

Audit Report

The Sexually Transmitted Disease/ Human Immunodeficiency Virus (STD/HIV) Prevention Services Grant Program

San Antonio Metropolitan Health District



**Inspector
General**

Texas Health
and Human Services

July 15, 2022

OIG Report No. AUD-22-014



The Sexually Transmitted Disease/Human Immunodeficiency Virus (STD/HIV) Prevention Services Grant Program

San Antonio Metropolitan Health District

Results in Brief

Why OIG Conducted This Audit

The Texas Health and Human Services (HHS) Office of Inspector General Audit and Inspections Division (OIG Audit) conducted an audit of the San Antonio Metropolitan Health District (Metro Health), a local health department administering sexually transmitted disease (STD) and human immunodeficiency virus (HIV) control and prevention activities under the Texas Department of State Health Services (DSHS) STD/HIV Prevention Services Grant Program.

This program provides essential services designed to prevent and control the spread of STDs through monitoring, surveilling, and responding to STD outbreaks.

For the period from January 1, 2019, through August 31, 2021, Metro Health had a total budget of \$5.6 million for the STD/HIV Prevention Services Grant Program and received reimbursement for \$4.9 million.

Summary of Review

The audit objective was to determine whether Metro Health had processes and controls in place to ensure it administered the STD/HIV Prevention Services Grant Program in accordance with selected grant agreement requirements for performance, data management, reporting, and grant expenditures.

Conclusion

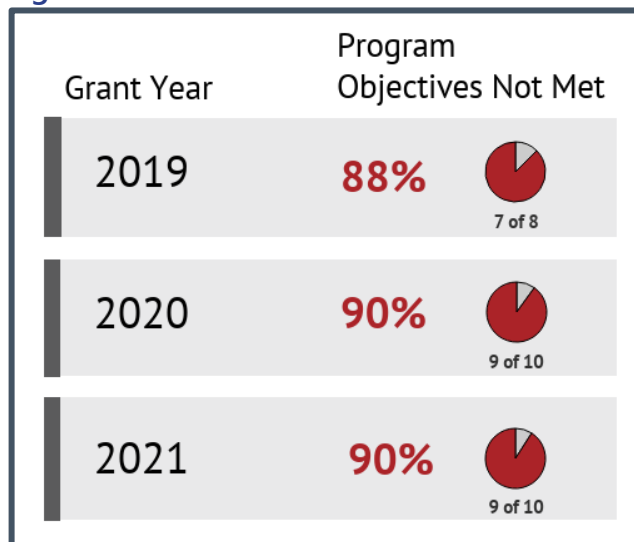
The San Antonio Metropolitan Health District (Metro Health) performed key sexually transmitted disease (STD) and human immunodeficiency virus (HIV) prevention services activities; however, Metro Health did not have processes in place to ensure (a) program objectives were met, (b) financial expenditures were recorded accurately, and (c) compliance with selected security and confidentiality requirements was achieved.

Key Results

Metro Health performed grant agreement activities; however, Metro Health consistently did not meet program objectives designed to measure the effectiveness of the STD/HIV Prevention Services Grant Program.

Specifically, Metro Health did not meet 25 of 28 (89.3 percent) program objectives reviewed as part of this audit. Figure 1 details the number of program objectives Metro Health did not meet by grant year.

Figure 1: Metro Health’s Performance of Program Objectives



Source: OIG Audit

The audit scope covered the period from January 1, 2019, through August 31, 2021. The audit included a review of Metro Health's internal controls as well as testing of controls that were significant within the context of the audit objective.

Background

The DSHS STD/HIV Prevention Services Grant Program is designed to control and prevent the spread of STDs, including Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) and viral hepatitis.

Metro Health performs STD/HIV Prevention Services Grant Program activities to prevent and control the spread of STDs. The prevention activities include identifying individuals with STDs, identifying partners of those diagnosed with STDs, and connecting both the diagnosed individual and their partners to care and treatment. The control activities include conducting surveillance, responding to STD-related outbreaks, and promoting U.S. Centers for Disease Control and Prevention (CDC)-recommended practices to relevant providers.

Metro Health directly administers STD testing and is assigned outreach activities by DSHS. Metro Health then provides education, outreach, and screening services to individuals diagnosed with STDs and other at-risk populations.

DSHS acts as a pass-through entity between the CDC and Metro Health for STD prevention and control programs. As of August 31, 2021, Metro Health was one of eight local health departments in Texas with a grant agreement with DSHS.

Management Response

Metro Health predominantly agreed with the audit recommendations and indicated corrective actions would be implemented by August 2022.

For more information, contact:
OIGAuditReports@hhs.texas.gov

Additionally, Metro Health did not ensure expenditures were incurred or reported in the correct grant year. Specifically, Metro Health (a) received reimbursement of \$2,890 in 2020 for expenses incurred in 2021 and (b) included non-program information on the financial status reports, which resulted in expenses that were understated by \$63,124 in 2021.

