

OFFICE OF THE STATE AUDITOR

DIANA DIZOGLIO

Official Audit Report – Issued November 14, 2024

Office for Refugees and Immigrants

For the period July 1, 2020 through June 30, 2022



OFFICE OF THE STATE AUDITOR

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November 14, 2024

Cristina Aguilera, Executive Director
Office for Refugees and Immigrants
600 Washington Street, 4th Floor
Boston, MA 02111

Dear Ms. Aguilera:

I am pleased to provide to you the results of the enclosed performance audit of the Office for Refugees and Immigrants. As is typically the case, this report details the audit objectives, scope, methodology, findings, and recommendations for the audit period, July 1, 2020 through June 30, 2022. As you know, my audit team discussed the contents of this report with agency managers. This report reflects those comments.

I appreciate you and all your efforts at the Office for Refugees and Immigrants. The cooperation and assistance provided to my staff during the audit went a long way toward a smooth process. Thank you for encouraging and making available your team. I am available to discuss this audit if you or your team has any questions.

Best regards,



Diana DiZoglio
Auditor of the Commonwealth

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LIST OF ABBREVIATIONS

CNAP	Citizenship for New Americans Program
DPH	Department of Public Health
ORI	Office for Refugees and Immigrants
ORR	Office of Refugee Resettlement
RHAP	Refugee Health Assessment Program

EXECUTIVE SUMMARY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor has conducted a performance audit of the Office for Refugees and Immigrants (ORI) for the period July 1, 2020 through June 30, 2022.

The purpose of this audit was to determine the following:

- to what extent ORI monitored the Refugee Health Assessment Program (RHAP) as required by Section 207 of Chapter 6 of the General Laws and its fiscal year 2021 and 2022 interdepartmental service agreements with the Department of Public Health (DPH);
- to what extent ORI ensured that health assessment services were available in languages that refugees and immigrants could understand as required by Section 207 of Chapter 6 of the General Laws; and
- to what extent ORI monitored the Citizenship for New Americans Program (CNAP) as required by Section 207 of Chapter 6 of the General Laws.

Below is a summary of our findings, the effects of those findings, and our recommendations, with links to each page listed.

Finding 1 Page 10	ORI did not perform required monitoring activities over the RHAP.
Effect	If ORI does not perform monitoring activities over the RHAP, then refugees may not receive important healthcare services or may not be screened for communicable diseases, which may place vulnerable populations at risk.
Recommendations Page 10	<ol style="list-style-type: none">1. ORI should conduct formal site visits with all RHAP providers at least annually.2. ORI should conduct formal site visits with DPH to monitor DPH's administration of the RHAP at least annually.3. ORI should document all its desk reviews of DPH's Trimester and Annual Reports.
Finding 2 Page 11	ORI did not monitor RHAP services to ensure that interpreter services were provided.
Effect	When RHAP participants do not receive health assessments in a language that they can understand, there is a higher-than-acceptable risk that their healthcare needs may not be communicated and/or addressed.
Recommendations Page 12	<ol style="list-style-type: none">1. ORI should ensure that RHAP participants receive interpretation services when required.2. ORI should ensure that health assessment forms have a field for RHAP participants to document their preferred languages.

Finding 3 Page <u>14</u>	ORI did not always monitor the CNAP.
Effect	By not performing monitoring activities over the CNAP, ORI risks funding providers that do not meet the goals of the program and further risks CNAP participants experiencing unnecessary delays in their paths to citizenship.
Recommendations Page <u>15</u>	<ol style="list-style-type: none">1. ORI should hold kickoff conference calls with CNAP providers at the beginning of each fiscal year.2. ORI should document meeting minutes for its kickoff conference calls and fiscal year close conference calls with CNAP providers.3. ORI should hold site visits with all CNAP providers at least annually during the fiscal year under review.

OVERVIEW OF AUDITED ENTITY

The Office for Refugees and Immigrants (ORI), within the Executive Office of Health and Human Services, was established by the state Legislature in 1992, in part, as a response to the federal Refugee Act of 1980. Section 206 of Chapter 6 of the Massachusetts General Laws states,

*The director shall be the state refugee coordinator pursuant to the federal Refugee Act of 1980. . . .
The director shall also have primary responsibility for the administration of programs and services pursuant to the federal Immigration Reform and Control Act of 1986.*

ORI's executive director is appointed by the Secretary of Health and Human Services, and the appointment is approved by the Governor. As of June 30, 2022, ORI had 14 employees.

