIANA
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
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Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Business Unit - Note 4	Grant Number	Final SEFA Amounts	
				Federal Awards Expended	Passed Through To Subrecipients
Cooperative Forestry Assistance	10.664	300	15-DG-11420004-045	(3,764)	-
		300	16-DG-11420004-314	360	-
		300	17-DG-11420004-205	1,237	-
		300	18-DG-11420004-101	(15,282)	488
		300	18-DG-11420004-235	41,041	40,260
		300	19-DG-11420000-233	148,562	-
		300	20-DG-11094200-270	3,656	-
		300	20-DG-11094200-270	19,773	-
		300	20-DG-11094200-270	31,179	-
		300	20-DG-11094200-270	37,257	-
		300	20-DG-11094200-270	66,868	66,868
		300	21-DG-11094200-201	33	-
		300	21-DG-11094200-201	61,820	61,820
		300	21-DG-11094200-201	65,940	-
		300	21-DG-11094200-201	439,438	-
		300	22-DG-11094200-262	1,135	-
		300	22-DG-11094200-262	3,144	-
		300	22-DG-11094200-262	7,716	-
		300	22-DG-11094200-262	21,456	21,456
				300	22-DG-11094200-262
Total For Program - Cooperative Forestry Assistance				<u>993,339</u>	<u>190,892</u>
Forest Legacy Program	10.676	300	19-DG-11420000-230	(91)	-
Total For Program - Forest Legacy Program				<u>(91)</u>	<u>-</u>
Forest Health Protection	10.680	300	16-DG-11420004-311	144	-
		300	18-DG-11420004-065	(4,740)	-
		300	19-DG-11420000-232	4,740	-
		300	20-01-02	7,528	-
		300	21-01-02	9,876	-
		300	22-01-02	114,134	-
Total For Program - Forest Health Protection				<u>131,682</u>	<u>-</u>
Good Neighbor Authority	10.691	300	22-GN-11091200-001	8,069	-
Total For Program - Good Neighbor Authority				<u>8,069</u>	<u>-</u>
State & Private Forestry Cooperative Fire Assistance	10.698	300	19-DG-11420000-231	25,117	7,498
		300	20-DG-11094200-273	93,529	77,759

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Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Business Unit - Note 4	Grant Number	Final SEFA Amounts	
				Federal Awards Expended	Passed Through To Subrecipients
		300	21-DG-11094200-220	169,886	169,886
Total For Program - State & Private Forestry Cooperative Fire Assistance				288,532	255,143
Research Joint Venture and Cost Reimbursable Agreements	10.707	300	20-JV-11242305-086	77,872	-
Total For Program - Research Joint Venture and Cost Reimbursable Agreements				77,872	-
Environmental Quality Incentives Program	10.912	36	69-3A75-16-022	11,655	-
		300	NR1952KYXXXXC014	155,099	-
Total For Program - Environmental Quality Incentives Program				166,754	-
Regional Conservation Partnership Program	10.932	300	68-52KY-17-002	(265)	-
		300	NR1852KYXXXXC004	78,379	-
Total For Program - Regional Conservation Partnership Program				78,114	-
<u>Total - U.S. Department of Agriculture</u>				<u>2,622,458,700</u>	<u>699,989,312</u>
<u>U.S. Department of Commerce</u>					
State Digital Equity Planning Grants	11.032	57	18-30-DP250	6,429	-
Total For Program - State Digital Equity Planning Grants				6,429	-
Broadband Equity, Access, and Deployment Program	11.035	57	18-20-B297	793,664	-
Total For Program - Broadband Equity, Access, and Deployment Program				793,664	-
Economic Development Cluster					
COVID-19 Economic Adjustment Assistance	11.307	37	06-79-06360	4,661,167	-
Total For Program - COVID-19 Economic Adjustment Assistance				4,661,167	-
Total for Cluster - Economic Development Cluster				4,661,167	-
Coastal Zone Management Administration Awards	11.419	300	NA19NOS4190088	367,098	235,263
		300	NA20NOS4190036	248,416	52,902
		300	NA21NOS4190081	490,191	79,973

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Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Business Unit - Note 4	Grant Number	Final SEFA Amounts	
				Federal Awards Expended	Passed Through To Subrecipients
		300	NA22NOS4190081	205,316	20,676
Total For Program - Coastal Zone Management Administration Awards				1,311,021	388,814
Total - U.S. Department of Commerce				6,772,281	388,814
<u>U.S. Department of Defense</u>					
State Memorandum of Agreement Program for the Reimbursement of Technical Services	12.113	495	W912DY-20-2-0216	8,052	-
		495	W912DY-22-2-0216	57,794	-
Total For Program - State Memorandum of Agreement Program for the Reimbursement of Technical Services				65,846	-
Military Construction, National Guard	12.400	110	W912L9-17-2-2001	(35,314)	-
		110	W912L9-19-2-2001	8,720,344	-
Total For Program - Military Construction, National Guard				8,685,030	-
National Guard Military Operations and Maintenance (O&M) Projects	12.401	110	W912L9-18-2-1007	(265)	-
		110	W912L9-22-2-1007	753	-
		110	W912L9-23-2-1001	2,105	-
		110	W913L9-22-2-1001	14,510	-
		110	W913L9-22-2-1001	34,658	-
		110	2016 ARNG APP5	(26,591)	-
		110	WORKERS COMP	169,906	-
		110	W912L9-13-2-1001	(279)	-
		110	W912L9-14-2-1001	9,115	-
		110	W912L9-15-2-1001	32,514	-
		110	W912L9-16-2-1001	55,932	-
		110	W912L9-17-2-1001	(50,390)	-
		110	W912L9-17-2-1002	(57,832)	-
		110	W912L9-17-2-1005	(36,867)	-
		110	W912L9-17-2-1023F	732	-
		110	W912L9-17-2-1023T	6,154	-
		110	W912L9-18-2-1001	(233,385)	-
		110	W912L9-18-2-1002	1,909	-
		110	W912L9-18-2-1003	3,406	-
		110	W912L9-18-2-1004	(6,544)	-
		110	W912L9-18-2-1005	55,704	-
		110	W912L9-18-2-1007	(6,618)	-
		110	W912L9-18-2-1010	838	-
		110	W912L9-18-2-1011	688	-
		110	W912L9-18-2-1021F	(5,279)	-
		110	W912L9-18-2-1021T	5,179	-

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				Federal Awards Expended	Passed Through To Subrecipients
		110	W912L9-18-2-1023F	324	-
		110	W912L9-18-2-1023T	(122,818)	-
		110	W912L9-18-2-1024F	(94,965)	-
		110	W912L9-18-2-1040	4,136	-
		110	W912L9-19-2-1001	(51,882)	-
		110	W912L9-19-2-1002	31,344	-
		110	W912L9-19-2-1003	2,796	-
		110	W912L9-19-2-1004	420	-
		110	W912L9-19-2-1005	2,057	-
		110	W912L9-19-2-1007	27,125	-
		110	W912L9-19-2-1010	(113)	-
		110	W912L9-19-2-1014	165	-
		110	W912L9-19-2-1021F	44,081	-
		110	W912L9-19-2-1021T	46,387	-
		110	W912L9-19-2-1023F	1,581	-
		110	W912L9-19-2-1023T	37,296	-
		110	W912L9-19-2-1024F	25,792	-
		110	W912L9-19-2-1040	14,503	-
		110	W912L9-20-2-1001	592,887	-
		110	W912L9-20-2-1002	27,235	-
		110	W912L9-20-2-1005	(938)	-
		110	W912L9-20-2-1007	(277)	-
		110	W912L9-21-2-1001	13,814,339	-
		110	W912L9-21-2-1002	253,000	-
		110	W912L9-21-2-1003	15,895	-
		110	W912L9-21-2-1004	12,215	-
		110	W912L9-21-2-1005	962	-
		110	W912L9-21-2-1007	124,688	-
		110	W912L9-21-2-1011	31,939	-
		110	W912L9-21-2-1014	23	-
		110	W912L9-21-2-1021F	4,407	-
		110	W912L9-21-2-1021T	(400)	-
		110	W912L9-21-2-1023T	(16,100)	-
		110	W912L9-21-2-1024	257	-
		110	W912L9-21-2-1040	(342)	-
		110	W912L921-21-1023F	(176)	-
		110	W912L9-22-2-1001	35,501,643	-
		110	W912L9-22-2-1002	658,063	-
		110	W912L9-22-2-1003	1,908,711	-
		110	W912L9-22-2-1004	261,475	-
		110	W912L9-22-2-1005	537,784	-
		110	W912L9-22-2-1007	1,694,042	-
		110	W912L9-22-2-1010	29,411	-
		110	W912L9-22-2-1011	28,092	-
		110	W912L9-22-2-1014	186,366	-
		110	W912L9-22-2-1021F	548,618	-
		110	W912L9-22-2-1021T	729,588	-

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				Federal Awards Expended	Passed Through To Subrecipients
		110	W912L9-22-2-1022F	15,807	-
		110	W912L9-22-2-1022T	568	-
		110	W912L9-22-2-1023F	121,655	-
		110	W912L9-22-2-1023T	170,638	-
		110	W912L9-22-2-1024F	490,143	-
		110	W912L9-22-2-1031	1,183,595	-
		110	W912L9-22-2-1040	243,922	-
		110	W912L9-23-2-1001	19,035,048	-
		110	W912L9-23-2-1002	1,127,538	-
		110	W912L9-23-2-1003	1,705,084	-
		110	W912L9-23-2-1004	186,452	-
		110	W912L9-23-2-1005	1,425,621	-
		110	W912L9-23-2-1007	1,467,819	-
		110	W912L9-23-2-1010	67,334	-
		110	W912L9-23-2-1014	95,838	-
		110	W912L9-23-2-1021F	1,338,262	-
		110	W912L9-23-2-1021T	1,375,188	-
		110	W912L9-23-2-1022F	40,383	-
		110	W912L9-23-2-1022T	2,473	-
		110	W912L9-23-2-1023F	251,013	-
		110	W912L9-23-2-1023T	476,768	-
		110	W912L9-23-2-1024F	1,332,254	-
		110	W912L9-23-2-1031F	70,226	-
		110	W912L9-23-2-1031T	13,662	-
		110	W912L9-23-2-1040	425,431	-
Total For Program - National Guard Military Operations and Maintenance (O&M) Projects				<u>89,544,411</u>	<u>-</u>
National Guard ChalleNGe Program					
	12.404	110	W912L9-13-2-4001	(724)	-
		110	W912L9-16-2-4001	(97,500)	-
		110	W912L9-17-0-4001	(31,975)	-
		110	W912L9-18-2-4001	161,204	-
		110	W912L9-19-2-4001	(70,360)	-
		110	W912L9-20-2-4001	(5,794)	-
		110	W912L9-21-2-4001	716,495	-
		110	W912L9-21-2-4002	110,602	-
		110	W912L9-22-2-4001	3,224,658	-
		110	W912L9-22-2-4002	318,002	-
		110	W912L9-23-2-4002	1,119,904	-
Total For Program - National Guard ChalleNGe Program				<u>5,444,512</u>	<u>-</u>
Total - U.S. Department of Defense				<u>103,739,799</u>	<u>-</u>
U.S. Department of Housing and Urban Development					

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				Federal Awards Expended	Passed Through To Subrecipients
COVID-19 Community Development Block Grants/State's program and Non-Entitlement Grants in Hawaii	14.228	38	B-20-DW-18-0001	5,297,190	5,137,013
Subtotal for Program - COVID-19 Community Development Block Grants/State's program and Non-Entitlement Grants in Hawaii				<u>5,297,190</u>	<u>5,137,013</u>
Community Development Block Grants/State's program and Non-Entitlement Grants in Hawaii	14.228	38	B-04-DC-180001	78,102	-
		38	B-07-DC-18-0001	83,430	-
		38	B-08-DI-18-0001	316,884	313,625
		38	B-16-DC-18-0001	116,627	116,627
		38	B-17-DC-18-0001	358,005	283,561
		38	B-18-DC-18-0001	1,816,672	1,813,666
		38	B-19-DC-18-0001	4,072,761	4,038,446
		38	B-20-DC-18-0001	12,580,914	12,549,173
		38	B-21-DC-18-0001	13,088,968	12,786,701
		38	B-21-RH-18-0001	70,395	70,395
		38	B-22-DC-18-0001	476,291	298,543
Subtotal For Program - Community Development Block Grants/State's program and Non-Entitlement Grants in Hawaii				<u>33,059,049</u>	<u>32,270,737</u>
Total for Program - Community Development Block Grants/State's program and Non-Entitlement Grants in Hawaii				<u>38,356,239</u>	<u>37,407,750</u>
COVID-19 Fair Housing Assistance Program State and Local	14.401	258	FF205K205008	29,654	-
Subtotal for Program - COVID-19 Fair Housing Assistance Program State and Local				<u>29,654</u>	<u>-</u>
Fair Housing Assistance Program State and Local	14.401	258	FF205K185008	31,374	-
		258	FF205K195008	137,557	-
		258	FF205K215008	24,000	-
		258	FF205K215008	137,880	-
		258	FF205K215008	171,951	-
		258	FF205K225008	378,787	-
Subtotal For Program - Fair Housing Assistance Program State and Local				<u>881,549</u>	<u>-</u>
Total for Program - Fair Housing Assistane Program State and Local				<u>911,203</u>	<u>-</u>
Total - U.S. Department of Housing and Urban Development				<u>39,267,442</u>	<u>37,407,750</u>

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				Federal Awards Expended	Passed Through To Subrecipients
<u>U.S. Department of the Interior</u>					
Energy Community Revitalization Program (ECRP)	15.018	300	D22AP00224-00	4,334,342	-
Total For Program - Energy Community Revitalization Program (ECRP)				<u>4,334,342</u>	<u>-</u>
Zoonotic Disease Initiative	15.069	300	F23AP00130-00	4,142	-
Total For Program - Zoonotic Disease Initiative				<u>4,142</u>	<u>-</u>
Regulation of Surface Coal Mining and Surface Effects of Underground Coal Mining	15.250	300	S18AP20004	(20)	-
		300	S19AP20003	(6)	-
		300	S20AP20010	43	-
		300	S21AP20004-02	(161)	-
		300	S22AP00001-03	333,647	-
Total For Program - Regulation of Surface Coal Mining and Surface Effects of Underground Coal Mining				<u>333,503</u>	<u>-</u>
Abandoned Mine Land Reclamation (AMLR)	15.252	300	S15AF20018	(64)	-
		300	S16AF20014	(36)	-
		300	S18AF20028	16	-
		300	S19AF20048	1,251,082	7,412
		300	S20AF20040	312,316	82,932
		300	S21AF10016-00	1,871,408	-
		300	S23AF00051-00	35,738	-
Total For Program - Abandoned Mine Land Reclamation (AMLR)				<u>3,470,460</u>	<u>90,344</u>
<u>Fish and Wildlife Cluster</u>					
Sport Fish Restoration	15.605	300	F18AF00052	(94)	-
		300	F20AF00039	14,727	-
		300	F20AF00068	240,442	-
		300	F21AF00324	116,492	-
		300	F21AF01558-00	23,161	-
		300	F21AF01691-00	5,461	-
		300	F21AF03838	60,333	60,333
		300	F22AF02067-00	373,293	-
		300	F22AF02533-00	148,633	-
		300	F22AF02981-00	2,564,096	-

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				Federal Awards Expended	Passed Through To Subrecipients
		300	F22AF03034-00	950,783	-
Total For Program - Sport Fish Restoration				<u>4,497,327</u>	<u>60,333</u>
Wildlife Restoration and Basic Hunter Education	15.611	300	F18AF00609	160,176	160,176
		300	F18AF00696	(52)	-
		300	F19AF00053	140,394	140,394
		300	F19AF00443	(1,041)	-
		300	F19AF00841	172,907	172,907
		300	F20AF00051	17,867	17,867
		300	F20AF00074	192,404	192,404
		300	F20AF10063-00	1,336,664	-
		300	F20AF10944	56,357	56,357
		300	F20AF10970-00	43,061	43,061
		300	F20AF11151-00	280,880	280,880
		300	F20AF11703-00	127,206	127,206
		300	F20AF11744-00	239,943	239,943
		300	F21AF00876-00	104,713	-
		300	F21AF00897	45	-
		300	F21AF01218-00	128,497	-
		300	F21AF02467-00	734,646	58,122
		300	F21AF02538-00	1,036,805	-
		300	F21AF02626-00	541,500	-
		300	F21AF02656	6,860,785	-
		300	F21AF02923	<u>10,661</u>	<u>10,661</u>
Total For Program - Wildlife Restoration and Basic Hunter Education				<u>12,184,418</u>	<u>1,499,978</u>
Enhanced Hunter Education and Safety	15.626	300	F17AF00677	(289)	-
		300	F21AF03716-00	<u>82,135</u>	<u>-</u>
Total For Program - Enhanced Hunter Education and Safety				<u>81,846</u>	<u>-</u>
Total for Cluster - Fish and Wildlife Cluster				<u>16,763,591</u>	<u>1,560,311</u>
Fish and Wildlife Management Assistance	15.608	300	F20AP11165	238,366	-
		300	F21AP02916	341,364	-
		300	F21AP03416-00	65,256	-
		300	F22AP02587-00	49,004	-
		300	F22AP03528	<u>44,098</u>	<u>-</u>
Total For Program - Fish and Wildlife Management Assistance				<u>738,088</u>	<u>-</u>

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				Federal Awards Expended	Passed Through To Subrecipients
Cooperative Endangered Species Conservation Fund	15.615	300	F21AP00640-00	32,145	32,145
Total For Program - Cooperative Endangered Species Conservation Fund				<u>32,145</u>	<u>32,145</u>
Clean Vessel Act	15.616	495	F17AP01033	84,646	3,000
Total For Program - Clean Vessel Act				<u>84,646</u>	<u>3,000</u>
State Wildlife Grants	15.634	300	F16AF00545	1,785	-
		300	F17AF01149	8,534	8,534
		300	F18AF00082	41,555	41,555
		300	F19AF00476	225,496	225,496
		300	F19AF00844	3,575	-
		300	F20AF11661-00	8,072	-
		300	F21AF00303-00	3,210	-
		300	F21AF03829	472,173	-
		300	F21AP01228-00	23,830	-
		300	F22AF00644	31,071	31,071
		300	F22AF01066	25,576	25,576
		300	F23AF00059-0	5,825	5,825
Total For Program - State Wildlife Grants				<u>850,702</u>	<u>338,057</u>
Endangered Species Recovery Implementation	15.657	300	F20AP00014	(871)	-
		300	F21AP00917-00	23,911	-
		300	F22AP00182	10,000	-
Total For Program - Endangered Species Recovery Implementation				<u>33,040</u>	<u>-</u>
Great Lakes Restoration	15.662	300	F18AC00016	46,387	-
		300	F21AP00425-00	38,561	-
		300	F22AP00194	289,281	-
Total For Program - Great Lakes Restoration				<u>374,229</u>	<u>-</u>
Historic Preservation Fund Grants-In-Aid	15.904	300	P19AF00032	1	-
		300	P21AF11019-00	371,612	351,619
		300	P22AF00869-00	485,867	122,090
		300	P23AF01074-00	47,391	-
Total For Program - Historic Preservation Fund Grants-In-Aid				<u>904,871</u>	<u>473,709</u>
Outdoor Recreation Acquisition, Development and Planning	15.916	300	18-00604 P18AP00218	74,836	74,836
		300	18-00612 P18AP00386	361,557	361,557
		300	18-00613 P19AP00202	61,931	61,931

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				Federal Awards Expended	Passed Through To Subrecipients
		300	18-00616 P19AP00027	16,726	16,726
		300	18-00617 P19AP00028	200,000	200,000
		300	P19AP00316 / 18-00619	149,588	149,588
		300	P19AP00317 / 18-00615	20,000	20,000
		300	P19AP00319 / 18-00626	3,284	-
		300	P20AP000048 - 18-00639	206,500	206,500
		300	P20AP00050 - 18-00637	8,497	8,497
		300	P20AP00051 - 18-00635	250,000	250,000
		300	P20AP00052 - 18-00634	68,449	68,449
		300	P20AP00247-18-00629	6,187	6,187
		300	P20AP00249/18-00632	219,246	219,246
		300	P21AP10467-00	188,151	188,151
		300	P21AP10551-00	175,700	175,700
		300	P21AP10642-00	122,739	122,739
		300	P21AP10738-00	131,982	131,982
		300	P21AP10935-00	70,973	70,973
		300	P21AP10938-00	248,963	248,963
		300	P21AP10939-00	367,750	367,750
		300	P21AP10941-00	23,412	11,500
		300	P21AP11072-00	142,630	142,630
		300	P22AP02217-00	49,825	49,825
Total For Program - Outdoor Recreation Acquisition, Development and Planning				<u>3,168,926</u>	<u>3,153,730</u>
Total - U.S. Department of the Interior				<u>31,092,685</u>	<u>5,651,296</u>
<u>U.S. Department of Justice</u>					
Sexual Assault Services Formula Program	16.017	32	15JOVW-21-GG-00469-SASP	314,205	304,238
		32	15JOVW-22-GG-00357-SASP	60,155	53,523
		32	2019-KF-AX-0008	74,382	75,026
		32	2020-KF-AX-023	(233)	-
Total For Program - Sexual Assault Services Formula Program				<u>448,509</u>	<u>432,787</u>
COVID-19 Coronavirus Emergency Supplemental Funding Program	16.034	32	2020-VD-BX-0244	551,300	548,927
		100	2020-VD-BX-0244	148,360	-
		103	2020-VD-BX-0244	263,319	-
		615	2020-VD-BX-0244	1,500,000	-
Total For Program - COVID-19 Coronavirus Emergency Supplemental Funding Program				<u>2,462,979</u>	<u>548,927</u>

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				Federal Awards Expended	Passed Through To Subrecipients
Enhanced Training and Services to End Violence and Abuse of Women Later in Life	16.528	22	2020-EW-AX-K003	927	-
Total For Program - Enhanced Training and Services to End Violence and Abuse of Women Later in Life				<u>927</u>	<u>-</u>
Juvenile Justice and Delinquency Prevention	16.540	32	15PJDP-21-GG-04726-TITL	57,283	-
		32	2018-JX-FX-0058	5,300	5,300
		32	2019-JX-FX-0033	94,970	54,968
		32	2020-JX-FX-0046	43,739	49,972
		610	2020-JX-FX-0046	6,311	-
Total For Program - Juvenile Justice and Delinquency Prevention				<u>207,603</u>	<u>110,240</u>
Missing Children's Assistance	16.543	100	2020-MC-FX-K008	175,528	20,168
Total For Program - Missing Children's Assistance				<u>175,528</u>	<u>20,168</u>
State Justice Statistics Program for Statistical Analysis Centers	16.550	32	2020-86-CX-K024	67,231	-
Total For Program - State Justice Statistics Program for Statistical Analysis Centers				<u>67,231</u>	<u>-</u>
National Criminal History Improvement Program (NCHIP)	16.554	32	2020-RU-BX-K032	17,108	-
		100	2020-RU-BX-K032	564,400	-
Total For Program - National Criminal History Improvement Program (NCHIP)				<u>581,508</u>	<u>-</u>
Crime Victim Assistance	16.575	22	2018-V2-GX-0031	36,072	-
		32	15POVC-21-GG-00625-ASSI	819,541	816,650
		32	2016-VA-GX-0017	(43,607)	(16,132)
		32	2018-V2-GX-0031	11,595,124	10,976,009
		32	2019-V2-GX-0014	20,073,555	19,221,673
		32	2020-V2-GX-0011	6,851,213	6,833,546
		100	2018-V2-GX-0031	65	-
		100	2019-V2-GX-0014	23,221	-
		405	2018-V2-GX-0031	(10,972)	-
		405	2019-V2-GX-0014	2,597	-
		615	2018-V2-GX-0031	4,628,536	-
Total For Program - Crime Victim Assistance				<u>43,975,345</u>	<u>37,831,746</u>
Crime Victim Compensation	16.576	32	15POVC-21-GG-00427-COMP	1,173,335	926,400
		32	2018-V1-GX-0077	(2,928)	(2,928)

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				Federal Awards Expended	Passed Through To Subrecipients
		32	2019-V1-GX-0026	805,704	806,367
		32	2020-V1-GX-0010	<u>293,818</u>	<u>320,884</u>
Total For Program - Crime Victim Compensation				<u>2,269,929</u>	<u>2,050,723</u>
Crime Victim Assistance/Discretionary Grants	16.582	400	2019-V3-GX-K006	72,056	-
		400	2020-V3-GX-0165	<u>222,905</u>	<u>141,144</u>
Total For Program - Crime Victim Assistance/Discretionary Grants				<u>294,961</u>	<u>141,144</u>
Violence Against Women Formula Grants	16.588	22	15JOVW-21-GG-0544-STOP	29,316	-
		22	15JOVW-22-GG-00423-STOP	31,538	-
		32	15JOVW-21-GG-0544-STOP	1,509,460	1,507,589
		32	15JOVW-22-GG-00423-STOP	643,122	643,122
		32	2019-WF-AX-0005	456,435	309,439
		32	2020-WF-AX-0031	<u>211,030</u>	<u>203,994</u>
Total For Program - Violence Against Women Formula Grants				<u>2,880,901</u>	<u>2,664,144</u>
Residential Substance Abuse Treatment for State Prisoners	16.593	32	15PBJA-21-GG-00057-RSAT	46,143	46,143
		32	2018-J2-BX-0035	55,069	56,032
		32	2019-J2-BX-0029	22,245	(339)
		32	2020-J2-BX-0009	60,460	58,440
		615	2019-J2-BX-0029	<u>211,497</u>	<u>-</u>
Total For Program - Residential Substance Abuse Treatment for State Prisoners				<u>395,414</u>	<u>160,276</u>
State Criminal Alien Assistance Program	16.606	615	2013-AP-BX-0417	182,216	-
		615	2014-AP-BX-0152	117,004	-
		615	2016-AP-BX-0060	54,553	-
		615	2020-AP-BX-1156	<u>205,734</u>	<u>-</u>
Total For Program - State Criminal Alien Assistance Program				<u>559,507</u>	<u>-</u>
Project Safe Neighborhoods	16.609	32	15PBJA-21-GG-03022-GUNP	7,411	-
		32	15PBJA-21-GG-03023-GUNP	5,021	5,021
		32	2015-GP-BX-0001	(15,617)	(15,617)
		32	2018-GP-BX-0030	17,590	23,837
		32	2019-GP-BX-0074	82,525	85,980
		32	2019-GP-BX-0075	92,517	91,868
		32	2020-GP-BX-0006	132,927	120,770
		32	2020-GP-BX-0012	<u>121,419</u>	<u>110,653</u>
Total For Program - Project Safe Neighborhoods				<u>443,793</u>	<u>422,512</u>

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				Federal Awards Expended	Passed Through To Subrecipients
Public Safety Partnership and Community Policing Grants	16.710	100	15JCOPS22GG01891AHTF	23,316	-
		100	2018-HP-WX-0003	27,711	-
		100	2020-AM-WX-0001	315,205	-
		100	2020-HP-WX-0003	381,479	-
Total For Program - Public Safety Partnership and Community Policing Grants				747,711	-
Juvenile Mentoring Program	16.726	410	15PJDP-21-GG-02747-MENT	498,912	469,797
Total For Program - Juvenile Mentoring Program				498,912	469,797
PREA Program: Strategic Support for PREA Implementation	16.735	615	15PBJA-21-GG-00325-JAGP	69,441	-
		615	15PBJA-22-GG-01102-JAGP	14,809	-
Total For Program - PREA Program: Strategic Support for PREA Implementation				84,250	-
Edward Byrne Memorial Justice Assistance Grant Program	16.738	32	15PBJA-21-GG-00272-JAGX	1,564,883	1,442,845
		32	15PBJA-22-GG-00649-JAGX	270,971	270,971
		32	2018-DJ-BX-0665	(4,366)	-
		32	2019-DJ-BX-0018	23,194	34,383
		32	2020-DJ-BX-0007	465,085	255,489
		100	15PBJA-21-GG-00272-JAGX	213,178	-
		100	2019-DJ-BX-0018	152,580	-
		100	20-DJ-BX-0007	(558)	-
		103	15PBJA-22-GG-00649-JAGX	70,044	-
		103	20-DJ-BX-0007	81,998	-
		230	15PBJA-21-GG-00272-JAGX	91,125	-
		300	15PBJA-21-GG-00272-JAGX	45,361	-
		300	2019-DJ-BX-0018	72,915	-
		615	15PBJA-21-GG-00272-JAGX	19,414	-
		615	15PBJA-21-GG-00303-JAGS	52,982	-
		615	2018-DJ-BX-0665	75,576	-
		615	2020-DS-BX-0015	71,747	-
615	2020-XT-BX-0030	5,107	-		
Total For Program - Edward Byrne Memorial Justice Assistance Grant Program				3,271,236	2,003,688
DNA Backlog Reduction Program	16.741	100	15PBJA21GG03124DNAX	769,552	-
		100	15PBJA22GG01647DNAX	184,234	-
Total For Program - DNA Backlog Reduction Program				953,786	-

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				Federal Awards Expended	Passed Through To Subrecipients
Paul Coverdell Forensic Sciences Improvement Grant Program	16.742	32	15PBJA21GG02904COVE	8,643	-
		32	2020-CD-BX-0030	2,012	-
		100	15PBJA21GG02904COVE	341,347	-
		100	2020-CD-BX-0030	<u>2,151</u>	-
Total For Program - Paul Coverdell Forensic Sciences Improvement Grant Program				<u>354,153</u>	-
Support for Adam Walsh Act Implementation Grant Program	16.750	615	15PSMA-21-GG-02508-AWAX	42,227	-
		615	15PSMA-22-GG-00963-AWAX	450	-
		615	2019-AW-BX-0040	<u>37,765</u>	-
Total For Program - Support for Adam Walsh Act Implementation Grant Program				<u>80,442</u>	-
Harold Rogers Prescription Drug Monitoring Program	16.754	400	2018-AR-BX-K095	<u>45,347</u>	-
Total For Program - Harold Rogers Prescription Drug Monitoring Program				<u>45,347</u>	-
Second Chance Act Reentry Initiative	16.812	615	2020-SM-BX-0004	<u>133,936</u>	-
Total For Program - Second Chance Act Reentry Initiative				<u>133,936</u>	-
NICS Act Record Improvement Program	16.813	22	15PBJS21GK00196NARI	470,435	-
		22	2020-NS-BX-K012	734,007	-
		32	15PBJS21GK00196NARI	15,406	-
		32	2020-NS-BX-K012	<u>13,464</u>	-
Total For Program - NICS Act Record Improvement Program				<u>1,233,312</u>	-
Comprehensive Opioid, Stimulant, and other Substances Use Program	16.838	410	2018-AR-BX-K086	177,145	176,944
		410	2020-AR-BX-0135	<u>1,736,236</u>	<u>1,661,976</u>
Total For Program - Comprehensive Opioid, Stimulant, and other Substances Use Program				<u>1,913,381</u>	<u>1,838,920</u>
STOP School Violence	16.839	700	2018-YS-BX-0085	<u>63,676</u>	-
Total For Program - STOP School Violence				<u>63,676</u>	-
Equitable Sharing Program	16.922	46	60510	32,889	-
		100		<u>742,421</u>	-

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				Federal Awards Expended	Passed Through To Subrecipients
		190	IN0494715	7,987	-
Total For Program - Equitable Sharing Program				783,297	-
Domestic Cannabis Eradication/Suppression Program	16.U01	100	2022-63	385,471	-
		100	2023-63	103,736	-
Total For Program - Domestic Cannabis Eradication/Suppression Program				489,207	-
Total - U.S. Department of Justice				65,416,781	48,695,072
<u>U.S. Department of Labor</u>					
Labor Force Statistics	17.002	510	LM-34594-21-75-J-18	10,000	-
		510	LM-36144-22-75-J-18	288,003	-
		510	LM-38461-23-75-J-18	1,206,510	-
Total For Program - Labor Force Statistics				1,504,513	-
Compensation and Working Conditions	17.005	225	OS-36175-22-75-J-18 22	43,819	-
		225	OS-38492-23-75-J-18 23P/Q	117,945	-
Total For Program - Compensation and Working Conditions				161,764	-
<u>Employment Service Cluster</u>					
Employment Service/Wagner-Peyser Funded Activities	17.207	510	38729-22-55-A-18	10,835,016	780,859
		510	ES-33392-19-55-A-18	473,487	104,377
		510	ES-35344-20-55-A-18	2,981,452	221,612
		510	ES-36753-21-55-A-18	565,718	-
		510	ES-36753-21-55-A-18	3,133,832	2,162,908
		510	ES-38729-22-55-A-18	260,703	-
Total For Program - Employment Service/Wagner-Peyser Funded Activities				18,250,208	3,269,756
Jobs for Veterans State Grants	17.801	510	23555DV000033-01-00	1,933,864	142,254
		510	DV-37324-22-55-5-18	1,767,174	174,443
Total For Program - Jobs for Veterans State Grants				3,701,038	316,697
Total for Cluster - Employment Service Cluster				21,951,246	3,586,453

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				Federal Awards Expended	Passed Through To Subrecipients
COVID-19 Unemployment Insurance	17.225	510	UI-34714-20-55-A-18	1,027,542	-
		510	UI-34714-20-55-A-18	1,098,945	-
		510	UI-34714-20-55-A-18	1,980,300	-
		510	UI-34714-20-55-A-18	5,258,990	-
		510	UI-34714-20-55-A-18	16,139,302	-
Subtotal for Program - COVID-19 Unemployment Insurance				25,505,079	-
Unemployment Insurance	17.225	510	23A03UI039321	34,075,029	-
		510	ESTIMATE	99,074	-
		510	ESTIMATE	1,201,237	-
		510	NO. 13-20	10,906	-
		510	UI-34057-20-55-A-18	3,345,747	-
		510	UI-34495-20-60-A-18	55,968	33,731
		510	UI-35647-21-55-A-18	(425,438)	-
		510	UI-35703-21-55-A-18	1,433	-
		510	UI-36201-21-60-A-18	2,626,285	1,083,750
		510	UI-37063-21-55-A-18	2,660,542	-
		510	UI-37222-22-55-A-18	14,957,395	2,048
		510	UI-37279-22-55-A-18	178,351	-
		510	UI-37279-22-55-A-18	541,620	-
		510	UI-37980-22-60-A-18	3,054,906	2,824,659
		510	UI-38236-22-55-A-18	181,834	-
		8510	70070	192,523,693	-
SubtTotal For Program - Unemployment Insurance				255,088,582	3,944,188
Total for Program - Unemployment Insurance				280,593,661	3,944,188
Senior Community Service Employment Program	17.235	510	AD-36283-21-60-A-18	219,817	214,197
		510	AD-38273-22-60-A-18	1,374,502	1,223,672
Total For Program - Senior Community Service Employment Program				1,594,319	1,437,869
Trade Adjustment Assistance	17.245	510	TA-34442-20-55-A-18	1,913,307	-
		510	TA-36048-21-55-A-18	3,336,133	12
Total For Program - Trade Adjustment Assistance				5,249,440	12
WIOA Cluster					
WIOA Adult Program	17.258	510	AA-33228-19-55-A-18	1,088	-
		510	AA-34767-20-55-A-18	985,775	953,168
		510	AA-36318-21-55-A-18	6,235,009	5,696,110

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				Federal Awards Expended	Passed Through To Subrecipients
		510	AA-38528-22-55-A-18	8,575,543	7,542,982
Total For Program - WIOA Adult Program				<u>15,797,415</u>	<u>14,192,260</u>
WIOA Youth Activities	17.259	510	AA-33228-19-55-A-18	1,035,524	-
		510	AA-34767-20-55-A-18	965,121	880,272
		510	AA-36318-21-55-A-18	11,302,670	10,868,324
		510	AA-38528-22-55-A-18	<u>6,634,924</u>	<u>5,838,557</u>
Total For Program - WIOA Youth Activities				<u>19,938,239</u>	<u>17,587,153</u>
WIOA Dislocated Worker Formula Grants	17.278	510	AA-33228-19-55-A-18	740,916	-
		510	AA-34767-20-55-A-18	690,254	273,998
		510	AA-36318-21-55-A-18	7,421,923	7,263,169
		510	AA-38528-22-55-A-18	<u>5,997,998</u>	<u>4,800,286</u>
Total For Program - WIOA Dislocated Worker Formula Grants				<u>14,851,091</u>	<u>12,337,453</u>
Total for Cluster - WIOA Cluster				<u>50,586,745</u>	<u>44,116,866</u>
Workforce Data Quality Initiative (WDQI)	17.261	510	MI-36580-21-60-A-18	<u>709,390</u>	<u>581,860</u>
Total For Program - WIOA Pilots, Demonstrations, and Research Projects				<u>709,390</u>	<u>581,860</u>
Reentry Employment Opportunities	17.270	510	PE--36211-21-60-A-18	<u>94,087</u>	-
Total For Program - Reentry Employment Opportunities				<u>94,087</u>	-
COVID-19 Work Opportunity Tax Credit Program (WOTC)	17.271	500	WT-37910-22-55-A-18	<u>17,600</u>	-
Subtotal for Program - COVID-19 Work Opportunity Tax Credit Program (WOTC)				<u>17,600</u>	-
Work Opportunity Tax Credit Program (WOTC)	17.271	510	23A55WT039397	114,746	-
		510	WT-34110-20-55-A-18	84,272	-
		510	WT-35823-21-55-A-18	7,212	-
		510	WT-37910-22-55-A-18	<u>119,145</u>	-
Subtotal For Program - Work Opportunity Tax Credit Program (WOTC)				<u>325,375</u>	-
Total For Program - Work Opportunity Tax Credit Program (WOTC)				<u>342,975</u>	-
Temporary Labor Certification for Foreign Workers	17.273	400	FL-35994-21-55-A-18	21,000	-
		510	FL-35994-21-55-A-18	81,740	-

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				Federal Awards Expended	Passed Through To Subrecipients
		510	FL-38058-22-55-A-18	75,699	-
Total For Program - Temporary Labor Certification for Foreign Workers				<u>178,439</u>	-
COVID-19 WIOA National Dislocated Worker Grants / WIA National Emergency Grants	17.277	510	DW-34703-20-60-A-18	(21,138)	-
		510	DW-35020-20-60-A-18	<u>1,661,314</u>	<u>1,311,331</u>
Subtotal for Program - COVID-19 WIOA National Dislocated Worker Grants / WIA National Emergency Grants				<u>1,640,176</u>	<u>1,311,331</u>
WIOA National Dislocated Worker Grants / WIA National Emergency Grants	17.277	510	DW-33531-19-60-A-18	263,963	171,950
		510	DW-39220-22-60-A-18	<u>315,587</u>	-
Subtotal For Program - WIOA National Dislocated Worker Grants / WIA National Emergency Grants				<u>579,550</u>	<u>171,950</u>
Total For Program - WIOA National Dislocated Worker Grants / WIA National Emergency Grants				<u>2,219,726</u>	<u>1,483,281</u>
Apprenticeship USA Grants	17.285	510	AP-33485-19-60-A-18	446,792	443,744
		510	AP-35104-20-60-A-18	227,587	-
		510	AP-38633-22-60-A-18	<u>32,941</u>	-
Total For Program - Apprenticeship USA Grants				<u>707,320</u>	<u>443,744</u>
Occupational Safety and Health State Program	17.503	225	SP-36934-SP2	850,424	-
		225	SP-39074-SP3	<u>2,059,042</u>	-
Total For Program - Occupational Safety and Health State Program				<u>2,909,466</u>	-
Consultation Agreements	17.504	225	CS-36888-CS2	285,105	-
		225	ESTIMATE	<u>766,236</u>	-
Total For Program - Consultation Agreements				<u>1,051,341</u>	-
<u>Total - U.S. Department of Labor</u>				<u>369,854,432</u>	<u>55,594,273</u>
<u>U.S. Department of Transportation</u>					
COVID-19 Airport Improvement Program, COVID-19 Airports Programs, and Infrastructure Investment and Jobs Act Programs	20.106	800	3-18-0000-017-2019	53,488	-

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				Federal Awards Expended	Passed Through To Subrecipients
		800	3-18-0000-018-2020	362,813	-
		800	3-18-0000-019-2022	193,805	-
Total For Program - COVID-19 Airport Improvement Program, COVID-19 Airports Programs, and Infrastructure Investment and Jobs Act Programs				<u>610,106</u>	<u>-</u>
Highway Research and Development Program	20.200	800	15X0445060	31,659	-
		800	15X0445060 - 2019	50,694	-
		800	15X0445060 - 2021	50,536	-
Total For Program - Highway Research and Development Program				<u>132,889</u>	<u>-</u>
COVID-19 Highway Planning and Construction	20.205	800	N4510.851	96,814,748	83,756
Subtotal for Program - COVID-19 Highway Planning and Construction				<u>96,814,748</u>	<u>83,756</u>
Highway Planning and Construction	20.205	67	N4510.853	91,950	-
		300	693JJ21930000M940INRT1700	75,182	-
		800	15X0R49050-0000-028	36,448	-
		800	15X0R49050-0000-028	186,904	-
		800	2019-Z480	32,978	-
		800	2020-Z480	99,512	-
		800	2021-Z480	151,500	-
		800	21MP / 21SP	95,949	95,949
		800	23 U.S.C.115	190	-
		800	HEPP-0622-MULTI-0004	1,333,785	1,122,251
		800	N 4510.705	14,204	-
		800	N 4510.826	2,265,022	180,744
		800	N4510.646	2,056,363	951,335
		800	N4510.683	8,538,296	2,361,427
		800	N4510.742	(12,514)	39
		800	N4510.743	573,412	51,392
		800	N4510.745	1,302,747	531,250
		800	N4510.756	18,886	76,446
		800	N4510.765	173,125	155,185
		800	N4510.774	76,303	-
		800	N4510.788	8,298,521	219,374
		800	N4510.802	694,567	914,974
		800	N4510.812	1,868,649	312,136
		800	N4510.819	1,513,462	419,245
		800	N4510.828	35,105,675	1,550,300
		800	N4510.835	14,960,600	514,322
		800	N4510.837	56,080,971	5,888,352
		800	N4510.842	3,058,208	603,542
		800	N4510.852	17,296,283	66,027

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		800	N4510.853	117,562,337	15,311,904
		800	N4510.858	655,750,628	31,492,727
		800	N4510.861	34,036,362	209,605
		800	N4510.866	4,459,850	274,617
		800	N4510.870	214,242,754	11,169,438
		800	N4510.872	13,396,174	183,533
Subtotal For Program - Highway Planning and Construction				<u>1,195,435,283</u>	<u>74,656,114</u>
Total for Program - Highway Planning and Construction				<u>1,292,250,031</u>	<u>74,739,870</u>
Highway Training and Education	20.215	800	15X0446060-028	133,292	-
Total For Program - Highway Training and Education				<u>133,292</u>	<u>-</u>
FMCSA Cluster					
Motor Carrier Safety Assistance	20.218	100	69A3602130600MCG0IN	1,749,055	-
		100	69A3602230791MCG0IN	4,848,034	-
Total For Program - Motor Carrier Safety Assistance				<u>6,597,089</u>	<u>-</u>
Motor Carrier Safety Assistance High Priority Activities Grants and Cooperative Agreements	20.237	100	69A3602040540MH0IN	24,080	-
		100	69A3602140666MHP0IN	1,302,237	-
		100	69A3602240957MHP0IN	312,758	-
		800	69A3601840028MHP0IN	432,561	-
		800	69A3601940332MHP0IN	259,556	-
		800	69A3602040509MHP0IN	97,790	-
Total For Program - Motor Carrier Safety Assistance High Priority Activities Grants and Cooperative Agreements				<u>2,428,982</u>	<u>-</u>
Total for Cluster - FMCSA Cluster				<u>9,026,071</u>	<u>-</u>
Recreational Trails Program	20.219	300	693JJ22030000Z940INRT1800	176,005	176,005
		300	693JJ22030000Z940INRT1900	114,772	114,772
		300	693JJ22030000Z940INRT19006	141,000	141,000
		300	693JJ22130000Z940INRT20005	7,200	7,200
		300	693JJ22130000Z940INRT20004	228,085	228,085
		300	RT18009	(14,875)	(14,875)
		300	RT18007	3,456	3,456
		300	RT18008	4,768	4,768
		300	RT14(002)	(1)	-

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				Federal Awards Expended	Passed Through To Subrecipients
		300	RT16002	2,556	-
		300	RT17002	7,183	7,183
		300	RT17003	117,555	-
		300	RT18001	12	-
		300	RT19-001	12,099	-
		300	RT19003	12,245	-
		300	RT20-001	51,557	-
Total For Program - Recreational Trails Program				<u>863,617</u>	<u>667,594</u>
Commercial Driver's License Program Implementation Grant	20.232	22	69A3602040448CDL0IN	171,684	-
		22	69A3602140701CDL0IN	143,110	-
		22	69A3602240848CDL0IN	112,058	-
Total For Program - Commercial Driver's License Program Implementation Grant				<u>426,852</u>	<u>-</u>
Railroad Safety	20.301	800	FR-SPP-22-002	332	-
Total For Program - Railroad Safety				<u>332</u>	<u>-</u>
COVID-19 Formula Grants for Rural Areas and Tribal Transit Program	20.509	800	IN-2021-032-00	1,717,222	1,209,472
		800	IN-2021-033-00	2,117,127	-
		800	SECTION 5311 AND 5340	13,882,823	14,215,813
Subtotal for Program - COVID-19 Formula Grants for Rural Areas and Tribal Transit Program				<u>17,717,172</u>	<u>15,425,285</u>
Formula Grants for Rural Areas and Tribal Transit Program	20.509	800	IN-2019-020-00-5311	2,831,552	2,079,228
		800	IN-2021-031-00 5311	7,333,543	5,862,858
Subtotal For Program - Formula Grants for Rural Areas and Tribal Transit Program				<u>10,165,095</u>	<u>7,942,086</u>
Total for Program - Formula Grants for Rural Areas and Tribal Transit Program				<u>27,882,267</u>	<u>23,367,371</u>
Transit Services Programs Cluster					
Enhanced Mobility of Seniors and Individuals with Disabilities	20.513	800	IN-16-X010-00	3,648	-
		800	IN-2017-010-00	8	-
		800	IN-2019-013-00	(21,401)	-

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				Federal Awards Expended	Passed Through To Subrecipients
		800	IN-2020-024-00	180,982	-
Total For Program - Enhanced Mobility of Seniors and Individuals with Disabilities				163,237	-
Total for Cluster - Transit Services Programs Cluster				163,237	-
Federal Transit Cluster					
Buses and Bus Facilities Formula, Competitive, and Low or No Emissions Programs	20.526	800	IN-2020-029-00	96,249	96,249
		800	IN-2021-031-00 5339	519,600	519,600
Total For Program - Buses and Bus Facilities Formula, Competitive, and Low or No Emissions Programs				615,849	615,849
Total for Cluster - Federal Transit Cluster				615,849	615,849
Highway Safety Cluster					
State and Community Highway Safety	20.600	32	69A37518300004020INO	(118,697)	(118,697)
		32	69A37520300004020INO	255,207	203,741
		32	69A37521300004020INO	2,021,731	1,570,574
		32	69A37522300004020INO	1,921,297	521,785
		32	69A3752230SUP4020INO	28,710	-
		100	69A37521300004020INO	245,085	-
		100	69A37522300004020INO	231,497	-
		235	69A37520300004020INO	(1,501)	-
Total For Program - State and Community Highway Safety				4,583,329	2,177,403
National Priority Safety Programs	20.616	22	69A3752230000405CINO	3,409	-
		32	69A3751830000405DINL	1,394	1,394
		32	69A3751930000405BINH	257,825	257,825
		32	69A3751930000405CINO	27,463	(3,766)
		32	69A3751930000405DINL	11,427	-
		32	69A3752030000405BINH	138,837	42,396
		32	69A3752030000405DINL	297,780	77,634
		32	69A3752130000405BINH	447,527	517,204
		32	69A3752130000405CINO	12,808	-
		32	69A3752130000405DINL	215,709	204,633
		32	69A3752230000405CINO	460	-
		32	69A3752230000405DINL	1,044,329	437,167
		32	69A3752330000405DINL	90,495	10,495
		32	ESTIMATE	(13,239)	(13,239)

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				Federal Awards Expended	Passed Through To Subrecipients
		39	69A3752130000405DINL	138,455	-
		100	69A3752130000405DINL	146,084	-
		115	69A3751930000405dINL	(71,325)	-
		115	69A3752130000405DINL	261,324	-
		115	69A3752230000405DINL	105,133	-
		115	69A3752330000405DINL	67,859	-
		235	69A3751830000405FIN0	(6,553)	-
		235	69A3751930000405fin0	(22,538)	-
		235	69A3752030000405FIN1	(30,474)	-
		235	69A3752130000405FIN1	(28,602)	-
		400	69A3752130000405CIN0	106,518	-
Total For Program - National Priority Safety Programs				<u>3,202,105</u>	<u>1,531,743</u>
Total for Cluster - Highway Safety Cluster				<u>7,785,434</u>	<u>3,709,146</u>
Minimum Penalties for Repeat Offenders for Driving While Intoxicated	20.608	32	69A37519300001640INA	(1,754)	(1,754)
		32	69A37520300001640INA	24,550	(3,765)
		32	69A37521300001640INA	433,681	433,681
		32	69A37522300001640INA	308,065	308,065
		100	69A37522300001640INA	158,445	-
		230	69A37520300001640INA	117,389	-
		230	69A37521300001640INA	139,411	-
Total For Program - Minimum Penalties for Repeat Offenders for Driving While Intoxicated				<u>1,179,787</u>	<u>736,227</u>
2017 NHTSA 405F EST\$ from prior year. 08/08/17 FAIN Report 91,695.50 - no award letters. -153,304.50 adj needed	20.612	235	18X920405fin17	(11,530)	-
Total For Program - 2017 NHTSA 405F EST\$ from prior year. 08/08/17 FAIN Report 91,695.50 - no award letters. -153,304.50 adj needed				<u>(11,530)</u>	<u>-</u>
National Highway Traffic Safety Administration (NHTSA) Discretionary Safety Grants and Cooperative Agreements	20.614	32	693JJ92250126	110,762	-
		100	DTNH2217H00126	14,631	-
Total For Program - National Highway Traffic Safety Administration (NHTSA) Discretionary Safety Grants and Cooperative Agreements				<u>125,393</u>	<u>-</u>
Pipeline Safety Program State Base Grant	20.700	200	693JK32230004PLSB	8,238	-
		200	693JK32230012PGSB	375,234	-
		200	ESTIMATE	9,512	-

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				Federal Awards Expended	Passed Through To Subrecipients
		200	ESTIMATE	742,759	-
Total For Program - Pipeline Safety Program State Base Grant				1,135,743	-
Interagency Hazardous Materials Public Sector Training and Planning Grants	20.703	385	693JK31940014HMEP	621,524	355,902
		385	693JK32240055HMEP	82,375	19,345
Total For Program - Interagency Hazardous Materials Public Sector Training and Planning Grants				703,899	375,247
State Damage Prevention Program Grants	20.720	200	693JK322NF0007	59,043	-
Total For Program - State Damage Prevention Program Grants				59,043	-
PHMSA Pipeline Safety Program One Call Grant	20.721	200	693JK32240005PSOC	31,103	-
Total For Program - PHMSA Pipeline Safety Program One Call Grant				31,103	-
National Infrastructure Investments	20.933	800	1520C71E50 070	2,328,802	-
		800	1520C71E50 070	10,511,712	-
		800	A249-21-G200073	1,211,536	-
		800	A249-21-G200074	704,719	-
		800	Clear Path 465	3,421,160	-
Total For Program - National Infrastructure Investments				18,177,929	-
Total - U.S. Department of Transportation				1,361,291,344	104,211,304
<u>U.S. Department of Treasury</u>					
Equitable Sharing Program	21.016	46	63103	1,000	-
		100		401,928	-
Total For Program - Equitable Sharing				402,928	-
COVID-19 Coronavirus Relief Fund	21.019	57	CARES Act	45,921	-
		70	CARES Act	10,383,648	-
		80	CARES Act	1,103,786	-
		400	CARES Act	(101,279)	-
		503	CARES Act	(2,015,614)	-

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				Federal Awards Expended	Passed Through To Subrecipients
		510	CARES Act	88,467,373	
		719	CARES Act	(370,969)	(22,700)
Total For Program - COVID-19 Coronavirus Relief Fund				<u>97,512,866</u>	<u>(22,700)</u>
COVID-19 Emergency Rental Assistance Program	21.023	57	FY 2021	(137,654,708)	(137,654,708)
Total For Program - COVID-19 Emergency Rental Assistance Program				<u>(137,654,708)</u>	<u>(137,654,708)</u>
COVID-19 CORONAVIRUS STATE AND LOCAL FISCAL RECOVERY FUNDS	21.027	40	FY 2021	12,680,000	-
		57	FY 2021	756,924	-
		80	FY 2021	6,200,000	-
		100	FY 2021	4,864,940	-
		103	FY 2021	2,438,239	-
		300	FY 2021	10,950,290	122,977
		385	FY 2021	1,345,099	1,332,759
		400	FY 2021	8,870,232	-
		410	FY 2021	14,169,249	5,364,062
		615	FY 2021	2,072,469	-
		800	FY 2021	275,962,040	-
Total For Program - COVID-19 CORONAVIRUS STATE AND LOCAL FISCAL RECOVERY FUNDS				<u>340,309,482</u>	<u>6,819,798</u>
COVID-19 Coronavirus Capital Projects Fund	21.029	57	CPFFN0193	4,017	-
Total For Program - COVID-19 Coronavirus Capital Projects Fund				<u>4,017</u>	<u>-</u>
Total - U.S. Department of Treasury				<u>300,574,585</u>	<u>(130,857,610)</u>
<u>Equal Employment Opportunity Commission</u>					
Employment Discrimination_State and Local Fair Employment Practices Agency Contracts	30.002	258	EEC45015C0038	30	-
		258	EEC45015C0038P00004	79	-
		258	45310018C0046P00005	176,554	-
		258	45310021C0053	53,302	-
		258	54310021C0053P00001	14,572	-