Further, Metro Health did not have effective security and confidentiality controls in place to ensure (a) access to systems and information was appropriate or (b) required documentation was maintained.

Recommendations

Metro Health should:

- Implement (a) processes to identify when grant activities are not meeting program objectives and (b) initiatives to improve performance.
- Ensure it has processes and controls in place to limit reimbursement requests to allowable grant activities for the STD/HIV Prevention Services Grant Program.
- Ensure it has processes and controls in place to prepare accurate financial status reports with relevant program information for the STD/HIV Prevention Services Grant Program.
- Strengthen its security and confidentiality controls for STD/HIV data.

Confidential Information Omitted from This Report

Pursuant to Standard 9.61 of *Government Auditing Standards* issued by the Comptroller General of the United States, certain information was omitted from this report because the information was deemed to present potential risks related to public safety, security, or the disclosure of private or confidential data. Under the provisions of Texas Government Code Section 552.139, the omitted information is also exempt from the requirements of the Texas Public Information Act.

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Audit Overview

Overall Conclusion

The San Antonio Metropolitan Health District (Metro Health) performed key sexually transmitted disease (STD) and human immunodeficiency virus (HIV) prevention services activities; however, Metro Health did not have processes in place to ensure (a) program objectives were met, (b) financial expenditures were recorded accurately, and (c) compliance with selected security and confidentiality requirements was achieved.

Key Audit Results

Metro Health performed grant agreement activities such as testing for sexually transmitted diseases, interviewing newly diagnosed individuals, identifying partners, and connecting both the diagnosed individual and their partners to care and treatment. However, Metro Health consistently did not meet program objectives designed to measure the effectiveness of the Sexually Transmitted Disease/Human Immunodeficiency Virus (STD/HIV) Prevention Services Grant Program.

Objective

The audit objective was to determine whether Metro Health had processes and controls in place to ensure it administered the STD/HIV Prevention Services Grant Program in accordance with selected grant agreement requirements for performance, data management, reporting, and grant expenditures.

Scope

The audit scope covered the period from January 1, 2019, through August 31, 2021. The audit included a review of Metro Health's internal controls as well as testing of controls that were significant within the context of the audit objective.

Specifically, of the program objectives reviewed as part of this audit,¹ Metro Health did not meet:

- 7 of 8 program objectives for 2019.²
- 9 of 10 program objectives for 2020.
- 9 of 10 program objectives for 2021.

Additionally, Metro Health did not ensure expenditures were incurred or reported in the correct grant year. Specifically, Metro Health (a) received reimbursement of \$2,890 in 2020 for expenses incurred in 2021 and (b) included non-program information on the financial status reports, which resulted in expenses that were understated by \$63,124 in 2021.

Further, Metro Health did not have effective security and confidentiality controls in place to ensure (a) access to systems and information was appropriate or (b) required documentation was maintained.

The Texas Health and Human Services (HHS) Office of Inspector General (OIG) Audit and Inspections Division (OIG Audit) offered recommendations to Metro Health, which, if implemented, will help ensure that Metro

What Prompted This Audit

The U.S. Centers for Disease Control and Prevention (CDC) estimated that approximately 26.2 million new viral and bacterial sexually transmitted infections occurred in 2018.³ Sexually transmitted diseases are often asymptomatic, and infected individuals may be unaware of their infection. This can result in serious, long-term medical complications.

The Texas Department of State Health Services (DSHS) contracts with local health departments, including Metro Health, to monitor, surveil, and respond to STD outbreaks. These efforts are essential for preventing and controlling the spread of STDs.⁴

¹ OIG Audit reviewed 8 of 45 program objectives for 2019; 10 of 46 program objectives for 2020; and 10 of 41 program objectives for 2021.

² Unless otherwise described, any year referenced is the grant year, which covers the period from January 1, 2019, through December 31, 2019, for grant year 2019; January 1, 2020, through December 31, 2020, for grant year 2020; and January 1, 2021, through August 31, 2021, for grant year 2021.

³ Kristen M. Kreisel et al., "Sexually Transmitted Infections Among US Women and Men: Prevalence and Incidence Estimates, 2018," *Sexually Transmitted Diseases* 48, no. 4 (Apr. 2021): 208–214, doi: <https://doi.org/10.1097/olq.0000000000001355>.

⁴ U.S. Centers for Disease Control and Prevention Request for Applications (RFA), *Strengthening STD Prevention and Control for Health Departments (STD PCHD)*, RFA #CDC-RFA-PS19-1901 (July 31, 2018).

Health meets grant program requirements, uses grant funds as intended, and secures confidential data.

The “Detailed Audit Results” section of this report presents additional information about the audit results. OIG Audit communicated other, less significant issues to Metro Health in a separate written communication.