ORI partners with resettlement agencies and community and faith-based organizations in Massachusetts to provide services to refugees and immigrants, such as health assessments, social services, and assistance with naturalization.

Sections 207 and 208 of Chapter 6 of the General Laws outline ORI's duties. These sections also establish an advisory council that advises the Governor on policy, planning, and priorities for refugees and immigrants in the Commonwealth. Section 205 of Chapter 6 of the General Laws states, "The purpose of [ORI] is to promote the full participation of refugees and immigrants as self-sufficient individuals and families in the economic, social, and civic life of the commonwealth."

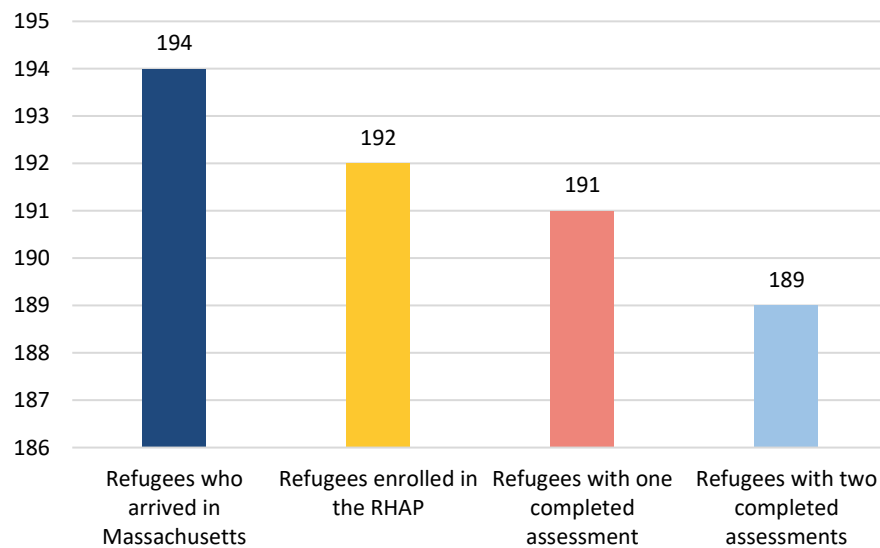
Refugee Health Assessment Program and Health Assessment Services

The Refugee Health Assessment Program (RHAP), which is administered through ORI, provides health assessment services to eligible refugees who enter the United States through Massachusetts within 90 days of their entry. These health assessment services include medical examinations, follow-up appointments, immunizations, and referrals to primary care physicians. ORI oversees the RHAP and the Department of Public Health (DPH) provides the health assessments for the program through interdepartmental service agreements with ORI. DPH contracts with RHAP providers, which are private healthcare organizations that provide medical services to refugees. The services offered through the RHAP are meant to mitigate barriers to healthcare access by providing health assessments in a format and language that meet the needs of refugees.

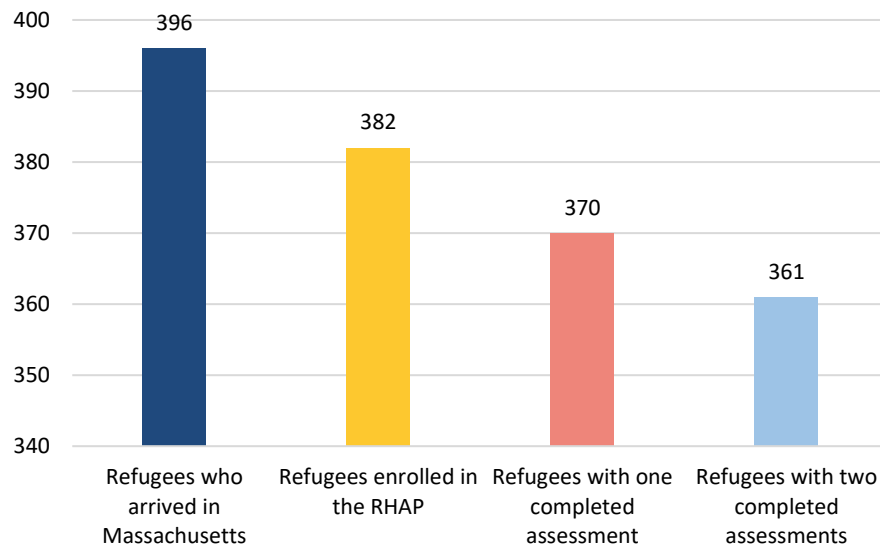
The Program Reports section of the fiscal year 2021 interdepartmental service agreement between ORI and DPH states that DPH must complete Trimester and Annual Reports on the RHAP, which must include “1) quantitative data on the Refugee Health Assessment Program; and 2) qualitative information on activities and issues related to the implementation of the RHAP.”