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				Federal Awards Expended	Passed Through To Subrecipients
		258	45310018C0046	49,201	-
Total For Program - Employment Discrimination_State and Local Fair Employment Practices Agency Contracts				293,738	-
Total - Equal Employment Opportunity Commission				293,738	-
<u>General Services Administration</u>					
Donation of Federal Surplus Personal Property	39.003	61	Noncash Assistance	198,075	-
Total for Program - Donation of Federal Surplus Personal Property				198,075	-
Total - General Services Administration				198,075	-
<u>National Endowment for the Humanities</u>					
Promotion of the Arts Partnership Agreements	45.025	37	1863296-61-20	49,833	-
		705	1886879-61-21	203,422	148,869
		705	1903712-61-22	829,419	361,078
Total For Program - Promotion of the Arts Partnership Agreements				1,082,674	509,947
Promotion of the Humanities Division of Preservation and Access	45.149	730	PJ-287517-22	11,505	-
		730	PJ-50086-11	3,228	-
Total For Program - Promotion of the Humanities Division of Preservation and Access				14,733	-
Grants to States	45.310	615	LS-250210-OLS-21	38,015	-
		730	LS-2252459-OLS-22	2,052,344	-
		730	LS-249961-OLS-21	964,812	10,068
		730	LS-250210-OLS-21	1,848,046	1,444,596
Total For Program - Grants to States				4,903,217	1,454,664
Total - National Endowment for the Humanities				6,000,624	1,964,611
<u>Small Business Administration</u>					
Small Business Development Centers	59.037	705	SBAHQ20C0040	150,000	148,063
Total For Program - Small Business Development Centers				150,000	148,063

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				Federal Awards Expended	Passed Through To Subrecipients
COVID-19 Shuttered Venue Operators Grant Program	59.075	37	SBAHQ21SV008009	139,476	-
Total For Program - COVID-19 Shuttered Venue Operators Grant Program				139,476	-
Total - Small Business Administration				289,476	148,063
<u>U.S. Department of Veterans Affairs</u>					
All-Volunteer Force Educational Assistance	64.124	160	V101(223C)	56,045	-
		160	V101(223C) FY2022	161,817	-
		160	V101(223C) FY2023	247,580	-
Total For Program - All-Volunteer Force Educational Assistance				465,442	-
Veterans Cemetery Grants Program	64.203	160	IN-18-04	11,427	-
		160	IN-19-05	197,663	-
Total For Program - Veterans Cemetery Grants Program				209,090	-
Total - U.S. Department of Veterans Affairs				674,532	-
<u>Environmental Protection Agency</u>					
State Indoor Radon Grants	66.032	400	K1 - 00E13111 - 0	51,950	61,883
		400	K1 - 00E13112 - 0	53,148	45,522
		400	K1-00E13110 - 0	764	-
Total For Program - State Indoor Radon Grants				105,862	107,405
Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities Relating to the Clean Air Act	66.034	495	0P-00E03170-0	538,671	-
		495	PM-98577310-0	95,554	-
		495	PM-98577311-0	802,466	-
Total For Program - Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities Relating to the Clean Air Act				1,436,691	-
State Clean Diesel Grant Program	66.040	495	DS - 00E66706 - 0	16,558	-
		495	DS-00E66705-0	9,445	-
Total For Program - Diesel Emissions Reduction Act (DERA) State Grants				26,003	-

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				Federal Awards Expended	Passed Through To Subrecipients
Multipurpose Grants to States and Tribes	66.204	400	AA-00E02778-0	325	-
		400	AA-00E03028-0	37,254	9,823
		495	AA-00E02937	29,592	-
		495	AA-00E03032-0	<u>40,348</u>	<u>-</u>
Total For Program - Multipurpose Grants to States and Tribes				<u>107,519</u>	<u>9,823</u>
Water Pollution Control State, Interstate, and Tribal Program Support	66.419	495	I-00E02948-0	16,385	-
		495	I-02E02329-0	166,235	-
		495	I-03E02329-0	<u>22,550</u>	<u>-</u>
Total For Program - Water Pollution Control State, Interstate, and Tribal Program Support				<u>205,170</u>	<u>-</u>
State Public Water System Supervision	66.432	495	F00E02905	<u>253,765</u>	<u>-</u>
Total For Program - State Public Water System Supervision				<u>253,765</u>	<u>-</u>
State Underground Water Source Protection	66.433	300	G-99590120-0	<u>(2,547)</u>	<u>-</u>
Total For Program - State Underground Water Source Protection				<u>(2,547)</u>	<u>-</u>
Surveys, Studies, Investigations, Demonstrations, and Training Grants and Cooperative Agreements - Section 104(b)(3) of the Clean Water Act	66.436	36	X7 00E02782	<u>87,011</u>	<u>87,011</u>
Total For Program - Surveys, Studies, Investigations, Demonstrations, and Training Grants and Cooperative Agreements - Section 104(b)(3) of the Clean Water Act				<u>87,011</u>	<u>87,011</u>
Assistance for Small and Disadvantaged Communities Drinking Water Grant Program (SDWA 1459A)	66.442	495	L8-00E02903	<u>262,178</u>	<u>-</u>
Total For Program - Water Infrastructure Improvements for the Nation Small and Underserved Communities Emerging Contaminants Grant Program				<u>262,178</u>	<u>-</u>
Water Quality Management Planning	66.454	495	C6-00E72021-0	184,637	175,837
		495	C6-00E72019-0	26,323	-
		495	C6-00E72020-0	192,580	-
		495	C6-00E72022-0	<u>70,121</u>	<u>63,083</u>
Total For Program - Water Quality Management Planning				<u>473,661</u>	<u>238,920</u>
Nonpoint Source Implementation Grants	66.460	300	C9 - 97548220	4,805	-

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				Federal Awards Expended	Passed Through To Subrecipients
		495	C9 - 97548220	732,411	-
		495	C9-97548218-0	147,688	497,617
		495	C9-97548219-0	700,099	-
		495	C9-9754822-0	723,408	76,067
		495	C9-97548221-0	1,089,086	698,377
Total For Program - Nonpoint Source Implementation Grants				<u>3,397,497</u>	<u>1,272,061</u>
Regional Wetland Program Development Grants	66.461	495	CD-00E03080-0	4,495	-
Total For Program - Regional Wetland Program Development Grants				<u>4,495</u>	<u>-</u>
Great Lakes Program	66.469	36	00E02376	4,892	-
		300	GL - 00E03071 - 0	444,527	444,527
		300	GL-00E02703-0	7,430	-
		300	GL-00E03073-0	49,066	-
		300	GL-02E00724-4	11,280	-
		300	GL-03E00724	143,179	-
		400	GL-00E02913	34,292	-
		495	GL-00E02913	8,964	-
		495	GL-01E00724	3,281	-
		495	GL-02E00724-4	11,050	-
		495	GL-03E00724	206,807	-
Total For Program - Geographic Programs - Great Lakes Restoration Initiative				<u>924,768</u>	<u>444,527</u>
Beach Monitoring and Notification Program Implementation Grants	66.472	300	CU-11E73102-0	11,716	-
		495	CU-09E73102	(2,432)	-
		495	CU-10E73102-0	30,358	76,949
		495	CU-11E73102-0	144,058	145,137
		495	CU-12E73102-0	27,171	-
Total For Program - Beach Monitoring and Notification Program Implementation Grants				<u>210,871</u>	<u>222,086</u>
Support for the Gulf Hypoxia Action Plan	66.485	36	4F-00E03276-0	21,753	-
Total For Program - Support for the Gulf Hypoxia Action Plan				<u>21,753</u>	<u>-</u>
Performance Partnership Grants	66.605	400	00E02850	20,365	-
		400	01E02850	288,930	-
		400	BG-98543217-1	10,985	-

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				Federal Awards Expended	Passed Through To Subrecipients
		495	BG-98543217-1	<u>23,825,898</u>	-
Total For Program - Performance Partnership Grants				<u>24,146,178</u>	-
Environmental Information Exchange Network Grant Program and Related Assistance	66.608	495	OS83941001	<u>345,709</u>	-
Total For Program - Environmental Information Exchange Network Grant Program and Related Assistance				<u>345,709</u>	-
TSCA Title IV State Lead Grants Certification of Lead-Based Paint Professionals	66.707	400	PB-00E44708-0	5,050	-
		400	PB-00E44709-0	<u>9</u>	-
Total For Program - TSCA Title IV State Lead Grants Certification of Lead-Based Paint Professionals				<u>5,059</u>	-
Pollution Prevention Grants Program	66.708	495	00E02367	<u>47,689</u>	-
Total For Program - Pollution Prevention Grants Program				<u>47,689</u>	-
Superfund State, Political Subdivision, and Indian Tribe Site-Specific Cooperative Agreements	66.802	495	V-00E02958-0	20,628	-
		495	V-07E00780-0	266,403	-
		495	V-08E00994	<u>121,003</u>	-
Total For Program - Superfund State, Political Subdivision, and Indian Tribe Site-Specific Cooperative Agreements				<u>408,034</u>	-
Underground Storage Tank (UST) Prevention, Detection, and Compliance Program	66.804	495	L-00E49708-0	<u>578,793</u>	-
Total For Program - Underground Storage Tank (UST) Prevention, Detection, and Compliance Program				<u>578,793</u>	-
Leaking Underground Storage Tank Trust Fund Corrective Action Program	66.805	495	LS - 00598122	644,866	-
		495	LS-00598123-0	<u>1,025,530</u>	-
Total For Program - Leaking Underground Storage Tank Trust Fund Corrective Action Program				<u>1,670,396</u>	-
Superfund State and Indian Tribe Core Program Cooperative Agreements	66.809	495	V - 08E00780	70,225	-
		495	VC-07E00771-0	(6,469)	-
		495	VC-08E00771-0	<u>104,853</u>	-

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				Federal Awards Expended	Passed Through To Subrecipients
		495	VC-09E00771-0	16	-
Total For Program - Superfund State and Indian Tribe Core Program Cooperative Agreements				168,625	-
Total - Environmental Protection Agency				34,885,180	2,381,833
<u>U.S. Department of Energy</u>					
State Energy Program	81.041	266	DE-EE0008647	791,868	753,754
		266	DE-EE0010030	747,775	2,500
		266	DE-EE0010071	14,346	-
		300	DE-EE0008647	3,167	-
Total For Program - State Energy Program				1,557,156	756,254
Total - U.S. Department of Energy				1,557,156	756,254
<u>U.S. Department of Education</u>					
Adult Education - Basic Grants to States	84.002	510	V002A200014	422,936	281,284
		510	V002A210014	3,293,360	2,059,609
		510	V002A220014	7,927,949	7,672,429
		615	V002A200014	141,729	-
		615	V002A210014	659,869	-
Total For Program - Adult Education - Basic Grants to States				12,445,843	10,013,322
Title I Grants to Local Educational Agencies	84.010	700	S010A190014	9,151,526	9,151,526
		700	S010A200014	37,898,288	37,971,622
		700	S010A210014	64,568,368	64,854,024
		700	S010A220014	150,073,392	150,073,392
Total For Program - Title I Grants to Local Educational Agencies				261,691,574	262,050,564
Migrant Education State Grant Program	84.011	700	S011A190014	799,577	777,057
		700	S011A200014	764,266	786,786
		700	S011A210014	1,332,091	1,332,010
		700	S011A220014	21,395	4,829
Total For Program - Migrant Education State Grant Program				2,917,329	2,900,682
Title I State Agency Program for Neglected and Delinquent Children and Youth	84.013	615	S013A200014	497,350	-

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				Federal Awards Expended	Passed Through To Subrecipients
		615	S013A220014	24,607	-
Total For Program - Title I State Agency Program for Neglected and Delinquent Children and Youth				521,957	-
Special Education Cluster (IDEA)					
COVID-19 Special Education Grants to States	84.027	700	H027X210084	28,214,612	28,214,612
Subtotal for Program - COVID-19 Special Education Grants to States				28,214,612	28,214,612
Special Education Grants to States	84.027	550	H027A210084	1,821	1,821
		550	H027A220084	125,659	125,659
		550	H027X210084	7,191	7,191
		560	H027A190084	1,093	-
		560	H027A200084	21,626	-
		560	H027A210084	68,609	-
		615	H027A200084	60,111	-
		615	H027A210084	97,130	-
		615	H027X210084	2,426	-
		700	H027A190084	9,697,759	9,697,759
		700	H027A200084	34,522,167	25,892,496
		700	H027A210084	113,547,703	104,833,781
		700	H027A220084	112,473,804	110,095,730
Subtotal For Program - Special Education Grants to States				270,627,099	250,654,437
Total for Program - Special Education Grants to States				298,841,711	278,869,049
COVID-19 Special Education Preschool Grants	84.173	700	H173X210104	1,771,917	1,771,917
Subtotal for Program - COVID-19 Special Education Preschool Grants				1,771,917	1,771,917
Special Education Preschool Grants	84.173	550	H173X210104	537	537
		700	H173A200104	1,198,632	1,198,632
		700	H173A210104	3,162,481	3,162,481
		700	H173A220104	3,901,871	3,901,871
Subtotal For Program - Special Education Preschool Grants				8,263,521	8,263,521
Total for Program - Special Education Preschool Grants				10,035,438	10,035,438
Total for Cluster - Special Education Cluster (IDEA)				308,877,149	288,904,487

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				Federal Awards Expended	Passed Through To Subrecipients
Career and Technical Education -- Basic Grants to States	84.048	36	V048A220014	150,000	-
		512	V048A200014	329,720	329,720
		512	V048A210014	10,650,408	10,604,181
		512	V048A220014	17,140,928	16,739,069
		615	V048A210014	4,924	-
		615	V048A220014	205,135	-
Total For Program - Career and Technical Education -- Basic Grants to States				28,481,115	27,672,970
Rehabilitation Services Vocational Rehabilitation Grants to States	84.126	497	62110	371,332	-
		497	62110	545,649	-
		497	62110	1,019,389	-
		497	ESTIMATE	4,142,928	-
		497	H126A190019 - 19A	(1)	-
		497	H126A200019	(3,401)	-
		497	H126A210019 - 21A	19,666,234	-
		497	H126A220019 - 22B	39,740,165	-
		510	H126A210019 - 21A	478,300	787,375
		510	H126A220019 - 22B	528,250	219,175
Total For Program - Rehabilitation Services Vocational Rehabilitation Grants to States				66,488,845	1,006,550
Migrant Education Coordination Program	84.144	700	S144F220014	36,000	36,000
Total For Program - Migrant Education Coordination Program				36,000	36,000
Rehabilitation Services Client Assistance Program	84.161	44	60410	300	-
		44	H161A210015	59,167	-
		44	H161A220015	186,300	-
Total For Program - Rehabilitation Services Client Assistance Program				245,767	-
Rehabilitation Services Independent Living Services for Older Individuals Who are Blind	84.177	497	H177B210014 - 21A	(3,322)	-
		497	H177B220014 - 22B	222,230	-
		497	H177B230014-23B	337,629	-
Total For Program - Rehabilitation Services Independent Living Services for Older Individuals Who are Blind				556,537	-

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				Federal Awards Expended	Passed Through To Subrecipients
COVID-19 Special Education-Grants for Infants and Families	84.181	497	H181A220030	88,039	-
Subtotal for Program - COVID-19 Special Education-Grants for Infants and Families				<u>88,039</u>	<u>-</u>
Special Education-Grants for Infants and Families	84.181	497	H181A200030	113,983	-
		497	H181A210030	5,173,603	-
		497	H181X210030	<u>822,340</u>	<u>808,686</u>
SubtTotal For Program - Special Education-Grants for Infants and Families				<u>6,109,926</u>	<u>808,686</u>
Total for Program - Special Education-Grants for Infants and Families				<u>6,197,965</u>	<u>808,686</u>
Supported Employment Services for Individuals with the Most Significant Disabilities	84.187	497	H187A200020	(66,410)	-
		497	H187A210020	(7,940)	-
		497	H187A220020-22B	22,455	-
		497	H187A230020 - 23A	79,390	-
		497	H187B210020	(1,374)	-
		497	H187B220020-22B	1,144	-
		497	H187B230020 - 23A	<u>108,077</u>	<u>-</u>
Total For Program - Supported Employment Services for Individuals with the Most Significant Disabilities				<u>135,342</u>	<u>-</u>
Education for Homeless Children and Youth	84.196	700	S196A190015	280,828	275,068
		700	S196A200015	(32,959)	(27,199)
		700	S196A210015	712,185	700,585
		700	S196A220015	<u>300,226</u>	<u>298,213</u>
Total For Program - Education for Homeless Children and Youth				<u>1,260,280</u>	<u>1,246,667</u>
Program of Protection and Advocacy of Individual Rights	84.240	44	H240A210015	40,005	-
		44	H240A220015	325,379	-
		44	H240A230015 - 23A	<u>112,479</u>	<u>-</u>
Total For Program - Program of Protection and Advocacy of Individual Rights				<u>477,863</u>	<u>-</u>
Charter Schools	84.282	700	S282D190002	3,913,460	4,025,564
		700	U282A170017	7,383,978	7,246,018
		700	U282A170017 - 21	<u>2,448,310</u>	<u>2,376,329</u>
Total For Program - Charter Schools				<u>13,745,748</u>	<u>13,647,911</u>

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				Federal Awards Expended	Passed Through To Subrecipients
Twenty-First Century Community Learning Centers	84.287	700	S287C190014	1,602,918	1,441,297
		700	S287C200014	1,697,236	1,594,150
		700	S287C210014	3,933,071	2,899,140
		700	S287C220014	<u>12,852,001</u>	<u>12,850,927</u>
Total For Program - Twenty-First Century Community Learning Centers				<u>20,085,226</u>	<u>18,785,514</u>
Special Education - State Personnel Development	84.323	700	7000H323A220001	774,559	757,870
		700	H323A200001	<u>452,581</u>	<u>438,758</u>
Total For Program - Special Education - State Personnel Development				<u>1,227,140</u>	<u>1,196,628</u>
Gaining Early Awareness and Readiness for Undergraduate Programs	84.334	719	P334S160023	<u>842,700</u>	<u>360,497</u>
Total For Program - Gaining Early Awareness and Readiness for Undergraduate Programs				<u>842,700</u>	<u>360,497</u>
Rural Education	84.358	700	S358B190014	248,880	248,880
		700	S358B200014	35,362	35,362
		700	S358B210014	403,265	403,265
		700	S358B220014	<u>96,635</u>	<u>96,635</u>
Total For Program - Rural Education				<u>784,142</u>	<u>784,142</u>
English Language Acquisition State Grants	84.365	700	S365A190014	1,403,343	1,490,907
		700	S365A200014	1,262,313	1,249,406
		700	S365A210014	3,875,240	3,874,084
		700	S365A220014	<u>1,964,599</u>	<u>1,961,599</u>
Total For Program - English Language Acquisition State Grants				<u>8,505,495</u>	<u>8,575,996</u>
Supporting Effective Instruction State Grants (formerly Improving Teacher Quality State Grants)	84.367	700	S367A190013	4,858,280	4,794,715
		700	S367A20013-20A	9,122,696	8,565,687
		700	S367A210013	18,251,853	17,679,836
		700	S367A220013	<u>5,774,781</u>	<u>5,588,600</u>
Total For Program - Supporting Effective Instruction State Grants (formerly Improving Teacher Quality State Grants)				<u>38,007,610</u>	<u>36,628,838</u>
Grants for State Assessments and Related Activities	84.369	700	S369A190015	1,595,121	-
		700	S369A200015	6,526,117	-
		700	S369A210015	<u>1,734,569</u>	<u>-</u>

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				Federal Awards Expended	Passed Through To Subrecipients
		700	S369A220015	4,836,286	-
Total For Program - Grants for State Assessments and Related Activities				<u>14,692,093</u>	-
Statewide Longitudinal Data Systems	84.372	60	R372A200027	110,064	-
		700	R372A200027	<u>1,118,186</u>	-
Total For Program - Statewide Longitudinal Data Systems				<u>1,228,250</u>	-
Disability Innovation Fund (DIF)	84.421	497	H421D220002	<u>359,344</u>	-
Total For Program - Disability Innovation Fund (DIF)				<u>359,344</u>	-
Student Support and Academic Enrichment Program	84.424	700	S424A190015	1,378,267	1,554,968
		700	S424A200015	4,669,553	4,369,855
		700	S424A210015	7,931,151	7,590,646
		700	S424A220015	3,413,323	3,413,323
		700	S424D200003	1,128,261	-
		705	S424A210015	<u>51,250</u>	<u>41,250</u>
Total For Program - Student Support and Academic Enrichment Program				<u>18,571,805</u>	<u>16,970,042</u>
COVID-19 Education Stabilization Fund	84.425	57	S425U210013	199,209	-
		512	S425D210013	115,733	114,370
		700	S425C200018	13,868,371	11,516,530
		700	S425C210018	(201,493)	11,347
		700	S425D200013	39,982,968	37,150,209
		700	S425D210013	310,882,389	291,767,005
		700	S425R210038	23,929,450	(47,341,667)
		700	S425U210013	555,347,492	544,940,675
		700	S425V210038	<u>31,127,079</u>	<u>-</u>
Subtotal for Program - COVID-19 Education Stabilization Fund				<u>975,251,198</u>	<u>838,158,469</u>
Education Stabilization Fund	84.425	550	S425U210013	841,282	841,282
		560	S425U210013	5,570	-
			S425W210015	2,954,062	1,901,328
		719	S425C210018	<u>3,331,808</u>	<u>2,935,243</u>
Subtotal For Program - Education Stabilization Fund				<u>7,132,722</u>	<u>5,677,853</u>
Total for Program - Education Stabilization Fund				<u>982,383,920</u>	<u>843,836,322</u>
Total - U.S. Department of Education				<u>1,790,767,039</u>	<u>1,535,425,818</u>

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				Federal Awards Expended	Passed Through To Subrecipients
<u>U.S. Election Assistance Commission</u>					
Help America Vote Act Requirements Payments	90.401	63	EAC-ELSEC22IN	452	-
		63	IN0809RP01	1,964	-
		63	IN10RP01	640	-
Total For Program - Help America Vote Act Requirements Payments				3,056	-
2018 HAVA Election Security Grants	90.404	40	EAC-ELSEC18IN	396,146	-
		40	IN20101001	764	-
Total For Program - 2018 HAVA Election Security Grants				396,910	-
Total - U.S. Election Assistance Commission				399,966	-
<u>U.S. Department of Health and Human Services</u>					
Medical Reserve Corps Small Grant Program	93.008	351	MRC 23 - 2578	2,170	-
Total For Program - Medical Reserve Corps Small Grant Program				2,170	-
Special Programs for the Aging, Title VII, Chapter 3, Programs for Prevention of Elder Abuse, Neglect, and Exploitation	93.041	498	1901INOAEA-03	78,224	78,224
		498	2101INOAEA-02	12,056	12,056
		498	2201INOAEA-02	52,058	52,058
		498	2301INOAEA-01	51,664	51,664
Total For Program - Special Programs for the Aging, Title VII, Chapter 3, Programs for Prevention of Elder Abuse, Neglect, and Exploitation				194,002	194,002
COVID-19 Special Programs for the Aging, Title VII, Chapter 2, Long Term Care Ombudsman Services for Older Individuals	93.042	498	2001INOAOM-03	117,304	117,304
		498	2001INOMC3-01	165,440	50,418
		498	2101INOAOM-04	32,051	32,051
		498	2201INOAOM-04	(3,784)	(40,018)
		498	2301INOAOM-02	132,362	65,911
Total For Program - COVID-19 Special Programs for the Aging, Title VII, Chapter 2, Long Term Care Ombudsman Services for Older Individuals				443,373	225,666

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				Federal Awards Expended	Passed Through To Subrecipients
COVID-19 Special Programs for the Aging, Title III, Part D, Disease Prevention and Health Promotion Services	93.043	498	2101INPHC6-00	18,578	18,546
Subtotal for Program - COVID-19 Special Programs for the Aging, Title III, Part D, Disease Prevention and Health Promotion Services				<u>18,578</u>	<u>18,546</u>
Special Programs for the Aging, Title III, Part D, Disease Prevention and Health Promotion Services	93.043	498	2001INOAPH-04	147,139	147,139
		498	2101INOAPH-03	(37,842)	(37,842)
		498	2201INOAPH-04	282,893	274,521
		498	2301INOAPH-02	121,055	105,737
Subtotal For Program - Special Programs for the Aging, Title III, Part D, Disease Prevention and Health Promotion Services				<u>513,245</u>	<u>489,555</u>
Total for Program - Special Programs for the Aging, Title III, Part D, Disease Prevention and Health Promotion Services				<u>531,823</u>	<u>508,101</u>
Aging Cluster					
COVID-19 Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	498	2101INSSC6-02	699,391	699,050
		498	2101INVAC5-01	545,193	499,204
Subtotal for Program - COVID-19 Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers				<u>1,244,584</u>	<u>1,198,254</u>
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	498	2101INOASS-03	166,553	166,553
		498	2201INOASS-04	3,609,025	3,527,954
		498	2301INOASS-02	3,761,435	3,606,750
Subtotal For Program - Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers				<u>7,537,013</u>	<u>7,301,257</u>
Total For Program - Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers				<u>8,781,597</u>	<u>8,499,511</u>
COVID-19 Special Programs for the Aging, Title III, Part C, Nutrition Services	93.045	498	2101INCMC6-02	287,052	286,829
		498	2101INHDC6-02	526,094	525,759
Subtotal for Program - COVID-19 Special Programs for the Aging, Title III, Part C, Nutrition Services				<u>813,146</u>	<u>812,588</u>

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				Federal Awards Expended	Passed Through To Subrecipients
Special Programs for the Aging, Title III, Part C, Nutrition Services	93.045	498	2001INOACM-05	2,098,564	2,098,564
		498	2001INOAHD-05	2,182,521	2,182,521
		498	2101INOACM-04	(881,038)	(881,038)
		498	2101INOAHD-04	(1,955,878)	(1,955,878)
		498	2201INOACM-04	7,038,093	6,934,564
		498	2201INOAHD-04	3,682,504	3,625,963
		498	2301INOACM-02	2,605,015	2,408,647
		498	2301INOAHD-02	2,268,880	2,157,261
Subtotal For Program - Special Programs for the Aging, Title III, Part C, Nutrition Services				<u>17,038,661</u>	<u>16,570,604</u>
Total For Program - Special Programs for the Aging, Title III, Part C, Nutrition Services				<u>17,851,807</u>	<u>17,383,192</u>
Nutrition Services Incentive Program	93.053	498	2101INOANS-03	187,895	187,895
		498	2201INOANS-04	432,812	432,812
		498	2301INOANS-02	564,840	564,840
Total For Program - Nutrition Services Incentive Program				<u>1,185,547</u>	<u>1,185,547</u>
Total for Cluster - Aging Cluster				<u>27,818,951</u>	<u>25,057,408</u>
COVID-19 Special Programs for the Aging, Title IV, and Title II, Discretionary Projects	93.048	498	90NWC50050-01-01	267,200	263,764
Subtotal for Program - COVID-19 Special Programs for the Aging, Title IV, and Title II, Discretionary Projects				<u>267,200</u>	<u>263,764</u>
Special Programs for the Aging, Title IV, and Title II, Discretionary Projects	93.048	498	90NWC30036-01-02	36,698	28,478
		498	90NWGV0005-01-00	10,215	-
Subtotal For Program - Special Programs for the Aging, Title IV, and Title II, Discretionary Projects				<u>46,913</u>	<u>28,478</u>
Total For Program - Special Programs for the Aging, Title IV, and Title II, Discretionary Projects				<u>314,113</u>	<u>292,242</u>

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				Federal Awards Expended	Passed Through To Subrecipients
COVID-19 National Family Caregiver Support, Title III, Part E	93.052	498	2101INFCC6-02	99,436	99,331
Subtotal for Program - COVID-19 National Family Caregiver Support, Title III, Part E				<u>99,436</u>	<u>99,331</u>
National Family Caregiver Support, Title III, Part E	93.052	498	2001INO AFC-04	1,497,939	1,497,939
		498	2101INO AFC-03	(806,512)	(806,512)
		498	2201INO AFC-04	2,549,391	2,509,294
		498	2301INO AFC-02	847,845	768,497
Subtotal For Program - National Family Caregiver Support, Title III, Part E				<u>4,088,663</u>	<u>3,969,218</u>
Total For Program - National Family Caregiver Support, Title III, Part E				<u>4,188,099</u>	<u>4,068,549</u>
Public Health Emergency Preparedness	93.069	400	1 NU90TP921933-01-00	(24)	-
		400	1 NU90TP922052-01-00	(1,570)	-
		400	5 NU90TP922052-02-00	(280,650)	1,758
		400	5 NU90TP922052-04-00	8,273,644	2,022,252
		400	6 NU90TP922052-03-02	2,092,688	787,082
Total For Program - Public Health Emergency Preparedness				<u>10,084,088</u>	<u>2,811,092</u>
Environmental Public Health and Emergency Response	93.070	400	1 NUE1EH001382-01-00	597	-
		400	1 NUE1EH001448-01-00	1,157	-
		400	5 NU59EH000507-09-00	10,393	-
		400	5 NU59EH000507-10-00	10,581	-
		400	5 NUE1EH001382-03-00	244,508	127,614
		400	5 NUE1EH001382-04-00	446,622	150,143
		400	5 NUE1EH001448-02-00	2,147	-
		400	NUE1EH001382-02-00	(1,972)	-
		700	5 NUE1EH001382-03-00	5,699	-
		700	5 NUE1EH001382-04-00	100	-
Total For Program - Environmental Public Health and Emergency Response				<u>719,832</u>	<u>277,757</u>
Medicare Enrollment Assistance Program	93.071	210	1801INMIDR-00	1,460	-
		210	1801INMISH-00	2,082	-
		210	2001INMIAA-00	82,611	-
		210	2001INMIDR-00	42,013	-
		210	2001INMISH-00	27,097	-
		210	2101INMIAA-00	152,867	-
		210	2101INMIDR-00	38,442	-
		210	2101INMISH-00	281,470	-

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				Federal Awards Expended	Passed Through To Subrecipients
		210	2201INMIAA-00	12,619	-
		210	2201INMIDR-00	460	-
		210	2201INMISH-00	39,641	-
Total For Program - Medicare Enrollment Assistance Program				<u>680,762</u>	<u>-</u>
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074	400	1 NU90TP921933-01-00	(24,958)	-
Total For Program - Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements				<u>(24,958)</u>	<u>-</u>
Cooperative Agreements to Promote Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance	93.079	400	5 NU87PS004317-04-00	5,477	-
		400	5 NU87PS004317-05-00	84,647	-
		400	400THROMBOSIS21	(19,157)	-
		400	6 NU87PS004317-03-01	(29)	-
Total For Program - Cooperative Agreements to Promote Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance				<u>70,938</u>	<u>-</u>
Advancing System Improvements for Key Issues in Women's Health	93.088	400	1 ASTWH210097-01-00	80,859	5,778
		400	5 ASTWH210097-02-00	80,511	22,120
Total For Program - Advancing System Improvements for Key Issues in Women's Health				<u>161,370</u>	<u>27,898</u>
Guardianship Assistance	93.090	502	ESTIMATE	150,089	-
		502	ESTIMATE	679,015	-
Total For Program - Guardianship Assistance				<u>829,104</u>	<u>-</u>
Food and Drug Administration Research	93.103	36	5U2FFD007404-02	24,862	-
		351	G-2110-03074	4,485	-
		351	G-2211-03636	14,155	-
		351	G-ME-2204--03314	20,186	-
		400	1U19FD007109-01	27,851	-
		400	1U2FFD007404-01	74,079	18,040
		400	5 U19FD007109-03	834,372	-
		400	5U18FD005921-05	1,260	-
		400	5U19FD007109-02	1,079,465	-
		400	5U2FFD007404-02	416,737	-

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				Federal Awards Expended	Passed Through To Subrecipients
		400	U2FFD007397	2,854	-
Total For Program - Food and Drug Administration Research				<u>2,500,306</u>	<u>18,040</u>
Maternal and Child Health Federal Consolidated Programs	93.110	400	1 U7AMC46842-01-00	33,573	-
		400	2 H18MC00017-27-00	107	-
		410	1 U4AMC44240-01-00	182,864	182,165
		410	1 U4JMC47104-01-00	168,000	168,000
		410	5 U4AMC44240-02-00	<u>269,451</u>	<u>252,975</u>
Total For Program - Maternal and Child Health Federal Consolidated Programs				<u>653,995</u>	<u>603,140</u>
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	93.116	400	5 NU52PS004676-04	(64)	-
		400	5 NU52PS004676-05-00	972	-
		400	5 NU52PS910179-03-00	735,600	103,733
		400	5 NU52PS910179-04-00	462,715	226,261
		400	6 NU52PS910179-01-04	2,517	-
		400	6 NU52PS910179-02-01	<u>14,649</u>	<u>13,878</u>
Total For Program - Project Grants and Cooperative Agreements for Tuberculosis Control Programs				<u>1,216,389</u>	<u>343,872</u>
Cooperative Agreements to States/Territories for the Coordination and Development of Primary Care Offices	93.130	400	5 U68HP11487-12-00	(91,795)	-
		400	5 U68HP11487-13-00	144,844	-
		400	5 U68HP11487-14-00	148,594	11,395
		400	6 U68HP11487-10-01	<u>(541)</u>	<u>-</u>
Total For Program - Cooperative Agreements to States/Territories for the Coordination and Development of Primary Care Offices				<u>201,102</u>	<u>11,395</u>
Injury Prevention and Control Research and State and Community Based Programs	93.136	250	5 NU17CE924990-02-00	675,000	-
		250	5 NU17CE924990-03-00	675,000	-
		250	6 NU17CE924990-03-02	538,886	-
		250	NU17CE002721-02-01	(175,000)	-
		250	NU17CE924990-01	189,037	-
		400	1 NU17CE010156-01-00	312,142	-
		400	5 NU17CE924946-02-00	10,934	-
		400	5 NU17CE924990-02-00	1,141,453	746,749
		400	5 NU17CE924990-03-00	2,303,054	1,458,719
		400	5 NUF2CE00243-02-00	111	-
		400	5 NUF2CE00243-03-00	5,831	-
		400	5 NUF2CE002473-04-00	<u>525,192</u>	<u>478,431</u>

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				Federal Awards Expended	Passed Through To Subrecipients
		400	6 NU17CE924990-03-02	1,067,977	786,831
		400	NU17CE924946-03-00	154,749	29,891
		400	NU17CE924990-01	1,773,057	1,308,469
		400	NUF2CE002413-05-00	(925)	-
		400	NUF2CE002473-05-00	282,280	131,873
		700	5 NU17CE924990-02-00	30,000	30,000
Total For Program - Injury Prevention and Control Research and State and Community Based Programs				9,508,778	4,970,963
Protection and Advocacy for Individuals with Mental Illness	93.138	44	1X98SM085931-01	430,243	-
		44	6X98SM087399-01M001	302,211	-
		44	estimate	4,250	-
Total For Program - Protection and Advocacy for Individuals with Mental Illness				736,704	-
Projects for Assistance in Transition from Homelessness (PATH)	93.150	410	1X06SM083725-01	180,693	24,059
		410	1X06SM085822-01	222,352	20,209
		410	1X06SM087113-01	677,907	-
Total For Program - Projects for Assistance in Transition from Homelessness (PATH)				1,080,952	44,268
COVID-19 Rural Health Research Centers	93.155	400	1 H3LRH42212-01-00	45,006	206,700
Total For Program - COVID-19 Rural Health Research Centers				45,006	206,700
COVID-19 Grants to States for Loan Repayment	93.165	400	1 H56HP46818-01-00	160,000	160,000
Subtotal For Program - COVID-19 Grants to States for Loan Repayment				160,000	160,000
Grants to States for Loan Repayment	93.165	400	6 H56HP31918-01-01	(10,000)	(20,000)
Subtotal For Program - Grants to States for Loan Repayment				(10,000)	(20,000)
Total For Program - Grants to States for Loan Repayment				150,000	140,000
Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children	93.197	400	1 NUE2EH001379-01	64	-
		400	1 NUE2EH001452-01-00	210,588	-
		400	5 NUE2EH001452-02-00	381,465	-
		400	6 NUE2EH001379-02	(11,769)	-

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				Federal Awards Expended	Passed Through To Subrecipients
		400	NUE2EH001379-01-01	1,799	-
Total For Program - Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children				<u>582,147</u>	<u>-</u>
Traumatic Brain Injury State Demonstration Grant Program	93.234	400	90TBSG0064-01-00	87,274	143,315
		400	90TBSG0064-02-00	<u>153,029</u>	<u>96,988</u>
Total For Program - Traumatic Brain Injury State Demonstration Grant Program				<u>240,303</u>	<u>240,303</u>
Title V State Sexual Risk Avoidance Education (Title V State SRAE) Program	93.235	400	2101INSRAE	541,717	520,429
		400	2201INSRAE	<u>565,285</u>	<u>494,051</u>
Total For Program - Title V State Sexual Risk Avoidance Education (Title V State SRAE) Program				<u>1,107,002</u>	<u>1,014,480</u>
State Rural Hospital Flexibility Program	93.241	400	5 U2WRH33300-04-00	273,048	241,178
		400	6 U2WRH33300-03-01	<u>314,847</u>	<u>281,521</u>
Total For Program - State Rural Hospital Flexibility Program				<u>587,895</u>	<u>522,699</u>
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	400	1H79SM080232-01	7,182	-
		400	1H79SM085313-01	11,050	11,050
		400	1H79TI084538-01	245,790	115,658
		400	5 H79SM080232-05	967,336	964,722
		400	5H79SM080232-03	(25,145)	-
		400	5H79SM080232-04	772,108	718,084
		400	5H79SM082113-02	22,619	-
		400	5H79SM085313-02	12,195	12,195
		400	5H79TI084538-02	271,819	192,484
		410	1H79SM082113-01	67,330	-
		410	1H79SM082699-01	12,000	-
		410	1H79SM085313-01	66,105	-
		410	1H79SM086058-01	961,238	-
		410	1H79TI084179-01	598,239	582,365
		410	5H79SM080975-04	13,860	-
		410	5H79SM082113-02	641,969	-
		410	5H79SM082113-03	36,591	-
		410	5H79SM082699-02	1,597,715	-
		410	5H79SM082699-03	247,969	-
		410	5H79SM085313-02	44,359	-
		410	5H79TI084179-02	681,206	558,807

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				Federal Awards Expended	Passed Through To Subrecipients
		410	SC-3039.1-XX-01	34,231	-
		410	SC-3039.2-IN-01	77,817	-
		700	1H79SM084660	73,423	55,767
		700	1H79SM085313-01	989,115	743,297
		700	5H79SM080975-03	2,866	-
		700	5H79SM080975-04	972,721	730,801
		700	5H79SM085313-02	646,110	459,828
		700	6H79SM080975-05M001	757,790	474,558
		700	H79SM084660	27,354	12,150
Total For Program - Substance Abuse and Mental Health Services Projects of Regional and National Significance				<u>10,834,962</u>	<u>5,631,766</u>
Early Hearing Detection and Intervention	93.251	400	5 H61MC23640-10-00	27,248	-
		400	5 H61MC23640-11-00	227,182	19,165
Total For Program - Early Hearing Detection and Intervention				<u>254,430</u>	<u>19,165</u>
COVID-19 Immunization Cooperative Agreements	93.268	400	6 NH23IP922631-01-01	324,983	19,979
		400	6 NH23IP922631-02-02	(2,159,688)	(1,460,824)
		400	6 NH23IP922631-02-03	11,681,478	5,667,303
		400	6 NH23IP922631-02-04	4,286,893	2,347,347
Subtotal For Program -COVID-19 Immunization Cooperative Agreements				<u>14,133,666</u>	<u>6,573,805</u>
Immunization Cooperative Agreements	93.268	400	1 NH23IP922631-01-00	19,459	-
		400	Noncash Assistance	86,996,936	-
		400	5 NH23IP922631-02-00	(30,240)	33,057
		400	5 NH23IP922631-03-00	913,857	403,614
		400	5 NH23IP922631-04-00	4,808,265	1,260,765
Subtotal For Program - Immunization Cooperative Agreements				<u>92,708,277</u>	<u>1,697,436</u>
Total For Program - Immunization Cooperative Agreements				<u>106,841,943</u>	<u>8,271,241</u>
Viral Hepatitis Prevention and Control	93.270	400	1 NU51PS005165-01-00	3,376	-
		400	5 NU51PS005083-03-00	1,816	-
		400	5 NU51PS005165-02-00	259,508	75,000
		400	5 NU51PS005165-03-00	13,960	-
		400	6 NU51PS005083-01-03	(1,816)	-
Total For Program - Viral Hepatitis Prevention and Control				<u>276,844</u>	<u>75,000</u>

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				Federal Awards Expended	Passed Through To Subrecipients
Drug Abuse and Addiction Research Programs	93.279	22	5UG1DA050070-04	94	-
Total For Program - Drug Abuse and Addiction Research Programs				94	-
Teenage Pregnancy Prevention Program	93.297	400	5 TP1AH000241-02-00	318,810	306,192
		400	5 TP1AH000241-03-00	1,174,744	1,054,477
Total For Program - Teenage Pregnancy Prevention Program				1,493,554	1,360,669
Small Rural Hospital Improvement Grant Program	93.301	400	5 H3HRH00003-21-00	392,345	-
		400	6 H3HRH00003-20-01	146,883	146,883
Total For Program - Small Rural Hospital Improvement Grant Program				539,228	146,883
PPHF 2018: Office of Smoking and Health-National State-Based Tobacco Control Programs-Financed in part by 2018 Prevention and Public Health funds (PPHF)	93.305	400	5 NU58DP005989-02-00	(736)	-
		400	5 NU58DP005989-04-03	(92)	-
		400	5 NU58DP005989	(16,731)	-
Total For Program - PPHF 2018: Office of Smoking and Health-National State-Based Tobacco Control Programs-Financed in part by 2018 Prevention and Public Health funds (PPHF)				(17,559)	-
Early Hearing Detection and Intervention Information System (EHDI-IS) Surveillance Program	93.314	400	5 NU50DD000088-02-00	37,108	-
		400	5 NU50DD000088-03-00	68,783	-
		400	5 NUR3DD000094-03-00	405	-
Total For Program - Early Hearing Detection and Intervention Information System (EHDI-IS) Surveillance Program				106,296	-
COVID-19 Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	400	6 NU50CK000503-01-04	1,600,127	-
		400	6 NU50CK000503-01-05	17,810,565	395,946
		400	6 NU50CK000503-01-06	245,716	149,062
		400	6 NU50CK000503-02-03	(285,291)	-
		400	6 NU50CK000503-02-04	11,802,630	646,519
		400	6 NU50CK000503-02-06	7,144,977	6,162,970
		400	6 NU50CK000503-02-08	1,070,564	-
		400	6 NU50CK000503-03-01	486,479	-
		400	6 NU50CK000503-03-01	4,250,819	279,689
Subtotal For Program - COVID-19 Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)				44,126,586	7,634,186

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				Federal Awards Expended	Passed Through To Subrecipients
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	351	5 NU50CK000503-04-00	299	-
		400	5 NU50CK000503-02	316,733	5,774
		400	5 NU50CK000503-03-00	439,305	32,319
		400	5 NU50CK000503-04-00	<u>1,762,831</u>	<u>139,416</u>
Subtotal For Program - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)				<u>2,519,168</u>	<u>177,509</u>
Total For Program - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)				<u>46,645,754</u>	<u>7,811,695</u>
State Health Insurance Assistance Program	93.324	210	90SAPG0103-01-01	44,243	-
		210	90SAPG0103-02-00	247,570	-
		210	90SAPG0103-03-00	660,760	-
		210	90SAPG0103-04-00	23,489	-
		210	90SHPH0020-01-00	<u>39,057</u>	<u>-</u>
Total For Program - State Health Insurance Assistance Program				<u>1,015,119</u>	<u>-</u>
Behavioral Risk Factor Surveillance System	93.336	400	1 NU58DP006874-01	745	-
		400	5 NU58DP006874-02-00	194,358	-
		400	5 NU58DP006874-03-00	<u>2,025</u>	<u>1,952</u>
Total For Program - Behavioral Risk Factor Surveillance System				<u>197,128</u>	<u>1,952</u>
COVID-19 Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	93.354	400	1 NU90TP922179-01-00	16,748,026	3,222,648
		400	6 NU90TP922084-01-03	<u>(307,678)</u>	<u>-</u>
Total For Program - COVID-19 Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response				<u>16,440,348</u>	<u>3,222,648</u>
Flexible Funding Model - Infrastructure Development and Maintenance for State Manufactured Food Regulatory Programs	93.367	400	5U18FD006383-02	558	-
		400	5U18FD006383-03	374	-
		400	5U18FD006383-04	<u>167,974</u>	<u>-</u>

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				Federal Awards Expended	Passed Through To Subrecipients
		400	5U18FD006383-05	330,757	-
Total For Program - Flexible Funding Model - Infrastructure Development and Maintenance for State Manufactured Food Regulatory Programs				499,663	-
ACL Independent Living State Grants	93.369	497	2101INILSG-01	8,232	-
		497	2201INILSG-02	288,684	-
		497	2201INISPH-00	6,900	6,900
		497	2301INILSG-01	74,844	-
Total For Program - ACL Independent Living State Grants				378,660	6,900
National and State Tobacco Control Program	93.387	400	1 NU58DP006788-01-00	222,337	-
		400	5 NU58DP006788-02-00	67,892	-
		400	5 NU58DP006788-03-00	1,589,675	-
		400	NU58DP006788-04-00	4,331	-
Total For Program - National and State Tobacco Control Program				1,884,235	-
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	400	1 NH75OT000073-01-00	7,711,250	4,067,285
Total For Program - COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises				7,711,250	4,067,285
The State Flexibility to Stabilize the Market Grant Program	93.413	210	PRPPR210150-01-00	94,053	-
Total For Program - The State Flexibility to Stabilize the Market Grant Program				94,053	-
Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke	93.426	400	5 NU58DP006525-02-00	15,953	-
		400	5 NU58DP006525-03-00	19,750	17,750
		400	5 NU58DP006525-05-00	1,571,680	716,990
		400	6 NU58DP006525-01-01	21,499	-
		400	NU58DP006525-04-00	282,746	171,679
Total For Program - Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke				1,911,628	906,419

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Every Student Succeeds Act/Preschool Development Grants	93.434	501	90TP0089-01-00	5,390	-
Total For Program - Every Student Succeeds Act/Preschool Development Grants				<u>5,390</u>	<u>-</u>
WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION (WISEWOMAN)	93.436	400	5 NU58DP006640-02-00	2,705	-
		400	5 NU58DP006640-04-00	125,467	114,106
		400	5 NU58DP006640-05-00	178,238	84,851
		400	6 NU58DP006640-01	31,042	31,042
		400	6 NU58DP006640-03-00	112	-
Total For Program - WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION (WISEWOMAN)				<u>337,564</u>	<u>229,999</u>
FY20 and 21 Federal Contract INDIANA FOOD INSPECTIONS	93.448	400	HHSF223201810094C	4,529	-
Total For Program - FY20 and 21 Federal Contract INDIANA FOOD INSPECTIONS				<u>4,529</u>	<u>-</u>
ACL Assistive Technology	93.464	497	2001INATSG-03	4,916	-
		497	2201INATPH-00	18,918	-
		497	2201INATSG-01	291,501	296,417
		497	2301INATSG-01	306,059	306,059
Total For Program - ACL Assistive Technology				<u>621,394</u>	<u>602,476</u>
Title IV-E Prevention Program	93.472	502	ESTIMATE	32,923,460	-
Total For Program - Title IV-E Prevention Program				<u>32,923,460</u>	<u>-</u>
Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees	93.478	400	1 NU58DP006695-01-00	4,026	-
		400	5 NU58DP006695-03-00	198,871	-
Total For Program - Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees				<u>202,897</u>	<u>-</u>
COVID-19 Family Violence Prevention and Services/ Sexual Assault/Rape Crisis Services and Supports	93.497	32	220IINFSC6	369,802	350,837
Total For Program - COVID-19 Family Violence Prevention and Services/ Sexual Assault/Rape Crisis Services and Supports				<u>369,802</u>	<u>350,837</u>
MaryLee Allen Promoting Safe and Stable Families Program	93.556	502	2001INFFTA	1,660,671	-

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				Federal Awards Expended	Passed Through To Subrecipients
		502	2101INFPCV	10,190	-
		502	2101INPKIN	130,563	-
		502	2201INFPCV	1,913,922	-
		502	2201INPKIN	148,769	-
		502	2202INFPCV	315,343	-
		502	2301INFPCV	22,541	-
		502	2301INFPCV	3,806,741	-
Total For Program - MaryLee Allen Promoting Safe and Stable Families Program				8,008,740	-
Temporary Assistance for Needy Families	93.558	400	2201INTANF	2,155,004	1,063,568
		400	ESTIMATE	2,269,494	278,989
		500	1901INTANF	88,952	-
		500	2001INTANF	589,930	-
		500	2101INTANF	5,100,199	-
		500	2101INTANFC6	3,954,437	191,882
		500	2201INTANF	22,239,305	74,080
		500	ESTIMATE	15,968	-
		502	2201INTANF	17,293,344	-
		502	ESTIMATE	18,919,482	-
Total For Program - Temporary Assistance for Needy Families				72,626,115	1,608,519
Child Support Enforcement	93.563	22	EST-2301INCSES	5,225,826	-
		502	1204IN4005	426,049	-
		502	1404IN4005	488,177	-
		502	1504INCSES	805,926	-
		502	1604INCEST	1,007,549	-
		502	1704INCEST	2,076,062	-
		502	1804INCEST	2,617,263	-
		502	1901INCEST	1,923,954	-
		502	2001INCEST	445,313	-
		502	2101INCEST	6,169,841	6,005,433
		502	2101INCSES	(1,196)	-
		502	2201INCEST	5,383,349	3,797,515
		502	2201INCSES	15,338,453	8,474,780
		502	EST-2301INCSES	50,037,939	17,774,648
Total For Program - Child Support Enforcement				91,944,505	36,052,376

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				Federal Awards Expended	Passed Through To Subrecipients
COVID-19 Refugee and Entrant Assistance State/Replacement Designee Administered Programs	93.566	500	2001INRSOC	79,452	-
Subtotal for Program - COVID-19 Refugee and Entrant Assistance State/Replacement Designee Administered Programs				<u>79,452</u>	<u>-</u>
Refugee and Entrant Assistance State/Replacement Designee Administered Programs	93.566	400	2101INRCMA	2	-
		400	2201INRCMA	179,345	117,307
		400	ESTIMATE	336,515	218,099
		500	2001INRSOC	55,818	-
		500	2101INRSSS	1,614,246	310,274
		500	2201INRCMA	1,181,375	-
		500	2201INRSSS	1,105,245	2,069,288
		500	2201INRSSS-07	688,301	677,798
		500	ESTIMATE	3,145,340	-
		700	2101INRSSS	2,849	-
		700	2201INRSSS	322,766	280,592
		700	2201INRSSS-07	252,543	252,543
Subtotal For Program - Refugee and Entrant Assistance State/Replacement Designee Administered Programs				<u>8,884,345</u>	<u>3,925,901</u>
Total For Program - Refugee and Entrant Assistance State/Replacement Designee Administered Programs				<u>8,963,797</u>	<u>3,925,901</u>
CCDF Cluster					
Child Care and Development Block Grant	93.575	501	2001INCCC3	4,124,809	-
		501	2001INCCDF	74,245,876	-
		501	2101INCCC5	36,213,709	54,362
		501	2101INCCDF	63,256,698	-
		501	2101INCDC6	23,489,003	1,656,228
		501	2101INCSC6	31,399,529	3,866,741
		501	2201INCCDD	42,261,422	622,876
		501	2301INCCDD	11,761,901	1,504,488
		501	G-1901INCCDD	2,832	-
		501	2201INTANF	18,911,925	-
		501	ESTIMATE (TANF 2023)	44,122,136	-
Total For Program - Child Care and Development Block Grant				<u>349,789,840</u>	<u>7,704,695</u>
Child Care Mandatory and Matching Funds of the Child Care and Development Fund	93.596	501	2001INCCDF	1	-
		501	2201INCCDM	5,645,166	-

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				Federal Awards Expended	Passed Through To Subrecipients
		501	2301INCCDF	22,254,700	-
		501	2301INCCDM	12,429,445	-
Total For Program - Child Care Mandatory and Matching Funds of the Child Care and Development Fund				<u>40,329,312</u>	<u>-</u>
Total for Cluster - CCDF Cluster				<u>390,119,152</u>	<u>7,704,695</u>
State Court Improvement Program	93.586	22	2101INSCIC	76,519	76,519
		22	2101INSCID	104,180	2,360
		22	2101INSCIP	113,057	57,397
		22	2101INSCIT	161,443	21,590
		22	2201INSCIP	97,656	120,919
		22	2301INSCIP	245	-
Total For Program - State Court Improvement Program				<u>553,100</u>	<u>278,785</u>
Community-Based Child Abuse Prevention Grants	93.590	502	2002INBCC6	(285,216)	-
		502	2102INBCAP	29,402	-
		502	2202INBCAP	720,070	-
Total For Program - Community-Based Child Abuse Prevention Grants				<u>464,256</u>	<u>-</u>
Grants to States for Access and Visitation Programs	93.597	502	2102INSAVP	149,683	-
		502	2202INSAVP	199,993	-
		502	2302INSAVP	102,370	-
Total For Program - Grants to States for Access and Visitation Programs				<u>452,046</u>	<u>-</u>
Chafee Education and Training Vouchers Program (ETV)	93.599	502	2102INCETV	411,214	-
		502	2102INETVC	688,722	-
		502	2202INCETV	1,559,135	-
Total For Program - Chafee Education and Training Vouchers Program (ETV)				<u>2,659,071</u>	<u>-</u>
Head Start Cluster					
Head Start	93.600	501	05CD004040-05-01	(6,626)	-
		501	05CD004098-01-00	51,936	-