OIG Audit presented preliminary audit results, issues, and recommendations to Metro Health in a draft report dated June 15, 2022. Metro Health predominantly agreed with the audit recommendations and indicated corrective actions would be fully implemented by August 2022. Metro Health’s management responses are included in the report following each recommendation.

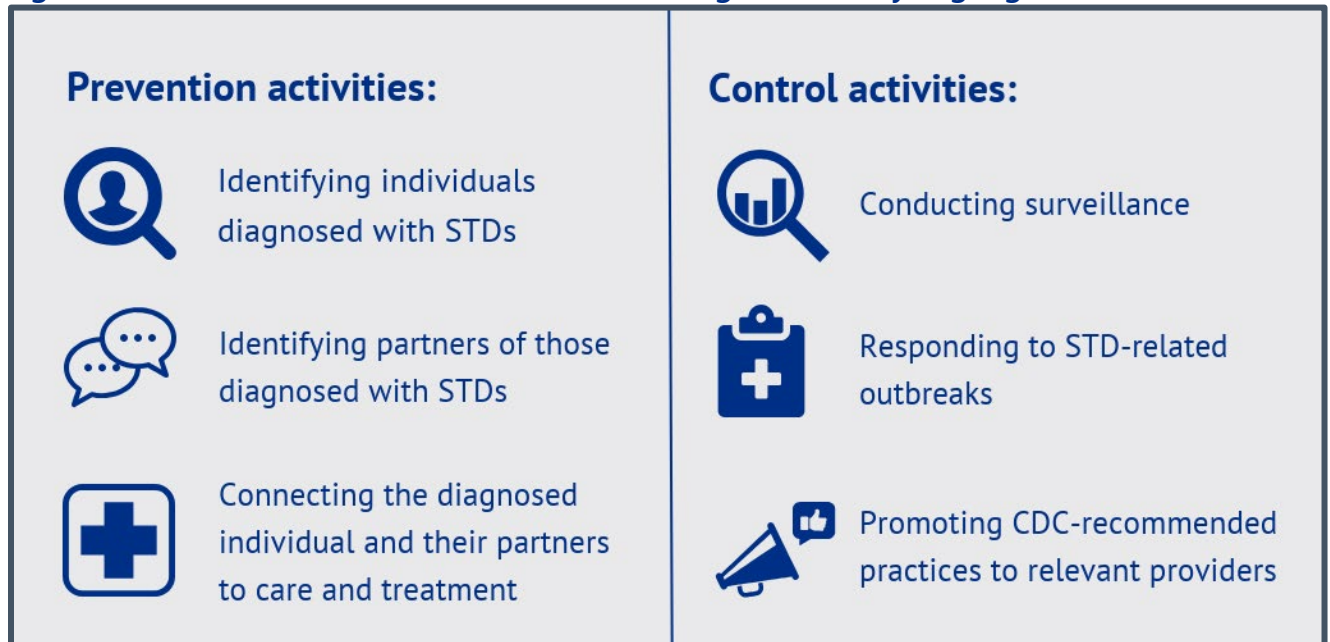
OIG Audit recognizes the unique challenges that Metro Health faced as a result of COVID-19, which occurred during part of the audit scope period. OIG Audit thanks management and staff at Metro Health for their cooperation and assistance during this audit.

Key Program Data

The Texas Department of State Health Services (DSHS) STD/HIV Prevention Services Grant Program is designed to control and prevent the spread of STDs, including Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) and viral hepatitis.

Metro Health performs STD/HIV Prevention Services Grant Program activities to prevent and control the spread of STDs. The prevention activities include identifying individuals with STDs, identifying partners of those diagnosed with STDs, and connecting both the diagnosed individual and their partners to care and treatment. The control activities include conducting surveillance, responding to STD-related outbreaks, and promoting CDC-recommended practices to relevant providers. Figure 1 on the following page summarizes some of the STD/HIV Prevention Services Grant Program prevention and control activities.

Figure 1: STD/HIV Prevention Services Grant Program Activity Highlights



Source: OIG Audit

Metro Health directly administers STD testing through a walk-in clinic located near downtown San Antonio, Texas, and a mobile clinic that can travel throughout the city. In addition, DSHS assigns outreach activities to Metro Health through the Tuberculosis (TB), HIV, STD Integrated System (THISIS) electronic disease surveillance system. Metro Health then provides education, outreach, and screening services to individuals diagnosed with STDs and other at-risk populations.