The tables below illustrate the number of refugees who entered the United States through Massachusetts, the number of these refugees who enrolled in the RHAP, and the number of assessments that these refugees received during fiscal years 2021 and 2022.

RHAP 2021



RHAP 2022

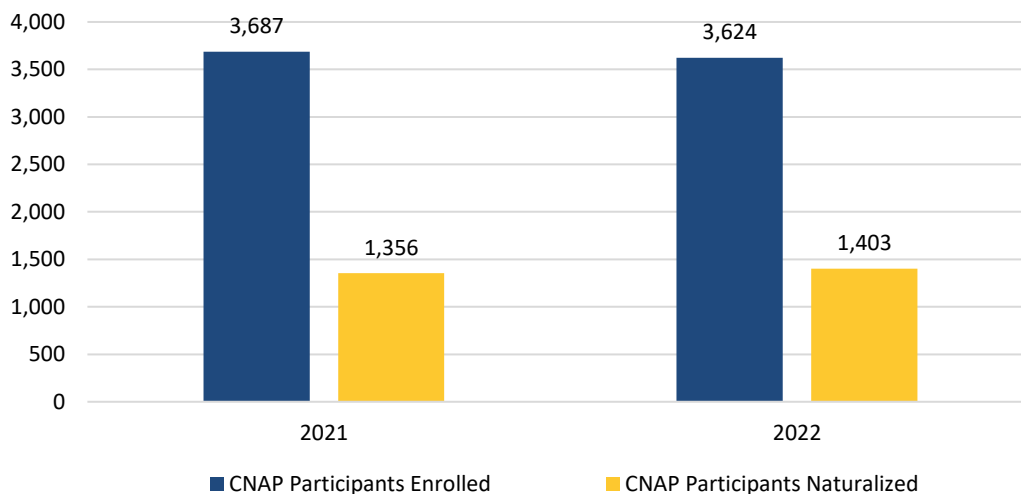


ORI must conduct site visits of RHAP providers and DPH and must complete site visit reports on its findings. Site visit reports contain information such as the ORI employees who participated in the site visits, the procedures followed during the site visits, and ORI's findings, if any.

Citizenship for New Americans Program

ORI administers the Citizenship for New Americans Program (CNAP) through contracts with private organizations, called CNAP providers, that offer support services to help lawful permanent residents attain US citizenship. These services include citizenship application assistance, English language classes, and civics classes. ORI is required to perform monitoring activities over its CNAP providers. These monitoring activities include (1) holding kickoff and fiscal year close conference calls with CNAP providers to discuss program outreach and enrollment; (2) performing desk reviews¹ and site visits; and (3) holding ongoing calls with CNAP providers to ensure that they are meeting program goals and implementing ORI's recommendations, if any. During the audit period, ORI contracted with 17 CNAP providers.

The table below illustrates the number of CNAP participants enrolled in the program and the number of participants who became naturalized US citizens during fiscal years 2021 and 2022.



1. During a desk review, ORI reviews CNAP providers' case files to ensure that all paperwork for immigrants seeking citizenship through the program is fully documented. ORI also reviews CNAP provider staffing to ensure that they are able to meet program goals.

AUDIT OBJECTIVES, SCOPE, AND METHODOLOGY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor has conducted a performance audit of certain activities of the Office for Refugees and Immigrants (ORI) for the period July 1, 2020 through June 30, 2022.

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

Below is a list of our audit objectives, indicating each question we intended our audit to answer; the conclusion we reached regarding each objective; and, if applicable, where each objective is discussed in the audit findings.