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				Federal Awards Expended	Passed Through To Subrecipients
		501	05CD004098-02-00	109,768	-
Total For Program - Head Start				155,078	-
Total for Cluster - Head Start Cluster				155,078	-
Adoption and Legal Guardianship Incentive Payments	93.603	502	1902INAIPP	99,186	-
		502	2002INAIPP	3,134,859	-
		502	2102INAIPP	528,298	-
		502	ESTIMATE	173,832	-
Total For Program - Adoption and Legal Guardianship Incentive Payments				3,936,175	-
Voting Access for Individuals with Disabilities-Grants for Protection and Advocacy Systems	93.618	44	2101INPAVA-00	53,808	-
Total For Program - Voting Access for Individuals with Disabilities-Grants for Protection and Advocacy Systems				53,808	-
Developmental Disabilities Basic Support and Advocacy Grants	93.630	35	2101INSCDD-00	248,856	396,180
		35	2201INSCDD-02	664,350	224,046
		35	2201INSCPH-00	181	-
		35	2301INSCDD	416,201	-
		44	60420	200	-
		44	2101INPAC5-00	1,428	-
		44	2201INPAPH-00	68,657	-
		44	2201PADD	494,348	-
		44	2301INPADD-01	5,236	-
Total For Program - Developmental Disabilities Basic Support and Advocacy Grants				1,899,457	620,226
Developmental Disabilities Projects of National Significance	93.631	497	90DNIQ0010-03-02	45	-
		497	90DNIQ0010-04-01	280,511	-
		497	90DNIQ0010-05-01	202,848	-
Total For Program - Developmental Disabilities Projects of National Significance				483,404	-
Children's Justice Grants to States	93.643	502	1901INCJA1	344,307	-
		502	2001INCJA1	102,859	-
		502	2101INCJA1	220,613	-
Total For Program - Children's Justice Grants to States				667,779	-

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				Federal Awards Expended	Passed Through To Subrecipients
Stephanie Tubbs Jones Child Welfare Services Program	93.645	502	2201INCWSS	1,972,682	-
		502	2301INCWSS	4,970,586	-
Total For Program - Stephanie Tubbs Jones Child Welfare Services Program				6,943,268	-
Foster Care Title IV-E	93.658	25	2101INFOST	28,332	-
		25	EST-2201INFOST	(56,664)	-
		25	EST-2301INFOST	1,087,543	1,087,543
		502	2101INFCGP	6,862,877	-
		502	2101INFOST	(700,675)	-
		502	EST-2201INFOST	6,849,982	-
		502	EST-2301INFOST	62,537,083	-
		Total For Program - Foster Care Title IV-E			
Adoption Assistance	93.659	502	2101INADPT	(129,650)	-
		502	EST-2201INADPT	14,018,540	-
		502	EST-2301INADPT	81,723,528	-
Total For Program - Adoption Assistance				95,612,418	-
COVID-19 Emergency Grants to Address Mental and Substance Use Disorders During COVID-19	93.665	400	1H79FG000671-01	38,628	38,628
		410	1H79FG000231-01	5,958	-
		410	1H79FG000671-01	258,731	-
Total For Program - COVID-19 Emergency Grants to Address Mental and Substance Use Disorders During COVID-19				303,317	38,628
Social Services Block Grant	93.667	32	2202INSOSR	493,600	493,600
		400	2202INSOSR	423,818	423,818
		410	2202INSOSR	364,914	364,914
		410	2302INSOSR	3,192,105	3,192,105
		497	2202INSOSR	545,193	-
		497	2302INSOSR	42,263	-
		498	2102INSOSR	3,787,930	3,592,914
		498	2202INSOSR	336,249	381,713
		498	2302INSOSR	5,049,432	4,549,328
		501	2102INSOSR	43,263	-
		501	2202INSOSR	119,550	-
		502	2102INSOSR	140,740	-
		502	2202INSOSR	4,953,906	-
502	2302INSOSR	6,817,698	-		
615	2202INSOSR	1,062,543	-		

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				Federal Awards Expended	Passed Through To Subrecipients
		615	2302INSOSR	1,051,581	-
Total For Program - Social Services Block Grant				<u>28,424,785</u>	<u>12,998,392</u>
Child Abuse and Neglect State Grants	93.669	502	1901INNCAN	205,882	-
		502	2101INNCAN	16,730	-
		502	2101INCC6	(367,574)	-
		502	2201INNCAN	<u>451,088</u>	<u>-</u>
Total For Program - Child Abuse and Neglect State Grants				<u>306,126</u>	<u>-</u>
COVID-19 Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services	93.671	32	2101INFVC6	847,550	815,680
		32	2201INFVC6	<u>1,356,458</u>	<u>1,334,370</u>
Subtotal for Program - COVID-19 Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services				<u>2,204,008</u>	<u>2,150,050</u>
Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services	93.671	32	2001INFVPS	(4,537)	-
		32	21011NFVPS	1,006,695	987,117
		32	2201INFVPS	<u>1,103,178</u>	<u>1,037,543</u>
Subtotal For Program - Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services				<u>2,105,336</u>	<u>2,024,660</u>
Total for Program - Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services				<u>4,309,344</u>	<u>4,174,710</u>
John H. Chafee Foster Care Program for Successful Transition to Adulthood	93.674	502	2102INCILC	6,842,956	-
		502	2102INCILP	1,968,405	-
		502	2202INCILP	1,529,043	-
		502	2302INCILP	<u>2,069,657</u>	<u>-</u>
Total For Program - John H. Chafee Foster Care Program for Successful Transition to Adulthood				<u>12,410,061</u>	<u>-</u>
Maternal Opioid Misuse Model	93.687	405	2A2CMS331764	87,693	-
		405	2A2CMS331764-01-00	(18,852)	-
		405	2A2CMS331764-02-00	708,808	-
		405	2A2CMS331764-04-00	<u>213</u>	<u>-</u>
Total For Program - Maternal Opioid Misuse Model				<u>777,862</u>	<u>-</u>

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				Federal Awards Expended	Passed Through To Subrecipients
COVID-19 Elder Abuse Prevention Interventions Program	93.747	498	2101INAPC6-03	58,692	-
		498	2101INLOC5-01	<u>35,632</u>	<u>-</u>
Subtotal for Program - COVID-19 Elder Abuse Prevention Interventions Program				<u>94,324</u>	<u>-</u>
Elder Abuse Prevention Interventions Program	93.747	498	2101INAPC5-01	<u>878,727</u>	<u>114,367</u>
Subtotal For Program - Elder Abuse Prevention Interventions Program				<u>878,727</u>	<u>114,367</u>
Total For Program - Elder Abuse Prevention Interventions Program				<u>973,051</u>	<u>114,367</u>
Children's Health Insurance Program	93.767	400	2105IN5021	821,875	650,000
		400	2205IN5021	1,696,197	76,945
		503	2005IN5021	(2,897,958)	-
		503	2105IN5021	88,895,316	-
		503	2205IN5021	<u>195,050,237</u>	<u>-</u>
Total For Program - Children's Health Insurance Program				<u>283,565,667</u>	<u>726,945</u>
Medicaid Cluster					
State Medicaid Fraud Control Units	93.775	46	2101IN5050	(51)	-
		46	2201IN5050	1,264,505	-
		46	2301IN5050	<u>4,159,853</u>	<u>-</u>
Total For Program - State Medicaid Fraud Control Units				<u>5,424,307</u>	<u>-</u>
COVID-19 State Survey and Certification of Health Care Providers and Suppliers (Title XVIII) Medicare	93.777	400	2105IN50C3	360	-
		400	2205IN50C3	<u>826,250</u>	<u>-</u>
Subtotal For Program - COVID-19 State Survey and Certification of Health Care Providers and Suppliers (Title XVIII) Medicare				<u>826,610</u>	<u>-</u>
State Survey and Certification of Health Care Providers and Suppliers (Title XVIII) Medicare	93.777	400	2105IN5000	32,526	-
		400	2105INPACT	(32,887)	-
		400	2205IN5000	1,961,435	-
		400	2205IN5002	13,839	-
		400	2205IN5002	81,106	-
		400	2205INPACT	56,094	-
		400	2305IN5000	6,532,628	-
		400	2305IN5002	<u>80,530</u>	<u>-</u>

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				Federal Awards Expended	Passed Through To Subrecipients
		400	2305INPACT	114,433	-
Subtotal For Program - State Survey and Certification of Health Care Providers and Suppliers (Title XVIII) Medicare				8,839,704	-
Total For Program - State Survey and Certification of Health Care Providers and Suppliers (Title XVIII) Medicare				9,666,314	-
Medical Assistance Program	93.778	46	ESTIMATE	48,767	-
		60	ESTIMATE	1,269,447	-
		60	ESTIMATE	1,735,696	-
		250	ESTIMATE	(3,691,863)	-
		250	ESTIMATE	3,691,863	-
		400	EST-2105IN5ADM	(1,787)	-
		400	ESTIMATE	848,365	4,231
		400	ESTIMATE	2,040,989	112,133
		400	ESTIMATE -2205IN5001	2,217,497	-
		400	2305IN5001	5,301,303	-
		502	EST-2105IN5ADM	(183,112)	-
		502	ESTIMATE	225,086	-
		502	ESTIMATE	5,418,750	-
		503	1905IN5MAP	155,460,421	-
		503	2005IN5MAP	93,552,489	-
		503	2105IN5MAP	4,534,107	-
		503	2105INIMPL	2,419,827	-
		503	2205IN5MAP	3,337,575,575	-
		503	2205INIMPL	38,991	-
		503	EST-2105IN5ADM	(915,614)	-
		503	ESTIMATE	195,273	-
		503	ESTIMATE	3,055,512	-
		503	ESTIMATE	12,249,634	-
		503	ESTIMATE	59,519,650	443,542
		503	ESTIMATE	210,007,746	232,885
		503	ESTIMATE	10,492,748,136	-
		615	ESTIMATE	117,877	-
		700	ESTIMATE	2,410,729	-
		700	ESTIMATE	7,893,042	-
Total For Program - Medical Assistance Program				14,399,784,396	792,791
Total for Cluster - Medicaid Cluster				14,414,875,017	792,791
Opioid STR	93.788	22	1H79TI081689-01	(855,888)	(855,888)
		22	5H79TI083279-02	5,465,130	5,440,130
		22	6H79TI081689-02M001	(2,961,575)	(2,961,575)
		410	1H79TI085779-01	11,313,255	3,404,121

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				Federal Awards Expended	Passed Through To Subrecipients
		410	5H79TI083279-02	14,857,368	7,169,818
		410	6H79TI081689-02M001	(1,216)	-
		615	5H79TI083279-02	283,562	-
Total For Program - Opioid STR				<u>28,100,636</u>	<u>12,196,606</u>
Money Follows the Person Rebalancing Demonstration	93.791	498	1LICMS300150-01-18	<u>15,560,889</u>	-
Total For Program - Money Follows the Person Rebalancing Demonstration				<u>15,560,889</u>	-
ACL Assistive Technology State Grants for Protection and Advocacy	93.843	44	2101INPAAT-00	14,488	-
		44	2201INPAAT	84,949	-
		44	2301INPAAT-01	61,434	-
Total For Program - ACL Assistive Technology State Grants for Protection and Advocacy				<u>160,871</u>	-
COVID-19 Maternal, Infant and Early Childhood Home Visiting Grant	93.870	400	1 X11MC41932-01-00	213,345	-
		400	6 X11MC45282-01-00	84,435	-
Subtotal For Program - COVID-19 Maternal, Infant and Early Childhood Home Visiting Grant				<u>297,780</u>	-
Maternal, Infant and Early Childhood Home Visiting Grant	93.870	400	1 X10MC43580-01-00	2,085,071	-
		400	1 X10MC46864-01-00	33,372	-
		400	6 X10MC39685-01-02	1,341,111	179,052
		502	1 X10MC43580-01-00	3,544,581	-
		502	1 X11MC41932-01-00	282,358	-
		502	6 X10MC39685-01-02	2,661,750	-
		502	6 X11MC45282-01-00	639,010	-
Subtotal For Program - Maternal, Infant and Early Childhood Home Visiting Grant				<u>10,587,253</u>	<u>179,052</u>
Total For Program - Maternal, Infant and Early Childhood Home Visiting Grant				<u>10,885,033</u>	<u>179,052</u>
State Grants for Protection and Advocacy Services	93.873	44	2101INPATB-00	8,609	-
		44	2201INPATB	73,191	-
		44	2301INPATB-01	31,787	-
Total For Program - State Grants for Protection and Advocacy Services				<u>113,587</u>	-

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				Federal Awards Expended	Passed Through To Subrecipients
National Bioterrorism Hospital Preparedness Program	93.889	400	1 U3REP190595-01-00	493,977	308,426
		400	5 U3REP190595-02-00	541,694	280,771
		400	5 U3REP190595-04-00	2,236,749	1,826,057
		400	6 U3REP190595-03-01	806,993	613,565
Total For Program - National Bioterrorism Hospital Preparedness Program				4,079,413	3,028,819
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	93.898	400	1 NU58DP006319-01-00	610	-
		400	1 NU58DP007166-01-00	2,013,567	917,326
		400	5 NU58DP006319-05-00	507,695	168,001
		400	6 NU58DP006319-04-02	153,860	56,210
		400	NU58DP006319-02-00	9,496	-
		400	NU58DP006319-03-00	21,669	5,000
Total For Program - Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations				2,706,897	1,146,537
Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement	93.912	400	GA142898-01-00	406,105	406,105
Total For Program - Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement				406,105	406,105
Grants to States for Operation of State Offices of Rural Health	93.913	400	2 H95RH00136-30-00	110,390	79,687
		400	5 H95RH00136-26-00	(41)	-
		400	5 H95RH00136-28-00	(2,522)	-
		400	5 H95RH00136-29-00	11,802	-
		400	5 H95RH00136-31-00	105,772	3,916
		400	6 H95RH00136-27-01	222	-
Total For Program - Grants to States for Operation of State Offices of Rural Health				225,623	83,603
HIV Care Formula Grants	93.917	400	2 X07HA00033-32-00	8,784,809	4,540,125
		400	2 X08HA31247-05-00	1,148,072	1,157,852
		400	2 X08HA31247-06-00	1,281,990	1,281,990
		400	2 X09HA33913-03-00	3,775,442	3,775,442
		400	2 X09HA33913-04-00	4,768,149	-
		400	5 X07HA00033-31-00	164,380	-
		400	5 X07HA00033-33-00	939,488	-
Total For Program - HIV Care Formula Grants				20,862,330	10,755,409

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				Federal Awards Expended	Passed Through To Subrecipients
HIV Prevention Activities Health Department Based	93.940	400	1 NU62PS924556-01-00	4,861	4,861
		400	5 NU62PS924556-02-00	38,438	38,353
		400	5 NU62PS924556-03-00	343,868	-
		400	5 NU62PS924556-04	256,455	3,323
		400	5 NU62PS924556-05-00	3,905,019	3,198,381
		400	5 NU62PS924617-02-00	1,118,267	1,048,888
		400	6 NU62PS003682-05-05	474	-
		400	NU62PS924617-02-00	338,502	-
Total For Program - HIV Prevention Activities Health Department Based				<u>6,005,884</u>	<u>4,293,806</u>
Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance	93.944	400	1 NU62PS924590-01-00	9,839	-
		400	1 NU62PS924766-01-00	382,190	312,134
		400	5 NU62PS924590-02-00	3,381	-
		400	5 NU62PS924590-03-00	262,736	-
		400	5 NU62PS924766-02-00	97,668	81,990
Total For Program - Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance				<u>755,814</u>	<u>394,124</u>
Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs	93.946	400	1 NU58DP007268-01-00	17,706	16,592
		400	5 NU38DP000007-04-00	77,545	-
		400	5 U01DP006580-02-00	138,965	-
		400	N U38DP000007-05-00	72,659	5,272
Total For Program - Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs				<u>306,875</u>	<u>21,864</u>
Block Grants for Community Mental Health Services	93.958	410	1B09SM083831-01	5,724,577	3,587,151
		410	1B09SM084000-01	5,644,394	1,333,350
		410	1B09SM085386-01	4,219,042	-
		410	1B09SM085914-01	55,612	55,612
		410	1B09SM086006-01	5,803,814	3,101,915
		410	EST-1B09SM087357-01	822,912	-
Total For Program - Block Grants for Community Mental Health Services				<u>22,270,351</u>	<u>8,078,028</u>
Block Grants for Prevention and Treatment of Substance Abuse	93.959	400	1B08TI083532-01	1,499,929	-
		400	1B08TI084642-01	167,500	167,500
		400	6B08TI083447-01M001	(137,195)	79,714
		410	1B08TI083072-01	123,552	-
		410	1B08TI083532-01	13,376,620	2,806,220
		410	1B08TI083939-01	3,564,563	738,880

STATE OF INDIANA
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
 July 1, 2022 to June 30, 2023

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Business Unit - Note 4	Grant Number	Final SEFA Amounts	
				Federal Awards Expended	Passed Through To Subrecipients
		410	1B08TI084578-01	58,450	58,450
		410	1B08TI084642-01	25,780,975	21,167,078
		410	6B08TI083447-01M001	7,499,270	3,438,643
		410	EST-1B08TI085804-01	<u>911,775</u>	<u>99,000</u>
Total For Program - Block Grants for Prevention and Treatment of Substance Abuse				<u>52,845,439</u>	<u>28,555,485</u>
CDC's Collaboration with Academia to Strengthen Public Health	93.967	400	1 NE11OE000109-01-00	<u>83,351</u>	<u>-</u>
Total For Program - CDC's Collaboration with Academia to Strengthen Public Health				<u>83,351</u>	<u>-</u>
COVID-19 Sexually Transmitted Diseases (STD) Prevention and Control Grants	93.977	400	6 NH25PS005139-04-03	1,792,013	1,285,339
		400	NH25PS005139-05-01	<u>311,564</u>	<u>252,785</u>
Subtotal For Program - COVID-19 Sexually Transmitted Diseases (STD) Prevention and Control Grants				<u>2,103,577</u>	<u>1,538,124</u>
Sexually Transmitted Diseases (STD) Prevention and Control Grants	93.977	400	1 NH25PS005139-01	(361)	-
		400	5 NH25PS005139-03-00	142,327	726,610
		400	5 NH25PS005139-04	862,607	(640,353)
		400	5 NH25PS005139-05	745,759	75,292
		400	5 NH25PS005191-03-00	118,109	-
		400	5 NH25PS005191-04-00	138,370	-
		400	6 NH25PS005139-02	<u>16,476</u>	<u>16,108</u>
Subtotal For Program - Sexually Transmitted Diseases (STD) Prevention and Control Grants				<u>2,023,287</u>	<u>177,657</u>
Total For Program - Sexually Transmitted Diseases (STD) Prevention and Control Grants				<u>4,126,864</u>	<u>1,715,781</u>
Preventive Health and Health Services Block Grant	93.991	400	1 NB01OT009350-01	(9,472)	-
		400	1 NB01OT009408-01-00	886,101	320,549
		400	1 NB01OT009487-01-00	1,137,421	240,125
		502	1 NB01OT009350-01	<u>(9,909)</u>	<u>-</u>
Total For Program - Preventive Health and Health Services Block Grant				<u>2,004,141</u>	<u>560,674</u>
Maternal and Child Health Services Block Grant to the States	93.994	32	1 B04MC45212-01-00	93,526	-
		400	1 B04MC45212-01-00	6,875,713	1,887,544

STATE OF INDIANA
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
 July 1, 2022 to June 30, 2023

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Business Unit - Note 4	Grant Number	Final SEFA Amounts	
				Federal Awards Expended	Passed Through To Subrecipients
		400	1 B04MC47414-01-00	106,473	16,566
		400	6 B04MC32539-01-05	(83,518)	-
		400	6 B04MC33836-01-04	48,229	-
		400	6 B04MC40130-01-02	5,609,562	2,387,289
		400	B04MC31485	(4,407)	-
Total For Program - Maternal and Child Health Services Block Grant to the States				<u>12,645,578</u>	<u>4,291,399</u>
Total - U.S. Department of Health and Human Services				<u>15,988,438,470</u>	<u>222,125,522</u>
<u>U.S. Corporation of National Community Services</u>					
State Commissions	94.003	510	19CAHIN001	9,466	-
		510	22CACIN001	<u>176,101</u>	<u>-</u>
Total For Program - AmeriCorps State Commissions Support Grant				<u>185,567</u>	<u>-</u>
AmeriCorps	94.006	510	18AFHIN001	76,719	76,719
		510	19ESHIN001	63,831	63,831
		510	19FXHIN002	101,750	101,667
		510	21AFCIN001	371,417	371,417
		510	21AFCIN001	3,175,670	3,250,670
		510	21AFCIN002	112,395	112,478
		510	22FXCIN001	6,510	6,510
		510	22FXCIN001	77,839	77,839
		719	19FXHIN002	<u>364,126</u>	<u>-</u>
Total For Program - AmeriCorps State and National 94.006				<u>4,350,257</u>	<u>4,061,131</u>
Commission Investment Fund	94.008	510	22TACIN001	<u>68,363</u>	<u>-</u>
Total For Program - AmeriCorps Commission Investment Fund 94.008				<u>68,363</u>	<u>-</u>
Training and Technical Assistance (TTA)	94.009	510	19TAHIN001	39,108	-
		510	21ACCIN001	617,347	617,347
		510	21AFCIN002	<u>75,000</u>	<u>-</u>
Total For Program - Training and Technical Assistance (TTA)				<u>731,455</u>	<u>617,347</u>
Total - U.S. Corporation of National Community Services				<u>5,335,642</u>	<u>4,678,478</u>
<u>U.S. Social Security Administration</u>					

STATE OF INDIANA
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
 July 1, 2022 to June 30, 2023

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Business Unit - Note 4	Grant Number	Final SEFA Amounts	
				Federal Awards Expended	Passed Through To Subrecipients
Disability Insurance/SSI Cluster					
Social Security Disability Insurance	96.001	405	1 7 0 4 I N D I 0 0	53	-
			1804INDI00	2,454	-
			1 9 0 4 I N D I 0 0	14,163	-
			2004INDI00	(160)	-
			2104INDI00	99,367	-
			2204IND100	14,355,766	-
			EST-23 04 I N D I 0 0	<u>25,771,978</u>	-
Total For Program - Social Serurity Disability Insurance				<u>40,243,621</u>	-
Total for Cluster - Disability Insurance/SSI Cluster				<u>40,243,621</u>	-
Social Security State Grants for Work Incentives Assistance to Disabled Beneficiaries	96.009	44	6 PAB19020368-01-02	39,065	-
			5 SPS18000021-04-00	237,884	-
			6 PAB19020368-01-03	144,224	-
			5 SPS18000021-05-00	<u>576,739</u>	-
			Total For Program -Social Security State Grants for Work Incentives Assistance to Disabled Beneficiaries		
Total - U.S. Social Security Administration				<u>41,241,533</u>	-
U.S. Department of Homeland Security					
Non-Profit Security Program	97.008	385	EMW-2018-UA-00016	25,000	25,000
			EMW-2019-UA-00010-S01	43,748	43,748
			EMW-2020-UA-00008-S01	452,406	452,406
			EMW-2021-UA-00031	1,565,243	1,565,243
			EMW-2022-UA-00057-S01	<u>270,739</u>	<u>270,609</u>
Total For Program - Nonprofit Security Grant Program			<u>2,357,136</u>	<u>2,357,006</u>	
Boating Safety Financial Assistance	97.012	300	3319FAS190118	2,490	-
			3320FAS200118	(1)	-
			3322FAS220118	653,206	24,464
			3323FAS170118	<u>653,932</u>	<u>27,500</u>
Total For Program - Boating Safety Financial Assistance			<u>1,309,627</u>	<u>51,964</u>	
Community Assistance Program State Support Services Element (CAP-SSSE)	97.023	300	EMC-2022-CA-00004	194,337	-

STATE OF INDIANA
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
 July 1, 2022 to June 30, 2023

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Business Unit - Note 4	Grant Number	Final SEFA Amounts	
				Federal Awards Expended	Passed Through To Subrecipients
		300	EMC-2021-CA-00016-S01	894	-
Total For Program - Community Assistance Program State Support Services Element (CAP-SSSE)				<u>195,231</u>	<u>-</u>
Disaster Grants-Public Assistance (Presidentially Declared Disasters)	97.036	385	DR4363IN	985	-
		385	DR4363IN	239,463	239,463
		385	4515DRINP0000001	136,063	-
		385	4515DRINP0000001	34,398,649	34,398,649
		400	4515DRINP0000001	36,894	-
		405	4515DRINP0000001	1,970,063	-
Total For Program - Disaster Grants-Public Assistance (Presidentially Declared)				<u>36,782,117</u>	<u>34,638,112</u>
Hazard Mitigation Grant Program	97.039	385	FEMA-4363-DR-IN	508,463	474,468
Total For Program - Hazard Mitigation Grant Program				<u>508,463</u>	<u>474,468</u>
National Dam Safety Program	97.041	300	EMW-2019-GR-00010-S01	10,576	-
		300	EMW-2020-GR-00197-S01	232,630	232,630
		300	EMC-2020-GR-00005	34	-
		300	EMC-2021-GR-00005-S01	20,274	-
		300	EMC-2022-GR-00004-S01	1,419	-
Total For Program - National Dam Safety Program				<u>264,933</u>	<u>232,630</u>
Emergency Management Performance Grant	97.042	110	EMC-2021-EP-00004	22,029	-
		110	EMC-2022-EP-00005	31,997	-
		385	EMC-2020-EP-00001-S01	510,403	12,842
		385	EMC-2020-EP-00011-S01	546,825	-
		385	EMC-2021-EP-00004	2,988,540	1,551,475
		385	EMC-2021-EP-00013-S01	1,273,736	855,239
		385	EMC-2022-EP-00005	3,596,817	1,492,418
Total For Program - Emergency Management Performance Grant				<u>8,970,347</u>	<u>3,911,974</u>
State Fire Training Systems Grant Program	97.043	385	EMW-2020-GR-00223-S01	864	-
		385	EMW-2021-GR-00212	9,600	-
Total For Program - State Fire Training Systems Grant Program				<u>10,464</u>	<u>-</u>
Assistance to Firefighters Grant	97.044	385	EMW-2019-FG-03208	380,228	-

STATE OF INDIANA
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
 July 1, 2022 to June 30, 2023

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Business Unit - Note 4	Grant Number	Final SEFA Amounts	
				Federal Awards Expended	Passed Through To Subrecipients
		385	EMW-2020-FG-11516	274,234	-
Total For Program - Assistance to Firefighters Grant				<u>654,462</u>	<u>-</u>
Cooperating Technical Partners	97.045	300	EMC-2018-CA-00008-S01	65,775	-
		300	EMC-2019-CA--00012	33,182	-
		300	EMC-2020-CA-00008-S01	57,364	-
		300	EMC-2021-CA-00009-10	90,232	-
		300	EMC-2022-CA-00020-S01	471	-
Total For Program - Cooperating Technical Partners				<u>247,024</u>	<u>-</u>
Pre-Disaster Mitigation	97.047	385	EMC-2018-PC-0007	102,465	8,324
		385	EMC-2019-PC-0003	4,296,511	4,296,005
		385	EMC-2020-PC-0002	296,235	296,235
		385	EMC-2020-BR-038	20,880	20,880
		385	EMC-2021-BR-065	980	-
Total For Program - Pre-Disaster Mitigation				<u>4,717,071</u>	<u>4,621,444</u>
Port Security Grant Program	97.056	300	EMW-2017-PU-00615	(1)	-
		300	EMW-2019-PU-00522	7,134	-
		300	EMW-2019-PU-00519	5,644	-
		300	EMW-2019-PU-00513	4,489	-
		300	EMW-2021-PU-00392	24,850	-
		300	EMW-2021-PU-00391	197,924	-
Total For Program - Port Security Grant Program				<u>240,040</u>	<u>-</u>
Homeland Security Grant Program	97.067	100	EMW-2019-SS-00013-S01	33,618	-
		100	EMW-2020-SS-00009	210,831	-
		100	EMW-2021-SS-00032	215,096	-
		100	EMW-2022-SS-00064	117,063	-
		385	EMW-2019-SS-00013-S01	226,587	226,433
		385	EMW-2020-SS-00009	615,281	615,281
		385	EMW-2021-SS-00032	2,511,740	2,464,931
		385	EMW-2022-SS-00064	286,669	238,992
		800	2008-GE-T8-0032	(2,750)	-
Total For Program - Homeland Security Grant Program				<u>4,214,135</u>	<u>3,545,637</u>
National Earthquake Hazards Reduction Program	97.082	385	EMC-2021-CA-00015	49,143	-
		385	EMC-2022-CA-00002	5,796	-
Total For Program - National Earthquake Hazards Reduction Program				<u>54,939</u>	<u>-</u>

STATE OF INDIANA
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
 July 1, 2022 to June 30, 2023

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Business Unit - Note 4	Grant Number	Final SEFA Amounts	
				Federal Awards Expended	Passed Through To Subrecipients
Homeland Security Biowatch Program	97.091	400	06OHBIO00017-16-00	(509)	-
		400	06OHBIO000017-17-00	17,740	-
		400	70RWMD21P00000034	25	-
		495	06OHBIO00017-16-00	(8,464)	-
		495	06OHBIO000017-17-00	415,759	-
Total For Program - Homeland Security Biowatch Program				424,551	-
2016 Complex Coordinated Terrorist Attacks	97.133	385	EMC-2016-GR-00061	(2,808)	-
Total For Program - 2016 Complex Coordinated Terrorist Attacks				(2,808)	-
Total - U.S. Department of Homeland Security				60,947,732	49,833,235
GRAND TOTALS				22,831,497,212	2,638,394,025

STATE OF INDIANA
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Note 1. Scope of Schedule

All federal awards received by the State of Indiana, as a governmental unit, have been included in the Schedule of Expenditures of Federal Awards with the exception of the programs administered by the component units included in Note 4.

Note 2. Basis of Presentation

- a. The accompanying Schedule of Expenditures of Federal Awards includes the federal grant activity of the State of Indiana under programs of the federal government for the fiscal year ended June 30, 2023. The information in this Schedule is presented in accordance with the requirements of *Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*. Because the schedule presents only a selected portion of the operations of the State of Indiana, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the State of Indiana.
- b. The source of information for the schedule was obtained from the PeopleSoft Financials accounting system and certified by State Comptroller. The financial statements were also prepared from data within this system. Expenditures are separated within the federal programs by the Business Unit (BU) creating the expenditure to the state and by individual grants. See Note 5 for a listing of agencies and BUs.
- c. The source of the ALN information was obtained from beta.sam.gov website and the June 30, 2023 data was used.
- d. With regard to Indiana Department of Transportation's advance projects, federal expenditures are not included until the U.S. Department of Transportation has confirmed their percentage of participation.

Note 3. Summary of Significant Accounting Policies

The State of Indiana's accounting records are maintained on a budgetary basis in accordance with state laws and accounting policies. Expenditures for the Schedule of Expenditures of Federal Awards are recognized when recorded into the state's accounting system. This Schedule is prepared on a different basis of accounting as the financial statements for the state. Such expenditures are recognized following, as applicable, either the cost principles contained in OMB Circular A-87, Cost Principles for State, Local and Indian Tribal Governments, or Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years.

The State did not elect to use the 10 percent de minimis indirect cost rate allowed under the Uniform Guidance.

STATE OF INDIANA
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
(Continued)

Note 4. Component Units

The entities listed below are component units for financial statement purposes and receive federal financial assistance. The federal transactions of these entities are not reflected in this schedule. Each of these entities is subject to independent audits in compliance with *Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* with a fiscal year end date of June 30, except for the Indiana Housing and Community Development Authority which has a fiscal year end date of December 31.

<u>Entities</u>	<u>Federal Awards Expended</u>
Purdue University	\$650,512,492
Indiana University	\$1,099,733,066
Indiana State University	\$67,711,436
Ball State University	\$148,091,484
Vincennes University	\$33,788,397
University of Southern Indiana	\$37,699,937
Ivy Tech Community College	\$183,848,562
Indiana Finance Authority	\$462,726,155
Indiana Economic Development Corporation	\$19,258,033
Indiana Housing and Community Development Authority	\$748,626,235
	\$3,451,995,795

Note 5. State Agencies

The following state agencies and related business units (BUs) are included on the Schedule of Expenditures of Federal Awards.

<u>Agency</u>	<u>BU</u>	<u>Agency Name</u>
AC	705	Arts Commission
ADG	110	Adjutant General
AG	46	Attorney General, Office of the
ATC	230	Alcohol and Tobacco Commission
BMV	235	Bureau of Motor Vehicles
BOAH	351	Board of Animal Health
BS	550	School for the Blind
CHE	719	Commission for Higher Education
CJI	32	Criminal Justice Institute
CRC	258	Civil Rights Commission
DCS	502	Department of Child Services

STATE OF INDIANA
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
(Continued)

DEM	495	Department of Environmental Management
DHS	385	Department of Homeland Security
DNR	300	Department of Natural Resources
DOA	61	Department of Administration
DOC	615	Department of Correction
DOE	700, 718	Department of Education
DOH	400	Department of Health
DOI	210	Department of Insurance
DOL	225	Department of Labor
DOT	800	Department of Transportation
DS	560	School for the Deaf
DT	115	Department of Toxicology
DVA	160	Department of Veterans' Affairs
DWD	510, 8510	Department of Workforce Development
FSSA	405, 410, 415, 451, 497, 498, 500, 501, 503	Family and Social Services Administration
GC	190	Gaming Commission
GCPD	35	Governor's Council for People with Disabilities
GWC	512	Governor's Workforce Cabinet
IOT	67	Office of Technology
LETB	103	Law Enforcement Training Board
LTGOV	36, 37, 38	Lieutenant Governor - Dept. of Agriculture
MPH	60	Management Performance Hub
OED	266	Office of Energy Development
PAC	39	Prosecuting Attorney's Council
PASC	44	Protection and Advocacy Services Commission
PDC	610	Public Defender Council
PLA	250	Professional Licensing Agency
PP	25	Public Prosecutor
SBA	57	State Budget Agency
SBOA	80	State Board of Accounts
SC	22	Supreme Court
SL	730	State Library
SP	100	State Police
SPD	70	State Personnel Dept
SS	40, 63	Secretary of State
URC	200	Utility Regulatory Commission

STATE OF INDIANA
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
(Continued)

Note 6. State Unemployment Insurance Benefits

State unemployment insurance benefits represent the funds from the United States Treasury/State Partnership Unemployment Insurance Trust Fund (Trust Fund) that are used to pay for unemployment benefits. The amount is net of overpayment recoupments of \$68,290,524.05 that were recovered during the fiscal year and deposited into the Trust Fund. The state also collects taxes from employers and deposits them in the Trust Fund to be used by the state for payment of unemployment benefits. This Trust Fund is accounted for within business unit 8510 on the Schedule of Expenditures of Federal Awards.

Note 7. Noncash Assistance

The state expended the following amount of noncash assistance for the year. This noncash assistance is also included in the federal expenditures presented in the schedule.

<u>Program Title</u>	<u>Federal ALN Number</u>	<u>Noncash Assistance Expended FY 23</u>
National School Lunch Program (DOE)	10.555	\$35,902,196
Summer Food Service Program for Children (DOE)	10.559	\$31,502
Commodity Supplemental Food Program (DOH)	10.565	\$2,247,700
Emergency Food Assistance Program (Food Commodities) (DOH)	10.569	\$27,891,620
Donation of Federal Surplus Personal Property (DOA)	39.003	\$198,075
Immunization Grants (DOH)	93.268	\$86,996,936
<hr/>		
Total Noncash Assistance Expended		\$153,268,029

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS

Section I - Summary of Auditor's Results

Financial Statements:

Type of auditor's report issued:

Name of Opinion Unit	Opinion Issued
Governmental Activities	Unmodified
Business-Type Activities	Unmodified
Aggregate Discretely Presented Component Units	Unmodified
Each Major Fund	Unmodified
Aggregate Remaining Fund Information	Unmodified
Internal control over financial reporting:	
Material weaknesses identified?	no
Significant deficiencies identified?	yes
Noncompliance material to financial statements noted?	yes

Federal Awards:

Internal control over major programs:	
Material weaknesses identified?	yes
Significant deficiencies identified?	yes
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	yes

Identification of Major Programs and type of auditor's report issued on compliance for each:

Assistance Listing Number	Name of Federal Program or Cluster	Opinion Issued
	Child Nutrition Cluster	Unmodified
	Food Distribution Cluster	Qualified
16.575	Crime Victim Assistance	Unmodified
17.225	Unemployment Insurance	Qualified
	WIOA Cluster	Unmodified
21.019	Coronavirus Relief Fund	Unmodified
21.027	Coronavirus State and Local Fiscal Recovery Funds	Unmodified
66.605	Performance Partnership Grants	Unmodified
84.010	Title I Grants to Local Educational Agencies	Qualified
	Special Education Cluster	Qualified
84.048	Career and Technical Education - Basic Grants to States	Unmodified
84.367	Supporting Effective Instruction State Grants	Qualified
84.425	COVID-19 - Education Stabilization Fund	Qualified
	Aging Cluster	Unmodified

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Assistance Listing Number	Name of Federal Program or Cluster	Opinion Issued
93.323	Epidemiology and Laboratory Capacity for Infectious Disease (ELC) CCDF Cluster	Unmodified Qualified
93.558	Temporary Assistance for Needy Families	Qualified
93.658	Foster Care Title IV-E	Unmodified
93.767	Children's Health Insurance Program Medicaid Cluster	Unmodified Unmodified
93.959	Block Grants for Prevention and Treatment of Substance Abuse Disability Insurance/SSI Cluster	Unmodified Unmodified
97.036	Disaster Grants-Public Assistance (Presidentially Declared Disasters)	Unmodified

Dollar threshold used to distinguish between Type A and Type B programs: \$34,247,246

Auditee qualified as low-risk auditee? no

Section II - Financial Statement Findings

FINDING 2023-001

Subject: Unemployment Compensation Fund Financial Statements
Audit Findings: Significant Deficiency, Noncompliance

Condition and Context

The system of internal control in place was not effective to prevent, or detect and correct, errors in the Unemployment Compensation Fund (UCF) in the State's financial statements. The Department of Workforce Development (DWD) did not have a process in place to define or regularly monitor the collectability of accounts receivable from overpayments made to ineligible claimants during the COVID-19 pandemic. This resulted in calculations of collectability first being completed during the process of compiling the financial statements and resulted in multiple revisions to the financial statements. Furthermore, until we brought it to their attention, the DWD did not calculate the related liability to the federal government, which is directly related to the expected amount of collections from the overpaid claimants.

Additional errors were discovered in the financial statements related to accounts receivable, accounts payable, and lost wage assistance. Accounts receivable and related revenue were overstated by \$1,226,948 due to overpayments scheduled to be written off by July 1, 2023, not being completed prior to the compilation of the financial statements. Accounts payable was overstated by \$2,130,138 due to employer overpayments being more than four years past the original payment, which is past the statutory deadline for adjustments or refunds being made to the employer's account. The lost wage assistance activity was included in the financial statements. The program was separately funded from the Unemployment Insurance program and not intended to be accounted for within the State's UCF trust fund.

In addition to the aforementioned errors, four overpayments tagged as "wrong SSN" in the origin/cause field were deemed to be incorrect categorizations based upon review of the determination notices. Further investigation determined the error was contained to the improper categorization and that the overpayments were correctly included in reported receivables. There was no monetary impact to the financial statements for these errors.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Criteria

Each agency, department, quasi, institution or office should have internal controls in effect to provide reasonable assurance regarding the reliability of financial information and records, effectiveness and efficiency of operations, proper execution of managements' objectives, and compliance with laws and regulations. Among other things, segregation of duties, safeguarding controls over cash and all other assets, and forms of information processing are part of an internal control system.

Controls over the receipting, disbursing, recording, and accounting for the financial activities are necessary to avoid substantial risk of invalid transactions, inaccurate records and financial statements, and incorrect decision making. An Agency's control environment consists of the overall attitude, awareness and actions of management and the governing board or commission. This would include establishing and monitoring policies for developing and modifying accounting systems and control procedures. (Accounting and Uniform Compliance Guidelines Manual for State and Quasi Agencies, Organizational Overview - General Guidelines and Policy, Section IV)

Cause

The system of internal controls related to the UCF financial statements was not effective in ensuring the accuracy of the amounts provided for inclusion in the State's financial statements.

Effect

The lack of an effective system of internal controls over the UCF enabled the inclusion of errors in the State's financial statements. The financial statements contained the errors identified in the *Condition and Context*.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

Section III - Federal Award Findings and Questioned Costs

FINDING 2023-002

Subject: Unemployment Insurance (UI) - Activities Allowed or Unallowed,
Allowable Costs/Cost Principles, Eligibility

Federal Agency: U.S. Department of Labor

Federal Programs: Unemployment Insurance (UI), COVID-19 - Unemployment Insurance (UI)

Assistance Listing Number: 17.225

Federal Award Number and Year: 70070

Compliance Requirements: Activities Allowed or Unallowed, Allowable Costs/Cost Principles, Eligibility

Audit Findings: Material Weakness, Modified Opinion

Repeat Finding

This is a repeat finding from the immediately prior year. The prior year finding number was 2022-005.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Condition and Context

The system of internal control as established by management of the Department of Workforce Development (DWD) was not properly implemented, nor was it operating effectively to ensure all eligibility requirements, specifically those relating to Regular Unemployment Insurance (UI) and Pandemic Unemployment Assistance (PUA) were being followed.

The DWD did not have adequate policies and procedures in place to properly determine eligibility for Regular UI compensation.

1. One claimant did not have available data in the Uplink system, the system used by the DWD to administer unemployment compensation. The account was related to an identified fraud scheme in 2022, which affected multiple claimant accounts. The DWD IT created a fix for the affected accounts which included recreating the claim. After requesting the original data for the one claimant in our sample, we were able to review the original claim data and found there were 25 late vouchers submitted between August 31, 2022 and September 1, 2022, for Benefit Weeks Ending (BWE) September 11, 2021 through February 26, 2022. The claimant handbook dated August 1, 2022, states that vouchers must be submitted each week following the initial application. The voucher must be completed by 8:59 p.m. EST each Saturday to receive benefits for the preceding week. Late vouchers would not be accepted and benefits would not be received for the preceding week. The DWD stated Uplink still had auto adjudication rules in place until September 28, 2022, due to the pandemic which allowed claimants to complete back vouchers. Using the benefits paid file, determined this claimant was paid 25 weeks for a total of \$8,950.
2. One claimant filed an initial claim that per the Uplink eligibility criteria triggered an automated approval for eligibility. The claimant provided three employers with the same employment dates and monetary compensation. These employers had not registered with the state or paid taxes; therefore, new registration packets were mailed to the employers. The DWD later determined the employers were fictitious, which resulted in a denied claim and three erroneous payments made totaling \$1,170. The DWD stated they usually identify very few fictitious employer accounts, but there were many fictitious employer schemes during late 2022 to mid-2023. The Uplink system should have controls to mitigate automatic approval for those employers not registered with the state.
3. On September 25, 2022, a claimant filed vouchers for BWE April 16, 2022 through September 24, 2022. Of those vouchers filed, 21 vouchers totaling \$8,190 were paid by the DWD on September 26, 2022. The claimant handbook dated August 1, 2022, states that vouchers must be submitted each week following the initial application. The voucher must be completed by 8:59 p.m. EST each Saturday to receive benefits for the preceding week. Late vouchers were not to be accepted and benefits would not be received for the preceding week. The DWD stated Uplink still had auto adjudication rules in place due to the pandemic, which allowed the claimant to complete the back vouchers.

The DWD did not have adequate policies and procedures in place to properly determine eligibility for the PUA and the Federal Pandemic Unemployment Compensation (FPUC) benefits. The PUA provided benefits to individuals who were not eligible for regular unemployment compensation, including those who exhausted all rights to such benefits. The FPUC was an additional compensation for those qualified for the PUA. The U.S. Department of Labor (DOL) published additional PUA requirements and an Implementation and Operating Instructions attachment on January 8, 2021. The guidance requires individuals to submit documentation to prove eligibility rather than have such documentation automatically added to the file based on agency records. Therefore, the State cannot rely solely on agency records for proof of employment.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

One claimant did not receive a request to provide proof of employment. The DWD did not request the required proof of employment, but instead relied on the agency records in Uplink, which had claimant quarterly wage earnings in 2019. This resulted in 17 weeks of ineligible payments of the PUA at \$149 per week and the FPUC at \$300 per week, for a total of \$7,633.

Criteria

2 CFR 200.303 states in part:

"The non-Federal entity must:

- (a) Establish and maintain effective internal control over Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal awards 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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

Regular UI

Indiana Code 22-4-17-2(d) states in part:

"In addition to the foregoing determination of insured status by the department, the deputy shall, throughout the benefit period, determine the claimant's eligibility with respect to each week for which the claimant claims waiting period credit or benefit rights, the validity of the claimant's claim, and the cause for which the claimant left the claimant's work, or may refer the claim to an administrative law judge who shall make the initial determination in accordance with the procedure in section 3 of this chapter."

Claimant Handbook states in part:

"Your claim voucher is what you use to request payment of benefits. Vouchers must be submitted each week following your initial application. Weeks run from Sunday to Saturday. A voucher covers the previous week and may be filed starting on Sunday. Your voucher must be completed by 8:59 p.m. EST each Saturday to receive benefits for the preceding week. Make sure you start and finish your weekly voucher with plenty of time before 8:59 p.m. EST on Saturday. Late vouchers will not be accepted and if you fail to file your voucher by 8:59 p.m. EST on Saturday, you will not receive any benefits for the preceding week. Unemployment claims are based on a calendar week beginning with Sunday and ending with Saturday – this is sometimes referred to as the *Calendar Week End (CWE)*."

PUA UI

Unemployment Insurance Program Letter No. 16-20, Change 4, Attachment I states in part:

"Anyone that receives a payment of PUA on or after December 27, 2020, (the enactment date of the Continued Assistance Act) will be required to submit documentation substantiating employment or self-employment. This includes any individual who receives any payment of PUA on or after December 27, 2020, even if the payment is for a week of unemployment that occurred before December 27, 2020. The deadline for providing such documentation depends on when the individual filed the initial PUA claim.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

- *Filing New Applications for PUA on or after January 31, 2021.* Individual filing a new PUA application on or after January 31, 2021 (regardless of whether the claim is backdated), are required to provide documentation within 21 days of application or the date the individual is directed to submit the documentation by the State Agency, whichever is later. The deadline may be extended if the individual has shown good cause under state UC law within 21 days.
- *Filing Continued Claims for PUA.* Individuals who have an existing PUA claim as of December 27, 2020, (the enactment date of the Continued Assistance Act) OR who file a new initial PUA claim before January 31, 2021, and who receive PUA on or after December 27, 2020, must provide documentation within 90 days of the application date or the date the individual is instructed to provide such documentation by the state agency (whichever date is later). The deadline may be extended if the state finds that the individual has shown good cause under state UC law for failing to submit the documentation within 90 days.

This documentation demonstrates a recent attachment to the labor force and serves as an important tool against fraud by requiring the individual to submit documentation to prove eligibility, rather than have such documentation automatically added to the file based on agency records. As such, states may not rely solely on agency records to satisfy this condition - the individual must submit documentation to the agency to be entitled to benefits. . . .

c. *Failure to Comply.* Individuals who do not provide documentation substantiating employment/self-employment (or planned employment/self-employment) within the required timeframe, as described above, are not eligible for PUA. . . ."

Cause

The system of internal controls, including policies and procedures as established by management of the DWD was not properly designed nor implemented to ensure all eligibility requirements related to the Regular UI and the PUA were being adhered to.

Effect

Without the proper implementation of an effectively designed system of internal controls, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance. Noncompliance with the provisions of federal statutes, regulations, and the terms and conditions of the federal award could result in the loss of future federal funding to the DWD.

Questioned Costs

We identified \$25,943 of known questioned costs as noted in the *Condition and Context* above.

Recommendation

We recommended that management of the DWD establish a proper system of internal controls, including strengthening their policies and procedures to ensure individuals receiving benefits are properly eligible, and to promptly discontinue benefits for those individuals that are found to be ineligible, in accordance with program requirements.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

FINDING 2023-003

Subject: Unemployment Insurance (UI) - Special Tests and Provisions: UI Reemployment Programs: Worker Profiling and Reemployment Services (WPRS) and Reemployment Services and Eligibility Assessments (RESEA)

Federal Agency: U.S. Department of Labor

Federal Programs: Unemployment Insurance (UI)

Assistance Listing Number: 17.225

Federal Award Number and Year: 70070

Compliance Requirement: Special Tests and Provisions: UI Reemployment Programs: Worker Profiling and Reemployment Services (WPRS) and Reemployment Services and Eligibility Assessments (RESEA)

Audit Findings: Material Weakness, Modified Opinion

Condition and Context

The Department of Workforce Development (DWD) operates a Reemployment Services and Eligibility Assessments (RESEA) program throughout the state. The RESEA participant information is stored in the Indiana Career Connect (ICC) system. If a participant fails to complete the RESEA required activities, a notice of the failure to participate is to be sent to the Unemployment Insurance (UI) adjudication staff to prompt suspension of the participant's benefits.

The controls the DWD designed to ensure the system controls between the ICC and Uplink (the DWD's unemployment insurance system) failed to identify and suspend benefits for noncompliant RESEA participants. The DWD completed a quarterly review of randomly sampled participants to verify that communication between the ICC system and Uplink was effective in identifying and suspending benefits for noncompliant RESEA participants. We selected 25 claimants for testing and identified 3 of those 25 claimants who failed to participate in RESEA, but the UI adjudication staff was not notified via Uplink that the participant was noncompliant. Therefore, the eligibility for UI benefits was not suspended for the 3 identified claimants.

Criteria

2 CFR 200.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

Unemployment Insurance Program Letter No. 02-23 states in part:

"UC Feedback Loop and Adjudication - RESEA staff must refer any failures to report or participate in any aspect of the RESEA program to the UI agency for adjudication under the applicable state law. This feedback loop should also be used to report potential eligibility issues."

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Cause

Management of the DWD had not established an effective system of internal controls related to the Special Tests and Provisions - UI Reemployment Programs: Worker Profiling and Reemployment Services (WPRS) and Reemployment Services and Eligibility Assessments (RESEA) compliance requirement that would prevent, or detect and correct, material noncompliance. During our testing, we determined the communication loop was not effective in establishing controls over the RESEA program due to the RESEA staff not entering the appropriate ICC completion code, which resulted in a system closed activity. Therefore, no communication of the failure to participate was sent to UI Adjudication.

Effect

The failure to establish effective internal controls enabled material noncompliance to go undetected, which resulted in claimants collecting benefits or potentially collecting benefits without participating in the required RESEA activities.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the DWD establish a proper system of internal controls and develop policies and procedures, which would also include an appropriate level of review and oversight, to ensure the feedback loop from the ICC to UI Adjudication is accurate and complete.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-004

Subject: Unemployment Insurance (UI) - Period of Performance

Federal Agency: U.S. Department of Labor

Federal Program: Unemployment Insurance (UI)

Assistance Listing Number: 17.225

Federal Award Numbers and Years: UI-39321-23-55-A-18, UI-37279-22-55-A-18

Compliance Requirement: Period of Performance

Audit Findings: Material Weakness, Other Matters

Condition and Context

The system of internal control established by management of the Department of Workforce Development (DWD) was not operating effectively to prevent, or detect and correct, material noncompliance related to the Period of Performance compliance requirement for the Unemployment Insurance (UI) program.

- Transactions were tested for costs charged to grants with performance period beginning dates during the audit period. Of the 25 transactions tested, 1 was obligated in August 2022 and charged to a grant for which the period of performance did not begin until October 1, 2022.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

- Transactions were tested for costs charged to a grant for which the period of performance ended September 30, 2022. Of the 25 transactions tested, 12 were incurred after the period of performance had ended. Of those 12 noncompliant costs, 8 were Trade Readjustment Allowances for benefit weeks ending after September 30. The remaining 4 noncompliant costs were charges for services performed after September 30.

Criteria

2 CFR 200.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

2 CFR 200.1 states in part:

". . . *Period of performance* means the total estimated time interval between the start of an initial Federal award and the planned end date, which may include one or more funded portions, or budget periods. Identification of the period of performance in the Federal award per § 200.211(b)(5) does not commit the awarding agency to fund the award beyond the currently approved budget period."

2 CFR 200.458 states:

"Pre-award costs are those incurred prior to the effective date of the Federal award or subaward directly pursuant to the negotiation and in anticipation of the Federal award where such costs are necessary for efficient and timely performance of the scope of work. Such costs are allowable only to the extent that they would have been allowable if incurred after the date of the Federal award and only with the written approval of the Federal awarding agency. If charged to the award, these costs must be charged to the initial budget period of the award, unless otherwise specified by the Federal awarding agency or pass-through entity."

Cause

The system of internal control established by management of DWD was not properly designed nor operating effectively to ensure the federal awards were only charged for costs incurred during the applicable period of performance.

Effect

Without an effectively operating system of internal controls, material noncompliance was not prevented or detected and corrected. The Unemployment Insurance program was inappropriately charged for costs incurred outside the period of performance.

Questioned Costs

We identified \$41,771 in questioned costs as noted in the *Condition and Context* above.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Recommendation

We recommended that management of DWD establish a proper system of internal controls and develop policies and procedures, which would also include an appropriate level of review and oversight, to ensure all charges related to the Unemployment Insurance program are made within the applicable period of performance.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-005

Subject: Workforce Innovation and Opportunity Act (WIOA) - Period of Performance
Federal Agency: U.S. Department of Labor
Federal Program: Workforce Innovation and Opportunity Act (WIOA) Cluster
Assistance Listing Numbers: 17.258, 17.259, 17.278
Federal Award Numbers and Years: AA-38528-22-55-A-18, AA-33228-19-55-A-18
Compliance Requirement: Period of Performance
Audit Findings: Material Weakness, Other Matters

Condition and Context

The system of internal control established by management of the Department of Workforce Development (DWD) was not operating effectively to prevent, or detect and correct, material noncompliance related to the Period of Performance compliance requirement for the WIOA Cluster programs.