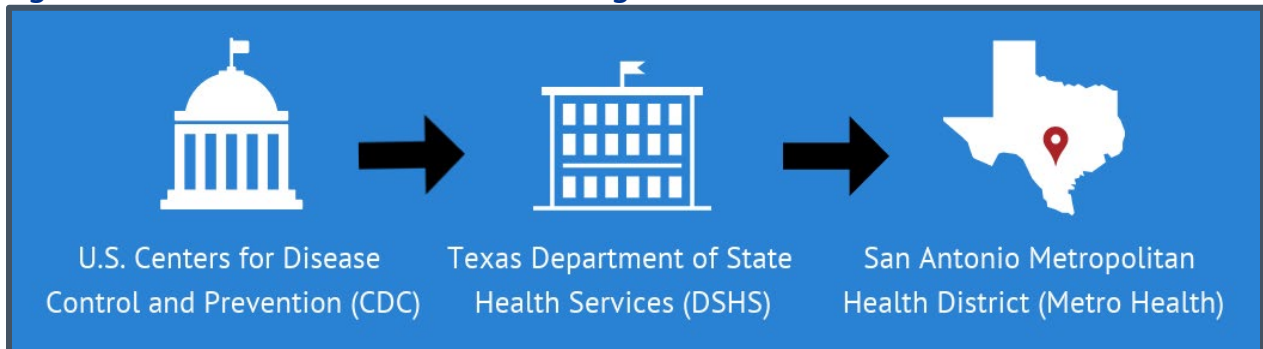
STD/HIV Prevention Services Grant Program Structure and Budget

DSHS acts as a pass-through entity between the CDC and Metro Health for STD prevention and control programs.⁵ As of August 31, 2021, Metro Health was one of eight local health departments in Texas with a grant agreement with DSHS. Grant agreements for all eight local health departments were valued at \$37.6 million for the period from January 1, 2019, through August 31, 2021.

⁵ In 2018, the CDC awarded funding to state, local, and territorial health departments through the Strengthening STD Prevention and Control for Health Departments program.

Figure 2 illustrates the STD prevention and control program structure for Metro Health.

Figure 2: STD Prevention and Control Program Structure for Metro Health



Source: OIG Audit

During the audit scope, which covered the period from January 1, 2019, through August 31, 2021, Metro Health had a total budget of \$5.6 million for the STD/HIV Prevention Services Grant Program and received reimbursement from DSHS for \$4.9 million. Table 1 details Metro Health’s grant agreement budget and reimbursed expenses by the grant year covered.

Table 1: Metro Health’s Grant Agreement Budget and Reimbursed Expenses

Grant Year Covered	Grant Agreement Budget	Reimbursed Expenses
January 1, 2019, through December 31, 2019	\$2,078,009	\$1,847,555
January 1, 2020, through December 31, 2020	2,137,873	1,777,724
January 1, 2021, through August 31, 2021 ⁶	1,393,452	1,306,086
Total	\$5,609,334	\$4,931,365

Source: OIG Audit

Metro Health submits a budget to DSHS for each grant agreement year, and DSHS reviews and approves the budget before incorporating it into the final grant agreement. Metro Health submits a voucher to DSHS to request reimbursement for allowable expenses.

⁶ In 2021, DSHS changed the grant agreement year from a calendar year basis to match the state fiscal year. As a result, the 2021 grant agreement year only covered the eight months from January 1, 2021, through August 31, 2021.

Auditing Standards

Generally Accepted Government Auditing Standards

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.

Detailed Audit Results

OIG Audit reviewed Metro Health's performance of program objectives, compliance with financial expenditure and reporting requirements, and security and confidentiality controls. Metro Health performed STD and HIV prevention services grant activities such as:

- Testing for sexually transmitted diseases.
- Interviewing newly diagnosed individuals.
- Identifying partners.
- Connecting both the diagnosed individual and their partners to care and treatment.

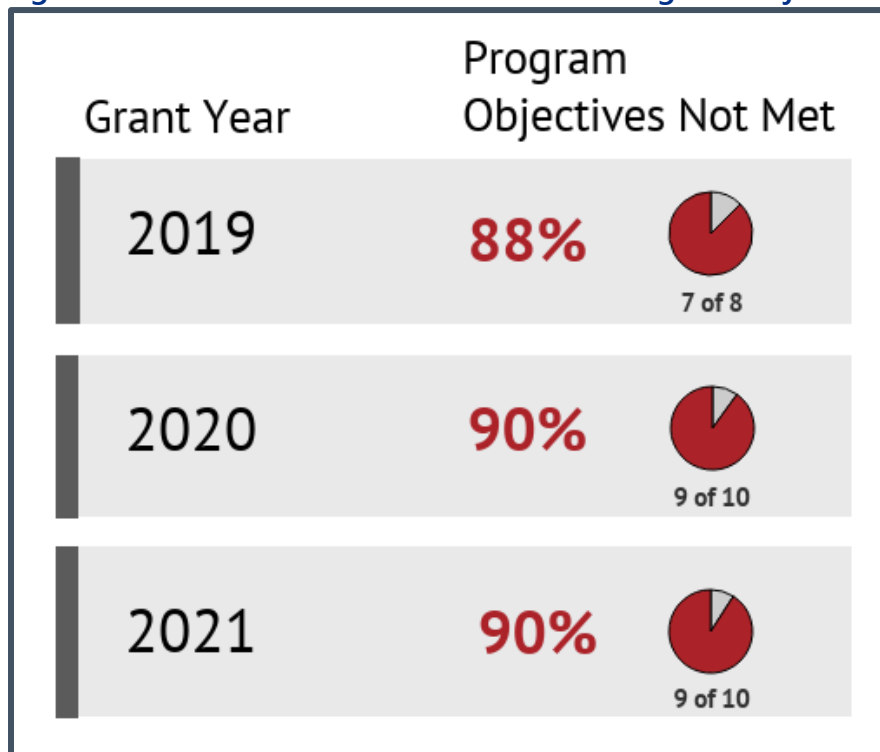
However, Metro Health did not have processes in place to ensure (a) program objectives were met, (b) financial expenditures were recorded accurately, or (c) compliance with selected security and confidentiality requirements was achieved. The following sections of this report provide additional detail about the issues identified by OIG Audit.