Objective	Conclusion
1. To what extent did ORI monitor the Refugee Health Assessment Program (RHAP) as required by Section 207 of Chapter 6 of the General Laws and its fiscal year 2021 and 2022 interdepartmental service agreements with the Department of Public Health (DPH)?	To some extent; see Finding <u>1</u>
2. To what extent did ORI ensure that health assessment services were available in languages that refugees and immigrants could understand as required by Section 207 of Chapter 6 of the General Laws?	To some extent; see Finding <u>2</u>
3. To what extent did ORI monitor the Citizenship for New Americans Program (CNAP) as required by Section 207 of Chapter 6 of the General Laws?	To some extent; see Finding <u>3</u>

To accomplish our audit objectives, we gained an understanding of the aspects of the internal controls relevant to our objectives by reviewing ORI's applicable policies and procedures and by interviewing ORI staff members and management. To obtain sufficient, appropriate evidence to address our audit objectives, we performed the procedures described below.

RHAP

To determine to what extent ORI monitored the RHAP as required by Section 207 of Chapter 6 of the General Laws and its fiscal year 2021 and 2022 interdepartmental service agreements with DPH, we took the following actions:

- We interviewed ORI management.
- We obtained a list of RHAP providers from ORI. We then cross-referenced this list with DPH's RHAP Annual Reports for fiscal years 2021 and 2022 to identify all seven RHAP providers that were under contract with ORI during the audit period.
- We requested documentation of ORI's reviews of DPH's Trimester and Annual Reports of the RHAP to determine whether ORI completed these reviews.
- We obtained and reviewed ORI's site visit reports of RHAP providers to determine whether ORI held site visits with all seven RHAP providers during each fiscal year within the audit period.
- We requested ORI's site visit reports of DPH to determine whether ORI monitored DPH's duties regarding the RHAP.

Based on the results of our testing, we determined that, during the audit period, ORI did not always conduct monitoring activities over the RHAP. For more information, see Finding [1](#).

Health Assessment Services

To determine to what extent ORI ensured that health assessment services were available in languages that refugees and immigrants could understand as required by Section 207 of Chapter 6 of the General Laws, we took the following actions. We selected a random, nonstatistical² sample of 73 RHAP health assessment forms from a population of 2,072 health assessment forms that were completed during the audit period and determined whether interpretation services were provided to refugees.

Based on the results of our testing, we determined that, during the audit period, ORI did not always ensure that health assessments were available in languages that refugees could understand. For more information, see Finding [2](#).

CNAP

To determine to what extent ORI monitored the CNAP as required by Section 207 of Chapter 6 of the General Laws, we took the following actions:

- We interviewed ORI management.
- We obtained a list of CNAP providers from ORI. We then cross-referenced this list with ORI's Community Partners Directory, which documents all ORI programs and providers of those

2. Auditors use nonstatistical sampling to select items for audit testing when a population is very small, the population items are not similar enough, or there are specific items in the population that the auditors want to review.

programs, to identify all 17 CNAP providers that were under contract with ORI during the audit period.

- We requested documentation of ORI's kickoff conference calls with CNAP providers.
- We reviewed ORI's desk review reports of CNAP providers.
- We reviewed ORI's site visit reports of CNAP providers.
- We requested documentation of ORI's fiscal year close conference calls with CNAP providers.

Based on the results of our testing, we determined that, during the audit period, ORI did not always monitor the CNAP as required by Section 207 of Chapter 6 of the General Laws. For more information, see Finding 3.

We used nonstatistical sampling methods for testing and therefore did not project the results of our testing to any population.

Data Reliability Assessment

ORI provided us with the [Office of Refugee Resettlement (ORR)]-5 Refugee Data Submission System for Formula Fund Allocations reports³ that ORI submitted during the audit period, which include information such as each refugee's name, identification numbers (which ORR-5 reports refer to as alien numbers), each refugee's date of birth, and the date of each refugee's health assessment(s). We performed validity and integrity tests on all ORR-5 information, including (1) scanning for duplicate records, (2) testing for blank fields, (3) testing for data validity errors (i.e., that fields are formatted correctly), and (4) looking for dates outside of the audit period. To determine the completeness and accuracy of the information, we selected a judgmental sample of 30 refugee records from ORR-5 reports and vouched⁴ certain fields, including identification numbers, dates of birth, arrival dates, and health assessment dates, to the fields in corresponding health assessment forms. We found that 7 out of 30 refugee records from ORR-5 reports did not have matching identification numbers, dates of birth, and/or arrival dates as listed on the corresponding health assessment form.

3. ORI annually submits these reports to the federal ORR, which provides oversight for federal and state refugee programs. The purpose of these reports is to track information such as how many people participate in the RHAP, how many health assessments participants received, and how many health assessments were completed within 90 days of each participant's entry into the United States.