- Transactions were tested for costs charged to grants with performance period beginning dates during the audit period. One of the eight transactions tested was obligated in June 2022, which was prior to the grant's period of performance beginning date of July 1, 2022.
- Transactions were tested for costs charged to grants with performance period ending dates prior to the audit period. Four of the seven transactions tested were obligated in July 2022, which was after the grant's period of performance ending date of June 30, 2022.

Criteria

2 CFR 200.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

2 CFR 200.1 states in part:

". . . *Period of performance* means the total estimated time interval between the start of an initial Federal award and the planned end date, which may include one or more funded portions, or budget periods. Identification of the period of performance in the Federal award per § 200.211(b)(5) does not commit the awarding agency to fund the award beyond the currently approved budget period."

2 CFR 200.458 states:

"Pre-award costs are those incurred prior to the effective date of the Federal award or subaward directly pursuant to the negotiation and in anticipation of the Federal award where such costs are necessary for efficient and timely performance of the scope of work. Such costs are allowable only to the extent that they would have been allowable if incurred after the date of the Federal award and only with the written approval of the Federal awarding agency. If charged to the award, these costs must be charged to the initial budget period of the award, unless otherwise specified by the Federal awarding agency or pass-through entity."

Cause

The system of internal control as designed and implemented by management of the DWD was not operating effectively to ensure the federal awards were only charged for costs incurred during the applicable period of performance.

Effect

Without an effectively operating system of internal controls, material noncompliance was not prevented or detected and corrected. The WIOA Cluster program was inappropriately charged for costs incurred outside the period of performance.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the DWD establish a proper system of internal controls and develop policies and procedures, which would also include an appropriate level of review and oversight, to ensure all charges related to the WIOA Cluster program are made within the applicable period of performance.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

FINDING 2023-006

Subject: Performance Partnership Grants - Reporting - Internal Controls
Federal Agency: Environmental Protection Agency
Federal Program: Performance Partnership Grants
Assistance Listing Number: 66.605
Federal Award Number and Year: BG-98543217-1
Compliance Requirement: Reporting
Audit Finding: Material Weakness

Repeat Finding

This is a repeat finding from the immediately prior audit report. The prior audit finding number was 2022-006.

Condition and Context

During the audit period, the Indiana Department of Environmental Management (IDEM) submitted two annual reports to the Environmental Protection Agency (EPA) for the BG-98543217-1 award. These reports are the EPA 5700-52A and the PPA Performance Report. The IDEM was unable to provide tangible audit evidence to support their review and approval process for either report. As such, verification of the appropriate level of review or oversight as well as adequate segregation of duties could not be confirmed.

The lack of internal controls was isolated to the two reports noted above.

Criteria

2 CFR 200.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

Cause

A proper system of internal controls was not designed by management of the IDEM, which would include segregation of key functions. Embedded within a properly designed and implemented internal control system should be internal controls consisting of policies and procedures. Policies reflect the IDEM management of what should be done to effect internal control, and procedures consist of actions that would implement these policies. These policies and procedures should include the retention of all supporting documentation to be made available for audit.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Effect

Without the proper implementation of an effectively designed system of internal controls, including policies and procedures that provide segregation of duties, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance. Noncompliance with the provisions of federal statutes, regulations, and the terms and conditions of the federal award could result in the loss of future federal funding to the IDEM.

Questioned Costs

There no questioned costs identified.

Recommendation

We recommended that management of the IDEM design and implement a proper system of internal controls, including policies and procedures that provide segregation of key functions to ensure appropriate reviews, approvals and oversight are taking place. We also recommended that these policies include maintaining supporting documentation to be presented for audit.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-007

Subject: Performance Partnership Grants - Level of Effort - Internal Controls
Federal Agency: Environmental Protection Agency
Federal Program: Performance Partnership Grants
Assistance Listing Number: 66.605
Federal Award Number and Year: BG-98543217-1
Compliance Requirement: Matching, Level of Effort, Earmarking
Audit Finding: Material Weakness

Condition and Context

As the agency receiving the Performance Partnership Grants, the Indiana Department of Environmental Management (IDEM) was subject to two Level of Effort - Maintenance of Effort requirements. In order to receive funds for air pollution control under section 105 of the Clean Air Act, the agency must expend annually, for recurrent section 105 program expenditures, an amount of non-federal funds at least equal to such expenditures during the preceding fiscal year. In order to receive a Water Pollution Control grant under section 106 of the Clean Water Act, the agency must expend annually for recurrent section 106 program expenditures an amount of non-federal funds at least equal to expenditures during the fiscal year ending June 30, 1971.

Based on auditor recalculations, we determined the IDEM was in compliance with the applicable Level of Effort - Maintenance of Effort requirements for state fiscal year 2023. However, we noted a control weakness due to the IDEM not having designed, nor implemented a system of internal control that would likely be effective in preventing, or detecting and correcting, noncompliance.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Criteria

2 CFR 200.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

Cause

A proper system of internal control was not designed by management of the IDEM, which would include policies and procedures to ensure the periodic oversight and documentation of level of effort calculations in support of program compliance. Embedded within a properly designed and implemented internal control system should be internal controls consisting of policies and procedures. Policies reflect the IDEM management of what should be done to effect internal control, and procedures should consist of actions that would implement these policies. These policies and procedures should include the retention of all supporting documentation to be made available for audit.

Effect

Without the proper implementation of an effectively designed system of internal controls, including policies and procedures for the oversight and documentation of compliance with level of effort requirements, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance. Noncompliance with the provisions of federal statutes, regulations, and the terms and conditions of the federal award could result in the loss of future federal funding to the IDEM.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the IDEM design and implement a proper system of internal control and develop policies and procedures to ensure there is an appropriate level of review and oversight of the Performance Partnership Grants Level of Effort requirements. We also recommended that the supporting documentation of this review is retained to be presented for audit.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

FINDING 2023-008

Subject: Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) - Reporting
Federal Agency: U.S. Department of Health and Human Services
Federal Programs: COVID-19 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC),
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)
Assistance Listing Number: 93.323
Federal Award Numbers and Years: NU50CK00503-01, NU50CK00503-02,
NU50CK00503-03, NU50CK00503-04
Compliance Requirement: Reporting
Audit Findings: Material Weakness, Other Matters

Repeat Finding

This is a repeat finding from the immediately prior audit report. The prior audit finding number was 2022-009.

Condition and Context

The system of internal control over the applicable ELC reports as established by management of the Indiana Department of Health (IDOH) was not properly implemented nor was it operating effectively to ensure the required ELC reports were compiled and submitted appropriately and included accurate data. A scope limitation was found over the quarterly reports and material errors were found related to the Monthly Fiscal Reports as well as the subaward reporting under the Federal Funding Accountability and Transparency Act (FFATA).

Quarterly Fiscal Reports

Per the Federal Notice of Award (NOA) for each ELC grant received by the IDOH, Quarterly Fiscal Reports are to be submitted beginning the 5th of the next month, or next business day after the first quarter. The IDOH submitted four Quarterly Fiscal Reports during the audit period for the ELC program.

Upon discussion with the IDOH, it was determined that the expenditure amounts reported on each of the four quarterly reports could not be substantiated. Therefore, due to the lack of detailed audit documentation, the quarterly fiscal reports could not be tested. In addition, documentation to support the review and approval of the quarterly fiscal reports could not be provided for audit.

Monthly Fiscal Reports

Per the Federal Notice of Award (NOA) for each ELC grant received by the IDOH, Monthly Fiscal Reports are to be submitted beginning 60 days after the NOA is issued. The IDOH submitted 80 monthly reports during the audit period for the ELC program. A sample of 12 Monthly Fiscal Reports was selected for testing.

Of the 12 reports examined, documentation to support the underlying expenditure data could not be provided for 5 of the reports. In addition, documentation to support the review and approval of any monthly fiscal report submitted during the audit period could not be provided for audit.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

FFATA

The IDOH, as the direct recipient of the ELC grant awards, is required to report first-tier subawards that result in an obligation of \$25,000 or more to the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS).

The IDOH could not provide tangible evidence of the controls they had in place to ensure the accuracy of the information reported to the FSRS. Additionally, of the 6 subawards sampled, the IDOH did not report four subawards totaling \$460,299, to the FSRS during the audit period.

The lack of internal controls and noncompliance for each report type noted above were systemic issues throughout the audit period.

Criteria

45 CFR 75.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

Department of Health and Human Services, Centers for Disease Control and Prevention Federal Notice of Award (NOA) for Grant Numbers NU50CK000503-01-00, NU50CK000503-02-00, NU50CK000503-03-00 and NU50CK000503-04-00 states in part:

"REPORTING REQUIREMENTS

"Quarterly Financial Reporting is due by the 5th of the next month"

"Monthly fiscal reports (beginning 30 days after NOAs are issued)."

Government Transparency Act of 2008 states in part:

". . . SEC. 2. FULL DISCLOSURE OF ENTITIES RECEIVING FEDERAL FUNDING.

(2) FEDERAL AWARD. — The term 'Federal award' —

(A) means Federal financial assistance and expenditures that —

- (i) include grants, subgrants, loans, awards, cooperative agreements, and other forms of financial assistance;
- (ii) include contracts, subcontracts, purchase orders, task orders, and delivery orders;

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(B) does not include individual transactions below \$25,000; and (C) before October 1, 2008, does not include credit card transactions subparagraph (A) included in the outcome from searches. . . .

(B) IN GENERAL.—

(1) WEBSITE.—Not later than January 1, 2008, the Office of Management and Budget shall, in accordance with this section, section 204 of the E-Government Act of 2002 (Public Law 107–347; 44 U.S.C. 3501 note), and the Office of Federal Procurement Policy Act (41 U.S.C. 403 et seq.), ensure the existence and operation of a single searchable website, accessible by the public at no cost to access, that includes for each Federal award—

(A) the name of the entity receiving the award;

(B) the amount of the award;

(C) information on the award including transaction type, funding agency, the North American Industry Classification System code or Catalog of Federal Domestic Assistance number (where applicable), program source, and an award title descriptive of the purpose of each funding action;

(D) the location of the entity receiving the award and the primary location of performance under the award, including the city, State, congressional district, and country;

(E) a unique identifier of the entity receiving the award and of the parent entity of the recipient, should the entity be owned by another entity; and

(F) any other relevant information specified by the Office of Management and Budget.
. . ."

Cause

A proper system of internal control over the Reporting compliance requirement was not designed by management of the IDOH to ensure compliance with the reports that were required to be submitted during the audit period.

Effect

Without the proper implementation of an effectively designed system of internal control, the IDOH failed to identify and report all applicable subawards under the FFATA. This failure to identify and file required reports reduced federal spending transparency and the public's ability to obtain information on federal ELC program funds passed through the IDOH.

Questioned Costs

There were no questioned costs identified.

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Recommendation

We recommended that the management of the IDOH implement their system of internal control as designed and ensure its operating effectiveness. We also recommended they re-evaluate its policies and procedures to ensure all required reports are supported by financial records, proper documentation is maintained to present for audit, and all subawards that meet the definition of a first-tier subaward are appropriately identified and the reports are filed as required by the FFATA.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-009

Subject: Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) - Subrecipient Monitoring
Federal Agency: United States Department of Health
Federal Program: COVID-19 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC),
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)
Assistance Listing Number: 93.323
Federal Award Numbers and Years: NU50CK00503-01, NU50CK00503-02,
NU50CK00503-03, NU50CK00503-04
Compliance Requirement: Subrecipient Monitoring
Audit Findings: Material Weakness, Other Matters

Condition and Context

The system of internal control as established by management of the Indiana Department of Health (IDOH) was not properly implemented nor was it operating effectively to ensure compliance with various elements of the subrecipient monitoring compliance requirement.

Federal Award Identification

As the pass-through entity, the IDOH is required to ensure every subaward is clearly identified to the subrecipient as a subaward and includes information that describes the federal award and subaward. The IDOH issued twenty-six new subawards during the audit period. Three of the twenty-six subawards were selected for testing to ensure the award included all required information. One subaward examined contained the incorrect Assistance Listing Number for the federal program.

Risk Assessment

The IDOH is also required 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 monitoring activities to be conducted. The IDOH did not have policies or procedures in place for evaluating each subrecipient's risk of noncompliance; therefore, risk assessments were not performed on any subrecipients during the period under audit.

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Monitoring Activities

Additionally, the IDOH, as the pass-through entity is required to monitor the activities of the subrecipients as necessary to ensure that the subawards are used for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subawards; and that any subaward performance goals are achieved. Monitoring activities would include reviewing applicable financial reports required by the IDOH; conducting follow-ups to ensure subrecipients took timely and appropriate action to correct any deficiencies pertaining to the federal award as detected during an audit or on-site review; issuing management decisions for applicable audit findings pertaining to federal awards provided by the IDOH; and resolving audit findings specially related to the subaward passed through the IDOH.

Furthermore, the IDOH must verify that every subrecipient is audited as required by Subpart F of Uniform Guidance when it was expected that the subrecipient's federal awards expended during the respective fiscal year equaled or exceeded the Single Audit threshold as established by Uniform Guidance.

During the period under audit, the IDOH had 52 subrecipients that required monitoring. Of those 52 subrecipients, 6 were selected for testing to ensure proper monitoring activities were being performed. All 6 subrecipients were effectively monitored; however, we noted that the IDOH failed to verify that each of the 6 subrecipients were audited as required by Subpart F of Uniform Guidance, if applicable.

Criteria

45 CFR 75.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

45 CFR 75.352 states in part:

"All pass-through entities must:

- (a) 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:

- (1) Federal award identification.

- (i) Subrecipient name (which must match the name associated with its unique entity identifier);

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- (ii) Subrecipient's unique entity identifier;
 - (iii) Federal Award Identification Number (FAIN);
 - (iv) Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency;
 - (v) Subaward Period of Performance Start and End Date;
 - (vi) Subaward Budget Period Start and End Date;
 - (vii) Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient;
 - (viii) Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation;
 - (ix) Total Amount of the Federal Award committed to the subrecipient by the pass-through entity;
 - (x) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);
 - (xi) Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity;
 - (xii) Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement;
 - (xiii) Identification of whether the award is R&D; and
 - (xiv) Indirect cost rate for the Federal award (including if the de minimis rate is charged) per § 200.414.
- (2) All requirements imposed by the pass-through entity on the subrecipient so that the Federal award is used in accordance with Federal statutes, regulations and the terms and conditions of the Federal award.
- (3) Any additional requirements that the pass-through entity imposes on the subrecipient in order for the passthrough entity to meet its own responsibility to the Federal awarding agency including identification of any required financial and performance reports;
- (4)
- (i) An approved federally recognized indirect cost rate negotiated between the subrecipient and the Federal Government or no such rate exists, either a rate negotiated between the pass through entity and subrecipient (in compliance with this part), or a de minimis cost rate as defined in § 75.414(f).

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- (A) The negotiated indirect cost rate between the pass-through entity and the subrecipient; which can be based on a prior negotiated rate between a different PTE and the same subrecipient. If basing the rate on a previously negotiated rate, the pass-through entity is not required to collect information justifying this rate, but may elect to do so;
- (B) The de minimis indirect cost rate.
 - (ii) The pass-through entity must not require use of a de minimis indirect cost rate if the subrecipient has a Federally approved rate. Subrecipients can elect to use the cost allocation method to account for indirect costs in accordance with § 200.405(d).
- (5) A requirement that the subrecipient permit the pass-through entity and auditors to have access to the subrecipient's records and financial statements as necessary for the passthrough entity to meet the requirements of this part; and
- (6) Appropriate terms and conditions concerning closeout of the subaward.
- (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).
- (c) Consider imposing specific subaward conditions upon a subrecipient if appropriate as described in § 200.208
- (d) Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Pass-through entity monitoring of the subrecipient must include:
 - (1) Reviewing financial and performance reports required by the passthrough entity.
 - (2) Following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the Federal award provided to the subrecipient from the pass-through entity detected through audits, on-site reviews, and written confirmation from the subrecipient, highlighting the status of actions planned or taken to address Single Audit findings related to the particular subaward.

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- (3) Issuing a management decision for applicable audit findings pertaining only to the Federal award provided to the subrecipient from the pass-through entity as required by § 200.521.
- (e) Depending upon the pass-through entity's assessment of risk posed by the subrecipient (as described in paragraph (b) of this section), the following monitoring tools may be useful for the pass-through entity to ensure proper accountability and compliance with program requirements and achievement of performance goals:
- (1) Providing subrecipients with training and technical assistance on program-related matters; and
 - (2) Performing on-site reviews of the subrecipient's program operations;
 - (3) Arranging for agreed-upon-procedures engagements as described in § 200.425.
- (f) 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.
- (g) Consider whether the results of the subrecipient's audits, on-site reviews, or other monitoring indicate conditions that necessitate adjustments to the pass-through entity's own records.
- (h) Consider taking enforcement action against noncompliant subrecipients as described in § 200.339 of this part and in program regulations.

Cause

A proper system of internal control over the Subrecipient Monitoring compliance requirement was not designed by management of the IDOH to ensure compliance with the applicable elements of subrecipient monitoring.

Effect

Without the proper implementation of an effectively designed system of internal control, the internal control system cannot be capable of effectively preventing, or detecting and correcting material noncompliance. Noncompliance with the provisions of Federal statutes, regulations, and the terms and conditions of the Federal award could result in the loss of future federal funding to the IDOH.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the IDOH establish a proper system of internal control and develop policies and procedures to ensure proper subaward documentation is provided to subrecipients and that required monitoring of subrecipients is completed appropriately.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

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FINDING 2023-010

Subject: Food Distribution Cluster - Cash Management
Federal Agency: U.S. Department of Agriculture
Federal Program: COVID-19 - Food Distribution Cluster, Food Distribution Cluster
Assistance Listing Numbers: 10.565, 10.568
Federal Award Numbers and Years: 222IN001Y8005, 232IN001Y8005, 222IN105P1103,
222IN001Y8105, 222IN001Y8613, 228IN10011003,
23IN001Y8105, EST-23IN001Y8613
Compliance Requirement: Cash Management
Audit Findings: Material Weakness, Modified Opinion

Condition and Context

The system of internal control over the Cash Management compliance requirement as established by management of the Indiana Department of Health (IDOH) was not properly implemented nor was it operating effectively to ensure federal cash draw requests were processed correctly and timely. Material errors were identified during the development of the cash management population.

While determining the population for testing, the IDOH divulged that its established processes and procedures over the federal cash draws were not followed during the period under audit. Further analysis of documentation provided by the IDOH disclosed the following issues:

- Several cash draws were made where the amounts drawn were not derived from invoices generated by the PeopleSoft Financial System Billing Module.
- Four cash draws were made in advance of grant expenditures occurring; however, total program expenditures were less than the federal cash draws and a refund was due back to the federal government.
- Three draw requests for grant expenditures totaling \$1,852,865 were not completed within the appropriate liquidation period, thus the IDOH had to relinquish the funds back to the federal government.

Due to the various issues noted above, it was determined that the IDOH could not provide a complete and valid population to test the cash management compliance requirement; therefore, the State's compliance with this requirement was unable to be determined.

Criteria

2 CFR 200.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

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Cause

A proper system of internal controls was not designed by the management of the IDOH. Embedded within a properly designed and implemented internal control system should be internal controls consisting of policies and procedures. Policies reflect the IDOH management of what should be done to effect internal controls, and procedures should consist of actions that would implement these policies. The IDOH lacked adequate policies and procedures to ensure federal cash draw requests for the Food Distribution Cluster programs were processed correctly and timely.

Effect

Without the proper implementation of an effectively designed system of internal controls, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance. Federal funds available through the IDOH for the Food Distribution Cluster programs had to be returned to the federal government due to the IDOH's inefficient policies and procedures.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the IDOH establish a proper system of internal controls and develop policies and procedures to ensure federal cash draws are accurate, completed timely, and supported by appropriate financial records.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-011

Subject: Disaster Grants - Public Assistance (Presidentially Declared Disasters) - Reporting
Federal Agency: U.S. Department of Homeland Security
Federal Program: Disaster Grants - Public Assistance (Presidentially Declared Disasters)
Assistance Listing Number: 97.036
Federal Award Number: FEMA DR-4515-IN
Compliance Requirement: Reporting
Audit Findings: Material Weakness, Other Matters

Repeat Finding

This is a repeat finding from the immediately prior audit report. The prior audit finding number was 2022-011.

Condition and Context

The system of internal controls over the applicable reporting requirements as established by management of the Indiana Department of Homeland Security (IDHS) was not properly implemented nor was it operating effectively to ensure the required Disaster Grants reports were compiled appropriately and included accurate data. Material errors related to subaward reporting under the Federal Funding Accountability and Transparency Act (FFATA) were identified.

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The IDHS, as the direct recipient of the Disaster Grants, is required to report first-tier subawards that result in an obligation of \$30,000 or more to the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS). A sample of ten subawards or amendments that met or exceeded the \$30,000 threshold were reviewed for proper submission to the FSRS. As noted in the table below, of the ten subawards reviewed, four subawards were not reported to the FSRS, and four subawards were not submitted timely.

Transactions Tested	Subaward Not Reported	Report Not Timely
10	4	4
Dollar Amount of Tested Transactions	Subaward Not Reported	Report Not Timely
\$ 13,066,975	\$ 5,527,385	\$ 6,320,352

Criteria

2 CFR 200.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

2 CFR Part 170 Appendix A states in part:

"I. Reporting Subawards and Executive Compensation

a. *Reporting of first-tier subawards.*

Applicability. Unless you are exempt as provided in paragraph d. of this award term, you must report each action that equals or exceeds \$30,000 in Federal funds for a subaward to a non-Federal entity or Federal agency . . .

2. Where and when to report.

- i. The non-Federal entity or Federal agency must report each obligating action described in paragraph a.1. of this award to <http://www.fsrs.gov>.
- ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. . .

3. *What to report.* You must report the information about each obligating action that the submission instructions posted at <http://www.fsrs.gov> specify. . . ."

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Cause

The system of internal controls was not properly designed nor implemented by management of the IDHS to ensure all subawards subject to reporting under FFATA were identified and that the identified subawards were reported to the FSRF timely.

Effect

Without the proper implementation of an effectively designed system of internal control, the IDHS failed to identify and report applicable subawards under FFATA. This failure to identify and file required reports reduced federal spending transparency and the public's ability to obtain information on federal Disaster Grant program funds passed through the Indiana Department of Homeland Security.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the IDHS establish a proper system of internal control and develop policies and procedures to ensure subawards that meet the definition of a first-tier award are appropriately identified, and all reports are filed as required by the Federal Funding Accountability and Transparency Act.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-012

Subject: Disaster Grants - Public Assistance (Presidentially Declared Disasters) - Subrecipient Monitoring
Federal Agency: U.S. Department of Homeland Security
Federal Program: Disaster Grants - Public Assistance (Presidentially Declared Disasters)
Assistance Listing Number: 97.036
Federal Award Number: FEMA DR-4515-IN
Compliance Requirement: Subrecipient Monitoring
Audit Findings: Material Weakness, Other Matters

Repeat Finding

This is a repeat finding from the immediately prior audit report. The prior audit finding number was 2022-012.

Condition and Context

The Indiana Department of Homeland Security (IDHS) had not properly designed nor implemented a system of internal control for multiple portions of the Subrecipient Monitoring compliance requirement. Of the 13 subrecipients selected for testing, the IDHS was unable to provide tangible audit evidence to support that proper subaward information had been communicated to each of the selected subrecipients. The IDHS indicated that the required information was provided to the subrecipients on the Federal Emergency Management Agency (FEMA) Portal; however, the IDHS staff did not have access to the Portal to verify the appropriate subaward information was indeed provided to the subrecipients.

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In addition, documentation for each of 13 subrecipients was requested to verify that the IDHS was appropriately monitoring their subrecipients during the audit period to ensure the subrecipients received a Single Audit, if it was expected that the subrecipient's Federal awards expended during the respective fiscal year equaled or exceeded the Single Audit threshold as established by Uniform Guidance. The IDHS indicated that they had not established sufficient procedures to be in compliance with this requirement. The agency's monitoring of subrecipient Single Audits was intermittent and undocumented.

The lack of internal controls and noncompliance were systemic issues throughout the audit period.

Criteria

2 CFR 200.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

2 CFR 200.332 states in part:

"All pass-through entities must:

(a) 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. Required information includes:

(1) Federal award identification.

(i) Subrecipient name (which must match the name associated with its unique entity identifier);

(ii) Subrecipient's unique entity identifier;

(iii) Federal Award Identification Number (FAIN);

(iv) Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency;

(v) Subaward Period of Performance Start and End Date;

(vi) Subaward Budget Period Start and End Date;

(vii) Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient;

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- (viii) Total Amount of Federal Funds Obligated to the subrecipient by the passthrough entity including the current financial obligation;
 - (ix) Total Amount of the Federal Award committed to the subrecipient by the passthrough entity;
 - (x) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);
 - (xi) Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity;
 - (xii) Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement;
 - (xiii) Identification of whether the award is R&D; and
 - (xiv) Indirect cost rate for the Federal award (including if the de minimis rate is charged) per § 200.414.
- (2) All requirements imposed by the pass-through entity on the subrecipient so that the Federal award issued in accordance with Federal statutes, regulations and the terms and conditions of the Federal award;
- (3) Any additional requirements that the pass-through entity imposes on the subrecipient in order for the pass-through entity to meet its own responsibility to the Federal awarding agency including identification of any required financial and performance reports;
- (4)
- (i) An approved federally recognized indirect cost rate negotiated between the subrecipient and the Federal Government. If no approved rate exists, the passthrough entity must determine the appropriate rate in collaboration with the subrecipient, which is either:
 - (A) The negotiated indirect cost rate between the pass-through entity and the subrecipient; which can be based on a prior negotiated rate between a different PTE and the same subrecipient. If basing the rate on a previously negotiated rate, the pass-through entity is not required to collect information justifying this rate, but may elect to do so;
 - (B) The de minimis indirect cost rate.
 - (ii) The pass-through entity must not require use of a de minimis indirect cost rate if the subrecipient has a Federally approved rate. Subrecipients can elect to use the cost allocation method to account for indirect costs in accordance with § 200.405(d).
- (5) A requirement that the subrecipient permit the pass-through entity and auditors to have access to the subrecipient's records and financial statements as necessary for the pass-through entity to meet the requirements of this part; and

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- (6) Appropriate terms and conditions concerning closeout of the subaward.
- (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).
- (c) Consider imposing specific subaward conditions upon a subrecipient if appropriate as described in § 200.208.
- (d) Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Pass-through entity monitoring of the subrecipient must include:
- (1) Reviewing financial and performance reports required by the pass-through entity.
 - (2) Following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the Federal award provided to the subrecipient from the pass-through entity detected through audits, on-site reviews, and written confirmation from the subrecipient, highlighting the status of actions planned or taken to address Single Audit findings related to the particular subaward.
 - (3) Issuing a management decision for applicable audit findings pertaining only to the Federal award provided to the subrecipient from the pass-through entity as required by § 200.521.
 - (4) The pass-through entity is responsible for resolving audit findings specifically related to the subaward and not responsible for resolving crosscutting findings. If a subrecipient has a current Single Audit report posted in the Federal Audit Clearinghouse and has not otherwise been excluded from receipt of Federal funding (e.g., has been debarred or suspended), the pass-through entity may rely on the subrecipient's cognizant audit agency or cognizant oversight agency to perform audit follow-up and make management decisions related to cross-cutting findings in accordance with section § 200.513(a)(3)(vii). Such reliance does not eliminate the responsibility of the pass-through entity to issue subawards that conform to agency and award-specific requirements, to manage risk through ongoing subaward monitoring, and to monitor the status of the findings that are specifically related to the subaward.

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(e) Depending upon the pass-through entity's assessment of risk posed by the subrecipient (as described in paragraph (b) of this section), the following monitoring tools may be useful for the pass-through entity to ensure proper accountability and compliance with program requirements and achievement of performance goals:

- (1) Providing subrecipients with training and technical assistance on program-related matters; and
- (2) Performing on-site reviews of the subrecipient's program operations;
- (3) Arranging for agreed-upon-procedures engagements as described in § 200.425.

(f) 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.

(g) Consider whether the results of the subrecipient's audits, on-site reviews, or other monitoring indicate conditions that necessitate adjustments to the pass-through entity's own records.

(h) Consider taking enforcement action against noncompliant subrecipients as described in § 200.339 of this part and in program regulations."

Cause

The system of internal controls over Subrecipient Monitoring compliance requirement was not properly designed nor implemented to ensure subaward identification information was appropriately reviewed by management and adequate supporting documentation was maintained for audit. The IDHS did not have policies or procedures in place to ensure each subrecipient was efficiently monitored and a Single Audit was completed as necessary.

Effect

Without the proper implementation of an effectively designed system of internal controls, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance. With the absence of policies and procedures to monitor the activities of the subrecipients of the Disaster Grants, subrecipients may be using these funds for unauthorized purposes without the IDHS's knowledge. As such, due to the lack of monitoring, the IDHS cannot ensure proper accountability and compliance with the program requirements. Furthermore, noncompliance with the provisions of the Federal statutes, regulations, and the terms and conditions of the Federal award could result in the loss of future federal funding to the IDHS.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the IDHS establish a proper system of internal controls to ensure subaward identification information is provided to subrecipients and that there is an appropriate level of review and oversight of the subaward information that is provided. We also recommended developing policies and procedures to monitor the completion of each subrecipient's Single Audit report and to ensure that documentation is maintained and available for audit.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-013

Subject: Career and Technical Education - Basic Grants to States - Subrecipient Monitoring
Federal Agency: U.S. Department of Education
Federal Program: Career and Technical Education - Basic Grants to States
Assistance Listing Number: 84.048
Federal Award Numbers and Years: V048A200014, V048A210014, V048A220014
Compliance Requirement: Subrecipient Monitoring
Audit Findings: Material Weakness, Other Matters

Repeat Finding

This is a repeat finding from the immediately prior year. The prior year finding number was 2022-013.

Condition and Context

The Governor's Workforce Cabinet (GWC) was the agency responsible for the Career and Technical Education - Basic Grants to States for the period under audit. The GWC had not properly designed or implemented a system of internal control related to its duties as the pass-through entity for these grants.

Federal Award Identification

The GWC properly notified subrecipients of the grant requirements, as well as the required subaward identification information through the award applications and grant award notifications. However, the award applications and notifications were reviewed and approved by a single individual without an additional level of review or oversight.

Monitoring Activities

The GWC, as the pass-through entity of the Career and Technical Education grants during the audit period, was required to monitor the activities of the subrecipients as necessary to ensure that the subawards are used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subawards; and that any subaward performance goals are achieved. Monitoring activities would include reviewing applicable financial reports required by the IDOE; conducting follow-ups to ensure subrecipients took timely and appropriate action to correct any deficiencies pertaining to the federal award as detected during an audit or on-sit review; issuing management decisions for applicable audit findings pertaining to federal awards provided by the GWC; and resolving audit findings specially related to the subaward passed through the GWC.

Furthermore, the GWC was required to verify that every subrecipient was audited as required by Subpart F of Uniform Guidance when it was expected that the subrecipient's federal awards expended during the respective fiscal year equaled or exceeded the Single Audit threshold as established by Uniform Guidance.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

The lack of internal controls and noncompliance were systemic issues throughout the audit period for GWC. On July 1, 2023, all Career and Technical Education - Basic Grants to States were transferred from the Governor's Workforce Cabinet to the Commission for Higher Education (CHE). As such, all future responsibilities in relation to these grants, including subrecipient monitoring will fall upon the CHE.

Criteria

2 CFR 200.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

2 CFR 200.332 states in part:

"All pass-through entities must: . . .

(d) Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Pass-through entity monitoring of the subrecipient must include: . . .

(2) Following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the Federal award provided to the subrecipient from the pass-through entity detected through audits, on-site reviews, and other means.

(3) Issuing a management decision for audit findings pertaining to the Federal award provided to the subrecipient from the pass-through entity as required by § 200.501 Management decision. . . .

(f) Verify that every subrecipient is audited as required by Subpart F—Audit Requirements 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 Audit requirements. . . ."

Cause

A proper system of internal controls over the Subrecipient Monitoring compliance requirement was not designed by management of the GWC, which would include segregation of key functions. Embedded within a properly designed and implemented internal control system should be controls consisting of policies and procedures. Policies reflect the GWC management of what should be done to effect internal control, and procedures should consist of actions that would implement these policies. The GWC did not have policies or procedures in place to ensure subaward identification information was adequately reviewed and approved by someone other than the individual who completed the award applications and notifications, nor to ensure each subrecipient was efficiently monitored and a Single Audit was completed as necessary.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Effect

Without the proper implementation of an effectively designed system of internal controls, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance. Noncompliance with the provisions of federal statutes, regulations, and the terms and conditions of the Federal award could result in the loss of future federal funding to the State.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management responsible for these grants establish a proper system of internal controls and develop policies and procedures to ensure there is an appropriate level of review and oversight of the subaward identification information that is provided to subrecipients. We also recommended developing policies and procedures to document the completion of monitoring activities, which would include ensuring all subrecipients are audited, if necessary; that follow up is conducted to ensure subrecipients take timely and appropriate action to correct the deficiencies pertaining to the federal awards provided by the State; and that management decisions are issued for audit findings pertaining to Federal awards provided by the State.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-014

Subject: Career and Technical Education - Basic Grants to States - Internal Controls
Federal Agency: U.S. Department of Education
Federal Program: Career and Technical Education - Basic Grants to States
Assistance Listing Number: 84.048
Federal Award Numbers and Years: V048A200014, V048A210014, V048A220014
Compliance Requirements: Activities Allowed or Unallowed, Allowable Costs/Cost Principles, Eligibility, Period of Performance
Audit Finding: Material Weakness

Repeat Finding

This is a repeat finding from the immediately prior year. The prior year finding number was 2022-014.

Condition and Context

The Governor's Workforce Cabinet (GWC) was the agency responsible for the Career and Technical Education - Basic Grants to States for the period under audit. The GWC had not properly designed or implemented systems of internal control, which would include appropriate segregation of duties that would likely be effective in preventing, or detecting and correcting, noncompliance for the below noted compliance requirements.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Activities Allowed or Unallowed, Allowable Costs/Cost Principles, Period of Performance

A single GWC employee received the reimbursement requests submitted by subrecipients, reviewed the reimbursement requests to ensure all expenditures included were for allowable activities and costs and were within the grant's appropriate period of performance. The employee then submitted all claims for payment from the applicable grant to Centralized Accounting for processing. There was no secondary review or approval process to provide oversight.

Eligibility

Only eligible recipients (secondary and postsecondary) are allowed to apply for Perkins Basic and Perkins Reserve funding. A single GWC employee reviewed all grant applications and approved each recipient who was eligible for funding. There was no secondary review or approval over this process to provide oversight.

The lack of internal controls and noncompliance were systemic issues throughout the audit period for GWC. On July 1, 2023, all Career and Technical Education - Basic Grants to States were transferred from the GWC to the Commission for Higher Education (CHE). As such, all future responsibilities in relation to these grants, including subrecipient monitoring will fall upon the CHE.

Criteria

2 CFR 200.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

Cause

A proper system of internal controls was not designed by management of the GWC, which would include segregation of key functions. Embedded within a properly designed and implemented internal control system should be internal controls consisting of policies and procedures. Policies reflect the GWC management of what should be done to effect internal control, and procedures should consist of actions that would implement these policies.

Effect

Without the proper design or implementation of the components of a system of internal controls, including policies and procedures that provide segregation of duties and additional oversight as needed, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance.

Questioned Costs

There were no questioned costs identified.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Recommendation

We recommended that management responsible for these grants design and implement a proper system of internal controls, including policies and procedures that would provide segregation of duties to ensure appropriate reviews, approvals, and oversight are taking place.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-015

Subject: Child Nutrition Cluster - Reporting

Federal Agency: U.S. Department of Agriculture

Federal Programs: School Breakfast Program, National School Lunch Program, Special Milk Program for Children, Summer Food Service Program for Children, Fresh Fruit and Vegetable Program

Assistance Listing Numbers: 10.553, 10.555, 10.556, 10.559, 10.582

Federal Award Numbers and Years: 222IN059N1199, 202IN059N1099, 212IN059N1099, 222IN059L1603, 222IN059N8903, 232IN059L1603, 232IN059N1099-1199, 232IN050N8903, 2IN300059

Compliance Requirement: Reporting

Audit Findings: Material Weakness, Other Matters

Repeat Finding

This is a repeat finding from the immediately prior year. The prior year finding number was 2022-015.

Condition and Context

The Indiana Department of Education (IDOE) was the direct recipient of federal financial assistance received in the form of grant funds from the above noted Child Nutrition Cluster programs. As the direct recipient, the IDOE was required to identify, which, if any, subawards they have passed through to subrecipients were subject to the reporting requirements under the Federal Funding Accountability and Transparency Act (FFATA). The IDOE was required to report first-tier subawards that resulted in an obligation of \$30,000 or more in federal funds to the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS). The IDOE did not identify which, if any, subawards were subject to the FFATA reporting requirements during the period under audit. As such, no first-tier subawards of \$30,000 or more were reported; therefore, the State's compliance with the FFATA reporting requirements could not be verified.

The lack of internal controls and noncompliance were systemic issues throughout the audit period.

Criteria

2 CFR 200.303 states in part:

"The non-Federal entity must:

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

(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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

2 CFR Part 170 Appendix A states in part:

"I. Reporting Subawards and Executive Compensation

a. *Reporting of first-tier subawards.*

Applicability. Unless you are exempt as provided in paragraph d. of this award term, you must report each action that equals or exceeds \$30,000 in Federal funds for a subaward to a non-Federal entity or Federal agency . . .

2. Where and when to report.

i. The non-Federal entity or Federal agency must report each obligating action described in paragraph a.1. of this award to <http://www.fsrs.gov>.

ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. . .

3. *What to report.* You must report the information about each obligating action that the submission instructions posted at <http://www.fsrs.gov> specify. . . ."

Cause

The IDOE had not designed a proper system of internal control that would be capable of effectively preventing or detecting and correcting instances of noncompliance for the Reporting compliance requirement. Embedded within a properly designed and implemented internal control system should be internal controls consisting of policies and procedures. Policies reflect the IDOE management of what should be done to effect internal control, and procedures should consist of actions that would implement these policies. The IDOE did not have policies in place to ensure the Child Nutrition Cluster programs were in compliance with the FFATA reporting requirements. As such, the IDOE did not have procedures in place related to subaward reporting, which would include an established methodology to identify which, if any, subawards were subject to reporting under the FFATA.

Effect

Without the proper implementation of an effectively designed system of internal control, the IDOE failed to identify and report applicable subawards under the FFATA. This failure to identify and file required reports reduced federal spending transparency and the public's ability to obtain information on federal Child Nutrition Cluster program funds passed through the Indiana Department of Education.

Questioned Costs

There were no questioned costs identified.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Recommendation

We recommended that management of the IDOE establish a proper system of internal control and develop policies and procedures to ensure subawards that meet the definition of a first-tier award are appropriately identified, and all reports are filed as required by the Federal Funding Accountability and Transparency Act.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-016

Subject: Child Nutrition Cluster - Special Test and Provision: Accountability for USDA-Donated Foods
Federal Agency: U.S. Department of Agriculture (USDA)
Federal Programs: School Breakfast Program, National School Lunch Program, Special Milk Program for Children, Summer Food Service Program for Children, Fresh Fruit and Vegetable Program
Assistance Listing Numbers: 1 0.553, 10.555, 10.556, 10.559, 10.582
Federal Award Numbers and Years: 222IN059N1199, 202IN059N1099, 212IN059N1099, 222IN059L1603, 222IN059N8903, 232IN059L1603, 232IN059N1099-1199, 232IN050N8903, 2IN300059

Compliance Requirement: Special Tests and Provisions: Accountability for USDA-Donated Foods
Audit Findings: Material Weakness, Other Matters

Repeat Finding

This is a repeat finding from the immediately prior year. The prior year finding number was 2022-016.

Condition and Context

As a distributing agency, the Indiana Department of Education (IDOE) is responsible for distributing donated foods in the State. Distributing agencies must maintain accurate and complete records with respect to the receipt, distribution, and inventory of all USDA-donated foods, including end products processed from donated foods. Distributing agencies are also required to take a physical inventory of all storage facilities. Such inventory must be reconciled annually with each storage facility's inventory records and maintained on file by the agency that contracted with or maintained the storage facility. Corrective action shall be taken immediately on all deficiencies and inventory discrepancies.

Upon inquiry of the IDOE of its policies and procedures related to the requirements for accountability for USDA-donated foods, the IDOE tracks all donated food transactions in its inventory system (CNPweb System); however, the CNPweb System is a perpetual system that does not have the ability to produce historical inventory balances.

The IDOE performs yearly physical counts at each of their storage facilities. The result of these counts are then compared to the ending inventory amounts identified in the CNPweb System, and any differences are noted. If the physical inventory count is less than the CNPweb System inventory records, the respective storage facility is charged for the amount that was short. Further inquiry of the IDOE revealed that for the period under audit and up to the date of inquiry, the IDOE does not maintain the inventory records used for the annual reconciliations of any of the storage facilities.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

The lack of internal controls and noncompliance were systemic issues throughout the audit period.

Criteria

2 CFR 200.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

7 CFR 250.4(a) states in part: "The distributing agency, as defined in § 250.2, is responsible for ensuring compliance with the requirements in this part, and in other Federal regulations referenced in this part, in the distribution and control of donated foods. . . ."

7 CFR 250.12(b) states:

"The distributing agency must ensure that donated foods at all storage facilities used by the distributing agency (or by a subdistributing agency) are stored in a manner that permits them to be distinguished from other foods, and must ensure that a separate inventory record of donated foods is maintained. The distributing agency's system of inventory management must ensure that donated foods are distributed in a timely manner and in optimal condition. On an annual basis, the distributing agency must conduct a physical review of donated food inventories at all storage facilities used by the distributing agency (or by a subdistributing agency), and must reconcile physical and book inventories of donated foods. The distributing agency must report donated food losses to FNS and ensure that restitution is made for such losses."

7 CFR 250.19 states in part:

"(a) Distributing agencies, recipient agencies, processors, and other entities must maintain records of agreements and contracts, reports, audits, and claim actions, funds obtained as an incident of donated food distribution, and other records specifically required in this part or in other Departmental regulations, as applicable. In addition, distributing agencies must keep a record of the value of donated foods each of its school food authorities receives, in accordance with § 250.58(e), and records to demonstrate compliance with the professional standards for distributing agency directors established in § 235.11(g) of this chapter. . . . Specific recordkeeping requirements relating to the use of donated foods in contracts with food service management companies are included in § 250.54. Failure of the distributing agency, recipient agency, processor, or other entity to comply with recordkeeping requirements must be considered prima facie evidence of improper distribution or loss of donated foods and may result in a claim against such party for the loss or misuse of donated foods, in accordance with § 250.16, or in other sanctions or corrective actions.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

(b) Records relating to requirements for donated foods must be retained for a period of three years from the close of the fiscal or school year to which they pertain. However, records pertaining to claims or audits that remain unresolved in this period of time must be retained until such actions have been resolved."

Cause

The system of internal control over the requirements for distributing donated foods was not properly designed, nor implemented to ensure the appropriate inventory records were maintained and available for audit.

Effect

Without proper implementation of an effectively designed system of internal control, the control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance. As a result, the IDOE did not maintain the required inventory records; therefore, compliance with the provisions of Federal statutes, regulations, and the terms and conditions of the Federal award could not be verified. Failure to maintain records could allow the improper distribution or loss of donated foods, and the State distributing agency may be required to pay USDA the value of the food or replace it in kind.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the IDOE establish a proper system of internal control and develop policies and procedures to ensure proper documentation is maintained and available for audit.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-017

Subject: Title I Grants to Local Educational Agencies - Reporting
Federal Agency: U.S. Department of Education
Federal Program: Title I Grants to Local Educational Agencies
Assistance Listing Number: 84.010
Federal Award Number and Year: S010A220014
Compliance Requirement: Reporting
Audit Findings: Material Weakness, Other Matters

Repeat Finding

This is a repeat finding from the immediately prior audit report. The prior audit finding number was 2022-017.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Condition and Context

The Indiana Department of Education (IDOE) was the direct recipient of federal financial assistance received in the form of grant funds from the above noted Title I Grant program. As the direct recipient, the IDOE was required to identify which, if any, subawards they have passed through to subrecipients that were subject to the reporting requirements under the Federal Funding Accountability Transparency Act (FFATA). The IDOE was required to report first-tier subawards that resulted in an obligation of \$30,000 or more in federal funds to the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS). For the current period under audit, the IDOE had appropriately identified all Title I Grants to Local Educational Agency subawards made from Grant Number S010A220014 that were subject to the FFATA reporting requirements; however, they did not report those subawards as required. As such, 385 subawards totaling \$268,562,218 were not reported to the FSRS.

The lack of internal controls and noncompliance were isolated to the S010A220014 grant award.

Criteria

2 CFR 200.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

2 CFR Part 170 Appendix A states in part:

"I. Reporting Subawards and Executive Compensation

a. *Reporting of first-tier subawards.*

Applicability. Unless you are exempt as provided in paragraph d. of this award term, you must report each action that equals or exceeds \$30,000 in Federal funds for a subaward to a non-Federal entity or Federal agency . . .

2. *Where and when to report.*

i. The non-Federal entity or Federal agency must report each obligating action described in paragraph a.1. of this award to <http://www.fsrs.gov>.

ii. For subaward information, report no later than the end of the month following the month in which the obligation was made.

3. *What to report.* You must report the information about each obligating action that the submission instructions posted at <http://www.fsrs.gov> specify. . . ."

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Cause

The IDOE had not designed a proper system of internal control that would be capable of effectively preventing, or detecting and correcting, instances of noncompliance for the Reporting compliance requirement. Embedded within a properly designed and implemented internal control system should be internal controls consisting of policies and procedures. Policies reflect the IDOE management of what should be done to effect internal control, and procedures should consist of actions that would implement these policies. The IDOE did not have policies in place to ensure the Title I Grants to Local Educational Agencies programs were in compliance with the FFATA reporting requirements. As such, the IDOE did not have procedures in place related to subaward reporting, which would include an established methodology to identify which, if any, subawards were subject to reporting under FFATA.

Effect

Without the proper implementation of an effectively designed system of internal control, the IDOE failed to identify and report applicable subawards under FFATA. This failure to identify and file required reports reduced federal spending transparency and the public's ability to obtain information on federal Title I Grant program funds passed through the Indiana Department of Education.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the IDOE establish a proper system of internal controls and develop policies and procedures to ensure subawards that meet the definition of a first-tier subaward are appropriately identified and all reports are filed as required by the Federal Funding Accountability and Transparency Act.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-018

Subject: Title I Grants to Local Educational Agencies - Special Tests and Provisions:
Oversight and Monitoring Responsibilities with Respect to Charter
Schools with Relationships with Charter Management Organizations.

Federal Agency: U.S. Department of Education

Federal Program: Title I Grants to Local Educational Agencies

Assistance Listing Number: 84.010

Federal Award Numbers and Years: S010A190014, S010A200014, S010A210014, S010A220014

Compliance Requirement: Special Tests and Provisions: Oversight and Monitoring
Responsibilities with Respect to Charter Schools with
Relationships with Charter Management Organizations

Audit Findings: Material Weakness, Modified Opinion

Repeat Finding

This is a repeat finding from the immediately prior audit report. The prior audit finding number was 2022-018.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Condition and Context

Charter schools with relationships with Charter Management Organizations (CMOs) that receive federal grant funds must comply with statutes authorizing the applicable grant program, regulations, and the terms and conditions of their grant awards, and relevant department-issued guidance. As the grantee, the Indiana Department of Education (IDOE) is responsible for overseeing and monitoring subrecipients, including charter schools with relationships with CMOs. The IDOE must evaluate each subrecipient's risk of noncompliance with federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining appropriate subrecipient monitoring; and monitor the activities of the subrecipient as necessary to ensure the subawards are used for authorized purposes in compliance with federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved.

The procedures the IDOE had in place to evaluate each subrecipient's risk of noncompliance were insufficient. As a result of the ineffective procedures, charter schools with relationships with CMOs did not receive any oversight or monitoring during the period under audit. Therefore, the State's compliance with this requirement could not be verified.

Criteria

2 CFR 200.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

2 CFR 200.332 states in part:

"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 INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

(d) Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Pass-through entity monitoring of the subrecipient must include:

- (1) Reviewing financial and performance reports required by the pass-through entity.
- (2) Following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the Federal award provided to the subrecipient from the pass-through entity detected through audits, on-site reviews, and written confirmation from the subrecipient, highlighting the status of actions planned or taken to address Single Audit findings related to the particular subaward.
- (3) Issuing a management decision for applicable audit findings pertaining only to the Federal award provided to the subrecipient from the pass-through entity as required by § 200.521.
- (4) The pass-through entity is responsible for resolving audit findings specifically related to the subaward and not responsible for resolving crosscutting findings. If a subrecipient has a current Single Audit report posted in the Federal Audit Clearinghouse and has not otherwise been excluded from receipt of Federal funding (e.g., has been debarred or suspended), the pass-through entity may rely on the subrecipient's cognizant audit agency or cognizant oversight agency to perform audit follow-up and make management decisions related to cross-cutting findings in accordance with section § 200.513(a)(3)(vii). Such reliance does not eliminate the responsibility of the pass-through entity to issue subawards that conform to agency and award-specific requirements, to manage risk through ongoing subaward monitoring, and to monitor the status of the findings that are specifically related to the subaward.

(e) Depending upon the pass-through entity's assessment of risk posed by the subrecipient (as described in paragraph (b) of this section), the following monitoring tools may be useful for the pass-through entity to ensure proper accountability and compliance with program requirements and achievement of performance goals:

- (1) Providing subrecipients with training and technical assistance on program-related matters; and
- (2) Performing on-site reviews of the subrecipient's program operations;
- (3) Arranging for agreed-upon-procedures engagements as described in § 200.425.
.. ."

Cause

The system of internal control, including the policies and procedures in place to oversee and monitor charter schools with relationships with CMOs were not properly designed nor implemented. Embedded within a properly designed and implemented internal control system should be internal controls consisting of policies and procedures. Policies reflect the IDOE management of what should be done to effect internal control, and procedures should consist of actions that would implement these policies.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Effect

Without the proper implementation of an effectively designed system of internal controls, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance. With the absence of policies and procedures to monitor the activities of the subrecipients, including charter schools with relationships with CMOs of the Title I Grants to Local Educational Agencies, subrecipients may be using these funds for unauthorized purposes without the IDOE's knowledge. As such, due to the lack of monitoring, the IDOE cannot ensure proper accountability and compliance with the program requirements. Furthermore, noncompliance with the provisions of federal statutes, regulations, and the terms and conditions of the Federal award could result in the loss of future federal funding to the IDOE.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the IDOE establish a proper system of internal control and re-evaluate its policies and procedures to ensure subrecipients, including charter schools with relationships with CMOs, are receiving adequate oversight and are being appropriately monitored.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-019

Subject: Title I Grants to Local Educational Agencies - Special Tests and Provisions:
Access to Federal Funds for New and Significantly Expanded Charter Schools
Federal Agency: U.S. Department of Education
Federal Program: Title I Grants to Local Educational Agencies
Assistance Listing Number: 84.010
Federal Award Numbers and Years: S010A190014, S010A200014, S010A210014, S010A220014
Compliance Requirement: Special Tests and Provisions: Access to Federal Funds
for New or Significantly Expanded Charter Schools
Audit Findings: Material Weakness, Other Matters

Repeat Finding

This is a repeat finding from the immediately prior audit report. The prior audit finding number was 2022-019.

Condition and Context

The Indiana Department of Education (IDOE) is responsible for allocating funds to new, or significantly expanded, charter schools. The IDOE must ensure that a charter school LEA that opens for the first time or significantly expands its enrollment receives the funds under each covered program, including the Title I Grants for which it is eligible. If a charter school LEA opens or expands by November 1 of any given year, the IDOE must allocate to the school the funds for which it is eligible no later than five months after the school first opens or significantly expands its enrollment.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

The policies and procedures the IDOE have in place for allocating Title I program funds are inefficient for ensuring funds are provided to new or significantly expanded charter schools within the allotted timeframe. During the period under audit, four charter schools opened on July 1, 2022, and as such, should have received their Title I allocations by December 1, 2022. However, the schools did not receive their final allocations until late January of 2023, well past the required 5-month window.

Criteria

2 CFR 200.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

34 CFR 76.793 states:

"Except as provided in 76.788(b) and 76.789(b)(3):

- (a) For each eligible charter school LEA that opens or significantly expands its enrollment on or before November 1 of an academic year, the SEA must allocate funds to the charter school LEA within five months of the date the charter school LEA opens or significantly expands its enrollment; and

(b)

- (1) LEA that opens or significantly expands its enrollment after November 1, but before February 1 of an academic year, the SEA must allocate funds to the charter school LEA on or before the date the SEA allocates funds to LEAs under the applicable covered program for the succeeding academic year.
- (2) The SEA may provide funds to the charter school LEA from the SEA's allocation under the program for the academic year in which the charter school LEA opened or significantly expanded its enrollment, or from the SEA's allocation under the program for the succeeding academic year."

Cause

A system of internal controls had not been designed nor implemented to ensure policies and procedures were in place in order to allocate funds to new or significantly expanded charter schools within the required timeframe.

Effect

Without the proper implementation of an effectively designed system of internal controls, material noncompliance remained undetected, and the IDOE did not fulfill its responsibilities as the pass-through entity. The new or significantly expanded charter schools did not receive their Title I Grants allocations within the appropriate period.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the IDOE establish a proper system of internal controls and develop policies and procedures to ensure any new or significantly expanded charter schools receive their federal funding allocations within the required time period.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-020

Subject: Title I Grants to Local Educational Agencies - Subrecipient Monitoring
Federal Agency: U.S. Department of Education
Federal Program: Title I Grants to Local Educational Agencies
Assistance Listing Number: 84.010
Federal Award Numbers and Years: S010A190014, S010A200014, S010A210014, S010A220014
Compliance Requirement: Subrecipient Monitoring
Audit Findings: Material Weakness, Modified Opinion

Repeat Finding

This is a repeat finding from the immediately prior audit report. The prior audit finding number was 2022-020.