Chapter 1: Metro Health Did Not Always Meet STD and HIV Program Objectives

Metro Health did not always meet STD and HIV program objectives in the 2019, 2020, and 2021 grant years. The STD/HIV Prevention Services Grant Program requires Metro Health to perform certain outreach, screening, education, and testing activities to control and prevent the spread of STDs.⁷

Specifically, Metro Health did not meet 25 of 28 (89.3 percent) program objectives established to assess effectiveness in providing STD/HIV control and prevention services. As such, DSHS may require Metro Health to take additional measures to improve STD/HIV control and prevention performance. Figure 3 details the number of program objectives Metro Health did not meet by grant year.

Figure 3: Metro Health’s Performance of Program Objectives



Source: OIG Audit

⁷ Sexually Transmitted Disease/Human Immunodeficiency Virus (STD/HIV) Contract, Contract #HHS000288900006 (Jan. 1, 2019), as amended.

The program objectives reviewed as part of this audit (a) concerned individuals diagnosed with HIV and/or syphilis and their partners and (b) were measured by either percentage or index.⁸ Table 2 summarizes Metro Health’s performance for program objectives measured by percentage, and Table 3 summarizes Metro Health’s performance for program objectives measured by index. As indicated by the bold numerals in Table 3, Metro Health met the program objective goal in each grant year for maintaining the required treatment index for individuals diagnosed with syphilis; however, for all three grant years, Metro Health did not meet the performance goals for any other program objective reviewed.

Table 2: Metro Health’s Performance for Program Objectives Measured by Percentage

Program Objective	Goal	2019 Performance	2020 Performance	2021 Performance
Individuals Diagnosed with HIV				
Interviewed within 7 days of assignment ⁹	85%	—	65%	71%
Interviewed and completed their first HIV medical appointment	85% (2019) 90% (2020) 90% (2021)	68%	71%	82%
Partners of Individuals Diagnosed with HIV				
Percent of exposed partners tested for HIV	60%	35%	42%	40%
Individuals Diagnosed with Syphilis				
Interviewed within 3 days of assignment ⁹	85%	—	64%	59%
Partners of Individuals Diagnosed with Syphilis				
Percent of exposed partners tested and treated for syphilis ¹⁰	60%	38%	47%	41%

Source: Texas Department of State Health Services

⁸ An index is an average value expressed in relation to a previously determined base number. DSHS included various partner, notification, and treatment indexes as program objectives in the STD/HIV Prevention Services Grant Program.

⁹ The program objectives for interviewing individuals diagnosed with HIV or syphilis within a designated time frame were not program objectives or requirements during the 2019 grant year.

¹⁰ In 2019, this program objective only required testing, and not treatment, for the partners of individuals diagnosed with syphilis.

Table 3: Metro Health’s Performance for Program Objectives Measured by Index

Program Objective	Goal	2019 Performance	2020 Performance	2021 Performance
Partners of Individuals Diagnosed with HIV				
Partner index ¹¹	2.0	.63	.69	.81
Partner notification index ¹²	0.75	.40	.43	.42
Individuals Diagnosed with Syphilis				
Treatment index ¹³	0.75	.98	.98	.98
Partners of Individuals Diagnosed with Syphilis				
Partner index ¹¹	2.0	.90	.95	.87
Partner notification index ¹²	0.75	.45	.51	.45

Source: Texas Department of State Health Services

THISIS, the STD and HIV system of record, does not produce standardized reports to calculate program objective performance, but performance can be calculated using data entered into THISIS.¹⁴ For the grant years reviewed as part of this audit, Metro Health did not have direct access to THISIS data, and DSHS did not calculate Metro Health’s performance or communicate results to Metro Health.

DSHS did calculate Metro Health’s performance measures at the request of OIG Audit for 2019, 2020, and 2021. While the grant agreement requires Metro Health to submit semiannual reports on public health follow-up and STD surveillance activities,¹⁵ DSHS directed Metro Health to exclude program objectives from all semiannual reports submitted in 2019, 2020, and 2021.¹⁶

¹¹ In the context of this report, a “partner index” is the average number of partners identified through interviewing an individual diagnosed with HIV or syphilis.