4. Vouching is the inspection of supporting documentation to corroborate data.

We also selected a judgmental sample of 20 health assessment forms and traced certain fields, including identification numbers, dates of birth, arrival dates, and health assessment dates, to corresponding records in the ORR-5 reports. We found that 13 out of 20 health assessment forms did not have matching identification numbers, dates of birth, arrival dates, and/or health assessment dates as listed in the ORR-5 reports. The ORR-5 reports were the only source of data to identify the population of RHAP participants.

Based on the results of the data reliability assessment procedures described above, we determined that the information we obtained, except for the issues noted above (which were discussed with ORI), was sufficiently reliable for the purposes of our audit.

DETAILED AUDIT FINDINGS WITH AUDITEE'S RESPONSE

1. The Office for Refugees and Immigrants did not perform required monitoring activities over the Refugee Health Assessment Program.

During the audit period, the Office for Refugees and Immigrants (ORI) did not always perform required monitoring activities over the Refugee Health Assessment Program (RHAP). We found that ORI representatives only attended site visits for two out of seven RHAP providers in 2021, and that no ORI representatives attended any site visits in 2022. ORI also told us that it did not conduct any site visits to the Department of Public Health (DPH) to monitor DPH's administration of the RHAP nor did ORI document any of its desk reviews of DPH's Trimester and Annual Reports on the RHAP.

If ORI does not perform monitoring activities over the RHAP, then refugees may not receive important healthcare services or may not be screened for communicable diseases, which may place vulnerable populations at risk.

Authoritative Guidance

According to Section 207 Chapter 6 of the Massachusetts General Laws, "[ORI] shall have the following powers: . . . (c) to coordinate the commonwealth's policies and programs for refugees and immigrants including those administered by other state agencies."

Section B (which was the same for fiscal years 2021 and 2022) of ORI's interdepartmental service agreement with DPH states,

ORI's monitoring activities shall include: 1) desk reviews of Trimester and Annual Reports on the RHAP; 2) annual formal site visits of reasonable frequency and duration, with advance notice to and coordination with DPH, to Provider sites where RHAP services are provided; and 3) formal site visits to DPH to monitor RHAP.

Reasons for the Issue

ORI told us that it did not perform all of its required monitoring activities because of a staffing shortage and the COVID-19 pandemic.

Recommendations

1. ORI should conduct formal site visits with all RHAP providers at least annually.

2. ORI should conduct formal site visits with DPH to monitor DPH's administration of the RHAP at least annually.
3. ORI should document all its desk reviews of DPH's Trimester and Annual Reports.

Auditee's Response

Based on the Interdepartmental Service Agreement (ISA) between the Office for Refugees and Immigrants (ORI) and the Department of Public Health (DPH), the Department of Public Health (DPH) is responsible for providing services under the Refugee Health Assessment Program (RHAP), including leading the efforts for site monitoring visits to RHAP sites. It is imperative to note that the challenges posed by the pandemic and staff turnover significantly impacted the joint site monitoring visits between ORI and DPH during the audit period.

In response to these challenges, ORI has recognized the need to take concrete actions, and as a result, we, in partnership with DPH, plan to revise the site monitoring visits sections of the ISA. This amendment will signify a crucial shift, ensuring that site monitoring visits to RHAP sites are conducted collaboratively between ORI and DPH. The primary aim is to reduce the burden on providers, eliminate duplication of efforts, and guarantee a more efficient and effective monitoring process. Furthermore, decreasing the frequency of visits to at least once during the contract period and as needed will streamline the process, preserving adequate oversight while preventing undue disruption.

Looking forward, the ORI is fully committed to launching site monitoring visits to the DPH by the state fiscal year following. It is essential to underscore that both ORI and DPH are dedicated to working collaboratively to implement these changes and ensure that site monitoring visits are executed as planned, with minimal disruption to service providers. This commitment is a testament to our unwavering dedication to responsibility and accountability in delivering our services.

Auditor's Reply

Based on its response, ORI is taking measures to address this matter.

2. The Office for Refugees and Immigrants did not monitor Refugee Health Assessment Program services to ensure that interpreter services were provided.

During the audit period, RHAP participants did not always receive interpreter services from DPH or RHAP providers during their health assessments. Specifically, we inspected the health assessment forms of 73 RHAP participants to determine whether an interpreter was present during the health assessment. We found that 7 out of 73 RHAP participants in our sample did not have an interpreter present during their health assessments when they may have needed one. An interpreter is required to be present during a health assessment if a refugee requires assistance with understanding medical professionals who may not speak a refugee's preferred language.