Condition and Context

The Indiana Department of Education (IDOE) had not properly designed or implemented a system of internal controls for multiple portions of the Subrecipient Monitoring compliance requirement.

Risk Assessment and Monitoring Activities

The IDOE, as the pass-through entity, is required 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 monitoring activities, as noted below to be conducted. The IDOE maintains a Risk Assessment Score monitoring tracking spreadsheet, which includes the risk assessment performed on each subrecipient and any monitoring that should occur for those subrecipients. The same tracking spreadsheet utilized for the Title I Grants to Local Educational Agencies is the same spreadsheet used for other grants in which the IDOE is also the pass-through, such as the Education Stabilization Fund grants.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Additionally, the IDOE, as the pass-through entity is required to monitor the activities of the subrecipients as necessary to ensure that the subawards are used for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subawards; and that any subaward performance goals are achieved. Monitoring activities would include reviewing applicable financial reports required by the IDOE; conducting follow-ups to ensure subrecipients took timely and appropriate action to correct any deficiencies pertaining to the federal award as detected during an audit or on-sit review; issuing management decisions for applicable audit findings pertaining to federal awards provided by the IDOE; and resolving audit findings specially related to the subaward passed through the IDOE.

Furthermore, the IDOE must verify that every subrecipient is audited as required by Subpart F of Uniform Guidance when it was expected that the subrecipient's federal awards expended during the respective fiscal year equaled or exceeded the Single Audit threshold as established by Uniform Guidance.

As part of our follow-up procedures performed on prior audit findings, specifically findings 2022-020 and 2022-022, we inquired of the IDOE management and program personnel about the status of corrective actions and the estimated completion date for incomplete actions for these findings related to subrecipient monitoring for the Title I Grants to Local Educational Agencies and the Education Stabilization Fund. During these discussions with the IDOE management, it was brought to our attention that corrective action had not been taken; therefore, the issues related to subrecipient monitoring that the IDOE was responsible for were not corrected for the period under audit. As such, we used this information to identify and assess risks of material noncompliance and determine the nature, timing, and extent of audit procedures to be performed. In our auditor judgment, due to the magnitude and nature of the noncompliance of certain requirements related to the subrecipient monitoring compliance requirement in the prior audit that had not been corrected for the current audit period, we concluded it would not be appropriate to conduct further audit tests for those requirements of the subrecipient monitoring compliance requirement for the Title I Grants to Local Educational Agencies.

The IDOE stated it was in the process of implementing policies and procedures to ensure monitoring activities were being completed and adequately documented, which would include verifying their subrecipients receive a Single Audit as appropriate.

The lack of internal controls and noncompliance were systemic issues throughout the audit period.

Criteria

2 CFR 200.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

2 CFR 200.332 states in part:

"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).

(c) Consider imposing specific subaward conditions upon a subrecipient if appropriate as described in § 200.208.

(d) Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Pass-through entity monitoring of the subrecipient must include:

- (1) Reviewing financial and performance reports required by the pass-through entity.
- (2) Following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the Federal award provided to the subrecipient from the pass-through entity detected through audits, on-site reviews, and written confirmation from the subrecipient, highlighting the status of actions planned or taken to address Single Audit findings related to the particular subaward.
- (3) Issuing a management decision for applicable audit findings pertaining only to the Federal award provided to the subrecipient from the pass-through entity as required by § 200.521.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

- (4) The pass-through entity is responsible for resolving audit findings specifically related to the subaward and not responsible for resolving crosscutting findings. If a subrecipient has a current Single Audit report posted in the Federal Audit Clearinghouse and has not otherwise been excluded from receipt of Federal funding (e.g., has been debarred or suspended), the pass-through entity may rely on the subrecipient's cognizant audit agency or cognizant oversight agency to perform audit follow-up and make management decisions related to cross-cutting findings in accordance with section § 200.513(a)(3)(vii). Such reliance does not eliminate the responsibility of the pass-through entity to issue subawards that conform to agency and award-specific requirements, to manage risk through ongoing subaward monitoring, and to monitor the status of the findings that are specifically related to the subaward.
- (e) Depending upon the pass-through entity's assessment of risk posed by the subrecipient (as described in paragraph (b) of this section), the following monitoring tools may be useful for the pass-through entity to ensure proper accountability and compliance with program requirements and achievement of performance goals:
- (1) Providing subrecipients with training and technical assistance on program-related matters; and
 - (2) Performing on-site reviews of the subrecipient's program operations;
 - (3) Arranging for agreed-upon-procedures engagements as described in § 200.425.
- (f) 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.
- (g) Consider whether the results of the subrecipient's audits, on-site reviews, or other monitoring indicate conditions that necessitate adjustments to the pass-through entity's own records.
- (h) Consider taking enforcement action against noncompliant subrecipients as described in § 200.339 of this part and in program regulations."

Cause

A proper system of internal controls over the Subrecipient Monitoring compliance requirement was not designed by management of the IDOE. Embedded within a properly designed and implemented internal control system should be internal controls consisting of policies and procedures. Policies reflect the IDOE management of what should be done to effect internal control, and procedures should consist of actions that would implement these policies. The IDOE did not have policies or procedures in place to ensure the completion of the required monitoring activities of its subrecipients, including verification that a Single Audit was performed for each subrecipient as necessary.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Effect

Without the proper implementation of an effectively designed system of internal controls, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance. With the absence of policies and procedures to monitor the activities of the subrecipients of the Title I Grants to Local Educational Agencies, subrecipients may be using these funds for unauthorized purposes without the IDOE's knowledge. As such, due to the lack of monitoring, the IDOE cannot ensure proper accountability and compliance with the program requirements. Furthermore, noncompliance with the provisions of federal statutes, regulations, and the terms and conditions of the federal award could result in the loss of future federal funding to the IDOE.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the IDOE establish a proper system of internal controls and develop policies and procedures to ensure monitoring activities are being completed, as well as appropriately documented.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-021

Subject: Supporting Effective Instruction State Grants - Reporting
Federal Agency: U.S. Department of Education
Federal Program: Supporting Effective Instruction State Grants
Assistance Listing Number: 84.367
Federal Award Numbers and Years: S367A190013, S367A20013-20A, S367A210013, S367A220013
Compliance Requirement: Reporting
Audit Findings: Material Weakness, Other Matters

Condition and Context

The Indiana Department of Education (IDOE) was the direct recipient of federal financial assistance received in the form of grant funds from the above noted Supporting Effective Instruction State Grant programs. As the direct recipient, the IDOE was required to report first-tier subawards that resulted in an obligation of \$30,000 or more in federal funds to the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS). For the current period under audit, the IDOE had appropriately identified all Supporting Effective Instruction subawards made from Grant Number S367A220013 that were subject to the FFATA reporting requirements; however, they did not report those subawards as required. As such, 264 subawards totaling \$34,685,793 were not reported to the FSRS.

The lack of internal controls and noncompliance were isolated to the S367A220013 grant award.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Criteria

2 CFR 200.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

2 CFR Part 170 Appendix A states in part:

"I. Reporting Subawards and Executive Compensation

a. *Reporting of first-tier subawards.*

Applicability. Unless you are exempt as provided in paragraph d. of this award term, you must report each action that equals or exceeds \$30,000 in Federal funds for a subaward to a non-Federal entity or Federal agency . . .

2. *Where and when to report.*

i. The non-Federal entity or Federal agency must report each obligating action described in paragraph a.1. of this award to <http://www.fsrs.gov>.

ii. For subaward information, report no later than the end of the month following the month in which the obligation was made.

3. *What to report.* You must report the information about each obligating action that the submission instructions posted at <http://www.fsrs.gov> specify. . . ."

Cause

The IDOE had not designed a proper system of internal control that would be capable of effectively preventing, or detecting and correcting, instances of noncompliance for the Reporting compliance requirement. Embedded within a properly designed and implemented internal control system should be internal controls consisting of policies and procedures. Policies reflect the IDOE management of what should be done to effect internal control, and procedures should consist of actions that would implement these policies. The IDOE did not have policies in place to ensure the Supporting Effective Instruction State Grant programs were in compliance with the FFATA reporting requirements. As such, the IDOE did not have procedures in place related to subaward reporting, which would include an established methodology to identify which, if any, subawards were subject to reporting under FFATA.

Effect

Without the proper implementation of an effectively designed system of internal control, the IDOE failed to identify and report applicable subawards under FFATA. This failure to identify and file required reports reduced federal spending transparency and the public's ability to obtain information on federal Supporting Effective Instruction program funds passed through the Indiana Department of Education.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that the management of the IDOE establish a proper system of internal controls and develop policies and procedures to ensure subawards that meet the definition of a first-tier subaward are appropriately identified and all reports are filed as required by FFATA.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-022

Subject: Supporting Effective Instruction State Grants - Special Tests and Provisions: Oversight and Monitoring Responsibilities with Respect to Charter Schools with Relationships with Charter Management Organizations

Federal Agency: U.S. Department of Education

Federal Program: Supporting Effective Instruction State Grants

Assistance Listing Number: 84.367

Federal Award Numbers and Years: S367A190013, S367A20013-20A, S367A210013, S367A220013

Compliance Requirement: Special Tests and Provisions: Oversight and Monitoring Responsibilities with Respect to Charter Schools with Relationships with Charter Management Organizations

Audit Findings: Material Weakness, Modified Opinion

Condition and Context

Charter schools with relationships with Charter Management Organizations (CMOs) that receive federal grant funds must comply with statutes authorizing the applicable grant program, regulations, and the terms and conditions of their grant awards, and relevant department-issued guidance. As the grantee, the Indiana Department of Education (IDOE) is responsible for overseeing and monitoring subrecipients, including charter schools with relationships with CMOs. The IDOE must evaluate each subrecipient's risk of noncompliance with federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining appropriate subrecipient monitoring; and monitor the activities of the subrecipient as necessary to ensure the subawards are used for authorized purposes in compliance with federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved.

The procedures the IDOE had in place to evaluate each subrecipient's risk of noncompliance were insufficient. As a result of the ineffective procedures, the charter schools with relationships with CMOs did not receive any oversight or monitoring during the period under audit. Therefore, the State's compliance with this requirement could not be verified.

Criteria

2 CFR 200.303 states in part:

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

2 CFR 200.332 states in part:

"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). . . .

(d) Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Pass-through entity monitoring of the subrecipient must include:

- (1) Reviewing financial and performance reports required by the pass-through entity.
- (2) Following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the Federal award provided to the subrecipient from the pass-through entity detected through audits, on-site reviews, and written confirmation from the subrecipient, highlighting the status of actions planned or taken to address Single Audit findings related to the particular subaward.
- (3) Issuing a management decision for applicable audit findings pertaining only to the Federal award provided to the subrecipient from the pass-through entity as required by § 200.521.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

(4) The pass-through entity is responsible for resolving audit findings specifically related to the subaward and not responsible for resolving crosscutting findings. If a subrecipient has a current Single Audit report posted in the Federal Audit Clearinghouse and has not otherwise been excluded from receipt of Federal funding (e.g., has been debarred or suspended), the pass-through entity may rely on the subrecipient's cognizant audit agency or cognizant oversight agency to perform audit follow-up and make management decisions related to cross-cutting findings in accordance with section § 200.513(a)(3)(vii). Such reliance does not eliminate the responsibility of the pass-through entity to issue subawards that conform to agency and award-specific requirements, to manage risk through ongoing subaward monitoring, and to monitor the status of the findings that are specifically related to the subaward.

(e) Depending upon the pass-through entity's assessment of risk posed by the subrecipient (as described in paragraph (b) of this section), the following monitoring tools may be useful for the pass-through entity to ensure proper accountability and compliance with program requirements and achievement of performance goals:

- (1) Providing subrecipients with training and technical assistance on program-related matters; and
- (2) Performing on-site reviews of the subrecipient's program operations;
- (3) Arranging for agreed-upon-procedures engagements as described in § 200.425.

Cause

The system of internal control, including the policies and procedures in place to oversee and monitor charter schools with relationships with CMOs were not properly designed nor implemented. Embedded within a properly designed and implemented internal control system should be internal controls consisting of policies and procedures. Policies reflect the IDOE management of what should be done to effect internal control, and procedures should consist of actions that would implement these policies.

Effect

Without the proper implementation of an effectively designed system of internal controls, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance. With the absence of policies and procedures to monitor the activities of the subrecipients, including charter schools with relationships with CMOs of the Supporting Effective Instruction State Grants, subrecipients may be using these funds for unauthorized purposes without the IDOE's knowledge. As such, due to the lack of monitoring, the IDOE cannot ensure proper accountability and compliance with the program requirements. Furthermore, noncompliance with the provisions of federal statutes, regulations, and the terms and conditions of the federal award could result in the loss of future federal funding to the IDOE.

Questioned Costs

There were no questioned costs identified.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Recommendation

We recommended that management of the IDOE establish a proper system of internal control and re-evaluate its policies and procedures to ensure subrecipients, including charter schools with relationships with CMOs, are receiving adequate oversight and are being appropriately monitored.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-023

Subject: Supporting Effective Instruction State Grants - Special Tests and Provisions:
Access to Federal Funds for New or Significantly Expanded Charter Schools
Federal Agency: U.S. Department of Education
Federal Program: Supporting Effective Instruction State Grants
Assistance Listing Number: 84.367
Federal Award Numbers and Years: S367A190013, S367A20013-20A, S367A210013, S367A220013
Compliance Requirement: Special Tests and Provisions: Access to Federal Funds
For New or Significantly Expanded Charter Schools
Audit Findings: Material Weakness, Other Matters

Condition and Context

The Indiana Department of Education (IDOE) is responsible for allocating funds to new, or significantly expanded, charter schools. The IDOE must ensure that a charter school LEA that opens for the first time or significantly expands its enrollment receives the funds under each covered program, including the Title I Grants for which it is eligible. If a charter school LEA opens or expands by November 1 of any given year, the IDOE must allocate to the school the funds for which it is eligible no later than five months after the school first opens or significantly expands its enrollment.

The policies and procedures the IDOE have in place for allocating Supporting Effective Instruction program funds are inefficient for ensuring funds are provided to new or significantly expanded charter schools within the allotted timeframe. Funding awarded to subrecipients is based upon various child counts, which are not verified by the IDOE until October of each year. Adjustments are then typically made in the spring, at which time, subrecipients, including new or significantly expanded charter schools, then receive their funding. Within the audit period, charter schools opened or significantly expanded prior to the November 1 date; however, the IDOE did not allocate to the schools within the required five-month timeframe, the funds for which the schools were eligible.

Criteria

2 CFR 200.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

34 CFR 76.793 states:

"Except as provided in 76.788(b) and 76.789(b)(3):

(a) For each eligible charter school LEA that opens or significantly expands its enrollment on or before November 1 of an academic year, the SEA must allocate funds to the charter school LEA within five months of the date the charter school LEA opens or significantly expands its enrollment; and

(b)

(1) LEA that opens or significantly expands its enrollment after November 1, but before February 1 of an academic year, the SEA must allocate funds to the charter school LEA on or before the date the SEA allocates funds to LEAs under the applicable covered program for the succeeding academic year.

(2) The SEA may provide funds to the charter school LEA from the SEA's allocation under the program for the academic year in which the charter school LEA opened or significantly expanded its enrollment, or from the SEA's allocation under the program for the succeeding academic year."

Cause

A system of internal controls had not been designed nor implemented to ensure policies and procedures were in place in order to allocate funds to new or significantly expanded charter schools within the required timeframe.

Effect

Without the proper implementation of an effectively designed system of internal controls, material noncompliance remained undetected, and the IDOE did not fulfill its responsibilities as the pass-through entity. The eight new or significantly expanded charter schools did not receive their Title I Grants allocations within the appropriate period.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the IDOE establish a proper system of internal controls and develop policies and procedures to ensure any new or significantly expanded charter schools receive their federal funding allocations within the required time period.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

FINDING 2023-024

Subject: Supporting Effective Instruction State Grants - Subrecipient Monitoring
Federal Agency: U.S. Department of Education
Federal Program: Supporting Effective Instruction State Grants
Assistance Listing Number: 84.367
Federal Award Numbers and Years: S367A190013, S367A20013-20A, S367A210013, S367A220013
Compliance Requirement: Subrecipient Monitoring
Audit Findings: Material Weakness, Modified Opinion

Condition and Context

The Indiana Department of Education (IDOE) had not properly designed or implemented a system of internal controls for multiple portions of the Subrecipient Monitoring compliance requirement.

Risk Assessment and Monitoring Activities

The IDOE, as the pass-through entity, is required 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 monitoring activities to be conducted. The IDOE maintains a Risk Assessment Score monitoring tracking spreadsheet, which includes the risk assessment performed on each subrecipient and any monitoring that should occur for those subrecipients. The same tracking spreadsheet utilized for the Supporting Effective Instruction State Grants is the same spreadsheet used for other grants in which the IDOE is all the pass-through entity, such as the Title I Grants to Local Educational Agencies.

Additionally, the IDOE, as the pass-through entity, is required to monitor the activities of the subrecipients as necessary to ensure that the subawards are used for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subawards; and that any subaward performance goals are achieved. Monitoring activities would include reviewing applicable financial reports required by the IDOE; conducting follow-ups to ensure subrecipients took timely and appropriate action to correct any deficiencies pertaining to the federal award as detected during an audit or on-sit review; issuing management decisions for applicable audit findings pertaining to federal awards provided by the IDOE; and resolving audit findings specially related to the subaward passed through the IDOE.

Furthermore, the IDOE must verify that every subrecipient is audited as required by Subpart F of Uniform Guidance when it was expected that the subrecipient's federal awards expended during the respective fiscal year equaled or exceeded the Single Audit threshold as established by Uniform Guidance.

As part of our follow-up procedures performed on prior audit findings, specifically findings 2022-020 and 2022-022, we inquired of the IDOE management and program personnel about the status of corrective actions and the estimated completion date for incomplete actions for these findings related to subrecipient monitoring for the Title I Grants to Local Educational Agencies and the Education Stabilization Fund. During these discussions with IDOE management, it was brought to our attention that corrective action had not been taken; therefore, the issues related to subrecipient monitoring that IDOE was responsible for were not corrected for the period under audit. Due to the IDOE utilizing the same process and Risk Assessment Score monitoring tracking sheet for the Supporting Effective Instruction State Grants that is used for the Title I Grants to Local Educational Agencies and the Education Stabilization Fund, we determined the prior audit findings and lack of corrective action taken

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by the IDOE directly relates to the audit objectives for the Supporting Effective Instruction State Grants. As such, we used this information to identify and assess risks of material noncompliance and determine the nature, timing, and extent of audit procedures to be performed. In our auditor judgment, due to the magnitude and nature of the noncompliance of certain requirements related to the subrecipient monitoring compliance requirement in the prior audit that had not been corrected for the current audit period, we concluded it would not be appropriate to conduct further audit tests for those requirements of the subrecipient monitoring compliance requirement for the Supporting Effective Instruction State Grants.

The IDOE stated it was in the process of implementing policies and procedures to ensure monitoring activities were being completed and adequately documented, which would include verifying their subrecipients receive a Single Audit as appropriate.

The lack of internal controls and noncompliance were systemic issues throughout the audit period.

Criteria

2 CFR 200.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

2 CFR 200.332 states in part:

"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).

(c) Consider imposing specific subaward conditions upon a subrecipient if appropriate as described in § 200.208.

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(d) Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Pass-through entity monitoring of the subrecipient must include:

- (1) Reviewing financial and performance reports required by the pass-through entity.
- (2) Following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the Federal award provided to the subrecipient from the pass-through entity detected through audits, on-site reviews, and written confirmation from the subrecipient, highlighting the status of actions planned or taken to address Single Audit findings related to the particular subaward.
- (3) Issuing a management decision for applicable audit findings pertaining only to the Federal award provided to the subrecipient from the pass-through entity as required by § 200.521.
- (4) The pass-through entity is responsible for resolving audit findings specifically related to the subaward and not responsible for resolving crosscutting findings. If a subrecipient has a current Single Audit report posted in the Federal Audit Clearinghouse and has not otherwise been excluded from receipt of Federal funding (e.g., has been debarred or suspended), the pass-through entity may rely on the subrecipient's cognizant audit agency or cognizant oversight agency to perform audit follow-up and make management decisions related to cross-cutting findings in accordance with section § 200.513(a)(3)(vii). Such reliance does not eliminate the responsibility of the pass-through entity to issue subawards that conform to agency and award-specific requirements, to manage risk through ongoing subaward monitoring, and to monitor the status of the findings that are specifically related to the subaward.

(e) Depending upon the pass-through entity's assessment of risk posed by the subrecipient (as described in paragraph (b) of this section), the following monitoring tools may be useful for the pass-through entity to ensure proper accountability and compliance with program requirements and achievement of performance goals:

- (1) Providing subrecipients with training and technical assistance on program-related matters; and
- (2) Performing on-site reviews of the subrecipient's program operations;
- (4) Arranging for agreed-upon-procedures engagements as described in § 200.425.

(f) 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.

(g) Consider whether the results of the subrecipient's audits, on-site reviews, or other monitoring indicate conditions that necessitate adjustments to the pass-through entity's own records.

(h) Consider taking enforcement action against noncompliant subrecipients as described in § 200.339 of this part and in program regulations."

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(Continued)

Cause

A proper system of internal controls over the Subrecipient Monitoring compliance requirement was not designed by management of the IDOE. Embedded within a properly designed and implemented internal control system should be internal controls consisting of policies and procedures. Policies reflect the IDOE management of what should be done to effect internal control, and procedures should consist of actions that would implement these policies. The IDOE did not have policies or procedures in place to ensure the completion of the required monitoring activities of their subrecipients, including verification that a Single Audit was performed for each subrecipient as necessary.

Effect

Without the proper implementation of an effectively designed system of internal controls, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance. With the absence of policies and procedures to monitor the activities of the subrecipients of the Supporting Effective Instruction State Grants, subrecipients may be using these funds for unauthorized purposes without the IDOE's knowledge. As such, due to the lack of monitoring, the IDOE cannot ensure proper accountability and compliance with the program requirements. Furthermore, noncompliance with the provisions of federal statutes, regulations, and the terms and conditions of the federal award could result in the loss of future federal funding to the IDOE.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the IDOE establish a proper system of internal controls and develop policies and procedures to ensure monitoring activities are being completed, as well as adequately documented.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-025

Subject: Supporting Effective Instruction State Grants - Earmarking - Internal Controls
Federal Agency: U.S. Department of Education
Federal Program: Supporting Effective Instruction State Grants
Assistance Listing Number: 84.367
Federal Award Number and Year: S367A220013
Compliance Requirement: Matching, Level of Effort, Earmarking
Audit Finding: Material Weakness

Condition and Context

The Supporting Effective Instruction State Grants are subject to various Earmarking requirements. These requirements ensure the Indiana Department of Education (IDOE) meets minimum expenditure thresholds, as well as maximum percentage thresholds. The IDOE must reserve not less than 95 percent of its Supporting Effective Instruction State Grants allocation for subgrants to local educational agencies. In addition, the IDOE has the authority to set aside 5 percent of its total allocation to carry out statewide activities related to improving educator quality.

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Although we verified that the IDOE was in compliance with the two earmarking requirements noted above, we noted a control weakness due to there being no internal control system in place over the Earmarking compliance requirement.

The lack of internal controls was isolated to the S367A220013 grant award.

Criteria

2 CFR 200.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

Cause

A proper system of internal controls was not designed by management of the IDOE, which would include segregation of key functions. Embedded within a properly designed and implemented internal control system should be internal controls consisting of policies and procedures. Policies reflect the IDOE management of what should be done to effect internal control, and procedures should consist of actions that would implement these policies.

Effect

Without the proper design or implementation of the components of a system of internal controls, including policies and procedures that provide segregation of duties and additional oversight as needed, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management responsible for these grants design and implement a proper system of internal controls, including policies and procedures that would provide segregation of duties to ensure appropriate reviews, approvals, and oversight are taking place.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

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FINDING 2023-026

Subject: COVID-19 - Education Stabilization Fund - Subrecipient Monitoring
Federal Agency: U.S. Department of Education
Federal Program: COVID-19 - Education Stabilization Fund
Assistance Listing Numbers: 84.425C, 84.425D, 84.425U, 84.245V, 84.425R
Federal Award Numbers and Years: S425U210013, S425C200018, S425C210018, S425D200013,
S425D210013, S425R210038, S425V210038
Compliance Requirement: Subrecipient Monitoring
Audit Findings: Material Weakness, Modified Opinion

Repeat Finding

A similar finding was reported in the immediately prior audit report. The prior audit finding number was 2022-022.

Condition and Context

The Indiana Department of Education (IDOE) had not properly designed or implemented a system of internal controls for multiple portions of the Subrecipient Monitoring compliance requirement.

Risk Assessment and Monitoring Activities

The IDOE, as the pass-through entity, is required 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 monitoring activities, as noted below to be conducted. The IDOE maintains a Risk Assessment Score monitoring tracking spreadsheet, which includes the risk assessment performed on each subrecipient and any monitoring that should occur for those subrecipients. The same tracking spreadsheet utilized for the Education Stabilization Funds is the same spreadsheet used for other grants in which the IDOE is also the pass-through entity, such as the Title I Grants to Local Educational Agencies.

Additionally, the IDOE, as the pass-through entity is required to monitor the activities of the subrecipients as necessary to ensure that the subawards are used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subawards; and that any subaward performance goals are achieved. Monitoring activities would include reviewing applicable financial reports required by the IDOE; conducting follow-ups to ensure subrecipients took timely and appropriate action to correct any deficiencies pertaining to the federal award as detected during an audit or on-sit review; issuing management decisions for applicable audit findings pertaining to federal awards provided by the IDOE; and resolving audit findings specially related to the subaward passed through the IDOE.

Furthermore, the IDOE must also verify that every subrecipient is audited as required by Subpart F of Uniform Guidance when it was expected that the subrecipient's federal awards expended during the respective fiscal year equaled or exceeded the Single Audit threshold as established by Uniform Guidance.

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As part of our follow-up procedures performed on prior audit findings, specifically findings 2022-020 and 2022-022, we inquired of IDOE management and program personnel about the status of corrective actions and the estimated completion date for incomplete actions for these findings related to subrecipient monitoring for the Title I Grants to Local Educational Agencies and the Education Stabilization Fund. During these discussions with IDOE management, it was brought to our attention that corrective action had not been taken; therefore, the issues related to subrecipient monitoring that the IDOE was responsible for were not corrected for the period under audit. As such, we used this information to identify and assess risks of material noncompliance and determine the nature, timing, and extent of audit procedures to be performed. In our auditor judgment, due to the magnitude and nature of the noncompliance of certain requirements related to the subrecipient monitoring compliance requirement in the prior audit that had not been corrected for the current audit period, we concluded it would not be appropriate to conduct further audit tests for those requirements of the subrecipient monitoring compliance requirement for the Education Stabilization Fund program.

The IDOE stated they were in the process of implementing policies and procedures to ensure monitoring activities were being completed and adequately documented, which would include verifying their subrecipients receive a Single Audit as appropriate.

The lack of internal controls and noncompliance were systemic issues throughout the audit period.

Criteria

2 CFR 200.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

2 CFR 200.332 states in part:

"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

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- (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).

(c) Consider imposing specific subaward conditions upon a subrecipient if appropriate as described in § 200.208.

(d) Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Pass-through entity monitoring of the subrecipient must include:

- (1) Reviewing financial and performance reports required by the pass-through entity.
- (2) Following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the Federal award provided to the subrecipient from the pass-through entity detected through audits, on-site reviews, and written confirmation from the subrecipient, highlighting the status of actions planned or taken to address Single Audit findings related to the particular subaward.
- (3) Issuing a management decision for applicable audit findings pertaining only to the Federal award provided to the subrecipient from the pass-through entity as required by § 200.521.
- (4) The pass-through entity is responsible for resolving audit findings specifically related to the subaward and not responsible for resolving crosscutting findings. If a subrecipient has a current Single Audit report posted in the Federal Audit Clearinghouse and has not otherwise been excluded from receipt of Federal funding (e.g., has been debarred or suspended), the pass-through entity may rely on the subrecipient's cognizant audit agency or cognizant oversight agency to perform audit follow-up and make management decisions related to cross-cutting findings in accordance with section § 200.513(a)(3)(vii). Such reliance does not eliminate the responsibility of the pass-through entity to issue subawards that conform to agency and award-specific requirements, to manage risk through ongoing subaward monitoring, and to monitor the status of the findings that are specifically related to the subaward. . . .

(e) Depending upon the pass-through entity's assessment of risk posed by the subrecipient (as described in paragraph (b) of this section), the following monitoring tools may be useful for the pass-through entity to ensure proper accountability and compliance with program requirements and achievement of performance goals:

- (1) Providing subrecipients with training and technical assistance on program-related matters; and
- (2) Performing on-site reviews of the subrecipient's program operations;
- (3) Arranging for agreed-upon-procedures engagements as described in § 200.425.

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(f) 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.

(g) Consider whether the results of the subrecipient's audits, on-site reviews, or other monitoring indicate conditions that necessitate adjustments to the pass-through entity's own records.

(h) Consider taking enforcement action against noncompliant subrecipients as described in § 200.339 of this part and in program regulations."

Cause

A proper system of internal controls over the Subrecipient Monitoring compliance requirement was not designed by management of the IDOE. Embedded within a properly designed and implemented internal control system should be internal controls consisting of policies and procedures. Policies reflect the IDOE management of what should be done to effect internal control, and procedures should consist of actions that would implement these policies. The IDOE did not have policies or procedures in place to ensure the completion of the required monitoring activities of their subrecipients, including verification that a Single Audit was performed for each subrecipient as necessary.

Effect

Without the proper implementation of an effectively designed system of internal controls, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance. With the absence of policies and procedures to monitor the activities of the subrecipients of the Education Stabilization Funds, subrecipients may be using these funds for unauthorized purposes without the IDOE's knowledge. As such, due to the lack of monitoring, the IDOE cannot ensure proper accountability and compliance with the program requirements. Furthermore, noncompliance with the provisions of federal statutes, regulations, and the terms and conditions of the federal award could result in the loss of future federal funding to the IDOE.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the IDOE establish a proper system of internal controls and develop policies and procedures to ensure monitoring activities are being completed, as well as appropriately documented.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

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FINDING 2023-027

Subject: Special Education Cluster (IDEA) - Level of Effort - Maintenance of Effort - Maintenance of State Financial Support

Federal Agency: U.S. Department of Education

Federal Programs: Special Education Grants to States, COVID-19 - Special Education Grants to States, Special Education Preschool Grants, COVID-19 - Special Education Preschool Grants

Assistance Listing Numbers: 84.027, 84.173

Federal Award Numbers and Years: H027X210084, H027A190084, H027A200084, H027A210084, H027A220084, H173X210104, H173A200104, H173A210104, H173A220104

Compliance Requirement: Matching, Level of Effort, Earmarking

Audit Findings: Material Weakness, Modified Opinion

Condition and Context

Each year, states are required to calculate the financial support that provides or pays for special education and related services, as those terms are defined under the IDEA, to children with disabilities. The State financial support includes State funding for special education staff, the cost of monitoring and carrying out other State administrative duties related to special education, and the cost of any direct services provided by the State Educational Agency, as well as any State funds provided to public agencies (including local educational agencies) in the State for the purpose of providing special education and related services.

The Indiana Department of Education (IDOE) was unable to provide the calculation completed during the audit period, or the supporting documentation used to calculate the State's financial support for special education and related services. As a result, the State's compliance with the Maintenance of State Financial Support requirements could not be verified.

The lack of internal controls and noncompliance were systemic issues throughout the audit period.

Criteria

2 CFR 200.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

34 CFR 300.163 states:

"(a) A State must not reduce the amount of State financial support for special education and related services for children with disabilities, or otherwise made available because of the excess costs of educating those children, below the amount of that support for the preceding fiscal year.

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(b) The Secretary reduces the allocation of funds under section 611 of the Act for any fiscal year following the fiscal year in which the State fails to comply with the requirement of paragraph (a) of this section by the same amount by which the State fails to meet the requirement.

(c) The Secretary may waive the requirement of paragraph (a) of this section for a State, for one fiscal year at a time, if the Secretary determines that—

(1) Granting a waiver would be equitable due to exceptional or uncontrollable circumstances such as a natural disaster or a precipitous and unforeseen decline in the financial resources of the State; or

(2) The State meets the standard in § 300.164 for a waiver of the requirement to supplement, and not to supplant, funds received under Part B of the Act.

(d) If, for any fiscal year, a State fails to meet the requirement of paragraph (a) of this section, including any year for which the State is granted a waiver under paragraph (c) of this section, the financial support required of the State in future years under paragraph (a) of this section shall be the amount that would have been required in the absence of that failure and not the reduced level of the State's support."

Cause

The system of internal control was not properly designed, nor implemented by management of the IDOE to ensure the appropriate Maintenance of State Financial Support calculation and related supporting documentation was maintained and available for audit.

Effect

Due to the IDOE being unable to provide the supporting documentation of its Maintenance of State Financial Support calculation, we were unable to determine whether the State's calculation was appropriate and, therefore, unable to verify whether the State was in compliance with maintaining the required level of financial support for special education and related services.

If a State fails to maintain the required level of financial support for special education and related services, under 34 CFR §300.163(b), the Secretary of Education will reduce the allocation of funds under section 611 of the IDEA for any fiscal year following the fiscal year in which the State fails to comply with the requirements of 34 CFR §300.163(a) by the same amount by which the State fails to meet the requirement.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the IDOE establish a proper system of internal control and develop policies and procedures to ensure documentation related to the State's calculation of its Maintenance of State Financial Support is maintained to be presented for audit.

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(Continued)

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-028

Subject: Special Education Cluster (IDEA) - Subrecipient Monitoring

Federal Agency: U.S. Department of Education

Federal Programs: Special Education Grants to States, COVID-19 - Special Education Grants to States, Special Education Preschool Grants, COVID-19 - Special Education Preschool Grants

Assistance Listing Numbers: 84.027, 84.173

Federal Award Numbers and Years: H027X210084, H027A190084, H027A200084, H027A210084, H027A220084, H173X210104, H173A200104, H173A210104, H173A220104

Compliance Requirement: Subrecipient Monitoring

Audit Findings: Material Weakness, Modified Opinion

Condition and Context

The Indiana Department of Education (IDOE) had not properly designed or implemented a system of internal controls for multiple portions of the Subrecipient Monitoring compliance requirement.

Federal Award Identification

Of the 57 subrecipients selected for testing, the IDOE did not include the proper Federal Award Identification Number (FAIN) on the subawards for 31 subrecipients. Although the IDOE was aware incorrect identification numbers were listed on the subawards, provided to subrecipients in the form of grant award letters, changes were not made and subsequent subaward modifications were not made available to the subrecipients. During discussions with the IDOE management, they stated they have implemented policies and procedures to ensure every subaward is clearly identified to the subrecipient and the grant award letters are to include all required information, including the Federal Award Identification Number.

Risk Assessment and Monitoring Activities

The IDOE, as the pass-through entity, is required 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 monitoring activities, as noted below to be conducted. The IDOE maintains a Risk Assessment Score monitoring tracking spreadsheet, which includes the risk assessment performed on each subrecipient and any monitoring that should occur for those subrecipients. The same tracking spreadsheet utilized for the Special Education grants is the same spreadsheet used for other grants in which the IDOE is also the pass-through entity, such as the Education Stabilization Funds grants.

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Additionally, the IDOE, as the pass-through entity is required to monitor the activities of the subrecipients as necessary to ensure that the subawards are used for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subawards; and that any subaward performance goals are achieved. Monitoring activities would include reviewing applicable financial reports required by the IDOE; conducting follow-ups to ensure subrecipients took timely and appropriate action to correct any deficiencies pertaining to the federal award as detected during an audit or on-sit review; issuing management decisions for applicable audit findings pertaining to federal awards provided by the IDOE; and resolving audit findings specially related to the subaward passed through the IDOE.

Furthermore, the IDOE must also verify that every subrecipient is audited as required by Subpart F of Uniform Guidance when it was expected that the subrecipient's federal awards expended during the respective fiscal year equaled or exceeded the Single Audit threshold as established by Uniform Guidance.

As part of our follow-up procedures performed on prior audit findings, specifically findings 2022-020 and 2022-022, we inquired of the IDOE management and program personnel about the status of corrective actions and the estimated completion date for incomplete actions for these findings related to subrecipient monitoring for the Title I Grants to Local Educational Agencies and the Education Stabilization Fund. During these discussions with the IDOE management, it was brought to our attention that corrective action had not been taken; therefore, the issues related to subrecipient monitoring that the IDOE was responsible for were not corrected for the period under audit. Due to the IDOE utilizing the same process and Risk Assessment Score monitoring tracking sheet for the Special Education program that is used for the Title I Grants to Local Educational Agencies and the Education Stabilization Fund, we determined the prior audit findings and lack of corrective action taken by the IDOE directly relate to the audit objectives for the Special Education program. As such, we used this information to identify and assess risks of material noncompliance and determine the nature, timing, and extent of audit procedures to be performed. In our auditor judgment, due to the magnitude and nature of the noncompliance of certain requirements related to the subrecipient monitoring compliance requirement in the prior audit that had not been corrected for the current audit period, we concluded it would not be appropriate to conduct audit tests for those requirements of the subrecipient monitoring compliance requirement for the Special Education program.

The IDOE stated they were in the process of implementing policies and procedures to ensure monitoring activities were being completed and adequately documented, which would include verifying its subrecipients receive a Single Audit as appropriate.

The lack of internal controls and noncompliance were systemic issues throughout the audit period.

Criteria

2 CFR 200.303 states in part:

"The non-Federal entity must:

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(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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

2 CFR 200.332 states in part:

"All pass-through entities must:

(a) 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:

(1) Federal award identification

- (i) Subrecipient name (which must match the name associated with its unique entity identifier);
- (ii) Subrecipient's unique entity identifier;
- (iii) Federal Award Identification Number (FAIN); . . .

(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).

(c) Consider imposing specific subaward conditions upon a subrecipient if appropriate as described in § 200.208.

(d) Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Pass-through entity monitoring of the subrecipient must include:

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SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

- (1) Reviewing financial and performance reports required by the pass-through entity.
 - (2) Following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the Federal award provided to the subrecipient from the pass-through entity detected through audits, on-site reviews, and written confirmation from the subrecipient, highlighting the status of actions planned or taken to address Single Audit findings related to the particular subaward.
 - (3) Issuing a management decision for applicable audit findings pertaining only to the Federal award provided to the subrecipient from the pass-through entity as required by § 200.521.
 - (4) The pass-through entity is responsible for resolving audit findings specifically related to the subaward and not responsible for resolving crosscutting findings. If a subrecipient has a current Single Audit report posted in the Federal Audit Clearinghouse and has not otherwise been excluded from receipt of Federal funding (e.g., has been debarred or suspended), the pass-through entity may rely on the subrecipient's cognizant audit agency or cognizant oversight agency to perform audit follow-up and make management decisions related to cross-cutting findings in accordance with section § 200.513(a)(3)(vii). Such reliance does not eliminate the responsibility of the pass-through entity to issue subawards that conform to agency and award-specific requirements, to manage risk through ongoing subaward monitoring, and to monitor the status of the findings that are specifically related to the subaward."...
- (e) Depending upon the pass-through entity's assessment of risk posed by the subrecipient (as described in paragraph (b) of this section), the following monitoring tools may be useful for the pass-through entity to ensure proper accountability and compliance with program requirements and achievement of performance goals:
- (1) Providing subrecipients with training and technical assistance on program-related matters; and
 - (2) Performing on-site reviews of the subrecipient's program operations;
 - (3) Arranging for agreed-upon-procedures engagements as described in § 200.425.
- (f) 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.
- (g) Consider whether the results of the subrecipient's audits, on-site reviews, or other monitoring indicate conditions that necessitate adjustments to the pass-through entity's own records.
- (h) Consider taking enforcement action against noncompliant subrecipients as described in § 200.339 of this part and in program regulations."

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SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Cause

A proper system of internal controls over the Subrecipient Monitoring compliance requirement was not designed by management of the IDOE. Embedded within a properly designed and implemented internal control system should be internal controls consisting of policies and procedures. Policies reflect the IDOE management of what should be done to effect internal control, and procedures should consist of actions that would implement these policies. The IDOE did not have policies or procedures in place to ensure all required federal award identification information was appropriately included in the grant award letters provided to subrecipients. In addition, the IDOE lacked policies and procedures to complete the required monitoring activities of its subrecipients, including verification that a Single Audit was performed for each subrecipient as necessary.

Effect

Without the proper implementation of an effectively designed system of internal controls, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance. With the absence of policies and procedures to monitor the activities of the subrecipients of the Special Education program funds, subrecipients may be using these funds for unauthorized purposes without the IDOE's knowledge. As such, due to the lack of monitoring, the IDOE cannot ensure proper accountability and compliance with the program requirements. Furthermore, noncompliance with the provisions of federal statutes, regulations, and the terms and conditions of the federal award could result in the loss of future federal funding to the IDOE.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the IDOE establish a proper system of internal controls and develop policies and procedures to ensure every subaward is clearly identified to the subrecipient and the required information to be included in those subawards is accurate prior to providing the subawards to the subrecipients. We also recommended developing policies and procedures to ensure monitoring activities are being completed, as well as appropriately documented.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-029

Subject: Temporary Assistance for Needy Families (TANF) - Special

Tests and Provisions: Child Support Non-Cooperation

Federal Agency: U.S. Department of Health and Human Services

Federal Program: Temporary Assistance for Needy Families

Assistance Listing Number: 93.558

Federal Award Numbers and Years: 1901INTANF, 2001INTANF, 2101INTANF,
2201INTANF, ESTIMATE

Compliance Requirement: Special Tests and Provisions: Child Support Non-Cooperation

Audit Findings: Material Weakness, Modified Opinion

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SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Repeat Finding

This is a repeat finding from the immediately prior audit report. The prior audit finding number was 2022-024.

Condition and Context

The Family and Social Services Administration (FSSA) is the Title IV-A state agency responsible for TANF. Upon receiving notification from the Title IV-D state agency that an individual is not cooperating with the State in establishing paternity, or in establishing, modifying, or enforcing a support order with respect to a child of the individual, the FSSA is required to take prompt, appropriate action to reduce or deny TANF assistance to the individual.

Cash assistance benefits were not properly discontinued for individuals who were not cooperating with the child support requirements for 13 of the 40 cases tested. The noncompliant cases were the result of a technical issue with the nightly interface between the Indiana Support Enforcement Tracking System (ISETS) and the FSSA system, the Indiana Eligibility Determination Services System (IEDSS). For these cases, the ISETS documented that a non-cooperation notice had been sent to the IEDSS, but the IEDSS did not receive the notice. As a result, the benefits for each individual were either not discontinued or not discontinued timely. FSSA's TANF policies and operating procedures were not effective in identifying and resolving this issue.

The lack of internal controls and noncompliance were systemic issues throughout the audit period.

Criteria

45 CFR 75.303 states in part:

"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 or the "Internal Control Integrated Framework," issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

45 CFR 264.30 states in part:

"(a) . . .

(2) Referred individuals must cooperate in establishing paternity and in establishing, modifying, or enforcing a support order with respect to the child.

(b) If the IV-D agency determines that an individual is not cooperating, and the individual does not qualify for a good cause or other exception established by the State agency responsible for making good cause determinations in accordance with section 454(29) of the Act or for a good cause domestic violence waiver granted in accordance with § 260.52 of this chapter, then the IV-D agency must notify the IV-A agency promptly.

(c) The IV-A agency must then take appropriate action by:

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SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

- (1) Deducting from the assistance that would otherwise be provided to the family of the individual an amount equal to not less than 25 percent of the amount of such assistance; or
- (2) Denying the family any assistance under the program."

Cause

The system of internal controls as established by management of the FSSA was not properly designed nor implemented to ensure prompt and appropriate action was being taken to reduce or deny TANF assistance to individuals who were not cooperating with the State as required. Additionally, technical issues between the ISETS and the IEDSS were not detected, and, therefore, were not resolved causing noncooperation notices as documented by the ISETS to not be received by the IEDSS.

Effect

Without the proper implementation of an effectively designed system of internal controls, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance. Noncompliance with the provisions of federal statutes, regulations, and the terms and conditions of the federal award, as well as the FSSA's inability to enforce the penalties against individuals receiving benefits could result in a reduction of the State family assistance grant amount to the State in subsequent years.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the FSSA establish a proper system of internal controls, including strengthening their policies and procedures to ensure the two systems are properly interfacing, and if a non-cooperation notice is received by the IEDSS, that benefits are properly reduced or denied timely.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-030

Subject: Child Care and Development Fund - Period of Performance

Federal Agency: U.S. Department of Health and Human Services

Federal Program: Child Care and Development Fund Cluster

Assistance Listing Numbers: 93.575, 93.596

Federal Award Numbers and Years: 2301INCCDD, 2201INCCDF, 2101INCCDF,
2101INCCC5, 2001INCCDF

Compliance Requirement: Period of Performance

Audit Findings: Material Weakness, Modified Opinion

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SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Repeat Finding

A similar finding was reported in the immediately prior audit report. The prior audit finding number was 2022-028.

Condition and Context

Management of the Indiana Family and Social Services Administration (FSSA) had not established an effective internal control system over the Period of Performance compliance requirement to ensure that expenses were charged to the proper federal fiscal year (FFY).

Our testing identified 25 transactions, totaling \$1,578,389 charged to the above noted Child Care and Development Fund (CCDF) grants for services outside of the obligation period or when the grant was not open.

- Two expenditures were charged to the federal fiscal year (FFY) 2023 grant whose period of performance began on October 1, 2022. However, the service date of these expenditures occurred in September 2022, prior to the opening of the FFY 2023 grant.
- Twenty-two (22) expenditures were charged to the FFY 2021 grant for services that occurred after the September 30, 2022 obligation period. Several of these charges were IOT Monthly Billings for services after September 30, 2022. The remaining expenditures were related to CCDF wire payments that did not have supporting documentation in PeopleSoft to determine the proper federal fiscal year allocation based on the CCDF Childcare voucher date.
- One expenditure was charged to the FFY 2020 grant award for services that occurred after the September 30, 2021 obligation period.

Criteria

45 CFR 75.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

45 CFR 98.60(d) states in part:

"The following obligation and liquidation provisions apply to States and Territories:

- (1) Discretionary Fund allotments shall be obligated in the fiscal year in which funds are awarded or in the succeeding fiscal year. Unliquidated obligations as of the end of the succeeding fiscal year shall be liquidated within one year.

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SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

(2)

(i) Mandatory Funds for States requesting Matching Funds per § 98.55 shall be obligated in the fiscal year in which the funds are granted and are available until expended.

(6) In instances where the Lead Agency issues child care certificates, funds for child care services provided through a child care certificate will be considered obligated when a child care certificate is issued to a family in writing that indicates:

(i) The amount of funds that will be paid to a child care provider or family, and

(ii) The specific length of time covered by the certificate, which is limited to the date established for redetermination of the family's eligibility, but shall be no later than the end of the liquidation period..."

2 CFR 200.1 state in part:

"*Questioned cost* means a cost that is questioned by the auditor because of an audit finding:
...

(2) Where the costs, at the time of the audit, are not supported by adequate documentation
..."

Cause

A proper system of internal control was not designed by management of the FSSA. Embedded within a properly designed and implemented internal control system should be internal controls consisting of policies and procedures. Policies reflect the FSSA management of what should be done to effect internal controls, and procedures should consist of actions that would implement these policies. The FSSA lacked adequate policies and procedures to verify that all expenditures charged to the CCDF grants were within the period of performance for the appropriate federal fiscal year.

Effect

Without the proper implementation of an effectively designed system of internal controls, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance. Noncompliance with the provisions of federal statutes, regulations, and the terms and conditions of the federal award could result in the loss of future federal funding to the FSSA.

Questioned Costs

We identified \$1,578,389 of known questioned costs as noted in the *Condition and Context* above.

Recommendation

We recommended that FSSA's management establish a proper system of internal control and develop policies and procedures, which would include an appropriate level of review and oversight, to ensure all charges related to the CCDF program are made within the applicable period of obligation.

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SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

Auditor's Response

It is the FSSA's responsibility to comply with applicable federal regulations and guidelines when accepting and managing a federal award. The FSSA had designed and implemented a system of internal control; however, these controls were not effective in ensuring that federal funds were obligated during the appropriate period of performance.

Once the errors were identified, as noted in the *Condition and Context* above, we communicated the deviations to the FSSA. The FSSA did not respond to our requests of inquiry, nor did they provide additional supporting documentation to substantiate compliance for the transactions in question. Per the sole documentation that was presented for audit, the agency charged expenditures to the CCDF grant awards for services outside of the respective periods of obligation.

We reaffirm our finding and will review the status of the finding during our next audit.

FINDING 2023-031

Subject: Block Grants for Prevention and Treatment of Substance Abuse - Level of Effort - Internal Controls

Federal Agency: U.S. Department of Health and Human Services

Federal Program: Block Grants for Prevention and Treatment of Substance Abuse

Assistance Listing Number: 93.959

Federal Award Numbers and Years: 1B08TI083532-01, 1B08TI083939-01, 1B08TI084578-01,
1B08TI083072-01, 6B08TI083447-01M001, B08TI084642-01,
EST-1B08TI085804-01

Compliance Requirement: Matching, Level of Effort, Earmarking

Audit Finding: Material Weakness

Repeat Finding

This is a repeat finding from the immediately prior audit report. The prior audit finding number 2022-030.

Condition and Context

The Family and Social Services Administration (FSSA) Division of Mental Health and Addiction (DMHA) is the principal agency for the Substance Abuse Block Grants. A principal agency is defined as the single state agency responsible for planning, carrying out, and evaluating activities to prevent and treat substance abuse and related activities. The Substance Abuse Block Grant is subject to two Level of Effort - Maintenance of Effort requirements. These requirements that ensure the FSSA meets minimum expenditure thresholds are included in the annual application submitted by the FSSA to the Substance Abuse and Mental Health Services Administration (SAMHSA). The application, once reviewed and approved by SAMHSA, is used to determine funding for the next year's block grant. Federal regulations require recipients of federal awards establish and maintain internal controls designed to reasonably ensure compliance with federal laws, regulations, and program compliance requirements.

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SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Based on auditor recalculations, we determined the FSSA was in compliance with the applicable Level of Effort - Maintenance of Effort requirements during the state fiscal year 2023. However, we noted the following control weaknesses in the FSSA's calculations and demonstration of their compliance with the requirements:

- The FSSA is required to maintain state expenditures for authorized substance abuse activities at a level not less than the average expenditures of the prior two state fiscal years. Two amounts the FSSA reported in Table 8a of its fiscal year 2024 application were not supported by the State's accounting records. Actual expenditures reported for fiscal year 2021 were under reported by \$1,699,574. Actual expenditures reported for fiscal year 2022 were over reported by \$580,224.
- The FSSA is also required to ensure expenditures for substance abuse treatment services for pregnant women and women with dependent children is not less than the base amount calculated for these services in fiscal year 1994. The amount of actual expenditures reported for fiscal year 2023 in Table 8b of the fiscal year 2024 application were under reported by \$457,830.

Criteria

45 CFR 75.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

45 CFR 96.134 states in part:

"(a) With respect to the principal agency of a State for carrying out authorized activities, the agency shall for each fiscal year maintain aggregate State expenditures by the principal agency for authorized activities at a level that is not less than the average level of such expenditures maintained by the State for the two year period preceding the fiscal year for which the State is applying for the grant. The Block Grant shall not be used to supplant State funding of alcohol and other drug prevention and treatment programs...

(c) In making a Block Grant to a State for a fiscal year, the Secretary shall make a determination of whether, for the previous fiscal year or years, the State maintained material compliance with any agreement made under paragraph (a) of this section. If the Secretary determines that a State has failed to maintain such compliance, the Secretary shall reduce the amount of the allotment for the State for the fiscal year for which the grant is being made by an amount equal to the amount constituting such failure for the previous fiscal year.

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SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

(d) The Secretary may make a Block Grant for a fiscal year only if the State involved submits to the Secretary information sufficient for the Secretary to make the determination required in paragraph (a) of this section, which included the dollar amount reflecting the aggregate State expenditures by the principal agency for authorized activities for the two State fiscal years preceding the fiscal year for which the State is applying for the grant. The base shall be calculated using Generally Accepted Accounting Principles and the composition of the base shall be applied consistently from year to year."

Cause

The system of internal control as established by management of the FSSA was not properly designed nor implemented to ensure that the appropriate actual expenditures from the State's financial records were utilized in the Level of Effort - Maintenance of Effort calculations.

Effect

Without the proper implementation of an effectively designed system of internal controls, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance. Inaccurate reporting of expenditures on the annual applications can affect future maintenance of effort determinations, as well as future funding.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the FSSA establish a proper system of internal controls to ensure accurate State expenditures are reported to the federal government to support the level of effort requirements for this program. We also recommended developing policies and procedures to provide an additional review and oversight of the Level of Effort calculations.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-032

Subject: Block Grants for Prevention and Treatment of Substance Abuse - Subrecipient Monitoring

Federal Agency: U.S. Department of Health and Human Services

Federal Program: Block Grants for Prevention and Treatment of Substance Abuse

Assistance Listing Number: 93.959

Federal Award Numbers and Years: 1B08TI083532-01, 6B08TI083447-01M001,
1B08TI084642-01, EST-1B08TI085804-01

Compliance Requirement: Subrecipient Monitoring

Audit Findings: Significant Deficiency, Other Matters

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SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Condition and Context

The systems of internal control over the subrecipient monitoring requirements for the Substance Abuse Prevention and Treatment Block Grant (SABG) program as established by management of the Family and Social Services Administration (FSSA) Division of Mental Health and Addiction (DMHA) and the Indiana Department of Health (IDOH) was not properly implemented, nor was it operating effectively to ensure the required monitoring was completed for their subrecipients. Several errors were noted during testing of the effectiveness of internal controls and compliance.

The FSSA and the IDOH properly notified subrecipients of the grant requirements, as well as the required subaward identification information through the grant subaward documents. However, the following errors were noted while testing the monitoring requirements.