¹² In the context of this report, a “partner notification index” is the proportion of identified partners that were successfully notified of the disease exposure.

¹³ In the context of this report, a “treatment index” is the proportion of diagnosed, interviewed individuals who received treatment.

¹⁴ THISIS contains morbidity, disease exposure, treatment, and follow-up data originating from laboratories, clinics, and public health staff.

¹⁵ Sexually Transmitted Disease/Human Immunodeficiency Virus (STD/HIV) Contract, Contract #HHS000288900006 (Jan. 1, 2019), as amended.

¹⁶ DSHS provided the same direction to all local health departments participating in the STD/HIV Prevention Services Grant Program.

Direction from DSHS was limited to the reporting requirement and did not change the requirement to meet the program objectives.

Recommendation 1

Metro Health should implement (a) processes to identify when grant activities are not meeting program objectives and (b) initiatives to improve performance.

Management Response

Action Plan

THISIS is an electronic disease surveillance system that DSHS requires jurisdictions to use to track and report disease information. The system went live on February 15, 2019 and local jurisdictions have not been able to get reliable program tracking information since then. The issues with the system included the system not pulling report data accurately, programs not being able to assign field work to staff when system tools were not working, and issues including delays with electronic lab reports being processed and assigned to jurisdictions for follow-up. The issues and delays create a backlog of reports that require follow-up which overwhelms program capacity when they are all pushed through at once. These issues affect the program's ability to meet the timelines affecting program indicator outcomes.

Due to the inability of Metro Health program staff to run indicator reports for staff and program progress, program leadership relies on discussions with DSHS and other program leadership across the state to identify any issues that need to be addressed at the programmatic level. Metro Health program leadership will continue to participate on various calls to include monthly statewide program manager calls, monthly statewide first line supervisor calls, and monthly jurisdictional calls with the assigned DSHS Program Consultant.

Disease Intervention Specialist audits are opportunities for supervisors to check in with each staff member one-on-one to assess the individual's ability to conduct field activities, progress in managing workloads, and allow supervisors to provide guidance on identified areas for improvement. These audits will be conducted on all Disease Intervention Specialists following the schedules outlined in the Program Operating Procedures and Standards.

Responsible Manager

Health Program Manager

Target Implementation Date

Calls are ongoing and next calls are scheduled for July 2022

Disease Intervention Audits will be implemented by August 2022

Chapter 2: Metro Health Did Not Always Meet Grant Agreement Financial Requirements

Metro Health did not always meet financial expenditure or reporting requirements. For 3 of 30 (10.0 percent) expenditures tested, totaling \$2,890, Metro Health requested reimbursement in 2020 for supplies used in 2021. The grant agreement specifies that costs must be incurred within the applicable term to be eligible for reimbursement.¹⁷ By requesting reimbursement for grant year 2021 expenses in 2020, Metro Health used 2020 grant funds for unallowable expenses and incorrectly reported those same expenses in the 2020 financial status reports.

In addition to adhering to financial expenditure requirements, Metro Health must submit quarterly financial status reports to DSHS for review and financial assessment.¹⁸ Metro Health included non-grant program information on 3 of 11 (27.3 percent) financial status reports submitted during the 2019, 2020, and 2021 grant years. These three financial status reports erroneously included income from a drug pricing program, which resulted in Metro Health's grant program expenses being understated by \$63,124 in 2021.

Reporting unallowable and non-program transactions in the financial status reports hinders both Metro Health's and DSHS's ability to accurately monitor the STD/HIV Prevention Services Grant Program and its associated expenses. Metro Health's process, which relies on manual compilation of purchase vouchers and financial status reports, was not consistently effective at ensuring financial expenditure and reporting requirements were met.

Recommendation 2a

Metro Health should ensure it has processes and controls in place to limit reimbursement requests to allowable grant activities for the STD/HIV Prevention Services Grant Program.

¹⁷ Sexually Transmitted Disease/Human Immunodeficiency Virus (STD/HIV) Contract, Contract #HHS000288900006 (Jan. 1, 2019), as amended.

¹⁸ Sexually Transmitted Disease/Human Immunodeficiency Virus (STD/HIV) Contract, Contract #HHS000288900006 (Jan. 1, 2019), as amended.

Management Response

Action Plan

Metro Health will increase the internal 45-day procurement deadline to 60-days. This will allow adequate time for expenses to be processed correctly and on a timely basis.

Responsible Manager

Department Fiscal Administrator

Target Implementation Date

Already implemented

Recommendation 2b

Metro Health should ensure it has processes and controls in place to prepare accurate financial status reports with relevant program information for the STD/HIV Prevention Services Grant Program.