When RHAP participants do not receive health assessments in a language that they can understand, there is a higher-than-acceptable risk that their healthcare needs may not be communicated and/or addressed.

Authoritative Guidance

Section 207 of Chapter 6 of the General Laws states, “[ORI] shall have the following powers . . . (f) to increase the availability and utilization of qualified interpreter services.”

Reasons for the Issue

ORI informed us that the seven RHAP participants we identified may not have needed interpretation services during their health assessments. However, we could not corroborate that information because the health assessment forms did not have a field for RHAP participants to document their preferred languages.

Recommendations

1. ORI should ensure that RHAP participants receive interpretation services when required.
2. ORI should ensure that health assessment forms have a field for RHAP participants to document their preferred languages.

Auditee's Response

Language access is a cornerstone of effective Refugee Health Assessment Program (RHAP) services. Sites must have robust systems in place to ensure the identification and utilization of trained medical interpreters, including those provided through telephone, web-based, or other emerging technologies. Our commitment to language access is unwavering, and we are dedicated to continuously improving our processes to ensure that all participants receive the necessary support.

After carefully reviewing the seven RHAP forms that were found to lack interpreter reporting data, and upon further electronic medical record (EMR) requests from RHAP sites, we have confirmed that all seven individuals did, in fact, receive appropriate access to interpreter services.

Specifically, three of the individuals were children whose parents did not require an interpreter, as indicated on the parents' RHAP form. Additionally, one adult participant did not need interpreter services. Two participants were screened on the same day along with their respective family members, and based on the family members' RHAP forms, it was extrapolated that interpretation services were provided. It is worth noting that DPH encourages RHAP providers to conduct RHAP screening services as a family unit whenever possible, in order to minimize access barriers and burdens for the participants.

Furthermore, the seventh participant had two RHAP forms, one from an uncontracted site, Greater New Bedford Community Health Center (GNBCHC), and the other from a contracted screening site, Boston Medical Center (BMC). Notably, the BMC RHAP form, which was not included in the audit review, indicated that the patient did not require an interpreter.

We understand the importance of offering interpretation services in refugees' preferred languages. Resettlement agencies must complete RHAP referral forms with a specific field for the patient's preferred language. We recognize that the unprecedented increased volume for resettlement and RHAP has posed challenges, resulting in oversights in completing the interpreter field on the RHAP form.

We are committed to ensuring that all services are delivered by physicians or midlevel clinicians and their appropriately supervised staff, with trained medical interpreters, in a manner that is responsive to refugees' language, experiences, and culture, following the RHAP procurement document.

Auditor's Reply

In its response, ORI states that the seven RHAP participants that we identified in our finding as not having interpreter services documented on their health assessment forms did not require interpreters. ORI states that it was able to confirm this by reviewing the electronic medical records of these seven participants, which were obtained from each RHAP participant's provider, and by reviewing each participant's RHAP referral form, which has a field to document whether each RHAP participant requires an interpreter.

During the course of our audit work, on October 6, 2023, we requested copies of the RHAP referral forms for the 73 RHAP participants in our sample. We requested this information again on December 1, 2023. On December 22, 2023, ORI provided us with copies of RHAP referral forms for 21 out of the 73 RHAP participants in our sample. We then further requested the remaining 52 RHAP referral forms from ORI in an email on January 24, 2024. On January 30, 2024, ORI replied to our email, stating,

Referrals forms are used to create and or update . . . events for RHAP clients. The program does not retain these forms after that point. The 21 forms were the only forms available and corresponds to the list provided by the auditors.

We further note that we only received RHAP referral forms for two of the seven RHAP participants identified in our finding as not having interpreter services documented on their health assessment form. Contradicting ORI's response, we found that one of the RHAP participants represented by those two referral forms indicated on their form that they needed interpreter services that were not provided to them.

As such, because ORI does not retain RHAP referral forms for its RHAP participants, we maintain that the need for interpreter services should also be documented on each RHAP participant's health assessment form (a different document) to ensure that RHAP participants receive their health assessments in their preferred language and to create an audit trail that allows for improved oversight and transparency to the public on these matters.