- FSSA Internal Control - 3 subrecipients were not included on the monitoring spreadsheet that DMHA maintained to track the monitoring of their subrecipients.
- FSSA Internal Control - 6 subrecipients were not included on the single audit spreadsheet that FSSA Internal Audit maintained to track their subrecipient's single audit requirements.
- IDOH Internal Control - 3 subrecipients' monitoring reports were not reviewed and approved by IDOH management staff, as noted in their subrecipient monitoring policies and procedures.
- FSSA Compliance - 2 subrecipients were not properly monitored during the audit period.

Criteria

45 CFR 75.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

45 CFR 75.352 states in part:

"All pass-through entities must:

- (a) 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:

- (1) Federal Award Identification. . . .

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SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

- (2) All requirements imposed by the pass-through entity on the subrecipient so that the Federal award is used in accordance with Federal statutes, regulations and the terms and conditions of the Federal award.
 - (3) Any additional requirements that the pass-through entity imposes on the subrecipient in order for the pass-through entity to meet its own responsibility to the Federal awarding agency including identification of any required financial and performance reports;
 - (4) An approved federally recognized indirect cost rate negotiated between the subrecipient and the Federal Government or, if no such rate exists, either a rate negotiated between the pass-through entity and the subrecipient (in compliance with this part), or a de minimis indirect cost rate as defined in § 200.414 Indirect (F&A) costs, paragraph (f) of this part.
 - (5) A requirement that the subrecipient permit the pass-through entity and auditors to have access to the subrecipient's records and financial statements as necessary for the pass-through entity to meet the requirements of this part; and
 - (6) Appropriate terms and conditions concerning closeout of the subaward. . . .
- (d) Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Pass-through entity monitoring of the subrecipient must include:
- (1) Reviewing financial and performance reports required by the pass-through entity.
 - (2) Following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the Federal award provided to the subrecipient from the pass-through entity detected through audits, on-site reviews, and other means.
 - (3) Issuing a management decision for audit findings pertaining to the Federal award provided to the subrecipient from the pass-through entity as required by § 75.521.

Cause

The system of internal controls as established by management of the FSSA and the IDOH was not properly designed nor implemented to ensure that the appropriate monitoring was performed. The agencies did not have adequate policies and procedures in place to ensure each subrecipient was efficiently monitored and a Single Audit was completed as necessary.

Effect

Without the proper implementation of an effectively designed system of internal controls, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance. With the absence of policies and procedures to monitor the activities of the subrecipients of the Substance Abuse Block Grants, subrecipients may be using these funds for unauthorized purposes without the FSSA or the IDOH's knowledge. As such, due to the lack of monitoring, neither agency can ensure proper accountability and compliance with the program requirements. Furthermore, noncompliance with the provisions of federal statutes, regulations, and the terms and conditions of the federal award could result in the loss of future federal funding to the FSSA.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the FSSA and the IDOH establish a proper system of internal controls, including re-evaluating its policies and procedures to ensure appropriate monitoring is being performed on their subrecipients.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-033

Subject: Block Grants for Prevention and Treatment of Substance Abuse - Reporting

Federal Agency: U.S. Department of Health and Human Services

Federal Program: Block Grants for Prevention and Treatment of Substance Abuse

Assistance Listing Number: 93.959

Federal Award Numbers and Years: 1B08TI083532-01, 6B08TI083447-01M001,
1B08TI084642-01, EST-1B08TI085804-01

Compliance Requirement: Reporting

Audit Findings: Significant Deficiency, Other Matters

Condition and Context

The system of internal controls over the reporting requirements for the Substance Abuse Prevention and Treatment Block Grant (SABG) program, as established by management of the Family and Social Services Administration (FSSA) Division of Mental Health and Addiction (DMHA), was not properly implemented nor was it operating effectively to ensure the required reports were filed. Material errors related to subaward reporting under the Federal Funding Accountability and Transparency Act (FFATA) were identified.

The FSSA, as the direct recipient of the SABG grants is required to report first-tier subawards that result in an obligation of \$25,000 or more to the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS). The FSSA granted 44 subawards that met or exceeded the \$25,000 threshold, each of which were reviewed for proper submission to the FSRS. Of the 44 subawards subject to the FFATA reporting requirements, 39 subawards, totaling \$76,535,577 were not reported.

The lack of internal controls and noncompliance were systemic issues throughout the audit period.

Criteria

45 CFR 75.303 states in part:

"The non-Federal entity must:

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(Continued)

(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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

Government Transparency Act of 2008 states in part:

". . . SEC. 2. FULL DISCLOSURE OF ENTITIES RECEIVING FEDERAL FUNDING.

(2) FEDERAL AWARD. — The term 'Federal award' —

(A) means Federal financial assistance and expenditures that —

(i) include grants, subgrants, loans, awards, cooperative agreements, and other forms of

(ii) include contracts, subcontracts, purchase orders, task orders, and delivery orders;

(B) does not include individual transactions below \$25,000; and (C) before October 1, 2008, does not include credit card transactions subparagraph (A) included in the outcome from searches. . . .

(B) IN GENERAL.—

(1) WEBSITE.—Not later than January 1, 2008, the Office of Management and Budget shall, in accordance with this section, section 204 of the E-Government Act of 2002 (Public Law 107–347; 44 U.S.C. 3501 note), and the Office of Federal Procurement Policy Act (41 U.S.C. 403 et seq.), ensure the existence and operation of a single searchable website, accessible by the public at no cost to access, that includes for each Federal award—

(A) the name of the entity receiving the award;

(B) the amount of the award;

(C) information on the award including transaction type, funding agency, the North American Industry Classification System code or Catalog of Federal Domestic Assistance number (where applicable), program source, and an award title descriptive of the purpose of each funding action;

(D) the location of the entity receiving the award and the primary location of performance under the award, including the city, State, congressional district, and country;

(E) a unique identifier of the entity receiving the award and of the parent entity of the recipient, should the entity be owned by another entity; and

(F) any other relevant information specified by the Office of Management and Budget. . . ."

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(Continued)

Cause

The system of internal controls as established by management of the DMHA and the FSSA was not properly designed nor implemented to ensure all applicable subawards under the FFATA were being appropriately identified and reported.

Effect

Without the proper implementation of an effectively designed system of internal controls, the FSSA failed to identify and report all applicable subawards under FFATA. This failure to identify and file required reports reduced federal spending transparency and the public's ability to obtain information on federal SABG program funds passed through the Family and Social Services Administration Division of Mental Health and Addiction.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that the management of the FSSA implement their system of internal control as designed and ensure its operating effectiveness. We also recommended they re-evaluate its policies and procedures to ensure subawards that meet the definition of a first-tier subaward are appropriately identified, and all reports are filed as required by the FFATA.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-034

Subject: Medical Assistance Program (Medicaid) - Activities Allowed
or Unallowed, Allowable Costs/Cost Principles, Eligibility

Federal Agency: U.S. Department of Health and Human Services

Federal Program: Medical Assistance Program (Medicaid)

Assistance Listing Number: 93.778

Federal Award Numbers and Years: 1705IN5MAP, 1905IN5MAP, 2005IN5MAP, 2105IN5MAP,
2105INIMPL, 2205IN5MAP, 2205INIMPL, 2305IN5001,
EST-2105IN5ADM, ESTIMATE, ESTIMATE -2205IN5001

Compliance Requirements: Activities Allowed or Unallowed, Allowable Costs/Cost Principles, Eligibility

Audit Findings: Material Weakness, Other Matters

Repeat Finding

This is a repeat finding from the immediately prior audit report. The prior year finding number was 2022-031.

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SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Condition and Context

The system of internal control over eligibility determinations for the Medicaid program as established by management of the Family and Social Services Administration (FSSA) was not properly designed nor was it operating effectively. The FSSA did not have adequate policies and procedures in place to ensure supporting eligibility determination documentation (e.g., applications and citizenship verification) for individuals receiving full health coverage benefits was retained. The policies and procedures in place were also not sufficient to prevent, or detect and correct, data entry errors made during the initial eligibility determination process.

Per federal regulations, for Medicaid benefit payments to be considered allowable, the beneficiary must be determined eligible to receive assistance at the time of service. The FSSA paid Medicaid benefits on behalf of individuals for whom proper eligibility determination documentation had not been retained. Medicaid benefits were also paid to individuals whose Modified Adjusted Gross Income (MAGI) based income was over the applicable income limits at the time of the eligibility determination. Financial eligibility for most individuals is based on the MAGI, and this determination includes only an income test.

Activities Allowed or Unallowed, Allowable Costs/Cost Principles

A sample of 28 individual fee-for-services (FFS) claims charged to the Medicaid program during the audit period was selected for testing. Of the 28 FFS claims tested, 6 payments were made on behalf of beneficiaries who did not have an application on file to support their eligibility to receive assistance. Two of the missing applications were expected in 2019 or more recently. The other four missing applications were expected in 2012 or prior. Three payments were made on behalf of beneficiaries for whom proof of citizenship was not on file to support their eligibility to receive assistance.

A disparate sample of 28 Medicaid capitation payments made during the audit period was also selected for testing. Of the 28 capitation payments tested, 2 payments were made on behalf of a beneficiary who did not have an application on file to support their eligibility to receive assistance. Both missing applications were expected in 2019. In addition, a third payment was made on behalf of a beneficiary whose file did not contain documentation verifying the citizenship status of the respective beneficiary.

Eligibility

A sample of 71 applicants who were approved for Medicaid benefits during the audit period was tested to determine whether required eligibility determinations were made (including obtaining any required documentation/verifications), that individual program participants were determined to be eligible, and to verify that only eligible individuals participated in the program.

There were two applicants that were approved and determined to be eligible, although supporting documentation to verify the applicants' citizenship statuses was not obtained by FSSA staff at the time of initial eligibility determination nor was a reasonable opportunity period provided at the time of the initial determination. Full benefits were allowed and paid on behalf of the individuals without verified citizenship or satisfactory immigration status documented and without a reasonable opportunity period documented for prompt follow-up at the end of the public health emergency and continuous enrollment period condition.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

There were two additional applicants that were determined by the FSSA to be eligible and were approved to receive Medicaid benefits; however, the MAGI-based income for each applicant was more than the applicable federal poverty levels as of the eligibility determination date. Income data received by the FSSA eligibility staff was input incorrectly into the MAGI Income Module within the Indiana Eligibility Determination Services System (IEDSS) for two of the applicants. Each of the data entry errors resulted in the budgeted MAGI-based income amounts in IEDSS to appear lower than the actual income amounts as supported by the applicants' verification information. Therefore, the two applicants were improperly determined as eligible for benefits despite their actual income being in excess of the amounts allowed for the respective aid categories.

An additional applicant was determined by the FSSA to be eligible and was approved to receive Medicaid benefits; however, the application to receive benefits was not kept on file. The application was expected in 1998.

The lack of internal controls and noncompliance were systemic issues throughout the audit period.

Criteria

45 CFR 75.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

42 CFR 435.914(a) states: "The agency must include in each applicant's case record facts to support the agency's decision on his application."

42 CFR 435.907 states in part:

"(a) *Basis and implementation.* In accordance with section 1413(b)(1)(A) of the Affordable Care Act, the agency must accept an application from the applicant, an adult who is in the applicant's household, as defined in § 435.603(f), or family, as defined in section 36B(d)(1) of the Code, an authorized representative, or if the applicant is a minor or incapacitated, someone acting responsibly for the applicant, and any documentation required to establish eligibility . . .

(f) The agency must require that all initial applications are signed under penalty of perjury. Electronic, including telephonically recorded, signatures and handwritten signatures transmitted via any other electronic transmission must be accepted. . . ."

42 CFR 435.406 states in part:

"(a) The agency must provide Medicaid to otherwise eligible individuals who are-

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

(1) Citizens and nationals of the United States, provided that-

(i) The individual has made a declaration of United States citizenship as defined in § 435.4, or an individual described in paragraph (a)(3) of this section has made such declaration on the individual's behalf, and as such status is verified in accordance with paragraph (c) of this section; and . . .

(c) The agency must verify the declaration of citizenship or satisfactory immigration status under paragraph (a)(1) or (2) of this section in accordance with § 435.956."

42 CFR 435.956(a)(5) states in part:

"If the agency cannot promptly verify the citizenship or satisfactory immigration status of an individual in accordance with paragraph (a)(1) or (2) of this section, the agency-

(i) Must provide a reasonable opportunity in accordance with paragraph (b) of this section, and. . . ."

42 CFR 435.956(b)(1) states in part: ". . . During the reasonable opportunity period, the agency must continue efforts to complete verification of the individual's citizenship or satisfactory immigration status, or request documentation if necessary. . . ."

42 CFR 435.948 states in part:

"(a) The agency must in accordance with this section request the following information relating to financial eligibility from other agencies in the State and other States and Federal programs to the extent the agency determines such information is useful to verifying the financial eligibility of an individual:

(1) Information related to wages, net earnings from self-employment, unearned income and resources from the State Wage Information Collection Agency (SWICA), the Internal Revenue Service (IRS), the Social Security Administration (SSA), the agencies administering the State unemployment compensation laws, the State-administered supplementary payment programs under section 1616(a) of the Act, and any State program administered under a plan approved under Titles I, X, XIV, or XVI of the Act; . . .

(b) To the extent that the information identified in paragraph (a) of this section is available through the electronic service established in accordance with § 435.949 of this subpart, the agency must obtain the information through such service. . . ."

Cause

The system of internal controls as established by management of the FSSA was not properly designed nor implemented to ensure Medicaid benefit payments were on behalf of eligible individuals. The FSSA did not have adequate policies or procedures in place to ensure documentation to support each individual's eligibility was maintained and available for audit. In addition, due to a lack of appropriate review and oversight, data entry errors made by FSSA staff allowed Medicaid benefits to be paid on behalf of individuals whose income was above the threshold permitted by federal regulations.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Effect

Without the proper implementation of an effectively designed system of internal controls, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance. As a result, the FSSA made Medicaid benefit payments on behalf of individuals whose eligibility could not be verified and to individuals whose income was above the allowed threshold.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the FSSA establish a proper system of internal controls and strengthen their policies and procedures to ensure supporting documentation related to eligibility determinations for Medicaid benefit payments is maintained and available for audit. We also recommended additional policies and procedures that include an appropriate level of review and oversight of the eligibility determinations to ensure data entry errors are timely detected and corrected.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-035

Subject: Medical Assistance Program (Medicaid) - Special Tests
and Provisions: Medical Loss Ratio (MLR)
Federal Agency: U.S. Department of Health and Human Services
Federal Program: Medical Assistance Program (Medicaid)
Assistance Listing Number: 93.778
Federal Award Numbers and Years: 1705IN5MAP, 1905IN5MAP, 2005IN5MAP, 2105IN5MAP,
2105INIMPL, 2205IN5MAP, 2205INIMPL, 2305IN5001,
EST-2105IN5ADM, ESTIMATE, ESTIMATE -2205IN5001
Compliance Requirement: Special Tests and Provisions: Medical Loss Ratio (MLR)
Audit Findings: Significant Deficiency, Other Matters

Repeat Finding

This is a repeat finding from the immediately prior audit report. The prior audit finding number was 2022-032.

Condition and Context

The Family and Social Services Administration (FSSA) had not properly designed or implemented a system of internal control related to ensure the Medical Loss Ratio (MLR) reports submitted by the State's managed care organizations (MCOs) included all required data elements. For all contracts, the State must ensure that each MCO submits a report containing 13 data elements as required by federal regulations. The report should also reflect the correct reporting years and contain an attestation of accuracy regarding the calculation of the MLR.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Eleven annual MLR reports were received by the FSSA during the audit period for the Healthy Indiana Plan, Hoosier Care Connect, and Hoosier Healthwise programs. Each of the 11 MLR reports were reviewed to verify the 13 required data elements were included; the reporting period covered 12 months; and the report contained an attestation to address accuracy. One of the 13 required data elements, the comparison of managed care plan data to the audited financial reports, was incorrect on every report. The comparisons included in each MLR report utilized unaudited financial data from internal sources.

Criteria

45 CFR 75.303 states in part:

"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 or the 'Internal Control Integrated Framework,' issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

42 CFR 438.8(k) states in part:

"*Reporting requirements.* (1) The State, through its contracts, must require each MCO, PIHP, or PAHP to submit a report to the State that includes at least the following information for each MLR reporting year: . . .

(xi) A comparison of the information reported in this paragraph with the audited financial report required under § 438.3(m) . . ."

42 CFR 438.66 states in part:

"(a) **General requirement.** The State agency must have in effect a monitoring system for all managed care programs.

(b) The State's system must address all aspects of the managed care program, including the performance of each MCO, PIHP, PAHP, and PCCM entity (if applicable) in at least the following areas: . . .

- (1) Administration and management. . . .
- (5) Finance, including medical loss ratio reporting. . . .
- (14) All other provisions of the contract, as appropriate.

(c) The State must use data collected from its monitoring activities to improve the performance of its managed care program, including at a minimum: . . .

- (9) Audited financial and encounter data submitted by each MCO, PIHP, or PAHP.
- (10) The medical loss ratio summary reports required by § 438.8. . . ."

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Cause

A proper system of internal controls over the review of the MLR reports was not designed by the management of the FSSA. Embedded within a properly designed and implemented internal control system should be internal controls consisting of policies and procedures. Policies reflect the FSSA management of what should be done to effect internal controls, and procedures should consist of actions that would implement those policies. The FSSA did not have adequate policies or procedures in place to ensure all required data elements were included in the MLR reports.

Effect

Without the proper implementation of an effectively designed system of internal controls, the internal control system cannot be capable of preventing, or detecting and correcting, material noncompliance. As a result, the MLR reports submitted to the FSSA utilized incorrect (i.e., unaudited) data, which could have caused the calculation of the MLR to be inaccurate.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that the management of the FSSA establish a proper system of internal controls and develop policies and procedures to ensure there is an appropriate level of review and oversight of the MLR reports that are submitted. These policies and procedures should include ensuring all required data elements are included in the MLR reports.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-036

Subject: Medical Assistance Program (Medicaid) - Special Tests and Provisions: Managed Care Financial Audit

Federal Agency: U.S. Department of Health and Human Services

Federal Program: Medical Assistance Program (Medicaid)

Assistance Listing Number: 93.778

Federal Award Numbers and Years: 1705IN5MAP, 1905IN5MAP, 2005IN5MAP, 2105IN5MAP, 2105INIMPL, 2205IN5MAP, 2205INIMPL, 2305IN5001, EST-2105IN5ADM, ESTIMATE, ESTIMATE -2205IN5001

Compliance Requirement: Special Tests and Provisions: Managed Care Financial Audit

Audit Findings: Material Weakness, Other Matters

Repeat Finding

This is a repeat finding from the immediately prior audit report. The prior audit finding number was 2022-033.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Condition and Context

The Family and Social Services Administration (FSSA) had not properly designed or implemented a system of internal control to ensure managed care organizations were adequately monitored and in compliance with the federal and contractual requirements.

Two types of audits are required for managed care: audited financial reports and periodic audits. For the audited financial reports, the contract with each managed care organization (MCO) must require the MCO to submit to the State an audited financial report specific to the Medicaid contract on an annual basis. These audits must be conducted in accordance with generally accepted accounting principles and generally accepted auditing standards. In relation to the periodic audits, the State must periodically, but no less frequently than once every three years, conduct or contract for an independent audit of the accuracy, truthfulness, and completeness of the encounter and financial data submitted by or on behalf of each MCO, and post the results of those audits on the State website.

The FSSA's contract with each of the MCOs includes a paragraph requiring the MCOs, on an annual basis, to submit audited financial reports for the calendar year to the FSSA. This paragraph also includes a statement requiring that the audits be conducted in accordance with generally accepted accounting principles and generally accepted auditing standards. The FSSA did not obtain documentation to support that a) each MCO had obtained an independent audit specific to the program, b) each MCO had submitted the required financial reports to the FSSA, and c) the audited financial reports were prepared in accordance with the prescribed standards under 42 CFR 438.3(m). As such, the State's compliance with this requirement could not be verified.

The lack of internal controls and noncompliance were systemic issues throughout the audit period.

Criteria

45 CFR 75.303 states in part:

"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 or the 'Internal Control Integrated Framework' issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

42 CFR 438.3(m) states:

"*Audited Financial Reports.* The contract must require MCOs, PIHPs, and PAHPs to submit audited financial reports specific to the Medicaid contract on an annual basis. The audit must be conducted in accordance with generally accepted accounting principles and generally accepted auditing standards."

42 CFR 438.66 states in part:

"(a) **General requirement.** The State agency must have in effect a monitoring system for all managed care programs.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

(b) The State's system must address all aspects of the managed care program, including the performance of each MCO, PIHP, PAHP, and PCCM entity (if applicable) in at least the following areas:

- (1) Administration and management. . . .
- (5) Finance, including medical loss ratio reporting. . . .
- (14) All other provisions of the contract, as appropriate.

(c) The State must use data collected from its monitoring activities to improve the performance of its managed care program, including at a minimum: . . .

- (9) Audited financial and encounter data submitted by each MCO, PIHP, or PAHP.
- (10) The medical loss ratio summary reports required by § 438.8. . . ."

42 CFR 438.5(c) states in part:

"Base data. (1) States must provide all the validated encounter data, FFS data (as appropriate), and audited financial reports (as defined in § 438.3(m)) that demonstrate experience for the populations to be served by the MCO, PIHP, or PAHP to the actuary developing the capitation rates for at least the three most recent and complete years prior to the rating period. . . ."

Cause

A proper system of internal controls over the managed care audited financial reports was not designed by management of the FSSA. Embedded within a properly designed and implemented internal control system should be internal controls consisting of policies and procedures. Policies reflect the FSSA management of what should be done to effect internal control, and procedures should consist of actions that would implement these policies. The FSSA did not have policies or procedures in place to ensure each MCO obtained an annual audit and submitted the annual audited financial report specific to the Medicaid contract on an annual basis.

Effect

Without the proper implementation of an effectively designed system of internal controls, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance. As the FSSA did not obtain the appropriate documentation related to the annual audits for the MCOs, the State's compliance with the requirement could not be verified.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the FSSA establish a proper system of internal controls and develop policies and procedures to ensure all MCOs submit to the FSSA an audited financial report specific to the Medicaid contract on an annual basis, and that the MCO audits are conducted in accordance with generally accepted accounting principles and generally accepted auditing standards.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-037

Subject: Medical Assistance Program (Medicaid) - Special Tests
And Provisions: Provider Health and Safety Standards
Federal Agency: U.S. Department of Health and Human Services
Federal Programs: State Survey and Certification of Health Care Providers and Suppliers (Title XVIII)
Medicare, COVID-19 State Survey and Certification of Health Care Providers
and Suppliers (Title XVIII) Medicare, Medical Assistance Program (Medicaid)
Assistance Listing Numbers: 93.777, 93.778
Federal Award Numbers and Years: 1705IN5MAP, 1905IN5MAP, 2005IN5MAP, 2105IN5MAP,
2105INIMPL, 2205IN5MAP, 2205INIMPL, 2305IN5001,
EST-2105IN5ADM, ESTIMATE, ESTIMATE -2205IN5001
2105IN50C3, 2205IN50C3, 2105INPACT, 2105IN5000,
2205IN5002, 2205IN5000, 2205INPACT, 2205IN5002,
2305IN5002, 2305INPACT, 2305IN5000
Compliance Requirement: Special Tests and Provisions: Provider Health and Safety Standards
Audit Findings: Material Weakness, Other Matters'

Condition and Context

The system of controls as established by management of the Family and Social Services Administration (FSSA) was not properly implemented nor was it operating effectively to ensure all ICF/IID facilities received a timely survey, as defined by federal regulations.

The Indiana Department of Health (IDOH) performs surveys of hospitals, nursing facilities, and intermediate care facilities for individuals with intellectual disabilities (ICF/IID) on behalf of the State of Indiana in order to determine whether the institutions meet prescribed health and safety standards. The FSSA had designed and implemented internal controls to monitor the completion status of the surveys for each ICF/IID within the State. However, the FSSA failed to ensure that each facility received a survey within the required 15-month maximum interval. Of the 25 facilities tested, 3 facilities had received a survey in 2022 and then failed to receive another one within 15 months of their respective 2022 survey dates.

Criteria

45 CFR 75.303 states in part:

"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 or the 'Internal Control Integrated Framework,' issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

42 CFR 442.109(a) states: "A survey agency may certify a facility that fully meets applicable requirements. The State Survey Agency must conduct a survey of each ICF/IID not later than 15 months after the last day of the previous survey."

Cause

A proper system of internal controls over the timely completion of the state licensure recertification surveys was not implemented by the management of the FSSA. Embedded within a properly designed and implemented internal control system should be internal controls consisting of policies and procedures. Policies reflect the FSSA management of what should be done to effect internal controls, and procedures should consist of actions that would implement these policies. The FSSA did not have adequate policies or procedures in place to ensure all ICF/IID facilities received timely surveys.

Effect

Without the proper implementation of an effectively designed system of internal controls, the internal control system cannot be capable of preventing, or detecting and correcting, material noncompliance. The FSSA's policies and procedures were not sufficient to ensure that all ICF/IID facilities received a timely survey, as defined by federal regulations.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the FSSA establish a proper system of internal controls and develop policies and procedures to ensure there is an appropriate level of review and oversight of the state licensure recertification surveys. We also recommended policies and procedures be strengthened to ensure all required ICF/IID facilities receive a survey not later than 15 months after the last day of the previous survey, and that the statewide average interval between ICF/IID surveys is periodically evaluated for compliance with federal regulations.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-038

Subject: Children's Health Insurance Program (CHIP) - Eligibility - Internal Controls
Federal Agency: U.S. Department of Health and Human Services
Federal Program: Children's Health Insurance Program (CHIP)
Assistance Listing Number: 93.767
Federal Award Numbers and Years: 1905IN5021, 2005IN5021, 2105IN5021, 2205IN5021
Compliance Requirement: Eligibility
Audit Finding: Material Weakness

Repeat Finding

This is a repeat finding from the immediately prior audit report. The prior year finding number was 2022-035.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Condition and Context

The system of internal controls over eligibility determinations for the Children's Health Insurance Program (CHIP) as established by management of the Family and Social Services Administration (FSSA) was not properly designed and implemented. The policies and procedures in place, as well as the documentation provided for audit were insufficient to demonstrate that a material portion of the CHIP beneficiaries' Modified Adjusted Gross Income (MAGI)-based eligibility determinations were subject to timely review and an appropriate level of oversight with respect to the accuracy of the determinations and completeness of supporting case records.

Criteria

45 CFR 75.303 states in part:

"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 or the 'Internal Control Integrated Framework', issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

Cause

The system of internal control as established by management of the FSSA was not properly designed nor implemented to demonstrate that a material portion of CHIP beneficiaries' MAGI-based determinations were subject to timely review and oversight of the accuracy of the determinations and the completeness of documentation maintained in case files.

Effect

Without the proper implementation of an effectively designed system of internal controls, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance. Noncompliance with the provisions of federal statutes, regulations, and the terms and conditions of the federal award could result in the loss of future federal funding to the FSSA.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the FSSA establish a proper system of internal controls and strengthen its policies and procedures to ensure supporting documentation related to eligibility determinations for CHIP benefit payments is maintained and available for audit. We also recommended additional policies and procedures that include an appropriate level of review and oversight of the eligibility determinations to ensure potential data entry errors and/or improper determinations of eligibility are timely detected and corrected.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

FINDING 2023-039

Subject: Children's Health Insurance Program (CHIP) - Special
Tests and Provisions: Medical Loss Ratio (MLR)
Federal Agency: U.S. Department of Health and Human Services
Federal Program: Children's Health Insurance Program (CHIP)
Assistance Listing Number: 93.767
Federal Award Numbers and Years: 1905IN5021, 2005IN5021, 2105IN5021, 2205IN5021
Compliance Requirement: Special Tests and Provisions: Medical Loss Ratio (MLR)
Audit Findings: Significant Deficiency, Other Matters

Repeat Finding

This is a repeat finding from the immediately prior audit report. The prior audit finding number was 2022-036.

Condition and Context

The Family and Social Services Administration (FSSA) had not properly designed or implemented a system of internal controls to ensure the Medical Loss Ratio (MLR) reports submitted by the State's managed care organizations (MCOs) included all required data elements. For all contracts, the State must ensure that each MCO submits a report containing 13 data elements as required by federal regulations. The report should also reflect the correct reporting years and contain an attestation of accuracy regarding the calculation of the MLR.

Four annual MLR reports were received by the FSSA during the audit period for the Hoosier Healthwise program. Each of the four reports were reviewed to verify the 13 required data elements were included; the reporting period covered 12 months; and the report contained an attestation statement to address accuracy. One of the 13 required data elements, the comparison of managed care plan data to the audited financial reports, was incorrect on every report. The comparisons included in each MLR report utilized unaudited financial data from internal sources.

Criteria

45 CFR 75.303 states in part:

"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 or the 'Internal Control Integrated Framework,' issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

42 CFR 457.1203 states in part:

". . . (e) The state must comply with the requirements related to medical loss ratios in accordance with the terms of § 438.74 of this chapter, except that the description of the reports received from the MCOs, PIHPs and PAHPs under § 438.8(k) of this chapter will be submitted independently, and not with the actuarial certification described in § 438.7 of this chapter.

(f) The state must ensure, through its contracts, that each MCO, PIHP, and PAHP complies with the requirements § 438.8 of this chapter."

42 CFR 438.8(k) states in part:

"Reporting requirements.

(1) The State, through its contracts, must require each MCO, PIHP, or PAHP to submit a report to the State that includes at least the following information for each MLR reporting year: . . .

(xi) A comparison of the information reported in this paragraph with the audited financial report required under § 438.3(m) . . ."

Cause

A proper system of internal controls over the review of the MLR reports was not designed by the management of the FSSA. Embedded within a properly designed and implemented internal control system should be internal controls consisting of policies and procedures. Policies reflect the FSSA management of what should be done to effect internal controls, and procedures should consist of actions that would implement those policies. The FSSA did not have adequate policies or procedures in place to ensure all required data elements were included in the MLR reports.

Effect

Without the proper implementation of an effectively designed system of internal controls, the internal control system cannot be capable of preventing, or detecting and correcting, material noncompliance. As a result, the MLR reports submitted to the FSSA utilized incorrect (i.e., unaudited) data, which could have caused the calculation of the MLR to be inaccurate.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that the management of the FSSA establish a proper system of internal controls and develop policies and procedures to ensure there is an appropriate level of review and oversight of the MLR reports that are submitted. These policies and procedures should include ensuring all required data elements are included in the MLR reports.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

FINDING 2023-040

Subject: Children's Health Insurance Program (CHIP) - Special
Tests and Provisions: Managed Care Financial Audit
Federal Agency: U.S. Department of Health and Human Services
Federal Program: Children's Health Insurance Program (CHIP)
Assistance Listing Number: 93.767
Federal Award Numbers and Years: 1905IN5021, 2005IN5021, 2105IN5021, 2205IN5021
Compliance Requirement: Special Tests and Provisions: Managed Care Financial Audit
Audit Finding: Material Weakness, Other Matters

Repeat Finding

This is a repeat finding from the immediately prior audit report. The prior audit finding number was 2022-037.

Condition and Context

The Family and Social Services Administration (FSSA) had not properly designed or implemented a system of internal controls to ensure managed care organizations were adequately monitored and in compliance with the federal and contractual requirements.

Two types of audits are required for managed care: audited financial reports and periodic audits. For the audited financial reports, the contract with each managed care organization (MCO) must require the MCO to submit to the State an audited financial report specific to the Medicaid contract on an annual basis. These audits must be conducted in accordance with generally accepted accounting principles and generally accepted auditing standards. In relation to the periodic audits, the State must periodically, but no less frequently than once every three years, conduct or contract for an independent audit of the accuracy, truthfulness, and completeness of the encounter and financial data submitted by or on behalf of each MCO, and post the results of those audits on the State website.

The FSSA's contract with each of the MCOs includes a paragraph requiring the MCOs, on an annual basis, to submit audited financial reports for the calendar year to the FSSA. This paragraph also includes a statement requiring that the audits be conducted in accordance with generally accepted accounting principles and generally accepted auditing standards. The FSSA did not obtain documentation to support that a) each MCO had obtained an independent audit specific to the program, b) each MCO had submitted the required financial reports to the FSSA, and c) the audited financial reports were prepared in accordance with the prescribed standards under 42 CFR 457.1201(k). As such, the State's compliance with this requirement could not be verified.

The lack of internal controls and noncompliance were systemic issues throughout the audit period.

Criteria

45 CFR 75.303 states in part:

"The non-Federal entity must:

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

(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 or the 'Internal Control Integrated Framework' issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

42 CFR 457.1203(f) states: "The state must ensure, through its contracts, that each MCO, PIHP, and PAHP complies with the requirements § 438.8 of this chapter."

42 CFR 457.1201(k) states in part: "*Audited Financial Reports*. Contracts with MCOs, PAPHs, and PIHPs must comply with the requirements for submission of audited financial reports in § 438.3(m) of this chapter. . . ."

42 CFR 438.3(m) states:

"Audited Financial Reports. The contract must require MCOs, PIHPs, and PAHPs to submit audited financial reports specific to the Medicaid contract on an annual basis. The audit must be conducted in accordance with generally accepted accounting principles and generally accepted auditing standards."

Cause

A proper system of internal controls over the managed care audited financial reports was not designed by the management of the FSSA. Embedded within a properly designed and implemented internal control system should be internal controls consisting of policies and procedures. Policies reflect the FSSA management of what should be done to effect internal control, and procedures should consist of actions that would implement these policies. The FSSA did not have policies or procedures in place to ensure each MCO obtained an annual audit and submitted the annual audited financial report specific to the Medicaid contract on an annual basis.

Effect

Without the proper implementation of an effectively designed system of internal controls, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance. As the FSSA did not obtain the appropriate documentation related to the annual audits for the MCOs, the State's compliance with the requirement could not be verified.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the FSSA establish a proper system of internal controls and develop policies and procedures to ensure all MCOs submit to the FSSA an audited financial report specific to the Medicaid contract on an annual basis, and that the MCO audits are conducted in accordance with generally accepted accounting principles and generally accepted auditing standards.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

FINDING 2023-041

Subject: Children's Health Insurance Program (CHIP) - Matching,
Level of Effort, Earmarking - Internal Controls
Federal Agency: U.S. Department of Health and Human Services
Federal Program: Children's Health Insurance Program (CHIP)
Assistance Listing Number: 93.767
Federal Award Numbers and Years: 1905IN5021, 2005IN5021, 2105IN5021, 2205IN5021
Compliance Requirement: Matching, Level of Effort, Earmarking
Audit Finding: Material Weakness

Condition and Context

The Indiana Department of Health (IDOH) had not properly designed or implemented a system of internal controls for the Matching, Level of Effort, Earmarking compliance requirement of the Children's Health Insurance Program (CHIP). The IDOH's internal controls failed to identify that a project (1 of 3 CHIP projects tested) had not been assigned a state funding source allocation necessary to meet program cost sharing requirements, commonly referred to as the state match.

The IDOH entered into a Memorandum of Understanding (MOU) with the Family and Social Services Administration (FSSA) to provide poison treatment, advice, and prevention efforts through a federally approved CHIP health services initiative. Expenditures for the health services initiative were tracked using a project in the State's accounting system and were subject to a required cost sharing allocation of 80.42 percent federal funding and 19.58 percent state funding, with \$1,300,000 of federal funding available over a 2-year period (\$650,000 annually). However, because a state funding source allocation was not assigned by the IDOH when creating the project, \$316,513 of state funding was not transferred into the State's federal fund from which the CHIP program expenditures were paid and, therefore, did not supplement the \$1,300,000 federal share.

Management of the FSSA identified issues with the project billing; therefore, the FSSA elected to not draw down federal funds associated to the CHIP health services initiative expenditures until the issues were resolved. As of our audit report date, \$1,300,000 is reported as a grants receivable in the State's accounting system and has yet to be drawn from the federal government, and \$316,513 remains to be transferred to the State's federal fund as the state share. Because no federal funds were drawn to date, the \$1,300,000 in program costs have effectively been paid by state appropriations in the interim, and the project is currently compliant with (and exceeds) the state match requirement. Had the normal process occurred and the FSSA's own internal controls over cash management not prevented the draws from occurring, the IDOH would not have met the CHIP state match and would have been noncompliant with the Matching, Level of Effort, Earmarking requirement.

Criteria

45 CFR 75.303 states in part:

"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 or the 'Internal Control Integrated Framework,' issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). . . ."

STATE OF INDIANA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
(Continued)

Cause

A proper system of internal controls had not been designed nor implemented by the management of the IDOH to ensure that projects were created with the proper state funding source allocations. Embedded within a properly designed and implemented internal control system should be internal controls consisting of policies and procedures. Policies reflect the IDOH management of what should be done to effect internal control, and procedures consist of actions that would implement these policies. The IDOH did not have policies and procedures in place to ensure that cost-sharing requirements were being fulfilled in accordance with federal requirements and award agreements.

Effect

Without the proper implementation of an effectively designed system of internal controls, the internal control system cannot be capable of effectively preventing, or detecting and correcting, material noncompliance. Noncompliance with the provisions of federal statutes, regulations, and the terms and conditions of the federal award could result in the loss of future federal funding to the IDOH.

Questioned Costs

There were no questioned costs identified.

Recommendation

We recommended that management of the IDOH develop policies and procedures to ensure program expenditures are compliant with the applicable cost sharing requirements. For the aforementioned CHIP project, we also recommended that the IDOH make arrangements for the prompt transfer of \$316,513 in state funding to the State's federal fund from which CHIP program expenditures were paid to ensure the required state match is met upon the corresponding federal draw.

Views of Responsible Officials

For the views of responsible officials, refer to the Corrective Action Plan that is part of this report.

AUDITEE-PREPARED DOCUMENTS

The subsequent documents were provided by management of the State. The documents are presented as intended by the State.



SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

FINDING 2022-001

Fiscal year in which the finding initially occurred: 2022

Status of Audit Finding: Partially corrected.

The Comptroller Annual Comprehensive Financial Report (ACFR) team has reinstated review controls for the ACFR compilation files, which includes the preparer and reviewer documenting completion of their responsibilities. Additional management oversight has been added to the ACFR process. The Comptroller's Chief of Staff or Deputy Comptroller of Accounting and Reporting will verify financial statement files have been properly reviewed prior to State Board of Accounts submission. The FY2023 ACFR preparation is in process with some files already prepared and reviewed. We believe compiling the FY2023 ACFR will evidence the correction once complete. Estimated completion December 2023.



SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

FINDING 2022-002

Contact Initial Finding Fiscal Year 2022

Medicaid expenses are entered into Peoplesoft at the best federal share calculation available at the time. When claim and caption transactions are compiled and run through the federal reporting module of the Enterprise Data Warehouse additional criteria is applied for federal reporting which will often be different from what was entered into Peoplesoft. The final grant close-out award is issued after the end of the federal fiscal year with the amount based on reported expenditures applying multiple federal share adjustments, including types of service, dates of service and prior period claim adjustments. Due to these adjustments, there is a difference between what has been entered into Peoplesoft and what has been reported to the Centers for Medicare and Medicaid Services (CMS), the federal agency administering the Medicaid program.

Internal controls over grants receivable for the Medicaid Assistance Fund were strengthened to include final project reconciliations conducted annually upon closeout, to align the original entries reported in Peoplesoft with federal expenditures reported to CMS. In June 2023, FSSA entered adjusting journal entries in Peoplesoft to correct the federal share to the final grant authorization for federal fiscal year 2021 and 2022 Medicaid Assistance grant awards.

The adjusting journal entries corrected the federal share in the Peoplesoft accounting system to the federal share calculated through the federal reporting process. The necessary corrections to Peoplesoft resolved all outstanding receivables for the Medicaid Assistance grants in these years.

FSSA considers this finding resolved.





SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

FINDING 2022-003

Fiscal year in which the finding initially occurred: 2021 Status of Audit Finding: Completed

In response to the finding, the State Comptroller's Office identified the following controls to assist with proper reporting on the Schedule of Expenditures of Federal Awards (SEFA):

- A review of the updated federal Office of Management & Budget (OMB) compliance guidance was done and required changes to federal expenditure reporting are being incorporated into the FY2023 SEFA;
- As each Business Unit submits their completed SEFA certification, a review of the funding source assigned to the projects in which expenses are being tracked is done to compare the Assistance Listing Number (ALN) assigned to the grant award to ensure the expenses are being reported under the correct ALN;
- As each Business Unit submits their completed SEFA certification, a review of the funds distribution percentage for each project is compared to the grant award matching requirement to ensure the appropriate federal and state split of expenses are being reported; and
- Reports from the state's financial system are being ran to ensure all federal expenditures are being properly reported on the SEFA.

In addition, the State Comptroller's Office has met with key state agencies to discuss the prior year finding and has required every agency to complete the SEFA checklist and provide their A-133 reconciliation. The instructions distributed to state agencies were expanded to highlight key concerns related to the prior year finding, and steps to mitigate risks in the compilation of the Fiscal Year 2023 SEFA.

The anticipated completion date of the submitted corrective action plan was June 30, 2023. These controls are being used during the compilation of the Fiscal Year 2023 SEFA. It is expected the controls will mitigate the risk of a repeat finding in this area.

Sincerely,

Elise M. Nieshalla
Indiana State Comptroller

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

FINDING 2022-004

Fiscal Year in which the finding initially occurred: 2021

Status of Finding: Corrected as of May 27, 2023

DWD completed this CAP. The system control identified in the CAP was implemented by March 27, 2023. The performance team has successfully completed three quarterly system checks following the procedures outlined in the 2022-004 response.

- The review for 2022Q4 was signed off on April 3, 2023
- The review for 2023Q1 was signed off on April 10, 2023.
- The review for 2023Q2 was signed off on August 17, 2023

Contact Person Responsible for Corrective Action: Kent Sellers, UI Performance, 317-416-1596

FINDING 2022-005

Fiscal Year in which the finding initially occurred: 2022

Status of Finding: Corrected as of May 11, 2023

DWD completed this CAP. The policy identified in the CAP was drafted in April 2023 and routed through division approval. The policy was formally approved on May 10, 2023, and distributed to UI staff on May 11, 2023.

The following recovery efforts apply to this type of overpayment:

- Demand Letter notifications and monthly overpayment bills
- Indiana Department of Revenue Tax Intercept
- Offset of future unemployment insurance benefit payments
- Voluntary repayment agreement
- IRORA - a multistate agreement where unemployment benefits received by an individual in one state can be offset toward unemployment benefit overpayments in another state.
- CPORA - an agreement where federally funded unemployment benefits programs can be offset toward state-funded unemployment benefit overpayments.

To date, none of the overpayments have been recovered in these three cases.

Contact Person Responsible for Corrective Action: Noah Shelton, UI Chief, 574-315-2614



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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Eric J. Holcomb
Governor

Brian C. Rockensuess
Commissioner

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

FINDING 2022-006

Fiscal year in which the finding initially occurred: FY2019-2021

Status of Audit Finding:

The corrective action plan for this finding was completed on April 28, 2023.

FINDING 2022-007

Fiscal year in which the finding initially occurred: FY2019-2021

Status of Audit Finding:

The corrective action plan for this finding was completed on April 28, 2023.



Visit on.IN.gov/survey or scan the QR code to provide feedback.
We appreciate your input!





Eric J. Holcomb
Governor

Lindsay M. Weaver, MD, FACEP
State Health Commissioner

Jenny M. Wagner
Audit Manager
State Board of Accounts
302 West Washington Street.
Indianapolis, IN 46204
jwagner@sboa.in.gov

Indiana Department of Health Summary Schedule of Prior Audit Findings (SSPAF 23)

The Indiana Department of Health submits this summary schedule of prior audit findings to the submitted corrective action plan to the State Board of Accounts concerning program review of Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Federal Awards:

NU50CK00503-01

NU50CK00503-02

NU50CK00503-03

FINDING 2022-008

Compliance Requirement: Cash Management

Audit Findings: Material Weakness

Fiscal Year in which finding initially occurred: 2022.

Status of Audit Finding: Corrective action taken and completed as of March 31, 2023. A section of the Monthly Appropriation Report (MAR) that the approver will electronically sign and date the MAR. The MAR will be stored on a network drive that is accessible by the Finance Team to approve and reference as needed.

IDOH does not expect to have this type of finding repeated in future audits.

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FINDING 2022-009

Compliance Requirement: Reporting

Audit Findings: Material Weakness Other Matters

Fiscal Year in which finding initially occurred: 2021 repeat prior audit finding from 2021-006.

Status of Audit Finding: Monthly Fiscal Reports:

The finance team will identify all projects and assign each project to an accountant. Each accountant will be held accountable for generating the detailed monthly reporting, providing the monthly reporting to the programs for their review, meeting monthly with the programs to review the reports, recording any adjustments needed monthly, record indirect cost at least quarterly (goal is monthly), and preparing the invoice for the monthly Federal Draw. The Deputy Controller will approve the monthly reporting and process the Federal Draw monthly. The Controller will approve the Federal Draw based on a review of the financial reporting.

The documents will be stored on a network drive that is accessible by the Finance Team to reference as needed.

Status: Complete 6-30-2023

Expectation of a Repeat Finding: Monthly Fiscal Reports, we do not anticipate a repeat finding of monthly reports part of this finding.

Status of Audit Finding: FFATA reporting: After the 2021 audit finding, IDOH put into place a corrective action plan that included a revised set of internal controls and updated procedures to address areas of this audit finding. These are:

1. Expanding fields on the FFATA monthly purchase order report to include project ID which will confirm CFDA and NOA information directly comparing source documents to sub-award agreements. Additionally, columns for DUNS and the new UEI number and chart fields from the Request for Contract (RFC) document with a reconciliation column. This



improvement tells us at a glance if there is conflicting information from purchase order to RFC to agreement.

Status: Complete

2. Improved documentation of FFATA reporting forms. The IDOH FFATA reporting form was revised to include areas for breaking out individual amounts to identify multiple funding sources issued on a sub-recipient agreement if applicable when more than one funding source is funding an agreement. This helps reconcile the exact amount of funding to be applied to a specific FFATA award report.

Status: Complete

3. Expanded staff training on filling out FFATA forms was completed by all contract specialists' staff. A shared FFATA form outlook mailbox was established in outlook to provide once place to store FFATA form requests and completed forms. This mailbox will enable the Contracts and Audit Specialist to locate forms for monthly reporting.

Status: Complete

Expectation of a Repeat Finding: (partial) IDOH continues working on cleanup of the backlog of corrections to underreported FFATA reporting. This includes capturing all FFATA questionnaires from sub-recipients containing the sub-recipients' UEI numbers.

The volume of agreements IDOH processes vs time required to obtain this information from vendors for the monthly reporting for all sub-awards has identified the need for additional staff to assist in this process. Until we can get 100% compliance from sub-recipients in returning their FFATA questionnaire forms timely, the expectation is that a portion of full reports on all entities will still have some missing unreported sub-awards. IDOH needs to explore a different manner to capture the UEI numbers for each sub-recipient.



Please accept this summary of prior audit findings, concerning findings during the 2022 audit for these programs. Please let us know if there is any additional information we can provide on this matter.

Sincerely

Laurie Mendez

Laurie Mendez
Chief Financial Officer
Indiana Department of Health



INDIANA DEPARTMENT OF TRANSPORTATION

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Eric Holcomb, Governor
Michael Smith, Commissioner

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

Special Test and Provisions-Wage Rate Requirements

FINDING 2022-010 (Auditor Assigned Reference Number)

Fiscal year in which the finding initially occurred: 2022

Pass – Through Entity, if pass – through or Federal Grantor Agency, if direct:

Contact Person Responsible for Corrective Action: Gregory G. Pankow, Director of Construction Management and District Support, Chief Engineer of Construction

Contact Phone Number: 317-697-5950

Status of Audit Finding: INDOT information and updates are below:

- Construction Memo 17-11 issued August 24, 2017 required that Electronic Payrolls would be required. The requirement was added to contracts by a recurring special provision. It stated that Contractors shall electronically file certified payrolls for its employees and any subcontractors in a format acceptable to the Department.
- Construction Memo 19-07, issued on July 24, 2019, superseded 17-11, and required the use of INDOT's new Contractor Payroll Management System (CPMS). CPMS pulled information from SiteManager reports and required contractors to upload payrolls via ITAP.
- INDOT added the requirement for electronic payrolls into our 2020 Standard Specifications and sunset the recurring special provision being used up until that time.
- INDOT's General Instructions to Field Employees (GIFE) was updated for the use of CPMS several times with the latest update occurring September 1, 2022.
- The CPMS application, was upgraded to CPMS 2.0 and went live on November 5, 2020. The update included an improved Payroll Required algorithm to better deduce required payroll from the Daily Work Reports; email notifications to the primary Project Engineers/Managers/Supervisor (PEMS) and the Contractor users, to help everyone be more aware of the status of each contract, which payrolls will be due soon, that the Contractor needs to upload them by the date due, and which payrolls need to be approved by the PEMS.
- CPMS user manuals were issued and updated as needed and are available on the INDOT website.
- INDOT continues to present the CPMS application at all INDOT District Construction Conferences and the Construction Management Division holds training for District CPMS Administrators on the upgraded applications.
- INDOT upgraded its Contractor Performance Evaluation (CPE) application for content and went live in the summer of 2021.
- We had anticipated that once upgraded CPE application went live, INDOT intended to then work on giving the CPE application the functionality to be able to draw information gathered through the CPMS application, so that it could populate contractor evaluations with information on how contractors are performing on their timeliness in uploading required payrolls. We later found out this was not possible

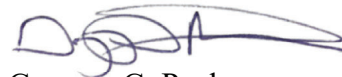
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or was cost prohibitive and now we are working on automating reports in Tableau that combine payroll data with CPE data and hope to have this information available by the 4th quarter 2023 launch of CPMS below.

- The next CPMS upgrades should be complete in the 4th quarter of 2023. The updates will include and account for acknowledgement of “non-worked” payroll periods as well as communicating the non-worked requirements to end users and ensuring no additional work is required to be performed by our Construction personnel to resolve non-worked payroll weeks. The updates also include notification to the PEMS when the Prime is notified of impending payroll.
- INDOT is in the process of developing and implementing additional controls: The Prequalification Division, Statewide Construction Compliance is conducting periodic Regulatory Compliance Reviews evaluating and addressing issues with contractors. Vendors in non-compliance will be identified through the periodic reviews and through the District EEO’s. The Prequalification Committee will address non-responsive, uncooperative vendors and their eligibility to perform work for INDOT. The existing prompt-payment audit process is being utilized as the platform to implement the new comprehensive Regulatory Compliance Review process which now includes the review of subcontracts, certified payrolls, Title VI and ADA documents for compliance. The Equity Initiative Services Division is providing additional emphasis on the 1273 REQUIRED CONTRACT PROVISIONS in its contractor workforce reviews.
- The information from CPMS will be used by the INDOT Pre-Qualification Director and staff in the INDOT pre-qualification process and contractor reviews.
- Construction Memo 23-03, “The Holding of Estimates Due to Late Contractor Payrolls”, which makes it mandatory for the PEMS to withhold estimates until payrolls are submitted, was issued May 4, 2023. This was done because we were not getting the contractor compliance we needed.
- Construction Memo 23-05, “Contractor Payroll Reviews by Project Staff” was issued May 24, 2023. This memo reminds the PEMS that they need to review payrolls and on what frequency.
- **An update to CPMS is expected to occur in late March or early April 2024. The update is expected to make the application easier to use and be more accurate in how work is reported by contractors on projects, and thus more accurate in reporting when Payrolls are required.**



Gregory G. Pankow

(Signature)

Chief Engineer of Construction

(Title)

March 14, 2024

(Date)

(Note to Officials: To determine what audit findings are required to be reported in the Summary Schedule of Prior Audit Findings, please see 2 CFR §200.511(b).)



SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

FINDING 2022-011

Subject: Disaster Grants - Public Assistance (Presidentially Declared Disasters) - Reporting
Federal Agency: U.S. Department of Homeland Security
Federal Program: COVID-19 - Disaster Grants - Public Assistance (Presidentially Declared Disasters)
Assistance Listings Number: 97.036
Federal Award Number and Year (or Other Identifying Number): FEMA DR-4515-IN
Compliance Requirement: Reporting
Audit Findings: Material Weakness, Other Matters

Fiscal year in which the finding initially occurred: FY 2022

Status of Audit Finding: Partially Corrected

Description of Corrective Action Plan:

Quarterly Progress Reporting

The Indiana Department of Homeland Security (IDHS) will ensure a framework of internal controls related to federal grant quarterly progress reporting. To do so, programmatic officers or coordinators will initiate the quarterly progress reporting creation, the programmatic data will be reviewed by the programmatic director. Regarding the financial aspect of the quarterly progress reports, the grant accountant will collect the data and after the IDHS Chief Financial Officer or Controller shall review the data for accuracy. Last, the programmatic staff shall review the reports for completeness before submitting to the Federal Emergency Management Agency for official review. This process will be documented through email chains affirming review and approval.

Anticipated Completion Date:

This finding shall be remedied immediately as IDHS has the staff in place to successfully review the quarterly progress reports to the required standards. This process will be implemented in the next reporting period.

Status: Partially Corrected

Status Description:

IDHS has implemented a series of internal controls during FY 2024 regarding its Quarterly Progress Reporting FY 2022 audit finding. By creating a log of review tiers, IDHS can track the levels of internal review and retain this information for the future. This log is called the "Quarterly Progress Report Worksheet". The Quarterly Progress Report Worksheet is first signed by the public assistance grant manager and then by the public assistance grant director after completion of the programmatic portion and then by the grant accountant and chief financial officer or controller upon completion of the financial portion. The completed Quarterly Progress Report and Quarterly Progress Report Worksheet are sent back to the programmatic staff who then submit the finalized Quarterly Progress Report to the Federal Emergency Management Agency. Last, the programmatic staff electronically retain the Quarterly Progress Report and corresponding fully signed Quarterly Progress Report Worksheet. IDHS has strayed from the Corrective Action Plan as IDHS determined that an email chain was not a best practice and that a document was simple and reliable. IDHS has confidence this archive of internal controls satisfies the FY 2022 audit finding for Quarterly Progress Reporting and updates the status to Partially Corrected as this will still be a finding during the FY 2023 audit of these programs.