Management Response

Action Plan

Metro Health categorized the income from the 340b drug pricing program as program income. Metro Health follows the grantors guidelines listed in Section 2.7 of the "Texas HHS Uniform Terms and Conditions". SAMHD recognized and reported program income from the 340b program in FSRs and reduced the reimbursement amount by the reported program income. Metro Health will work with the Texas Department of State Health Services (DSHS) regarding implementation of the updated Texas Grant Management Standards effective for grants after January 1, 2022 to ensure program income is adequately and accurately applied to HIV/STD grants.

Responsible Manager

Department Fiscal Administrator

Target Implementation Date

Already implemented

Chapter 3: Metro Health Did Not Comply with Some Security and Confidentiality Requirements

Metro Health did not comply with selected security and confidentiality requirements for confidential STD/HIV data. While Metro Health has certain confidentiality and security processes in place, those processes did not ensure:

- Access to systems and information was appropriate.
- Required documentation was maintained.

Metro Health is required to (a) ensure access to confidential data is appropriate and (b) maintain documentation of grant personnel with access to confidential information.¹⁹

Inappropriate access to confidential STD/HIV data increases the risk for misuse or unauthorized disclosure of federally protected personal health information.

Pursuant to Standard 9.61 of *Government Auditing Standards* issued by the Comptroller General of the United States, certain information was omitted from this report because the information was deemed to present potential risks related to public safety, security, or the disclosure of private or confidential data. Under the provisions of Texas Government Code Section 552.139, the omitted information is also exempt from the requirements of the Texas Public Information Act.

Details of this issue were communicated separately to Metro Health in writing.

Recommendation 3

Metro Health should strengthen its security and confidentiality controls for STD/HIV data.

¹⁹ Sexually Transmitted Disease/Human Immunodeficiency Virus (STD/HIV) Contract, Contract #HHS000288900006 (Jan. 1, 2019), as amended.

Management Response

Action Plan

- A. Metro Health has reviewed and modified the deprovisioning process to delimit staff within the required time frames.
- B. The Metro Health program keeps confidential documents stored in a manner that is in compliance with the 2021-2022 Security Training guidance. Metro Health will notify DSHS of the discrepancies between the Security Training and the Program Operating Procedures and Standards (POPS) will ensure that the program is in compliance with the manner in which DSHS decides is appropriate for the HIV/STD Program.
- C. The Metro Health local responsible party has reviewed the process to provide staff with reminders of required annual training and will maintain signed records.

Responsible Manager

Public Health Administrator

Target Implementation Date

Already in effect

Appendix A: Objective, Scope, and Criteria

Objective and Scope

The audit objective was to determine whether Metro Health had processes and controls in place to ensure it administered the STD/HIV Prevention Services Grant Program in accordance with selected grant agreement requirements for performance, data management, reporting, and grant expenditures.

The audit scope covered the period from January 1, 2019, through August 31, 2021. The audit included a review of Metro Health's internal controls as well as testing of controls that were significant within the context of the audit objective.

Criteria

OIG Audit used the following criteria to evaluate the information provided:

- 2 C.F.R. §§ 200 (2020) and 225 (2005)
- Sexually Transmitted Disease/Human Immunodeficiency Virus (STD/HIV) Contract, Contract #HHS000288900006 (2019), as amended.
- Texas HHSC, *Uniform Terms and Conditions–Grant*, v. 2.15 (2017) through v. 2.16.1 (2019)
- Texas DSHS, *Program Operating Procedures and Standards*, §§ 8.3.3, 8.4.1, and 8.14 (2014)

Appendix B: Detailed Methodology

OIG Audit issued an engagement letter to Metro Health on October 19, 2021, providing information about the upcoming audit, and conducted fieldwork from October 19, 2021, through April 26, 2022. OIG Audit conducted a site visit on December 7, 2021.

To accomplish the audit objectives, auditors (a) conducted interviews with Metro Health management and staff and (b) reviewed supporting documentation, including but not limited to:

- Metro Health policies, procedures, and processes governing the STD/HIV Prevention Services Grant Program.
- STD/HIV Prevention Services Grant Program objectives and performance measure calculations.
- Workbooks containing general ledger data and calculations supporting the financial status reports.
- Evidence of key security and confidentiality controls related to physical access, information system access, and security documentation.

To perform testing of the validity, accuracy, and allowability of costs included in the financial status reports, OIG Audit selected a non-statistical, risk-based sample of transactions for detailed testing. These sample designs were chosen to address specific risk factors identified in the populations. The sample items were not necessarily representative of the population; therefore, it would not be appropriate to project the test results to the population.

OIG Audit also reviewed Metro Health's system of internal controls, including components of internal control,²⁰ within the context of the audit objectives.

²⁰ For more information on the components of internal control, see the United States Government Accountability Office's *Standards for Internal Control in the Federal Government*, (Sept. 2014), <https://www.gao.gov/assets/gao-14-704g.pdf> (accessed Apr. 16, 2021).