3. The Office for Refugees and Immigrants did not always monitor the Citizenship for New Americans Program.

During the audit period, ORI did not always monitor the Citizenship for New Americans Program (CNAP). Specifically, ORI completed site visit checklists for only 7 out of 17 CNAP providers that provided services in fiscal year 2021 and the same 7 out of 17 CNAP providers that provided services in fiscal year 2022, and ORI did not complete site visit reports for these CNAP providers until 2023. Additionally, ORI told us that it did not record minutes for any meetings, kickoff conference calls, or fiscal year close conference calls that it held with CNAP providers.

By not performing monitoring activities over the CNAP, ORI risks funding providers that do not meet the goals of the program and further risks CNAP participants experiencing unnecessary delays in their paths to citizenship.

Authoritative Guidance

Section 207 of Chapter 6 of the General Laws states, "[ORI] shall have the following powers: . . . (c) to coordinate the commonwealth's policies and programs for refugees and immigrants including those administered by other state agencies."

Section M of ORI's CNAP Additional Contract Requirements for fiscal year 2022 states,

Throughout [fiscal year 2022], ORI will monitor CNAP providers' progress towards annual outcomes by performing a combination of activities that range from desk reviews and kick off conference calls at the beginning of the fiscal year to on-site monitoring reviews and Fiscal Year Close conference calls.

Reasons for the Issue

ORI told us that it delayed visiting some CNAP providers during the audit period because of a staffing shortage during the COVID-19 pandemic. ORI told us that it did not complete many fiscal year 2021 and 2022 site visits until its fiscal year 2023. Additionally, ORI told us that it could not complete site visits for

2 of the 10 CNAP providers with no site visits during either fiscal years 2021 or 2022 because they left the program.

Recommendations

1. ORI should hold kickoff conference calls with CNAP providers at the beginning of each fiscal year.
2. ORI should document meeting minutes for its kickoff conference calls and fiscal year close conference calls with CNAP providers.
3. ORI should hold site visits with all CNAP providers at least annually during the fiscal year under review.

Auditee's Response

ORI recognizes the importance of effective monitoring for its CNAP program. CNAP is a long-standing program for ORI. As such, it is imperative to note that during the audit period, the challenges posed by the pandemic and staff turnover significantly impacted the ORI's monitoring activities and site visits to CNAP providers during the audit period. ORI is committed to regular monitoring activities, including conference calls, site visits, and desk reviews, as appropriate. ORI further recognizes the importance of documenting monitoring activities, including conference calls, to track this function and to ensure the availability of such records for audit reviews. ORI is reviewing its processes to ensure monitoring activities are documented in the program file.

ORI wishes to note one point of clarification related to the characterization of the "risk" related to the CNAP program, described above. As quoted above in ORI's standard CNAP contract, ORI monitors "CNAP providers' progress toward annual [target] outcomes." As the Office of the Auditor is aware, providers are paid based on outcomes for individual clients. As such it does not seem quite accurate to note as a risk that ORI may be "funding providers that do not meet the goals of the program." Providers and ORI set annual targets, and monitoring efforts relate to those annual targets to provide as much access to this program as possible. However, ORI only pays for outcomes and as such there is no risk of funding issuing to providers that "do not meet the goals of the program." Funding only issues to providers that complete services consistent with the program requirements.

Auditor's Reply

Although ORI recognizes the importance of its monitoring activities over the CNAP, in its response, ORI disagrees that by not performing monitoring activities, it may be funding providers that do not meet the goals of the program. ORI further states that this is because CNAP providers are paid based on the outcomes of their individual clients, with ORI's payment serving as proof that the goals were achieved.

While it is true that CNAP providers are paid based on client outcomes, Section M of ORI's CNAP Additional Contract Requirements for fiscal year 2022 established the following goal for ORI to monitor CNAP providers' progress toward annual outcomes:

ORI will monitor CNAP providers' progress towards annual outcomes by performing a combination of activities that range from desk reviews and kick off conference calls at the beginning of the fiscal year to on-site monitoring reviews and Fiscal Year Close conference calls.

Additionally, the CNAP Additional Contract Requirements for fiscal year 2022 also state that ORI should hold ongoing and fiscal year close calls to track whether CNAP providers are on track to meet their intended outcomes.

Finally, the CNAP Additional Contract Requirements also allow for ORI to conduct on-site fiscal monitoring of CNAP providers, including reviews of budget expenditures, billing, invoices, and payments to program employees. Therefore, we maintain that, by not performing its CNAP monitoring activities, ORI risks funding CNAP providers that may not be meeting annual outcomes of the program.