Description of Corrective Action Plan:

FFATA

IDHS shall create a process to ensure FFATA reporting is completed for all subawards over the \$30,000 threshold. IDHS consulted leaders within the grant field to gather guidance regarding successful FFATA reporting. FFATA reporting shall be reported via the appropriate channels 30 days after the subawards have been approved. To collect the data necessary for FFATA reporting, IDHS shall create a form for the disaster grant applicant or "subrecipient" to complete and return.

Anticipated Completion Date:

Creation of this FFATA reporting document is ongoing and shall be implemented before new subawards are issued. As presidentially declared disasters are unpredictable, a timeframe is unknown.

Status: Partially Corrected

Status Description:

IDHS has created a process for FFATA reporting during FY 2024. After meeting with grant professionals and completing awarding federal agency training surrounding FFATA reporting, IDHS has a system in place to complete FFATA reporting in a compliant and timely fashion. As FFATA reporting was behind, IDHS is making great progress toward catching up. IDHS hired a full-time employee to support the FFATA reporting process and schedule. IDHS has documented the FFATA reporting process and collects the necessary information from the applicants to report. IDHS has confidence this implemented and documented process satisfies the FY 2022 audit finding for FFATA Reporting and updates the status to Partially Corrected as this will still be a finding during the FY 2023 audit of these programs.

FINDING 2022-012

Subject: Disaster Grants - Public Assistance (Presidentially Declared Disasters) - Subrecipient Monitoring

Federal Agency: U.S. Department of Homeland Security

Federal Program: COVID-19 - Disaster Grants - Public Assistance (Presidentially Declared Disasters)

Assistance Listings Number: 97.036

Federal Award Number and Year (or Other Identifying Number): FEMA DR-4515-IN

Compliance Requirement: Subrecipient Monitoring

Audit Findings: Material Weakness, Other Matters

Fiscal year in which the finding initially occurred: FY 2022

Status of Audit Finding: In Process

Description of Corrective Action Plan:

Subaward Information

IDHS shall provide disaster grant applicants or "subrecipients" a document that will include all details outlined in 2 CFR 200.332 to ensure compliance with federal regulations. This document will be provided immediately after award along with approved project information from the Federal Emergency Management Agency.

Anticipated Completion Date:

Creation of this subaward information document is ongoing and shall be implemented before new subawards are issued. This process will be completed in CY2023. As presidentially declared disasters are unpredictable, an implementation timeframe is unknown.

Status: In Process

Status Description:

IDHS is currently working to resolve the Subaward Information FY 2022 audit finding. The IDHS executive team is consulting with the IDHS legal team, the IDHS communications team, audit professionals, and grant professionals to address the finding. IDHS is challenged with developing a means of sending the required information under 2 CFR 200.332 to public assistance applicants with obligated project worksheets, whose awards change regularly. Selecting an applicable software or program to meet these needs is still to be determined. IDHS is making great progress toward satisfying the FY 2022 audit finding for Subaward Information and updates the status to In Process as this will still be a finding during the FY 2023 audit of these programs.

Description of Corrective Action Plan:

Single Audit Verification

IDHS will create a process to determine if all disaster grant applicants or “subrecipients” receive a Single Audit. IDHS consulted SBOA to determine methods other entities use to successfully monitor subrecipient Single Audit compliance and met internally to create a plan of implementation. IDHS will create a process to have the entity confirm the completion of a Single Audit, a means of IDHS to track subrecipient Single Audits, a process to verify that Single Audits were indeed completed if the subrecipient received \$750,000 or more federal dollars during the specified timeframe, and, last, follow up with subrecipients who did have a finding related to an IDHS program and make a determination about whether the subrecipient has made progress with the associated corrective action plan. IDHS currently utilizes the Smartsheet program in other capacities and believes this software would be a solution to address this specific finding.

Anticipated Completion Date:

Creation of this process is currently ongoing while IDHS develops the Smartsheet to capture and track applicable data. Program, compliance, and fiscal staff will also need to be trained on these new processes. This will be completed in CY2023.

Status: In Process

Status Description:

IDHS is working to resolve the Single Audit Verification FY 2022 audit finding. The IDHS executive team is consulting with audit professionals and grant professionals to address the finding. IDHS is challenged with developing a means of consistently reviewing public assistance applicant’s, with obligated project worksheets, single audits and any applicable public assistance program findings. Next IDHS is crafting a process for monitoring applicants post award to evaluate if the single audit threshold has been met and if a single audit was then administered. Selecting an applicable software or program to meet these needs is still to be determined. IDHS is making great progress toward satisfying the FY 2022 audit finding for Single Audit Verification and updates the status to In Process as this will still be a finding during the FY 2023 audit of these programs.



SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS – 2023

FINDING 2022-013

Fiscal Year in Which the Finding Initially Occurred: 2022

Status of Audit Finding:

House Enrolled Act (HEA) 1002 – 2023 moved responsibility for the Carl D. Perkins grant from the Governor’s Workforce Cabinet (GWC) to the Indiana Commission for Higher Education (Commission) effectively July 1, 2023.

Beginning with the spring 2023 grant review cycle, each grant application is reviewed by at least two CTE staff members. These members’ names are recorded in the grants management software (Indy Grants). Beginning July 1, 2023, each grant award is reviewed and signed by the Commission’s chief financial officer before being uploaded into PeopleSoft Financials following the approval of requisitions for the purchase orders, approved by the Commission’s controller.

Beginning in the fall of 2023, CTE staff ensure federal single audit compliance of each subrecipient via the State Board of Account’s Audit Report Filings website. Following this review, CTE staff contact each subrecipient with Perkins findings to ensure timely and appropriate actions were taken to correct any deficiencies. In addition to the subrecipient audit process described above, CTE staff also conduct robust programmatic monitoring that includes fiscal compliance, civil rights compliance, and data submission requirements. This programmatic monitoring is used to maximize CTE staff capacity by supporting those organizations with the greatest need. These monitoring practices are documented clearly and consistently via Excel, Indy Grants, PeopleSoft Financials, and email, all of which are accessible to current and future staff.

Anticipated Completion Date: Completed November 1, 2023.

FINDING 2022-014

Fiscal Year in Which the Finding Initially Occurred: 2022

Status of Audit Finding:

House Enrolled Act (HEA) 1002 – 2023 moved responsibility for the Carl D. Perkins grant from the Governor’s Workforce Cabinet (GWC) to the Indiana Commission for Higher Education (Commission) effectively July 1, 2023.

Beginning with the spring 2023 grant review cycle, each grant application is reviewed by at least two CTE staff members. These members’ names are recorded in the grants management software (Indy Grants). Beginning July 1, 2023, each grant award is reviewed and signed by the Commission’s chief financial officer before being uploaded into PeopleSoft Financials following the approval of requisitions for the purchase orders, approved by the Commission’s controller.



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Invoices submitted by subrecipients are required to be signed by their local grant administrator and local fiscal agent. These individuals mirror those who are allowed to sign the grant on behalf of the subrecipient organization. Any changes to designees must be made in writing to CTE staff via an authorization form. Once signed by both local signatories, invoices are uploaded to Indy Grants where they are reviewed and approved, via signature, by two CTE staff members. The signed invoices are next submitted to Centralized Accounting by CTE staff, and ultimately reviewed and approved by the Commission's controller.

Anticipated Completion Date: Completed July 1, 2023.

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

FINDING 2022-015

Fiscal year in which the finding initially occurred: 2022

Status of Audit Finding:

Challenges with the FSRs/USA spending sites are hindering process in some aspects of reporting. The accounting section has been working and will continue to work to get the FFATA reports corrected and uploaded into the FSRs system until we become compliant.

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

FINDING 2022-016

Fiscal year in which the finding initially occurred: 2021

Status of Audit Finding:

- Hired an additional food distribution staff member to assist in overseeing the inventory reconciliation process and monthly USDA reporting. This adds another person to review inventory levels and adjustments to further address the internal controls finding. The person started on May 15, 2023. COMPLETE.
- Implemented a monthly inventory reconciliation process with state-contracted warehouses to compare inventory levels and adjust if necessary, allowing IDOE to stay on top of inventory changes more frequently. The process is the main priority of the new staff person who performs the reconciliation monthly with review of each warehouse reconciliation by the Assistant Director or FDP Specialist as an internal control mechanism. Completed for SY 2022-2023 by July 13, 2023, in preparation for the physical count. COMPLETE
- Released a RFQ for a third-party vendor to conduct, at minimum, annual physical inventory at each warehouse in February 2023. This allowed for an independent assessment of inventory levels to reduce disagreements between IDOE and state-contracted warehouses. This contract was awarded to Crowe and physical inventory counts were completed by July 20, 2023. COMPLETE
- Released a RFI for warehousing and distribution information to assist IDOE staff in updating our RFP for the warehousing and Distribution of USDA Foods. This allowed us to make changes to our existing contract to better facilitate the distribution of food and reduction of inventory at warehouses. RFI was released on June 8, 2023, and responses were received from 4 warehouses by June 29, 2023. Review of the RFI responses was completed by July 31, 2023, and recommendations were added to our RFP completed in December 2023. COMPLETE
- Continued work with IT vendor to create a completed system inventory report that can be run for any period of time, enabling staff to pull a real time inventory report at any given time for comparison and reconciliation with the individual monthly warehouse reports. This report was completed by August 31, 2023. COMPLETE

Continued work:

- The Inventory Specialist will continue to reconcile inventory reports monthly with all state-contracted warehouses. We have also implemented monthly warehouse meetings to discuss the any inventory discrepancies or issues as they arise.
- We have submitted another RFQ for a third-party vendor to conduct, at minimum, annual physical inventory at each warehouse this summer. Having this in place last year allowed for an independent assessment of inventory levels to reduce disagreements between IDOE and state-contracted warehouses.
- We are also looking into other Inventory Management systems to compare our current system with the goal of continuing improvement of our overall inventory management processes.

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

FINDING 2022-017

Fiscal year in which the finding initially occurred:2021

Status of Audit Finding:

Challenges with the FSRS/USA spending sites are hindering process in some aspects of reporting. The accounting section has been working and will continue to work to get the FFATA reports corrected and uploaded into the FSRS system until we become compliant.

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

FINDING 2020-018

Fiscal year in which the finding initially occurred:2022

Status of Audit Finding:

The Indiana Department of Education (IDOE) is working to strengthen its policies and procedures by implementing additional measures to monitor charter schools that have relationships with charter management organizations (CMOs).

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

FINDING 2022-019

Fiscal year in which the finding initially occurred:2020

Status of Audit Finding:

A timeline has been developed to ensure funds are allocated to new and expanded charters no later than February 1. This will meet the five months requirement after the school year opening of charter schools as required by CFR 34 Part 76.793.

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

FINDING 2022-020

Fiscal year in which the finding initially occurred:2020

Status of Audit Finding:

A new Risk Assessment has been developed and implemented as of October 2022. The new process and format will be utilized moving forward.

Several factors are used to determine four levels of risk (Low Risk, Moderate Low Risk, Moderate High Risk, High Risk), which include: Federal Rating, Student Academic Growth in the areas of ELA and Math, number of findings in prior four year of monitoring, Program Administrator experience, and percentage of unspent federal funding. All LEAs receive a copy of their risk assessment scores.

Based upon its risk assessment score, an LEA must complete the following:

Low Risk-No additional action required
Moderate Low Risk-LEA must submit a self-reflection survey
Moderate High Risk-LEA is subject to desktop monitoring
High Risk-LEA is subject to on-site monitoring

The Indiana Department of Education (IDOE) recently revised its fiscal monitoring procedures to ensure compliance with the pass-through entity single audit requirements pursuant to 2 CFR 200.332. The IDOE will continue to monitor subrecipients, taking timely and appropriate action to address deficiencies related to federal awards, as well as issuing management decisions relating to those findings.

Additionally, the fiscal monitoring risk assessment was revised and implemented to ensure that all monitoring activities are appropriately conducted.

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

FINDING 2022-021

Fiscal year in which the finding initially occurred:2021

Status of Audit Finding:

Challenges with the FSRs/USA spending sites are hindering process in some aspects of reporting. The accounting section has been working and will continue to work to get the FFATA reports corrected and uploaded into the FSRs system until we become compliant.

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

FINDING 2022-022

Fiscal year in which the finding initially occurred:2021

Status of Audit Finding:

A new Risk Assessment has been developed and implemented as of October 2022 for recurring Federal Grants, such as Title I, Title II, etc.. The new process and format will be utilized moving forward.

Several factors are used to determine four levels of risk (Low Risk, Moderate Low Risk, Moderate High Risk, High Risk), which include: Federal Rating, Student Academic Growth in the areas of ELA and Math, number of findings in prior four year of monitoring, Program Administrator experience, and percentage of unspent federal funding. All LEAs receive a copy of their risk assessment scores.

Based upon its risk assessment score, an LEA must complete the following:

Low Risk-No additional action required
Moderate Low Risk-LEA must submit a self-reflection survey
Moderate High Risk-LEA is subject to desktop monitoring
High Risk-LEA is subject to on-site monitoring

Based upon the above risk assessment score for recurring Federal Grants, the ESF grants are included in the Desktop and Onsite monitoring processes.

The Indiana Department of Education (IDOE) recently revised its fiscal monitoring procedures to ensure compliance with the pass-through entity single audit requirements pursuant to 2 CFR 200.332. The IDOE will continue to monitor subrecipients, taking timely and appropriate action to address deficiencies related to federal awards, as well as issuing management decisions relating to those findings.

Additionally, the fiscal monitoring risk assessment was revised and implemented to ensure that all monitoring activities are appropriately conducted.

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

FINDING 2022-023

Fiscal year in which the finding initially occurred:2022

Status of Audit Finding:

The numbers were corrected while in the last IDOE SBOA Federal Audit Meeting on March 1, 2023.
Excerpt from ledger below.

Additional Required	Learning Loss - 5%	99,807,253.80
Set Asides	Summer School - 1%	19,961,450.76
	After School - 1%	19,961,450.76
		139,730,155.32

Anticipated Completion Date:

Completed.



SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

FINDING 2022-024 - SPECIAL TESTS AND PROVISIONS – CHILD SUPPORT NON-COOPERATION TANF

FINDING 2020-014

FINDING 2019-015

FINDING 2018-014

FINDING 2017-017

FINDING 2021-026

Fiscal year in which the finding initially occurred: 2021

Status of Audit Finding:

Views of Responsible Official:

DFR concurs with the finding.

Description of Corrective Action Plan:

DFR continues with our assessment of targeting the issue(s) for the match data not being visible in the returned match data file for some cases in the eligibility system (IEDSS) data. We have determined that there were some cases where status changed to non-cooperation but went into a business exception and thus not sent to IEDSS. DCS is currently following up on that issue to determine the status of these missing records. This information not being received by IEDSS. Next steps for IEDSS would be to run a file to attempt to locate those matches received from DCS that did not make it into the IEDSS system. We recognize that all sanctions requests are to be identified and acted on appropriately.

Anticipated Completion Date:

We would acknowledge this as a repeat finding but there has not been sufficient time for a complete fix to this issue since most recent finding prior was in Sept 2022. We will continue to break this issue down with the DCS system staff and a request has been submitted to the systems staff on both IEDSS and DCS to develop a revised solution and timeline. Within the next 2 weeks, we will have this revised timeline for update of the corrective action.



**FINDING 2022-025 – REPORTING, TANF
FINDING 2021-027**

Fiscal year in which the finding initially occurred: 2021

Status of Audit Finding:

Views of Responsible Officials

DFR concurs with the findings.

Description of Corrective Action Plan:

For the FFATA, we have amended the MOU exhibit language to add the requirement addressing the subaward activity to be reported to the Federal Funding Accountability and Transparency Act Subaward Reporting System.

For ACF-199 and ACF-209, there was found to be errors in the underlying data being reported in both reports thus negatively impacting the integrity of both reports. These reports are developed by the Social Services Data Warehouse (SSDW) based upon the eligibility file transfer from IEDSS. SSDW is then required to extrapolate the TANF eligibility file to determine who was active in the TANF assistance group. In IEDSS, the active member roster requires an additional set of available data but SSDW needed to add the data field of “status” to accurately determine whether the individual was currently a part of the TANF assistance group. This additional data element comparison had not been occurring. We have been meeting with SSDW since this is a repeat finding from SY 21 report. We have recently had a meeting to confirm the data changes made and await finalization of the design for changes. Once we confirm the accurateness of the corrected reports, we will be correcting the previously submitted reports at least back to the start of FFY 2022.

Anticipated Completion Date:

For the FFATA finding, we propose the following steps for remediation:

FSSA will work with IDOH to establish a process where IDOH will submit to FSSA a FFATA template containing the reporting elements required for each subrecipient grant agreement to be entered into the Federal Funding Accountability and Transparency Act Subaward Reporting System. DFR will then coordinate with any of the other TANF MOU Grant subrecipients to determine if there are other sub-subgrantees that must be identified and reported, then follow a similar process. Anticipated complete of the Sub-state Agency FFATA reporting process will be July 1, 2023.

For the 199 and 209 reports, the changes to re-run federal reports, work participation and producing the re-run numbers for FFY 2022 was completed on May 1st, 2023. Thus, we would consider this corrective action as complete.

**FINDING 2022-026 – SPECIAL TESTS AND PROVISIONS – PENALTY FOR REFUSAL TO WORK;
LACK OF CHILD CARE FOR SINGLE CUSTODIAL PARENT OF CHILD UNDER AGE OF SIX;
PENALTY FOR FAILURE TO COMPLY WITH WORK VERIFICATION PLAN – TANF
FINDING 2020-015
FINDING 2019-016
FINDING 2021-028**

Fiscal year in which the finding initially occurred: 2021

Status of Audit Finding:

Views of Responsible Officials

DFR concurs with the finding.

Description of Corrective Action Plan:

DFR is currently in the process of analysis of the eligibility system (IEDSS) data to determine the status of these missing records related to child support sanctions. We have one more internal action to take before reaching out to DCS/Child Support for discussions to determine cause of this information not being received by IEDSS. So as to avoid any future finding, we would be identifying root cause and then correcting back at least to July 2022 if possible so that all sanctions requests are identified and acted on appropriately. This finding has required substantial analysis of data interfacing between our eligibility system, IEDSS, and the DCS Child Support system. There have been communications with DCS to facilitate meetings to discuss the interface and any issues. This is currently pending a return response from DCS on questions we have that show there being a match in the DCS system but did not return a file to IEDSS. Specifically, if a business exception was identified at DCS. We plan to follow up with a reminder to DCS for feedback needed. We would anticipate needing at least 60 days to work through the issues and identify where the root cause lies.

Update - we did receive a response from DCS on the 40 cases submitted to them for review. There were a number of these cases shown as agreeing with our records. However, there were some found that did not match or there is a discrepancy requiring further review. We would like to be able to reconcile these situations through further communications with DCS and determine where the interface needs correction. Would like to have an additional 60 days for this to occur."

Anticipated Completion Date:

The next 60 days will be needed for analysis of the data and identification of where the interface is breaking down. Dependent on this determination will be the projected timeline for implementation of a solution. We would be estimating that a system fix would not be accomplished before the end of this calendar year.

FINDING 2022-027 – ELIGIBILITY, TANF

Fiscal year in which the finding initially occurred: 2022

Status of Audit Finding:

Views of Responsible Officials

DFR concurs with 3 of the 4 findings.

Description of Corrective Action Plan:

#1: One of the five noncompliant cases had not received an eligibility redetermination interview or a reauthorization of benefits within a year. 2 CFR 206.10 requires that a redetermination must be completed at a minimum of once every 12 months. Additionally, an application or redetermination form was not on file for the most recent redetermination that occurred in January 2019 for the recipient.

Response:

To address the second part of this finding first, we do not require the submission of a redetermination form at the time of redetermination. Instead, we schedule all assistance groups for an interview and after the interview, we provide them with a summary of eligibility for their review and signature.

For the first part of this finding, we will check this case cited to determine if this was a system anomaly or if a system defect is identified. Should it be a system defect, we will create a ticket for a system fix. Once determined the magnitude of the fix if needed, we will then be able to determine a timeline more accurately should a fix be needed.

#2: In two of the five noncompliant cases, TANF cash assistance benefits were not timely discontinued when the recipient's period of eligibility expired. In the first case, the recipient voluntarily withdrew from the TANF program; however, the recipient's TANF benefits were not closed until the recipient's SNAP benefits were redetermined later. For the second case, the recipient's income exceeded the TANF maximum income level in July 2021; however, the auditee did not discontinue the recipient's benefits until November 2021.

Response:

We acknowledge the errors made in these two cases. We will develop a short training to remind staff of timely processing of changes.

#3: One of the five noncompliant cases had benefits issued to a member of the household who was not a part of the TANF assistance group.

Response:

In our check of this one case, it appears that the parent failed to check that their only minor child would be included in the application. We believe that based upon the interview that the parent would have stated that the child was intended to be included otherwise not eligible for TANF due to no minor child being in the household.

#4: One of the five noncompliant cases was authorized by the same State Eligibility Consultant (SEC) who performed the recipient's eligibility redetermination. This is considered an internal control deviation. The rotation of SECs on a specific recipient case during eligibility redetermination strengthens reviewer independence, provides a new analysis of the case, and improves quality control.

Response:

Not every case is worked by two individuals prior to authorization. A State worker could work the case all the way through without review by another State worker (SEC) or an ES. DFR business processes are set up so that no individual caseworker "owns" a case. Any case can be picked up and worked by any worker at any time. SECs are likely to have completed intake and authorized the case when cases involve expedited SNAP benefits. We are federally required to have a state merit/classified employee conduct interviews for SNAP and approve expedited benefits within 7 days of the application date.

Anticipated Completion Date:

A determination will be made on each of the cases cited to determine if a system defect is present or not. Should it not be a system defect but instead, is a worker caused error, we will work in developing a knowledge-based training available to all eligibility staff on common errors being made in TANF cases. This determination of system defect or not in the cases cited will be completed within the next 30 days. If training needs developed, we anticipate development to be within the next 60 days. This issue is addressed in training for all staff as well as being addressed in our policy manual Section 2205.05.00 ESTABLISHING THE REDETERMINATION MONTH All Non-elderly/disabled SNAP assistance groups and elderly/disabled AGs with earnings and/or self-employment must have a redetermination interview every twelve (12) months. (f2) SNAP assistance groups containing all elderly (Individuals aged 60+) and/or disabled members are given a 36-month certification period. Under the simplified requirements, data matching must be used to gather SNAP eligibility information for the elderly/disabled SNAP AGs. (f3) All CASH assistance groups must have a redetermination interview every twelve (12) months. (f4)

FINDING 2022-028 – PERIOD OF PERFORMANCE – CCDF
FINDING 2021-029

Fiscal year in which the finding initially occurred: 2021

Status of Audit Finding:

Views of Responsible Official:
OECOSL concurs with the finding.

Description of Corrective Action Plan:

OECOSL is currently working with Deloitte to develop a new system for CCDF vouchers, and the needed controls related to period of performance are being designed to include the detail needed to review the large volume of voucher transactions that are processed each pay cycle. It will include voucher specific information regarding obligation dates and liquidation dates, which is available in the system and is reportable for review.

As a temporary mitigation until this system can be placed in service, TCC is providing additional information for each wire payment that provides the activation date, the dates of service, and the payment date for each voucher. This information makes it possible to ensure the activation date is within the obligation period and the payment dates are within the liquidation period to determine which grant funds are appropriate for the service period.

Anticipated Completion Date:

The new system is planned to be placed in service spring 2025 which will provide reports for payments that indicate the award date (obligation date) and the payment date (liquidation date) with voucher detail to support the grant funds used in the wire entries. Management has reviewed CCDF expenses based on voucher date and determined that sufficient expenditures were made and eligible during the period to offset questioned costs.

The current The Consultant Consortium (TCC) reporting changes are complete and OECOSL began using the CCDF voucher lists to determine which CCDF grant to use beginning in Federal Fiscal Year 2023 (10/1/2022) which will help mitigate until then.

FINDING 2022-029 – REPORTING – SABG

Fiscal year in which the finding initially occurred: 2022

Status of Audit Finding:

Views of Responsible Official:

FSSA concurs with the finding.

Description of Corrective Action Plan:

The Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) has limitations on verifying reported information. Primarily only the user entering or uploading data can see what was uploaded. Previously if subrecipient information was not received in a valid format or did not successfully upload not all subawards were reported correctly.

FSSA has prioritized Federal Funding Accountability and Transparency Act (FFATA) reporting. Federal Funding Staff will verify that reporting elements for active purchase orders containing the subrecipient indicator, SUB in Class field, are received from the Divisions of FSSA each month. If a FSRS upload template fails, the errors in the FSRS message log will be reviewed and investigated then corrections made to complete a successful upload.

A process to verify successful reporting of uploaded data will be developed.

Anticipated Completion Date: The above corrective action was completed by June 30, 2023.

Additional complications where grant agreements are activated prior to the grant award letter being received were identified. Processes for these instances are being developed in conjunction with the eCivis implementation. Anticipated Completion Date: June 30, 2024.

FINDING 2022-030 – MATCHING, LEVEL OF EFFORT, EARMARKING - SABG

Fiscal year in which the finding initially occurred: 2022

Status of Audit Finding:

Views of Responsible Official:

FSSA concurs with the finding that FSSA/DMHA had not established an effective internal control system related to the *Level of Effort* compliance requirement.

Corrective Action Taken:

FSSA/DMHA management is required to establish a system of internal controls related to the grant agreement and the Matching, Level of Effort, Earmarking compliance requirement to ensure accurate state expenditures are reported to the federal government to support the level of effort requirements for this program.

A process to document and calculate Level of Effort for state SUD prevention and treatment (Table 8a) and required under 45 CFR 96.134 will be developed and implemented. Level of effort spending is tracked and reported for two population groups noted below. For both populations, spending is tracked by use of the activity code chartfield in PeopleSoft and is monitored by the controller and program staff throughout the award period of performance. a) state-funded expenditures to plan, carry out, and evaluate state activities to prevent and treat substance use disorders; b) state-funded and federal-funded expenditures for services to pregnant women and women with dependent children. The state appropriations and federal funds included in each level of effort is generally the same from year to year, but can change based on actions by the General Assembly and or State Budget Agency.

The DMHA Controller calculates for Level of Effort and Earmarking amounts, which are provided to, verified, and approved by SABG program staff. Specifically, the data from PeopleSoft Financials that is compiled by the Controller is reviewed and verified by the Bureau Chief of Addiction Services and by the Deputy Director of Addiction Services. Effective 07/01/2023, this review and verification action will be documented via email. The respective review and approval documentation will be saved as part of supporting documentation for the annual reporting of MOE data, which is due each year by December 1. This expenditure data is submitted separate from the block grant application due each year by September 1. Both the application and annual report are submitted via SAMHSA system WebBGAS.

If DMHA does not meet the level of effort requirements set forth in the SAPT award, the state has the option of obtaining a waiver from SAMHSA, but this action has never been needed. DMHA has always met required level of effort expenditure requirements. The same applies for earmarking aka set-asides. In the event that an earmark expenditure target is not met, there is no penalty or punitive action taken by SAMHSA. DMHA has always successfully met earmarking expenditure requirements.

Anticipated Completion Date: Corrected after June 30, 2023.

***FINDING 2022-031 – ACTIVITIES ALLOWED OR UNALLOWED, ALLOWABLE COSTS/COST PRINCIPLES, ELIGIBILITY – MEDICAID
FINDING 2020-017 and FINDING 2020-034
FINDING 2019-018
FINDING 2021-017***

Fiscal year in which the finding initially occurred: 2021

Status of Audit Finding:

Views of Responsible Official: We concur with the findings.

Corrective Action Taken:

DFR acknowledges that some applications and verifications were missing for the cases cited in this audit period. These cases were initiated and/or determined within the DFR legacy eligibility case management system that has since been decommissioned. In some cases, the original application was prior to 2012 when DFR fully operationalized our electronic document management. In 2019, DFR began implementation of a new eligibility system, IEDSS. This new eligibility system is fully integrated with the

document management system allowing cases and applications to be associated and fully accessible inside IEDSS. The DFR legacy systems were fully decommissioned in September 2020. Any application or verification submitted after September 30, 2020, will be contained in IEDSS. IEDSS fully stores and archives all casework-related artifacts, including interface results.

Each Medicaid case is reviewed and validated at least once per year per OMPP policies. This allows DFR to re-verify any needed information and review all information contained in each case record is accurate and all verifications are present. In between yearly redeterminations, DFR processes reported changes and redetermines eligibility based on any changes reported.

The time covered for this audit period was during the Federal PHE and DFR was not required to complete redeterminations. As part of the annual redetermination processes, DFR reevaluates all eligibility information including but not limited to income, resources, and citizenship. A retention policy has been developed to ensure that supporting documentation related to eligibility determinations is maintained and readily available for audit.

*Prior to the end of the federal PHE, all DFR eligibility staff were provided refresher training on Health Coverage application processing and Health Coverage Redetermination processing. This includes the requirement to have an application on file, required citizenship verifications, and requesting required income verifications.

Training was completed 06/30/23.

***FINDING 2022-032 – SPECIAL TESTS AND PROVISIONS – MEDICAL LOSS RATIO (MLR) – MEDICAID
FINDING 2021-019***

Fiscal year in which the finding initially occurred: 2021

Status of Audit Finding:

Views of Responsible Official: We agree with the finding.

Description of Corrective Action Plan: Our overall plan to address this finding include the following items:

1. Update the managed care reporting manual to reflect the type of audited financial statements required.
2. Create policy and procedure from receipt of audited financial statements to completed review, including staff assignments and timeframe for review. These policies and procedures include ensuring all required data elements are included in the MLR reports.
3. Collect audited financial statements from MCEs as a test to confirm they have financial statements that comply with the federal requirements.
4. Provide the updated reporting manual to managed care entities 60 days before they must begin formally submitting their financial statements.
5. Go live with the new process and reporting manual.

Indiana continues to meet internally to determine what internal controls are required to resolve this finding as well as develop internal policies and procedures that would ensure appropriate oversight of MCEs and reporting requirements. Meetings are held monthly. We are working on getting examples to send to SBOA.

Anticipated Completion Date: 5% complete

***FINDING 2022-033 – SPECIAL TESTS AND PROVISIONS – MANAGED CARE FINANCIAL AUDIT - MEDICAID
FINDING 2021-020***

Fiscal year in which the finding initially occurred: 2021

Status of Audit Finding:

Views of Responsible Official: We concur with the finding.

Description of Corrective Action Plan:

1. Update the managed care reporting manual to reflect the type of audited financial statements required.
2. Create policy and procedure from receipt of audited financial statements to completed review, including staff assignments and timeframe for review.
3. Collect audited financial statements from MCEs as a test to confirm they have financial statements that comply with the federal requirements.
4. Provide the updated reporting manual to managed care entities 60 days before they must begin formally submitting their financial statements.
5. Go live with the new process and reporting manual.

Indiana continues to meet internally to determine what internal controls are required to resolve this finding as well as develop internal policies and procedures that would ensure appropriate oversight of MCEs and reporting requirements. Meetings are held monthly.

Anticipated Completion Date: 5% complete

***FINDING 2022-034 – SPECIAL TESTS AND PROVISIONS – MEDICAID NATIONAL CORRECT CODING INITIATIVE – MEDICAID
FINDING 2020-019
FINDING 2021-021***

Fiscal year in which the finding initially occurred: 2021

Status of Audit Finding:

Views of Responsible Official: We concur.

Description of Corrective Action Plan:

To address this finding, during the regularly scheduled quarterly meetings between FSSA and Gainwell, the NCCI quarterly edit files will be reviewed and approved. FSSA will complete meeting minutes to document this review and approval and house the minutes on the Gainwell/State SharePoint site effective Q1 2023.

As of January 13th, 2023, Q1 2023 we have started documenting minutes and they are available on the Gainwell/State SharePoint site. Additionally, we have been reviewing and approving NCCI quarterly edit files.

Anticipated Completion Date: 09/30/2023

***FINDING 2022-035 - ACTIVITIES ALLOWED OR UNALLOWED, ALLOWABLE COSTS/COST PRINCIPLES, ELIGIBILITY – CHIP
FINDING 2020-017 and FINDING 2020-034
FINDING 2019-018
FINDING 2021-022***

Fiscal year in which the finding initially occurred: 2021

Status of Audit Finding:

Views of Responsible Official: We concur with the findings.

Corrective Action Taken:

DFR acknowledges that some applications and verifications were missing for the cases cited in this audit period. These cases were initiated and/or determined within the DFR legacy eligibility case management system that has since been decommissioned. In some cases, the original application was prior to 2012 when DFR fully operationalized our electronic document management. In 2019, DFR began implementation of a new eligibility system, IEDSS. This new eligibility system is fully integrated with the document management system allowing cases and applications to be associated and fully accessible inside IEDSS. The DFR legacy systems were fully decommissioned in September 2020. Any application

or verification submitted after September 30, 2020, will be contained in IEDSS. IEDSS fully stores and archives all casework-related artifacts, including interface results.

Each Medicaid case is reviewed and validated at least once per year per OMPP policies. This allows DFR to re-verify any needed information and review all information contained in each case record is accurate and all verifications are present. In between yearly redeterminations, DFR processes reported changes and redetermines eligibility based on any changes reported.

The time covered for this audit period was during the Federal PHE and DFR was not required to complete redeterminations. As part of the annual redetermination processes, DFR reevaluates all eligibility information including but not limited to income, resources, and citizenship.

*Prior to the end of the federal PHE, all DFR eligibility staff will be provided refresher training on Health Coverage application processing and Health Coverage Redetermination processing. This will include the requirement to have an application on file, required citizenship verifications, and requesting required income verifications.

Training was completed 06/30/23.

***FINDING 2022-036 – SPECIAL TESTS AND PROVISIONS – MEDICAL LOSS RATIO (MLR) – CHIP
FINDING 2021-024***

Fiscal year in which the finding initially occurred: 2021

Status of Audit Finding:

Views of Responsible Official: We agree with the finding.

Description of Corrective Action Plan: The following actions will be taken in order to address this audit finding:

1. Update the managed care reporting manual to reflect the type of audited financial statements required.
2. Create policy and procedure from receipt of audited financial statements to completed review, including staff assignments and timeframe for review.
3. Collect audited financial statements from MCEs as a test to confirm they have financial statements that comply with the federal requirements.
4. Provide the updated reporting manual to managed care entities 60 days before they must begin formally submitting their financial statements.
5. Go live with the new process and reporting manual.

Indiana continues to meet internally to determine what internal controls are required to resolve this finding as well as develop internal policies and procedures that would ensure appropriate oversight of MCEs and reporting requirements. Meetings are held monthly.

Anticipated Completion Date: 5% complete

***FINDING 2022-037 – SPECIAL TESTS AND PROVISIONS – SPECIAL TESTS AND PROVISIONS –
MANAGED CARE FINANCIAL AUDIT – CHIP
FINDING 2021-025***

Fiscal year in which the finding initially occurred: 2021

Status of Audit Finding:

Views of Responsible Official: We concur with the finding.

Description of Corrective Action Plan:

1. Update the managed care reporting manual to reflect the type of audited financial statements required.
2. Create policy and procedure from receipt of audited financial statements to completed review, including staff assignments and timeframe for review.
3. Collect audited financial statements from MCEs as a test to confirm they have financial statements that comply with the federal requirements.
4. Provide the updated reporting manual to managed care entities 60 days before they must begin formally submitting their financial statements.
5. Go live with the new process and reporting manual.

Indiana continues to meet internally to determine what internal controls are required to resolve this finding as well as develop internal policies and procedures that would ensure appropriate oversight of MCEs and reporting requirements. Meetings are held monthly.

Anticipated Completion Date: 5% complete

CORRECTIVE ACTION PLAN

FINDING 2023-001**Finding Subject:** Unemployment Compensation Fund Financial Statements**Summary of Finding:**

The system of internal controls in place was not effective to prevent, or detect and correct, errors in the Unemployment Compensation Fund (UCF) in the State's financial statements and an effective process was not in place to define or regularly monitor the collectability of accounts receivable from overpayments made to ineligible claimants during the COVID-19 pandemic. This resulted in Accounts receivable and related revenue being overstated by \$1,226,948 due to overpayments scheduled to be written off by July 1, 2023, not being completed prior to the compilation of the financial statements; accounts payable being overstated by \$2,130,138 due to employer overpayments being more than four years past the original payment, which is past the statutory deadline for adjustments or refunds being made to the employer's account; and, the inclusion of lost wage assistance program activity which was separately funded from the Unemployment Insurance program and not intended to be accounted for within the State's UCF.

Contact Person Responsible for Corrective Action: Mike Smith, CFO**Contact Phone Number and Email Address:** 317-232-3269**Views of Responsible Officials:** We concur with the finding.**Description of Corrective Action Plan:**

The Department of Workforce Development (DWD) will: (1) review and strengthen existing internal control measures that review the UCF accounts receivables and payables on a quarterly basis including aging analysis, write-offs or allowances that need considered, review of information for inclusion or exclusion in receivables or payables for UCF financial statement presentation, and review with DWD leadership the results of the annual Tax Performance System (TPS) Internal Control Review for consideration of additional recommendations; (2) fully complete the system work already in-process relating to converting credits that are more than four years old, including testing, data review, demo with Unemployment and Finance leadership, and implementation of that enhancement; (3) document, in writing, the UCF write-off procedures for consistent staff training and staff reference purposes for alignment with established practices, statutes, and regulations based upon the debt type, age, status, and other applicable parameters, and conduct a quarterly review of adherence to the procedures for internal control purposes; and, (4) evaluate the existing development ticket that addresses the Wrong SSN issue to ensure its effectiveness upon implementation.

Anticipated Completion Date: With one exception—due to capacity limiting in-process system development efforts—DWD anticipates full implementation of the Corrective Action Plan (CAP) items on or before June 30, 2024, as follows: (1) first quarterly review of strengthened internal controls of UCF accounts receivables and payables by June 30, 2024, and the annual TPS review by May 31, 2024 (as annually scheduled); (2) unemployment insurance system enhancement of converting credits implemented by March 31, 2024; (3) documentation completed of write-off procedures by April 30, 2024, with first quarterly review by June 30, 2024; and (4) evaluation of Wrong SSN system development ticket by April 30, 2024, with full system implementation by August 31, 2024.

Per Uniform Guidance:

2 CFR § 200.511(a) – “The auditee is responsible for follow-up and corrective action on all audit findings. . . The auditee must also prepare a corrective action plan for current year audit findings. . . The corrective action plan and summary schedule of prior audit findings must include findings relating to the financial statements which are required to be reported in accordance with GAGAS.”

2 CFR § 200.511(c) – “At the completion of the audit, the auditee must prepare, in a document separate from the auditor's findings described in § 200.516, a corrective action plan to address each audit finding included in the current year auditor's reports. The corrective action plan must provide the name(s) of the contact person(s) responsible for corrective action, the corrective action planned, and the anticipated completion date. If the auditee does not agree with the audit findings or believes corrective action is not required, then the corrective action plan must include an explanation and specific reasons.”

CORRECTIVE ACTION PLAN
(FY2023 UI and WIOA Section III Findings)

FINDING 2023-002 (repeat finding from immediate prior year, finding number 2022-005)

Finding Subject: Unemployment Insurance (UI) - Activities Allowed or Unallowed, Allowable Costs/Cost Principles, Eligibility

Summary of Finding:

The system of internal controls established relating to participant benefit eligibility requirements, specifically relating to Regular Unemployment Insurance, Pandemic Unemployment Assistance (PUA), and Federal Pandemic Unemployment Compensation (FPUC) benefit programs were not properly implemented, nor operated effectively to permit, prevent, or detect and correct, participant benefit eligibility requirements for the programs. This resulted in three UI and one PUA and FPUC sampled benefit costs (with \$25,943 combined questioned costs) being paid incorrectly.

Contact Person Responsible for Corrective Action: Noah Shelton, Chief Unemployment Insurance Officer

Contact Phone Number and Email Address: 574-315-2614, nshelton@dwd.in.gov

Views of Responsible Officials: We concur with the finding.

Description of Corrective Action Plan:

DWD has already addressed the findings regarding late vouchers. The late voucher process returned to pre-pandemic operations by 9/29/2022. Late vouchers issues are currently being created when a voucher is filed late, and the issue is investigated by staff before payment is released/denied. New employer accounts registered in Employer Self-Service (ESS) are currently being vetted to ensure they are not fictitious. As of Spring 2023, DWD limits employer activation through ESS to the current quarter or one prior quarter to combat fictitious employer fraud schemes. Beyond that, the registration will start in pending status and is reviewed by an Employer Services auditor prior to account creation. Lastly, all recently filed PUA claims have received a required proof of employment issue. The process works as designed.

Anticipated Completion Date: March 31, 2024

FINDING 2023-003

Finding Subject: Unemployment Insurance (UI) - Special Tests and Provisions - UI Reemployment Programs: Worker Profiling and Reemployment Services (WPRS) and Reemployment Services and Eligibility Assessments (RESEA)

Summary of Finding:

The system of internal controls established to sync participant data across programs was not effective to prevent, or detect and correct, noncompliance related to RESEA participants and UI benefit eligibility. This resulted in 3 sampled participant's benefits (with \$0 questioned costs) not being suspended.

Contact Person Responsible for Corrective Action: Katie Rounds, Chief Workforce Officer

Contact Phone Number and Email Address: 317-403-8170, kround1@dwd.in.gov

Views of Responsible Officials: We concur with the finding.

Per Uniform Guidance:

2 CFR § 200.511(a) – “The auditee is responsible for follow-up and corrective action on all audit findings. . . The auditee must also prepare a corrective action plan for current year audit findings. . . The corrective action plan and summary schedule of prior audit findings must include findings relating to the financial statements which are required to be reported in accordance with GAGAS. ”

2 CFR § 200.511(c) – “At the completion of the audit, the auditee must prepare, in a document separate from the auditor's findings described in § 200.516, a corrective action plan to address each audit finding included in the current year auditor's reports. The corrective action plan must provide the name(s) of the contact person(s) responsible for corrective action, the corrective action planned, and the anticipated completion date. If the auditee does not agree with the audit findings or believes corrective action is not required, then the corrective action plan must include an explanation and specific reasons.”

Description of Corrective Action Plan:

Of the approximate 50,700 items, DWD identified one of the three issues during monitoring of the regional staff in June 2023. As a result of the issues found during the monitoring, the Director of RESEA had technical assistance calls with the region on October 3, 2023, and October 12, 2023. Region staff have selected a new service provider because of the issues found during the monitoring, and the remaining issues were human error. DWD will consider process improvements to reduce human error as part of a greater agency priority for system improvement of the RESEA program and corresponding processes.

Anticipated Completion Date: June 30, 2025

FINDING 2023-004

Finding Subject: Unemployment Insurance - Period of Performance

Summary of Finding:

The system of internal controls established was not effective to prevent, or detect and correct, noncompliance related to the Period of Performance for the Unemployment Insurance program. This resulted in 13 sampled costs (with \$41,771 questioned costs) being charged to grants in 2022 that were outside the Period of Performance specified in the grants.

Contact Person Responsible for Corrective Action: Mike Smith, CFO

Contact Phone Number and Email Address: 317-232-3269, mismith4@dwd.in.gov

Views of Responsible Officials: We concur with the finding.

Description of Corrective Action Plan:

DWD will review and strengthen existing internal control measures to include a review of transactions that immediately precede or follow a grant's Period of Performance, to ensure that costs charged to grants are compliant with the grant's Period of Performance.

Anticipated Completion Date: June 30, 2024

FINDING 2023-005

Finding Subject: Workforce Innovation and Opportunity Act (WIOA) - Period of Performance

Summary of Finding:

The system of internal controls established was not effective to prevent, or detect and correct, noncompliance related to the Period of Performance for the WIOA Cluster programs. This resulted in five out of 15 sampled costs (\$0 questioned costs) being charged to grants in 2022 that were outside the Period of Performance specified in the grants.

Contact Person Responsible for Corrective Action: Mike Smith, CFO

Contact Phone Number and Email Address: 317-232-3269, mismith4@dwd.in.gov

Views of Responsible Officials: We concur with the finding.

Description of Corrective Action Plan:

DWD will review and strengthen existing internal control measures to include a review of transactions that immediately precede or follow a grant's Period of Performance, to ensure that costs charged to grants are compliant with the grant's Period of Performance.

Anticipated Completion Date: June 30, 2024



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Eric J. Holcomb
Governor

Brian C. Rockensuess
Commissioner

CORRECTIVE ACTION PLAN

FINDING 2023-006

Finding Subject: Reporting

Summary of Finding:

The repeat finding was that the Indiana Department of Environmental Management (IDEM) had not properly designed or implemented a system of internal controls that would likely be effective in preventing, or detecting and correcting, noncompliance. It was recommended that management of the IDEM design and implement a proper system of internal controls, including policies and procedures that provide segregation of key functions to ensure appropriate reviews, approvals and oversight are taking place. It was also recommended that these policies include maintaining supporting documentation to be presented for audit.

Contact Person Responsible for Corrective Action: Briony Towler

Contact Phone Number and Email Address: bntowler@idem.in.gov 317-601-3064.

Views of Responsible Officials:

We concur with the finding.

Description of Corrective Action Plan:

The repeat finding does not require a Corrective Action Plan as the Corrective Action Plan from finding 2022-006 was completed in April of 2023, and the samples were from prior to that date. IDEM will continue to maintain the implemented review process and procedures.

Anticipated Completion Date:

N/A



Visit on.IN.gov/survey or scan the QR code to provide feedback.

We appreciate your input!





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CORRECTIVE ACTION PLAN

FINDING 2023-007

Finding Subject: Matching, Level of Effort, Earmarking

Summary of Finding:

The Indiana Department of Environmental Management (IDEM) was found in compliance of the Level of Effort-Maintenance of Effort (MOE) compliance requirement but had not designed or implemented a system of internal controls to prevent, detect, or correct noncompliance. It was recommended that management of IDEM implement policies and procedures monitor and ensure the level of effort requirements are met annually and maintain the supporting documentation for the requirement.

Contact Person Responsible for Corrective Action: Briony Towler

Contact Phone Number and Email Address: bntowler@idem.in.gov 317-601-3064.

Views of Responsible Officials:

We concur with the finding.

Description of Corrective Action Plan:

IDEM management will design and implement a procedure and training to all staff who may be designated with the duty of completing the procedure. Policies will be designed and implemented that designated the responsible staff and timing for the monitoring procedure.

The procedure and training will detail the utilization of PeopleSoft queries and an Excel template to complete the documentation of the MOE requirement and compliance. It will also reference the grant standards and key references to the CFR and accounting principles.

Anticipated Completion Date:

May 10, 2024



Visit on.IN.gov/survey or scan the QR code to provide feedback.

We appreciate your input!





Eric J. Holcomb
Governor

Lindsay M. Weaver, MD, FACEP
State Health Commissioner

March 21, 2024

CORRECTIVE ACTION PLAN

FINDING 2023-008

Finding Subject: ELC Reporting Quarterly Fiscal Reports

Summary of Finding:

The system of internal controls over the applicable ELC reports as established by management of the Indiana Department of Health (IDOH) was not properly implemented nor was it operating effectively to ensure the required ELC reports were compiled and submitted appropriately and included accurate data. A scope limitation was found over the quarterly reports and material errors were found related to the monthly financial reports.

Quarterly Fiscal Reports

Per the Federal Notice of Award (NOA) for each ELC grant received by the IDOH, Quarterly Fiscal Reports are to be submitted beginning the 5th of the next month, or next business day after the first quarter. The IDOH submitted four Quarterly Fiscal Reports during the audit period for the ELC program.

Upon discussion with the IDOH it was determined that all four quarterly reports expenditure amounts could not be substantiated for testing based on the documentation provided by IDOH. Additionally, documentation to support the internal controls over the quarterly fiscal reports could not be provided for audit. Due to the lack of detailed audit documentation, the quarterly fiscal reports could not be tested.

Contact Person Responsible for Corrective Action: (monthly financial reports)
Andrea Morris

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Contact Phone Number and Email Address: 317-234-3545 anmorris@health.in.gov

Contact Person Responsible for Corrective Action: (FFATA reporting)

Michael P. Mendyk

Contact Phone Number and Email Address:

317-234-6874 mmendyk@health.in.gov

Views of Responsible Officials:

We concur with the FFATA and the Monthly/Quarterly Financial Report finding and under the monthly / quarterly recognize the need for documentation to be furnished in a final form that can be tested by the auditor.

- IDOH provided documentation to support the quarterly reports, however, did not provide standard operating procedures on how to appropriately filter and sort the data to obtain the same results as the submitted quarterly reports.
- IDOH completed each quarterly report as required. These reports were submitted in RedCap for the first 3.75 years and then CAMP for the remaining 1.25 years. When CDC changed platforms most of historical data from RedCap was transferred to CAMP, but the reporting did not appear the same way.
- CDC only required fiscal reporting on program (activities) A, B, C, D, and E when reporting in RedCap. CDC required fiscal reporting on all activities when the transfer to CAMP occurred.
- IDOH sets up the ELC base projects with activity codes specifically for tracking and reporting purposes. These activity codes represent each program within the ELC base project, and each activity is allocated a budget according to the approved funds received in the NOA. ELC requires that funds be reported on each program (activity) in different sections within RedCap first and now CAMP. IDOH uses monthly appropriation reports to determine the spending for each activity by filtering the detail tab (spent funds) by activity and then by the appropriate time frame.
- IDOH recognizes that the steps above require a filtered report that can be easily viewed and duplicated and are taking steps to produce this report for future audits.



Description of Corrective Action Plan:

Quarterly Financial Reports

- IDOH has updated the monthly appropriation report to include a breakdown of the programs (activities) on the Summary tab. This will allow for easier identification of spending.
- IDOH will still have to filter on appropriate time frames and categories (Salary, fringe, travel...) to report accurately in CAMP.
- IDOH has also removed the ALL0000 and RECPNT activity codes from the ELC base project to ensure spending is only occurring within the approved programs (activities).
- The Major Federal Programs section of IDOH has expanded its focus to sub-award management through the modification of two positions. These positions will be responsible for sub-award management for the agency. Updated policies and procedures will be developed to resolve current issues. Sub-award Grant Manager was hired on March 18, 2024; Sub-award Grant Coordinator should be hired by April 30, 2024.
- IDOH is writing SOPs on ELC COVID and Base reporting to be completed by August 1, 2024.
- IDOH recognizes that the steps above require a filtered report that can be easily viewed and duplicated and are taking steps to produce this report for future audits.

FFATA Reporting

The proper documentation and reporting of monthly federal funding and transparency act (FFATA reporting) continued to be a challenge this audit period. We have learned through our previous corrective actions that even more detail is needed to successfully report all activity monthly for our sub-awards. To address this audit finding IDOH will implement the following processes to ensure we are capturing all sub-recipient and reporting them to the correct Grant and project:

- Re-evaluate the Request for Contract (RFC) internal document to ensure that it contains the correct Grant, FAIN, Project and Amount for each funded sub-award.
- Establish a monthly executed sub-award report, generated by Grant and Contract writers that list all executed sub-award contracts and grants on the last day of the previous month. This report will serve as a cross reference for the Contract and Audit specialist to match up a list of sub-awards to capture and report.
- Expand the monthly FFATA tracking report to include audit's collection section check box and finds summary section.



- Revised FFATA and Audit review SOP to aid finance staff in the timelines, processes and roles responsible for sub-awardee lifecycle.
- Contracts and Audit Specialist attendance in monthly financial meetings with accountants for awareness of potential sub-award actions.

Anticipated Completion Date:

Monthly Financial Reports

- Updated versions of MARS are currently being used for reporting.
- Standard operating procedures are currently being written- August 1, 2024

FFATA Reporting

- RFC evaluation and revision to form and routing by August 1, 2024
- Monthly executed sub-award report by May 1, 2024
- Expanded FFATA tracking report by May 1, 2024
- FFATA and Audit collection SOP revisions

FINDING 2023-009

Finding Subject: Subrecipient Monitoring
Summary of Finding:

The system of internal controls over the applicable subrecipient monitoring requirements as established by management of the Indiana Department of Health (IDOH) was not properly implemented nor was it operating effectively to ensure proper compliance with the various elements of subrecipient monitoring. The IDOH had not properly notified subrecipients of the grant requirements, as well as the required subaward identification information through the grant subaward notifications and was not adequately monitoring their subrecipients during the audit period, as appropriate.

The IDOH as the pass-through entity is responsible for monitoring the activities of the subrecipients as necessary to ensure that the subawards are used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subawards; and that any subaward performance goals are achieved. In order to complete the monitoring activities, the IDOH must 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 monitoring activities to be conducted.

Contact Person Responsible for Corrective Action: (Subrecipient Monitoring and Reporting)

Andrea Morris

Contact Phone Number and Email Address: 317-234-3545 anmorris@health.in.gov

Contact Person Responsible for Corrective Action: (Audit collection / FFATA reporting)

Michael P. Mendyk

Contact Phone Number and Email Address:

317-234-6874 mmendyk@health.in.gov

Views of Responsible Officials:

We concur with the finding.

Description of Corrective Action Plan:

Subrecipient Monitoring

- The revised positions focused on sub-award management at IDOH will be tasked to write a standard operating procedure on tiered risk management. This will be completed through discussions with all commissions within IDOH regarding current sub-award management and ways to improve and develop consistent policies and procedures for the agency.

Audit Collection and FFATA Reporting

To successfully meet the terms and conditions of the federal award, IDOH needs to establish improved documentation when sub-recipient audits are to be collected and provide a better tracking system for audits that are outstanding and need to be collected. To meet this requirement monthly tracking of sub-recipient activity the following corrective actions will be implemented and put into place to address this need:

- Review of monthly expenditures to better identify sub-recipients that have met the threshold of the requirement of submitting an independent audit.
- Development of an audit calendar that identifies audit schedule dates for subrecipients.



- A notification process for sub-recipients that alerts them that their audit is due in specific intervals, 12 months, 6 months.
- Organization and synchronization of FFATA tracking sheet to add columns for audit recipient and review.