Data Reliability

To assess the reliability of data used by DSHS to calculate program objectives, auditors (a) analyzed the data sets and query language for reasonableness and completeness, (b) reviewed related documentation, and (c) worked closely with DSHS officials to gain an understanding of the system. Auditors determined the data was of undetermined reliability; however, THISIS data was the best source of data available for the purpose of the audit.

Appendix C: Abbreviations

Abbreviations Used in This Report

CDC	U.S. Centers for Disease Control and Prevention
DSHS	Texas Department of State Health Services
HHS	Texas Health and Human Services
HHSC	Texas Health and Human Services Commission
HIV	Human immunodeficiency virus
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
Metro Health	San Antonio Metropolitan Health District
OIG	Office of Inspector General
OIG Audit	OIG Audit and Inspections Division
STD	Sexually transmitted disease
STD/HIV	Sexually transmitted disease/human immunodeficiency virus
THISIS	TB, HIV, STD Integrated System

Appendix D: Resources for Additional Information

The following resources provide additional information about the topics covered in this report.

For more information on the DSHS HIV/STD Program:

"HIV/STD Program," Texas Department of State Health Services,
<https://www.dshs.texas.gov/hivstd/> (accessed Apr. 29, 2022)

For more information on the Strengthening STD Prevention and Control for Health Departments program:

"NOFO: PS19-1901 Strengthening STD Prevention and Control for Health Departments (STD PCHD)," U.S. Centers for Disease Control and Prevention,
<https://www.cdc.gov/std/funding/pchd/default.htm> (accessed May 2, 2022)

For more information on the CDC National Center for HIV, Viral Hepatitis, STD, and TB Prevention:

"National Center for HIV, Viral Hepatitis, STD, and TV Prevention," U.S. Centers for Disease Control and Prevention, <https://www.cdc.gov/nchhstp/default.htm> (accessed Apr. 29, 2022)

For more information on Metro Health:

"Metropolitan Health District," City of San Antonio,
<https://www.sanantonio.gov/HEALTH> (accessed Mar. 15, 2022)

For more information on DSHS:

Homepage, Texas Department of State Health Services,
<https://www.dshs.texas.gov/> (accessed Mar. 15, 2022)

Appendix E: Report Team and Distribution

Report Team

OIG staff members who contributed to this audit report include:

- Kacy J. VerColen, CPA, Deputy Inspector General of Audit and Inspections
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- Tammie Wells, CIA, CFE, Audit Director
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- Leia Villaret, CGAP, Senior Auditor
- Eniola Bankole, Staff Auditor
- Larry Sapiuha, Staff Auditor
- Amanda Holton, Associate Auditor
- Jim Hicks, CISA, Quality Assurance Reviewer
- Brad Etnyre, CIA, CGAP, Quality Assurance Reviewer
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- Dr. John William Hellerstedt, Commissioner
- Kirk Cole, Deputy Commissioner
- Imelda Garcia, Associate Commissioner of Laboratory and Infectious Disease Services
- Monica Gamez, Deputy Associate Commissioner, Laboratory and Infectious Disease Services
- Josh Hutchison, Interim, TB/HIV/STD Section Director

San Antonio Metropolitan Health District

- Claude A. Jacob, Health Director
- Dr. Anita Kurian, Assistant Director
- Ronald Henderson, Health Program Manager
- Duncan Brown, Department Fiscal Administrator
- Julie Sandoval, Public Health Administrator – Operations
- Miguel Cervantes, Public Health Administrator
- Stacy Maines, Public Health Administrator

Appendix F: OIG Mission, Leadership, and Contact Information

The mission of OIG is to prevent, detect, and deter fraud, waste, and abuse through the audit, investigation, and inspection of federal and state taxpayer dollars used in the provision and delivery of health and human services in Texas. The senior leadership guiding the fulfillment of OIG's mission and statutory responsibility includes:

- Sylvia Hernandez Kauffman, Inspector General
- Audrey O'Neill, Principal Deputy Inspector General, Chief of Audit and Inspections
- Susan Biles, Chief of Staff, Chief of Policy and Performance
- Erik Cary, Chief Counsel
- Christine Maldonado, Chief of Operations and Workforce Leadership
- Steve Johnson, Chief of Investigations and Reviews

To Obtain Copies of OIG Reports

- OIG website: ReportTexasFraud.com

To Report Fraud, Waste, and Abuse in Texas HHS Programs

- Online: <https://oig.hhs.texas.gov/report-fraud-waste-or-abuse>
- Phone: 1-800-436-6184

To Contact OIG

- Email: OIGCommunications@hhs.texas.gov
- Mail: Texas Health and Human Services
Office of Inspector General
P.O. Box 85200
Austin, Texas 78708-5200
- Phone: 512-491-2000