Anticipated Completion Date:

Subrecipient Monitoring

- IDOH will be writing a SOP on tiered risk management by December 31, 2024.
- Sub-award Grant Manager was hired on March 18, 2024; Sub-award Grant Coordinator should be hired by April 30, 2024.

Audit Collection and FFATA Reporting

- Monthly expenditure review process – by May 1, 2024
- Audit Calendar development and put into practice -by May 1, 2024
- FFATA tracking sheet (see finding 2024-008 expanded to include audit detail by May 1, 2024)

Please except these corrective actions to address the finding during this audit period. We are hopeful that these additional tools and processes will improve our sub-recipient processes and address issues found within these areas of grant financial management.

Respectfully

Laurie Mendez

03/26/2024

Laurie Mendez
Chief Financial Officer, Indiana Department of Health

Michael P. Mendyk

03/26/2024

Michael P. Mendyk
Director Grants and Contracts, Indiana Department of Health



Eric J. Holcomb
Governor

Lindsay M. Weaver, MD, FACEP
State Health Commissioner

FINDING 2023-010-Cash Management

Finding Subject: Cash Management

Summary of Finding:

While determining the population for testing of the federal cash draws that occurred during the audit period, IDOH divulged that the proper processes and procedures over cash management were not followed. Further analysis of documentation provided by IDOH disclosed the following issues:

- Several cash draws were made where the amounts drawn were not derived from invoices generated by the PeopleSoft Financial System Billing Module.
- Four cash draws were made in advance of grant expenditures occurring; however, total program expenditures were less than the federal cash draws and a refund was due back to the federal government.
- Draw requests for grant expenditures totaling \$1,852,865 were not completed within the appropriate liquidation period, thus the IDOH had to relinquish the funds back to the federal government.

Due to the various issues noted above, it was determined that the IDOH could not provide a complete and valid population to test the cash management compliance requirement, therefore, the State's compliance with this requirement was unable to be determined.

Contact Person Responsible for Corrective Action: Jeff Palin

Contact Phone Number and Email Address: 317-460-4597; jepalin@idoh.in.gov

Views of Responsible Officials:

While we concur with the findings, many of the draws requested actually occurred during the prior periods and not during the audit period. Many of the "draws" selected were also actually Journal Entries correcting the draws from the prior periods. That said, we do concur that draws were completed in excess of reimbursable expenses, with a few resulting in the need to send federal money back. We also concur that the expenditures totaling \$1.8M were not drawn down in the correct period. This most likely will result in IDOH being unable to collect the draws to cover those expenditures.

Description of Corrective Action Plan:

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Our Corrective Action Plan, which is mostly already in place, will be to process Federal Draws monthly, barring some extenuation circumstances that don't allow us to do so (Quarterly is the requirement). As part of the Corrective Action Plan, our Federal Draws will only be for current reimbursable expenses. We will not draw down any amounts in excess of expenses the program has already incurred going forward.

Going forward (until access to software can be gained), the Financial Analyst will complete the draw invoice based on the expenses for the last month that are tied to the Monthly Appropriation Report, which is prepared by the Accountant. The Deputy Controller will review the Draw Invoice and confirm that it matches the current reimbursable expenses. The Deputy Controller will then forward the Draw Request with backup to the Finance Director, who will review the information and approve the Draw Request. At that point, the Deputy Controller will process the Federal Draw.

Anticipated Completion Date:

While this process is mostly in place currently, the Deputy Controllers/Controller are still adjusting their Teams to the current reorganization. This process is expected to be fully implemented no later than June 30, 2024.



INDIANA DEPARTMENT OF HOMELAND SECURITY

CORRECTIVE ACTION PLAN

Disaster Grants – Public Assistance (Presidentially Declared)

FINDING 2023-011

Subject: Disaster Grants - Public Assistance (Presidentially Declared Disasters) - Reporting – FFATA

Summary of Finding: Untimely FFATA Reporting

Contact Person Responsible for Corrective Action: Devon Burks

Contact Phone Number: 317-617-0976 deburks@dhs.in.gov

Views of Responsible Official:

IDHS concurs with the reporting finding.

Description of Corrective Action Plan:

IDHS has created a process to ensure FFATA reporting is completed for all subawards over the \$30,000 threshold. IDHS consulted leaders within the grant field to gather guidance regarding successful FFATA reporting. FFATA reporting shall be completed via the appropriate channel 30 days after the subawards have been approved. At time of application, IDHS collects the information necessary to report FFATA and batch reports monthly.

IDHS programmatic and finance staff have identified software available which would report on FFATA automatically while managing the complex public assistance (PA) application through its many stages. As PA applications are initially based on constantly changing estimates, updating FFATA becomes an administrative burden. For example, the application amount changes many times over the course of its lifecycle, and each amount change, once over the threshold, must be reported.

Anticipated Completion Date:

IDHS is now compliant with FFATA reporting for all grant programs. Procedures, guidance, and processes are in place.

IDHS leadership is working with approving State agencies to properly procure software to meet this finding without requiring additional staff. The implementation timeframe is unknown.

FINDING 2023-012

Subject: Disaster Grants - Public Assistance (Presidentially Declared Disasters) - Subrecipient Monitoring

Summary of Finding: Subrecipient Monitoring Compliance

Contact Person Responsible for Corrective Action: Devon Burks

Contact Phone Number: 317-617-0976 deburks@dhs.in.gov

Views of Responsible Official:

IDHS concurs with the subrecipient monitoring finding.

Description of Corrective Action Plan:

Subaward Information

IDHS shall provide applicants or subrecipients subaward information outlined in 2 CFR 200.332 to ensure compliance with federal regulations.

IDHS programmatic and finance staff have identified software available which would automatically deliver subaward information while managing the complex public assistance (PA) application through its many stages. As PA applications are initially based on constantly changing estimates, updating, and distributing subaward information becomes an administrative burden when an application amount changes many times over the course of its lifecycle.

Anticipated Completion Date:

IDHS leadership is working with approving State agencies to properly procure software to meet this finding without requiring additional staff. The implementation timeframe is unknown.

Description of Corrective Action Plan:

Single Audit Verification

IDHS shall monitor applicant's or subrecipient's single audit completion, outlined in 2 CFR 200.332, to ensure compliance with federal regulations.

IDHS programmatic and finance staff have identified software available which would automatically track single audits while managing the complex public assistance (PA) application through its many stages.

Anticipated Completion Date:

IDHS leadership is working with approving State agencies to properly procure software to meet this finding without requiring additional staff. The implementation timeframe is unknown.



Corrective Action Plan

FINDING 2023-013

Finding Subject: Career and Technical Education - Basic Grants to States - Subrecipient Monitoring

Summary of Finding: GWC did not have procedures in place during the audit period for the Subrecipient compliance requirement.

Contact Person Responsible for Corrective Action: Tony Harl

Contact Phone Number and Email Address: 317-509-1902 / aharl@che.in.gov

Views of Responsible Officials: We concur with the finding.

Description of Corrective Action Plan:

House Enrolled Act (HEA) 1002 – 2023 moved responsibility for the Carl D. Perkins grant from the Governor’s Workforce Cabinet (GWC) to the Indiana Commission for Higher Education (Commission). Further, the Commission hired a new Director for CTE Grant Administration and Monitoring following the departure of the former grant administrator in spring of 2023. Additionally, the CTE team restructured by moving a staff member to report directly to the Director for CTE Grant Administration and Monitoring as well as adding this individual to the grant awarding, monitoring, and payment processes. Further, the integration of the CTE team into the Commission’s existing finance processes eliminated the need to utilize Centralized Accounting services offered by the State Budget Agency beginning with the 2023 grant cycle.

Beginning with the spring 2023 grant review cycle, each grant application is reviewed by at least two CTE staff members. These members’ names are recorded in the grants management software (Indy Grants). Beginning July 1, 2023, each grant award is reviewed and signed by the Commission’s chief financial officer before being uploaded into PeopleSoft Financials following the approval of requisitions for the purchase orders, approved by the Commission’s controller.

Beginning in the fall of 2023, CTE staff ensure federal single audit compliance of each subrecipient via the State Board of Account’s Audit Report Filings website. Following this review, CTE staff contact each subrecipient with Perkins findings to ensure timely and appropriate actions were taken to correct any deficiencies. In addition to the subrecipient audit process described above, CTE staff also conduct robust programmatic monitoring that includes fiscal compliance, civil rights compliance, and data submission requirements. This programmatic monitoring is used to maximize CTE staff capacity by supporting those organizations with the greatest need. These monitoring practices are documented clearly and consistently via Excel, Indy Grants, PeopleSoft Financials, and email, all of which are accessible to current and future staff.

Anticipated Completion Date: Completed November 1, 2023.



FINDING 2023-014

Finding Subject: Career and Technical Education - Basic Grants to States - Internal Controls

Summary of Finding: GWC did not have control in place for the following compliance requirements; Activities Allowed or Unallowed, Allowable Costs/Cost Principles, Eligibility, and Period of Performance.

Contact Person Responsible for Corrective Action: Tony Harl

Contact Phone Number and Email Address: 317-509-1902 / aharl@che.in.gov

Views of Responsible Officials: We concur with the finding.

Description of Corrective Action Plan:

House Enrolled Act (HEA) 1002 – 2023 moved responsibility for the Carl D. Perkins grant from the Governor’s Workforce Cabinet (GWC) to the Indiana Commission for Higher Education (Commission). Further, the Commission hired a new Director for CTE Grant Administration and Monitoring following the departure of the former grant administrator in spring of 2023. Additionally, the CTE team restructured by moving a staff member to report directly to the Director for CTE Grant Administration and Monitoring as well as adding this individual to the grant awarding, monitoring, and payment processes. Further, the integration of the CTE team into the Commission’s existing finance processes eliminated the need to utilize Centralized Accounting services offered by the State Budget Agency beginning with the 2023 grant cycle.

Beginning with the spring 2023 grant review cycle, each grant application is reviewed by at least two CTE staff members. These members’ names are recorded in the grants management software (Indy Grants). Beginning July 1, 2023, each grant award is reviewed and signed by the Commission’s chief financial officer before being uploaded into PeopleSoft Financials following the approval of requisitions for the purchase orders, approved by the Commission’s controller.

Invoices submitted by subrecipients are required to be signed by their local grant administrator and local fiscal agent. These individuals mirror those who are allowed to sign the grant on behalf of the subrecipient organization. Any changes to designees must be made in writing to CTE staff via an authorization form. Once signed by both local signatories, invoices are uploaded to Indy Grants where they are reviewed and approved, via signature, by two CTE staff members. The signed invoices are next submitted to Centralized Accounting by CTE staff, and ultimately reviewed and approved by the Commission’s controller.

Anticipated Completion Date: Completed July 1, 2023.



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Corrective Action Plan

FINDING 2023-015

Subject: Child Nutrition Cluster – Reporting

Summary of Finding: Lack of internal controls for reporting subawards

Contact Person Responsible for Corrective Action: Tina Austin

Contact Phone Number: 317-232-0569

Views of Responsible Officials: We concur with the finding.

Description of Corrective Action Plan:

Management is aware of noncompliance during the audit period. Since the employee who was responsible for populating this information left the agency on 07/21/23 no further progress has been made.

FFATA processes are in place however noncompliance with timeliness and approval remain as issues due to the frequency of staffing changes as well as many challenges with the FSRs/USA Spending systems in general which are hindering the process in some aspects of reporting, (i.e. receipt of or missing UEI numbers, duplication of entries when trying to make corrections via system requests for deletion of reports, formula allocations being off by pennies which will need to be reentered, 30 day lag times between entry into FSRs and upload into USA Spending, etc.)

Estimated completion date 12/31/24



Indiana Department of Education

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Corrective Action Plan

FINDING 2023-016

Subject: Child Nutrition Cluster

Summary of Finding: Lack of internal controls and noncompliance over the maintenance of inventory records

Contact Person Responsible for Corrective Action: Tina Herzog

Contact Phone Number: 317-232-0872

Views of Responsible Official: We concur with the finding.

Description of Corrective Action Plan:

USDA Foods are warehoused at 4 state-contracted warehouses across the state. The receiving, ordering, distribution, and adjustments (if needed) are completed in our CNPweb system. The system was never set up to effectively manage inventory levels and system reporting is lacking. IDOE School and Community Nutrition staff is continuing work with LINQ (IT vendor for CNPWeb system) to clean up inventory tracking in our system and improve reporting. Below are the steps we have taken to address the system deficiencies and improve our inventory oversight. We believe we have completed all the corrective action necessary to meet the reporting requirements associated with this finding.

Completed corrective action:

- Hired an additional food distribution staff member to assist in overseeing the inventory reconciliation process and monthly USDA reporting. This adds another person to review inventory levels and adjustments to further address the internal controls finding. The person started on May 15, 2023. **COMPLETE**.
- Implemented a monthly inventory reconciliation process with state-contracted warehouses to compare inventory levels and adjust if necessary, allowing IDOE to stay on top of inventory changes more frequently. The process is the main priority of the new staff person who performs the reconciliation monthly with review of each warehouse reconciliation by the Assistant Director or FDP Specialist as an internal control mechanism. Completed for SY 2022-2023 by July 13, 2023, in preparation for the physical count. **COMPLETE**
- Released a RFQ for a third-party vendor to conduct, at minimum, annual physical inventory at each warehouse in February 2023. This allowed for an independent assessment of inventory levels to reduce disagreements between IDOE and state-contracted warehouses. This contract was awarded to Crowe and physical inventory counts were completed by July 20, 2023. **COMPLETE**
- Released a RFI for warehousing and distribution information to assist IDOE staff in updating our RFP for the warehousing and Distribution of USDA Foods. This allowed us to make changes to our existing contract to better facilitate the distribution of food and reduction of inventory at warehouses. RFI was released on June 8, 2023, and responses were received from 4 warehouses by June 29, 2023. Review of the RFI responses was completed by July 31, 2023, and recommendations were added to our RFP completed in December 2023. **COMPLETE**
- Continued work with IT vendor to create a completed system inventory report that can be run for any period of time, enabling staff to pull a real time inventory report at any given time for



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comparison and reconciliation with the individual monthly warehouse reports. This report was completed by August 31, 2023. **COMPLETE**

Continued work:

- The Inventory Specialist will continue to reconcile inventory reports monthly with all state-contracted warehouses. We have also implemented monthly warehouse meetings to discuss the any inventory discrepancies or issues as they arise.
- We have submitted another RFQ for a third-party vendor to conduct, at minimum, annual physical inventory at each warehouse this summer. Having this in place last year allowed for an independent assessment of inventory levels to reduce disagreements between IDOE and state-contracted warehouses.
- We are also looking into other Inventory Management systems to compare our current system with the goal of continuing improvement of our overall inventory management processes.



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Corrective Action Plan

FINDING 2023-017

Subject: Title I Grants to Local Educational Agencies – Reporting
Summary of Finding: Lack of internal controls for reporting subawards

Contact Person Responsible for Corrective Action: Tina Austin
Contact Phone Number: 317-232-0569

Views of Responsible Official: We concur with the finding for this reporting period

Description of Corrective Action Plan:

Accounting staff have made various attempts to enter data and are currently reentering the data for years that did not upload and are loading the additional years into the system. We estimate it will take 30-60+ days for them to be reflected in USA Spending.

FFATA processes are in place however noncompliance with timeliness and approval remain as issues due to the frequency of staffing changes as well as many challenges with the FRS/USA Spending systems in general which are hindering the process in some aspects of reporting, (i.e. receipt of or missing UEI numbers, duplication of entries when trying to make corrections via system requests for deletion of reports, formula allocations being off by pennies which will need to be reentered, 30 day lag times between entry into FRS and upload into USA Spending, etc.)

Anticipated date of completion: September 30, 2024



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Corrective Action Plan

FINDING 2023-018

Subject: Title I Grants to Local Educational Agencies - Special Tests and Provisions- Oversight and Monitoring Responsibilities with Respect to Charter Schools with Relationships with Charter Management Organizations.

Summary of Finding: Lack of internal controls for overseeing and monitoring subrecipients, including charter schools with relationships Charter Management Organizations (CMOs)

Contact Person Responsible for Corrective Action: Amber Patterson

Contact Phone Number: 317-232-0564

Views of Responsible Official: We concur with the finding for this reporting period.

Description of Corrective Action Plan:

The IDOE will work to strengthen its policies and procedures by implementing additional measures to monitor charter schools that have relationships with charter management organizations (CMOs).

The Indiana Department of Education (IDOE) recently revised its fiscal monitoring procedures to ensure compliance with the pass-through entity single audit requirements pursuant to 2 CFR 200.332. The IDOE will continue to monitor subrecipients, taking timely and appropriate action to address deficiencies related to federal awards, as well as issuing management decisions relating to those findings.

Anticipated date of completion: December 31,2024



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Corrective Action Plan

FINDING 2023-019

Subject: Title I Grants to Local Educational Agencies - Special Tests and Provisions - Access to Federal Funds for New and Significantly Expanded Charter Schools

Summary of Finding: Lack internal controls for allocating funds to new or significantly expanded charter schools within the required timeframe

Contact Person Responsible for Corrective Action: Frank Chiki

Contact Phone Number: 317-232-3013

Views of Responsible Official: We concur with the finding for this reporting period.

Description of Corrective Action Plan:

A timeline has been developed to ensure funds are allocated to new and expanded charters no later than February 1. This will meet the five months requirement after the school year opening of charter schools.

Anticipated Completion Date: February 1, 2025



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Corrective Action Plan

FINDING 2023-020

Subject: Title I - Subrecipient Monitoring

Summary of Finding: Lack of internal controls for overseeing and monitoring subrecipients

Contact Person Responsible for Corrective Action: Amber Patterson and Frank Chiki

Contact Phone Number: 317-232-0564

Views of Responsible Official: We concur with the finding.

Description of Corrective Action Plan:

❖ **Title/ Frank**

A new Risk Assessment has been developed and implemented as of October 2022.

Several factors are used to determine four levels of risk (Low Risk, Moderate Low Risk, Moderate High Risk, High Risk), which include: Federal Rating, Student Academic Growth in the areas of ELA and Math, number of findings in prior four year of monitoring, Program Administrator experience, and percentage of unspent federal funding. All LEAs receive a copy of their risk assessment scores.

Based upon its risk assessment score, an LEA must complete the following:

Low Risk-No additional action required
Moderate Low Risk-LEA must submit a self-reflection survey
Moderate High Risk-LEA is subject to desktop monitoring
High Risk-LEA is subject to on-site monitoring

Anticipated Completion Date: October 2022

❖ **Audit Team/ Amber Patterson**

The Indiana Department of Education (IDOE) recently revised its fiscal monitoring procedures to ensure compliance with the pass-through entity single audit requirements pursuant to 2 CFR 200.332. The IDOE will continue to monitor subrecipients, taking timely and appropriate action to address deficiencies related to federal awards, as well as issuing management decisions relating to those findings.

Additionally, the fiscal monitoring risk assessment was revised and implemented to ensure that all monitoring activities are appropriately conducted.

Anticipated Completion Date: January 2024



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Corrective Action Plan

FINDING 2023-021

Subject: Supporting Effective Instruction State Grants – Reporting
Summary of Finding: Lack of internal controls for reporting subawards

Contact Person Responsible for Corrective Action: Tina Austin
Contact Phone Number: 317-232-0569

Views of Responsible Officials: We agree with finding 2023-021.

Description of Corrective Action Plan:

After the audit period IDOE has loaded, S367A190013, S367A20013, S367A210013, and S367A220013 grants into the FFATA system. Downloaded reports for S367A220013 are attached from the USA Spending site. All others may be found on USA Spending under the Award ID.

Management does acknowledge discrepancies exist which will be addressed by the accounting section on an ongoing basis. The accounting section has been working and will continue to work to get the FFATA reports uploaded and corrected in the FSRS system until we become compliant.

FFATA processes are in place (attached) however noncompliance with timeliness and approval remain as issues due to the frequency of staffing changes as well as many challenges with the FSRS/USA Spending systems in general which are hindering the process in some aspects of reporting, (i.e. receipt of or missing UEI numbers, duplication of entries when trying to make corrections via system requests for deletion of reports, formula allocations being off by pennies which will need to be reentered, 30 day lag times between entry into FSRS and upload into USA Spending, etc.)

Estimated completion date: September 30, 2024



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Corrective Action Plan

FINDING 2023-022

Subject: Supporting Effective Instruction State Grants - Special Tests - Oversight and Monitoring Responsibilities with Respect to Charter Schools with Relationships with Charter Management Organizations (SEAs/LEAs)

Summary of Finding: Lack of internal controls for overseeing and monitoring subrecipients, including charter schools with relationships Charter Management Organizations (CMOs)

Contact Person Responsible for Corrective Action: Amber Patterson

Contact Phone Number: 317-232-0564

Views of Responsible Official: We concur with the finding.

Description of Corrective Action Plan:

The Indiana Department of Education (IDOE) recently revised its fiscal monitoring procedures to ensure compliance with the pass-through entity single audit requirements pursuant to 2 CFR 200.332. The IDOE will continue to monitor subrecipients, taking timely and appropriate action to address deficiencies related to federal awards, as well as issuing management decisions relating to those findings.

Anticipated date of completion: January 2024

The IDOE will work to strengthen its policies and procedures by implementing additional measures to monitor charter schools that have relationships with charter management organizations (CMOs).

Anticipated date of completion: December 31,2024



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Corrective Action Plan

FINDING 2023-023

Subject: Supporting Effective Instruction State Grants - Special Tests and Provisions - Access to Federal Funds for New or Significantly Expanded Charter Schools

Summary of Finding: Lack internal controls for allocating funds to new or significantly expanded charter schools within the required timeframe

Contact Person Responsible for Corrective Action: Frank Chiki

Contact Phone Number: 317-232-3013

Views of Responsible Official: We concur with the finding for this reporting period.

Description of Corrective Action Plan:

A timeline has been developed to ensure funds are allocated to new and expanded charters no later than February 1. This will meet the five months requirement after the school year opening of charter schools.

Anticipated Completion Date: February 1, 2025



Corrective Action Plan

FINDING 2023-024

Subject: Title II - Subrecipient Monitoring

Summary of Finding: Lack of internal controls for overseeing and monitoring subrecipients

Contact Person Responsible for Corrective Action: Amber Patterson and Frank Chiki

Contact Phone Number: 317-232-0564

Views of Responsible Official: We concur with the finding

Description of Corrective Action Plan:

❖ **Title/ Frank Chiki**

A new Risk Assessment has been developed and implemented as of October 2022.

Several factors are used to determine four levels of risk (Low Risk, Moderate Low Risk, Moderate High Risk, High Risk), which include: Federal Rating, Student Academic Growth in the areas of ELA and Math, number of findings in prior four year of monitoring, Program Administrator experience, and percentage of unspent federal funding. All LEAs receive a copy of their risk assessment scores.

Based upon its risk assessment score, an LEA must complete the following:

Low Risk-No additional action required
Moderate Low Risk-LEA must submit a self-reflection survey
Moderate High Risk-LEA is subject to desktop monitoring
High Risk-LEA is subject to on-site monitoring

Anticipated Completion Date: October 2022

❖ **Audit Team/ Amber Patterson**

The Indiana Department of Education (IDOE) recently revised its fiscal monitoring procedures to ensure compliance with the pass-through entity single audit requirements pursuant to 2 CFR 200.332. The IDOE will continue to monitor subrecipients, taking timely and appropriate action to address deficiencies related to federal awards, as well as issuing management decisions relating to those findings.

Additionally, the fiscal monitoring risk assessment was revised and implemented to ensure that all monitoring activities are appropriately conducted.

Anticipated Completion Date: January 2024



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Corrective Action Plan

FINDING 2023-025

Subject: Title II - Supporting Effective Instruction State Grants - Matching, Level of Effort, Earmarking
Summary of Finding: Lack of internal controls as it relates to segregation of key functions regarding earmarking

Contact Person Responsible for Corrective Action: Tina Austin/ Frank Chiki
Contact Phone Number: 317-232-0569

Views of Responsible Official: We concur with the finding.

Description of Corrective Action Plan:

We are working to update our policies and procedures to incorporate segregation of duties as it relates to earmarking.

When a controller requests for funds to be setup in PS, they will use the percentage breakdowns as shown below to make that request. We will incorporate the Title II-A allocations workbook and have multiple individuals reviewing and approving those figures.

	% Split
Admin	0.82%
Activities	4.18%
School Leader	2.85%
<u>LEA</u>	92.15%
	100.00%

Anticipated Completion Date: December 31, 2024



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Corrective Action Plan

FINDING 2023-026

Subject: Education Stabilization Fund - Subrecipient Monitoring

Summary of Finding: Lack of internal controls for overseeing and monitoring subrecipients

Contact Person Responsible for Corrective Action: Frank Chiki and Amber Patterson

Contact Phone Number: 317-232-0564

Views of Responsible Officials: We concur with the finding

Description of Corrective Action Plan:

❖ **Title/ Frank Chiki**

A new Risk Assessment has been developed and implemented as of October 2022.

Several factors are used to determine four levels of risk (Low Risk, Moderate Low Risk, Moderate High Risk, High Risk), which include: Federal Rating, Student Academic Growth in the areas of ELA and Math, number of findings in prior four year of monitoring, Program Administrator experience, and percentage of unspent federal funding. All LEAs receive a copy of their risk assessment scores.

Based upon its risk assessment score, an LEA must complete the following:

Low Risk-No additional action required
Moderate Low Risk-LEA must submit a self-reflection survey
Moderate High Risk-LEA is subject to desktop monitoring
High Risk-LEA is subject to on-site monitoring

Date of anticipated completion: October 2022

❖ **Audit Team/ Amber Patterson**

The Indiana Department of Education (IDOE) recently revised its fiscal monitoring procedures to ensure compliance with the pass-through entity single audit requirements pursuant to 2 CFR 200.332. The IDOE will continue to monitor subrecipients, taking timely and appropriate action to address deficiencies related to federal awards, as well as issuing management decisions relating to those findings.

Additionally, the fiscal monitoring risk assessment was revised and implemented to ensure that all monitoring activities are appropriately conducted.

Date of anticipated completion: January 2024



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CORRECTIVE ACTION PLAN

FINDING 2023-027

Finding Subject: Special Education Cluster (IDEA)- Matching, Level of Effort, Earmarking
Summary of Finding: Lack of internal controls for Maintenance of Effort

Contact Person Responsible for Corrective Action: Lynn Fordyce
Contact Phone Number and Email Address: (317) 232-0565 lfordyce@doe.in.gov

Views of Responsible Officials: We concur with the finding.

Corrective Action Plan:

A 10-year Maintenance of Effort (MOE) workbook was released in October 2023 by the Office of Special Education (OSE). The new template was approved by the Office of Special Education Program (OSEP) developed by the Center of IDEA Fiscal Reporting (CIFR). The Local Education Agencies (LEAs) received training from OSE in October and November, along with four extra office hours in November. We are currently working to complete MOE up to the 2022–2023 Eligibility Standard. We plan to release the next section that complies with the 2024–2025 Eligibility Standard in the summer of 2024.

Date of anticipated completion: December 31, 2024, MOE will be finished and compliant with regulations.



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CORRECTIVE ACTION PLAN

FINDING 2023-028

Finding Subject: Special Education Cluster (IDEA) - Subrecipient Monitoring

Summary of Finding: Lack of internal controls for monitoring of subrecipients and Federal Award Numbers and Years

Contact Person Responsible for Corrective Action: Lynn Fordyce

Contact Phone Number and Email Address: (317) 232-0565 lfordyce@doe.in.gov

Views of Responsible Officials: We concur with the finding.

Corrective Action Plan:

This complete correction plan was put into effect with the FY2023 Federal Award Letters. It was found that the approval letters for FY2021 and FY2022 contained a clerical error. The Assistant Director of Special Education—Fiscal and the Fiscal Specialist are now examining the templates for all IDEA Part B award letters.

Date of anticipated completion: Completed as of July 2022

The Indiana Department of Education (IDOE) recently revised its fiscal monitoring procedures to ensure compliance with the pass-through entity single audit requirements pursuant to 2 CFR 200.332. The IDOE will continue to monitor subrecipients, taking timely and appropriate action to address deficiencies related to federal awards, as well as issuing management decisions relating to those findings.

Additionally, the fiscal monitoring risk assessment was revised and implemented to ensure that all monitoring activities are appropriately conducted.

Date of anticipated completion: Completed as January 2024



CORRECTIVE ACTION PLAN

FINDING 2023-029 (Auditor Assigned Reference Number)

Finding Subject: Temporary Assistance for Needy Families (TANF) - Special Tests and Provisions - Child Support Non-Cooperation

Summary of Finding:

Cash assistance benefits were not properly discontinued for individuals who were not cooperating with the child support requirements for 13 of the 40 cases tested. The noncompliant cases were the result of a technical issue with the nightly interface between the Indiana Support Enforcement Tracking System (ISETS) and the FSSA system, the Indiana Eligibility Determination Services System (IEDSS). For these cases, the ISETS documented that a non-cooperation notice had been sent to the IEDSS, but the IEDSS did not receive the notice. As a result, the benefits for each individual were either not discontinued or not discontinued timely. FSSA's TANF policies and operating procedures were not effective in identifying and resolving this issue.

Recommendation was for management of the FSSA to establish a proper system of internal controls, including strengthening their policies and procedures to ensure the two systems are properly interfacing, and if a non-cooperation notice is received by the IEDSS, that benefits are properly reduced or denied timely.

Contact Person Responsible for Corrective Action: David Smalley

Contact Phone Number and Email Address: 317-232-2010, david.smalley@fssa.in.gov

Views of Responsible Officials:

We concur that there has been an ongoing issue with the interface for child support non-cooperation between ISETS and IEDSS. Over the last year FSSA has continued to have dialogue and meetings with DCS and ISETS to address the continued issues with the two systems properly integrating. The main focus of these discussions has been on the handling of exceptions that are being seen in the ISETS system along with creation of a reconciliation file that can help identify any cases that are not being captured in both systems. While we continue to make progress in getting this addressed we will further pursue with DCS the logging and handling of exceptions that their system generates in order to rectify this issue.

In addition, DFR has requested from SBOA a list of the 13 cases cited as not properly discontinued so that we can accurately address any corrective action needed. Should these all be identified as eligibility staff not taking timely action to discontinue benefits, we will proceed with a reminder training to all staff of the requirements for timely processing.



Description of Corrective Action Plan:

FSSA will have continued dialogue with DCS, ISETS and IEDSS including request of DCS for creation of an exception report to accurately identify cases that were not received by IEDSS.

For cases identified as not being processed timely, we will produce a reminder training of eligibility staff on the importance of discontinuing benefits timely based upon a non-cooperation notice being received in IEDSS.

Policies and procedures will be updated to ensure less technical issues with the nightly interfacing of the IEDSS and ISETS tracking systems.

Anticipated Completion Date:

July 2024



CORRECTIVE ACTION PLAN

FINDING 2023-030

Finding Subject: Child Care and Development Fund - Period of Performance

Summary of Finding:

Testing identified 25 transactions, for a total of \$1,578,389, which were charged to the grant for services outside of the obligation period or when the grant was not open.

Determined that FSSA did not have processes and procedures in place to ensure compliance with the Period of Performance compliance requirement.

Recommended that FSSA's management establish controls related to the grant agreement and the Period of Performance compliance requirement to ensure the expenditures are charged to the appropriate grant within the period of performance.

Contact Person Responsible for Corrective Action: Sue McKinney
Contact Phone Number and Email Address: 317-233-8958

Views of Responsible Officials:

OECOSL agrees in part.

Explanation and Reasons for Disagreement:

Of the twenty-five (25) transactions noted in the finding for 2023, there were no instances found where CCDF *voucher payments* were applied to grants for the incorrect period of performance. In prior years audit findings in 2021 and 2022, the CCDF voucher payments were the principal period of performance findings. OECOSL has worked diligently to establish processes to ensure compliance with period of performance and the corrective action plan for prior year audit findings was also reviewed by ACF and deemed to be adequate controls until our new system is able to be put into place. The 2023 audit testing & results confirm that the measures put in place have been effective in reducing the issues addressed in prior years.

Of the Twenty-five (25) transactions, there were six (6) noted on the finding as CCDF wire payments that did not have supporting documentation in PeopleSoft to determine proper federal fiscal year

Per Uniform Guidance:

2 CFR § 200.511(a) – "The auditee is responsible for follow-up and corrective action on all audit findings. . . The auditee must also prepare a corrective action plan for current year audit findings. . . The corrective action plan and summary schedule of prior audit findings must include findings relating to the financial statements which are required to be reported in accordance with GAGAS."

2 CFR § 200.511(c) – "At the completion of the audit, the auditee must prepare, in a document separate from the auditor's findings described in § 200.516, a corrective action plan to address each audit finding included in the current year auditor's reports. The corrective action plan must provide the name(s) of the contact person(s) responsible for corrective action, the corrective action planned, and the anticipated completion date. If the auditee does not agree with the audit findings or believes corrective action is not required, then the corrective action plan must include an explanation and specific reasons."



allocation based on the CCDF Childcare voucher date. However, these six (6) items were for Covid emergency grant payments, also paid via the CCDF wire process, whose service period is not determined by a CCDF Childcare voucher date. There is also one (1) AP voucher payment for a planned Covid admin project. Upon review all seven (7) transactions were appropriately charged to the CRRSA covid grant within the period of service. The total of these seven (7) transactions is \$1,192,534.58 and OECOSL believes these should be removed from the finding.

There were also two (2) transactions for AP voucher payments where the invoice date was utilized to determine the service date but upon review the voucher support for both claims indicate the dates of service to be within the period of service for the FFY 2021 grant. The total of these two (2) transactions is \$23,243.76 and OECOSL believes these should be removed the finding.

Recommendation: Recommended that FSSA's management establish controls related to the grant agreement and the Period of Performance compliance requirement to ensure the expenditures are charged to the appropriate grant within the period of performance.

FSSA's management has established controls related to the grant agreement and the Period of Performance compliance requirement to ensure the expenditures are charged to the appropriate grant within the period of performance. There are existing controls in place where contract claims are reviewed by OECOSL program staff and PeopleSoft vouchers are reviewed at multiple levels prior to approval for payment, and charging the appropriate grant year project is part of the review.

OECOSL agrees that there were two (2) Contract AP vouchers charged in full or in part to the FFY 23 grant with dates of service prior to the beginning of the service period and one (1) AP direct voucher charged to FFY2021 that was not encumbered in PeopleSoft prior to the Obligation date. The total of these transactions is \$251,422.17.

OECOSL agrees that there were twelve (12) IOT transactions charged to the FFY 2021 Grant. The dates of services for these transactions were within the liquidation period for the FFY 2021 Grant, but not obligated within the obligation period. The total of these transactions is \$7,597.09.

OECOSL also agrees that there was one (1) transaction charged to FFY 20, with supporting documentation that the date of service was within the FFY 20 liquidation period. At the time of audit review OECOSL is unable to provide the supporting documentation to show this transaction was obligated on a PO to the FFY 20 grant project at 9/30/21, which would allow dates of service through the liquidation period. The total of this transaction is \$104,086.17.

In summary, OECOSL disagrees with a total of \$1,215,778.34 from this finding and is able to provide supporting documentation upon request. OECOSL agrees with a total of \$362,610.43 from this finding.

Per Uniform Guidance:

2 CFR § 200.511(a) – "The auditee is responsible for follow-up and corrective action on all audit findings. . . The auditee must also prepare a corrective action plan for current year audit findings. . . The corrective action plan and summary schedule of prior audit findings must include findings relating to the financial statements which are required to be reported in accordance with GAGAS. "

2 CFR § 200.511(c) – "At the completion of the audit, the auditee must prepare, in a document separate from the auditor's findings described in § 200.516, a corrective action plan to address each audit finding included in the current year auditor's reports. The corrective action plan must provide the name(s) of the contact person(s) responsible for corrective action, the corrective action planned, and the anticipated completion date. If the auditee does not agree with the audit findings or believes corrective action is not required, then the corrective action plan must include an explanation and specific reasons."



Eric Holcomb, Governor
State of Indiana

Office of Early Childhood and Out-of-School Learning
402 W. WASHINGTON STREET, ROOM W362, MS02
INDIANAPOLIS, IN 46204

Description of Corrective Action Plan:

As was previously noted, for the CCDF voucher payment service date issues from the 2021 and 2022 audit findings there have been additional controls and procedures put into place to address period of performance, which ACF has also reviewed as noted in the ACF decision response for both 2021 and 2022. There were no additional service date issues identified in 2023 audit testing regarding service date issues related to CCDF direct services vouchers.

There are existing preventive controls in place for manual review of both Peoplesoft AP voucher payments and PeopleSoft Journal entry transactions where review and approval is documented in the PeopleSoft system. There are also documented detective reviews of posted transactions charged to each FFY grant year completed prior to the submission of federal financial reports, documented by FFA Federal Funding department who retain their work files along with the documented Controller review and approval. To ensure all charges are correct, each transaction noted will be reviewed fully and a journal entry made to correct any payments charged to the Incorrect federal grant year.

The division will ensure going forward due to additional preventive controls already put in place within PeopleSoft that transactions will be strictly charged to the Federal Fiscal year in which those services are incurred to comply with the period of performance requirement.

Anticipated Completion Date:

Review and any corrections will be made through a GL journal by June 2024.

Per Uniform Guidance:

2 CFR § 200.511(a) – “The auditee is responsible for follow-up and corrective action on all audit findings. . . The auditee must also prepare a corrective action plan for current year audit findings. . . The corrective action plan and summary schedule of prior audit findings must include findings relating to the financial statements which are required to be reported in accordance with GAGAS.”

2 CFR § 200.511(c) – “At the completion of the audit, the auditee must prepare, in a document separate from the auditor’s findings described in § 200.516, a corrective action plan to address each audit finding included in the current year auditor’s reports. The corrective action plan must provide the name(s) of the contact person(s) responsible for corrective action, the corrective action planned, and the anticipated completion date. If the auditee does not agree with the audit findings or believes corrective action is not required, then the corrective action plan must include an explanation and specific reasons.”



CORRECTIVE ACTION PLAN

FINDING 2023-031

Finding Subject: Block Grants for Prevention and Treatment of Substance Abuse - Level of Effort - Internal Controls

Summary of Finding:

A lack of internal controls regarding the verification of the Level of Effort calculations (Tables 8a and 8b) Reported to SAMHSA for SFY 2023.

Compliance Requirement: Matching, Level of Effort, Earmarking

Audit Finding: Material Weakness

Contact Person Responsible for Corrective Action: Dhiann Kinsworthy-Blye

Contact Phone Number and Email Address:

317-232-7862
402 W. Washington St. W353
Indianapolis IN 46204

Views of Responsible Officials:

We concur with the finding.

Explanation and Reasons for Disagreement:

N/a

Description of Corrective Action Plan:

Action taken or planned: DMHA will document a process for Tables 8a and 8b data compilation and calculation verification. The person(s) assigned to verify data calculation will be separate from the person(s) preparing the data compilation and initial calculations for Tables 8a and 8b.

Anticipated Completion Date:

06/30/2024

Per Uniform Guidance:

2 CFR § 200.511(a) – “The auditee is responsible for follow-up and corrective action on all audit findings. . .The auditee must also prepare a corrective action plan for current year audit findings. . . The corrective action plan and summary schedule of prior audit findings must include findings relating to the financial statements which are required to be reported in accordance with GAGAS. ”

2 CFR § 200.511(c) – “At the completion of the audit, the auditee must prepare, in a document separate from the auditor’s findings described in § 200.516, a corrective action plan to address each audit finding included in the current year auditor’s reports. The corrective action plan must provide the name(s) of the contact person(s) responsible for corrective action, the corrective action planned, and the anticipated completion date. If the auditee does not agree with the audit findings or believes corrective action is not required, then the corrective action plan must include an explanation and specific reasons.”



FINDING 2023-032

Finding Subject: Block Grants for Prevention and Treatment of Substance Abuse – Subrecipient monitoring

Summary of Finding: Various subrecipients were not properly monitored during the audit period. (Includes IDOH subrecipients funded by SABG.)

Compliance Requirement: Subrecipient Monitoring

Audit Findings: Significant Deficiency, Other Matters

Contact Person Responsible for Corrective Action: Dhiann Kinsworthy-Blye

Contact Phone Number and Email Address:

317-233-3045

402 W. Washington St.

Indianapolis IN 46204

Views of Responsible Officials:

We concur with the finding.

Explanation and Reasons for Disagreement:

N/a

Description of Corrective Action Plan:

Action taken or planned: DMHA will complete subrecipient monitoring for each SABG subrecipient during the term of the grant agreement DMHA executes with SABG subrecipient.

To the extent possible, DMHA will use the GRANTOR subrecipient monitoring component of the eCivis statewide grants mgmt. system under implementation by State Budget Agency.

Anticipated Completion Date:

06/30/2024

FINDING 2023-033

Finding Subject: Block Grants for Prevention and Treatment of Substance Abuse - Reporting

Summary of Finding:

A lack of internal controls and material errors related to subaward reporting under the Federal Funding Accountability and Transparency Act (FFATA)

Compliance Requirement: Reporting

Audit Findings: Significant Deficiency, Other Matters

Contact Person Responsible for Corrective Action: David Nelson

Contact Phone Number and Email Address:

317-233-3045

402 W. Washington St.

Indianapolis IN 46204

Views of Responsible Officials:

We concur with the finding.

Explanation and Reasons for Disagreement:

N/a

Description of Corrective Action Plan:

Action taken or planned: FSSA will develop policies and procedures to ensure subawards that meet the definition of a first-tier subaward are appropriately identified, and all reports are filed as required by the FFATA.

Anticipated Completion Date:

06/30/2024



CORRECTIVE ACTION PLAN

FINDING 2023-034

Finding Subject: Medical Assistance Program (Medicaid) - Activities Allowed or Unallowed, Allowable Costs/Cost Principles, Eligibility

Summary of Finding:

A sample of 28 individual fee-for-services (FFS) claims charged to the Medicaid program during the audit period was selected for testing. Of the 28 FFS claims tested, 6 payments were made on behalf of beneficiaries who did not have an application on file to support their eligibility to receive assistance. Two of the missing applications were expected in 2019 or more recent. The other four missing applications were expected in 2012 or prior. Three payments were made on behalf of beneficiaries for whom proof of citizenship was not on file to support their eligibility to receive assistance.

SBOA recommended that management of the FSSA establish a proper system of internal controls and strengthen their policies and procedures to ensure supporting documentation related to eligibility determinations for Medicaid benefit payments is maintained and available for audit. We also recommended additional policies and procedures that include an appropriate level of review and oversight of the eligibility determinations to ensure data entry errors are timely detected and corrected.

Contact Person Responsible for Corrective Action: Sunshine Beam

Contact Phone Number and Email Address: (317)-234-8697 sunshine.beam@fssa.in.gov

Views of Responsible Officials: We concur with the finding.

Explanation and Reasons for Disagreement:

n/a

Description of Corrective Action Plan:

DFR acknowledges that some applications and verifications were missing for the cases cited in this audit period. These cases were initiated and/or determined within the DFR legacy eligibility case management system that has since been decommissioned. In some cases, the original application was prior to 2012 when DFR fully operationalized our electronic document management. In 2019, DFR began implementation of a new eligibility system, IEDSS. This new eligibility system is fully integrated with the document management system allowing cases and applications to be associated and fully accessible inside IEDSS. The DFR legacy systems were fully decommissioned in September 2020. Any application or verification submitted after September 30, 2020, will be contained in IEDSS. IEDSS fully stores and archives all casework-related artifacts, including interface results.

Each Medicaid case is reviewed and validated at least once per year per OMPP policies. This allows DFR to re-verify any needed information and review all information contained in each case record



is accurate and all verifications are present. In between yearly redeterminations, DFR processes reported changes and redetermines eligibility based on any changes reported.

During this review period the CMS Continuous Enrollment requirements due to COVID-19 ended and DFR began completing annual redeterminations in April 2023. Prior to the end of the CMS Continuous Enrollment requirement all DFR eligibility staff were provided refresher training on Health Coverage application processing and Health Coverage Redetermination processing. This training included the requirement to have an application on file, required citizenship verifications, and requesting required income verifications.

DFR will provide additional training to all eligibility staff on the required verifications for Medicaid determinations and annual redeterminations, specifically focusing on the required citizenship, and income verifications.

Anticipated Completion Date:

August 2024

FINDING 2023-035

Finding Subject: Medical Assistance Program (Medicaid) - Special Tests and Provisions - Medical Loss Ratio (MLR)

Summary of Finding:

Eleven annual MLR reports were received by the FSSA during the audit period for the Healthy Indiana Plan, Hoosier Care Connect, and Hoosier Healthwise programs. Each of the 11 MLR reports were reviewed to verify the 13 required data elements were included; the reporting period covered 12 months; and the report contained an attestation to address accuracy. One of the 13 required data elements, the comparison of managed care plan data to the audited financial reports, was incorrect on every report. The comparisons included in each MLR report utilized unaudited financial data from internal sources.

Contact Person Responsible for Corrective Action: Cora Steinmetz, Medicaid Director

Contact Phone Number and Email Address: (317) cora.steinmetz@fssa.in.gov

Views of Responsible Officials:

We concur with the finding.

Explanation and Reasons for Disagreement:

n/a

Description of Corrective Action Plan:

FSSA will enforce requirements in the managed care organization (MCO) contracts for submission of audited financial reports to facilitate comparison to managed care plan data for the medical loss ratio (MLR) reports.

Anticipated Completion Date:

December 31, 2024

FINDING 2023-036

Finding Subject: Medical Assistance Program (Medicaid) - Special Tests and Provisions - Managed Care Financial Audit

Summary of Finding:

The FSSA's contract with each of the MCOs includes a paragraph requiring the MCOs, on an annual basis, to submit audited financial reports for the calendar year to the FSSA. This paragraph also includes a statement requiring that the audits be conducted in accordance with generally accepted accounting principles and generally accepted auditing standards. The FSSA did not obtain documentation to support that a) each MCO had obtained an independent audit specific to the program, b) each MCO had submitted the required financial reports to the FSSA, and c) the audited financial reports were prepared in accordance with the prescribed standards under 42 CFR 438.3(m).

Contact Person Responsible for Corrective Action: Cora Steinmetz, Medicaid Director
Contact Phone Number and Email Address: (317) cora.steinmetz@fssa.in.gov

Views of Responsible Officials:

We concur with the finding.

Explanation and Reasons for Disagreement:

n/a

Description of Corrective Action Plan:

FSSA will enforce requirements in the managed care organization (MCO) contracts for submission of audited financial reports.

Anticipated Completion Date:

December 31, 2024

FINDING 2023-037

Finding Subject: Medical Assistance Program (Medicaid) - Special Tests and Provisions - Provider Health and Safety Standards

Summary of Finding:

The Indiana Department of Health (IDOH) performs surveys of hospitals, nursing facilities, and intermediate care facilities for individuals with intellectual disabilities (ICF/IID) on behalf of the State of Indiana in order to determine whether the institutions meet prescribed health and safety standards. The FSSA had designed and implemented internal controls to monitor the completion status of the surveys for each ICF/IID within the state. However, the FSSA failed to ensure that each facility received a survey within the required 15-month maximum interval. Of the 25 facilities tested, 3 facilities had received a survey in 2022 and then failed to receive another one within 15 months of their respective survey dates.

Contact Person Responsible for Corrective Action: Cora Steinmetz, Medicaid Director
Contact Phone Number and Email Address: (317) cora.steinmetz@fssa.in.gov

Views of Responsible Officials:

We concur with the finding.

Explanation and Reasons for Disagreement:

n/a

Description of Corrective Action Plan:

FSSA will establish a process with IDOH to ensure there is an appropriate level of review and oversight of the state licensure recertification surveys and to ensure all required ICF/IID facilities receive a survey not later than 15 months after the last day of the previous survey.

Anticipated Completion Date:

December 31, 2024



CORRECTIVE ACTION PLAN

FINDING 2023-038

Finding Subject: Children's Health Insurance Program (CHIP) - Eligibility - Internal Controls

Summary of Finding:

The policies and procedures in place and documentation provided for audit were insufficient to demonstrate that a material portion of the CHIP beneficiaries' Modified Adjusted Gross Income (MAGI)-based eligibility determinations were subject to timely review and an appropriate level of oversight with respect to the accuracy of the determinations and completeness of supporting case records.

Contact Person Responsible for Corrective Action: Sunshine Beam

Contact Phone Number and Email Address: (317) 234-8697 sunshine.beam@fssa.in.gov

Views of Responsible Officials: We concur with this finding

Explanation and Reasons for Disagreement:

n/a

Description of Corrective Action Plan:

Each CHIP case is reviewed and validated at least once per year per OMPP policies. This allows DFR to re-verify any needed information and review all information contained in each case record is accurate and all verifications are present. In between yearly redeterminations, DFR processes reported changes and redetermines eligibility based on any changes reported.

During this review period the CMS Continuous Enrollment requirements due to COVID-19 ended and DFR began completing annual redeterminations in April 2023. Prior to the end of the CMS Continuous Enrollment requirement all DFR eligibility staff were provided refresher training on Health Coverage application processing and Health Coverage Redetermination processing. This training included the requirement to have an application on file, required citizenship verifications, and requesting required income verifications.

DFR will provide additional training to all eligibility staff on the required verifications for CHIP determinations and annual redeterminations, specifically focusing on the required citizenship, and income verifications.

Anticipated Completion Date:

August 2024

FINDING 2023-039



Finding Subject: Children's Health Insurance Program (CHIP) - Special Tests and Provisions – Medical Loss Ratio (MLR)

Summary of Finding:

Four annual MLR reports were received by the FSSA during the audit period for the Hoosier Healthwise program. Each of the four reports were reviewed to verify the 13 required data elements were included; the reporting period covered 12 months; and the report contained an attestation statement to address accuracy. One of the 13 required data elements, the comparison of managed care plan data to the audited financial reports, was incorrect on every report. The comparisons included in each MLR report utilized unaudited financial data from internal sources.

Contact Person Responsible for Corrective Action: Cora Steinmetz, Medicaid Director
Contact Phone Number and Email Address: (317) 447-2672 cora.steinmetz@fssa.in.gov

Views of Responsible Officials:

We concur with the finding.

Explanation and Reasons for Disagreement:

n/a

Description of Corrective Action Plan:

FSSA will enforce requirements in the managed care organization (MCO) contracts for submission of audited financial reports to facilitate comparison to managed care plan data for the medical loss ratio (MLR) reports.

Anticipated Completion Date:

December 31, 2024

FINDING 2023-040

Finding Subject: Children's Health Insurance Program (CHIP) - Special Tests and Provisions - Managed Care Financial Audit

Summary of Finding:

The FSSA's contract with each of the MCOs includes a paragraph requiring the MCOs, on an annual basis, to submit audited financial reports for the calendar year to the FSSA. This paragraph also includes a statement requiring that the audits be conducted in accordance with generally accepted accounting principles and generally accepted auditing standards. The FSSA did not obtain documentation to support that a) each MCO had obtained an independent audit specific to the program, b) each MCO had submitted the required financial reports to the FSSA, and c) the audited financial reports were prepared in accordance with the prescribed standards under 42 CFR 457.1201(k).

Contact Person Responsible for Corrective Action: Cora Steinmetz, Medicaid Director
Contact Phone Number and Email Address: (317) 447-2672 cora.steinmetz@fssa.in.gov

Views of Responsible Officials:

We concur with the finding.

Explanation and Reasons for Disagreement:

n/a

Description of Corrective Action Plan:

FSSA will enforce requirements in the managed care organization (MCO) contracts for submission of audited financial reports.

Anticipated Completion Date:

December 31, 2024

FINDING 2023-041

Finding Subject: Children's Health Insurance Program (CHIP) - Matching, Level of Effort, Earmarking - Internal Controls

Summary of Finding:

The Indiana Department of Health (IDOH) had not properly designed or implemented a system of internal controls for the Matching, Level of Effort, Earmarking compliance requirement of the Children's Health Insurance Program (CHIP). The IDOH's internal controls failed to identify that a project (1 of 3 CHIP projects tested) had not been assigned a state funding source allocation necessary to meet program cost sharing requirements, commonly referred to as the state match. The IDOH entered into a Memorandum of Understanding (MOU) with the Family and Social Services Administration (FSSA) to provide poison treatment, advice, and prevention efforts through a federally approved CHIP health services initiative. Expenditures for the health services initiative were tracked using a project in the State's accounting system and were subject to a required cost sharing allocation of 80.42% federal funding and 19.58% state funding, with \$1,300,000 of federal funding available over a 2- year period (\$650,000 annually). However, because a state funding source allocation was not assigned by IDOH when creating the project, \$316,513 of state funding was not transferred into the State's federal fund from which the CHIP program expenditures were paid, and therefore did not supplement the \$1,300,000 federal share.

Management of the FSSA identified issues with the project billing, and therefore, the FSSA elected to not draw down federal funds associated to the CHIP health services initiative expenditures until the issues were resolved. As of our audit report date, \$1,300,000 is reported as a grants receivable in the State's accounting system and has yet to be drawn from the federal government, and \$316,513 remains to be transferred to the State's federal fund as the state share. Because no federal funds were drawn to-date, the \$1,300,000 in program costs have effectively been paid by state appropriations in the interim, and the project is currently compliant with (and exceeds) the state match requirement. Had the normal process occurred and the FSSA's own internal controls over cash management not prevented the draws from occurring, the IDOH would not have met the CHIP state match and would have been noncompliant with the Matching, Level of Effort, Earmarking requirement.

Contact Person Responsible for Corrective Action:

Contact Phone Number and Email Address:

Views of Responsible Officials:

FSSA concurs, but believes this finding is more appropriately directed to IDOH.

Explanation and Reasons for Disagreement:

n/a

Description of Corrective Action Plan: FSSA will share the results of the audit finding with IDOH and request their collaboration to transfer the necessary state funding and ensure that processes exist to ensure program expenditures are compliant with cost sharing requirement.

Anticipated Completion Date: June 30, 2024

OTHER REPORTS

In addition to this report, other reports may have been issued for the State. All reports can be found on the Indiana State Board of Accounts' website: <http://www.in.gov/sboa/>.