

Wed, 15 May 2024 04:44:45 -0400 EDT

9	EXIM's Office of Policy Analysis and International Relations should conduct an analysis of the potential impacts of lowering the mandated domestic content policy for EXIM programs targeted to sub-Saharan Africa on U.S. jobs and present its findings to EXIM's Board of Directors.
8	The Lead Office or Officials should devise a plan to directly engage U.S. businesses that are not already engaging with EXIM's sub-Saharan Africa programs.
7	EXIM's Office of Global Business Development should devise a detailed plan to directly engage importers in sub-Saharan Africa that are not already engaging with EXIM's sub-Saharan Africa programs. The office must ensure that the plan is incorporated as an integral part of the overarching strategy devised by the Lead Office or Officials.
6	EXIM's Office of Board Authorized Finance and Office of General Counsel should conduct a comprehensive review of the post-authorization process to identify the primary factors within the documentation phase that contribute to the lag between authorization and disbursements and devise strategies to remedy these shortcomings.
5	The Lead Office or Officials should establish effective metrics to measure EXIM's Sub-Saharan Africa Mandate performance to inform the growth strategy (e.g., the number of U.S. exporters, lenders, and importers in sub-Saharan Africa reached, relationships established, total commitments and authorizations, and export value). The Sub-Saharan Africa Mandate performance metrics should also be incorporated within the next EXIM Annual Performance Plan.
4	The Lead Office or Officials should develop an actionable plan to enhance collaborative efforts with the Department of Commerce, the Trade Promotion Coordinating Committee (TPCC), and other relevant government agencies, such that EXIM could play a more prominent role in trade discussions and initiatives concerning sub-Saharan Africa.
3	EXIM's Office of the Chair should integrate the Sub-Saharan Africa Mandate strategy within the broader EXIM Strategic Plan to re-enforce that the Sub-Saharan Africa Mandate is central to EXIM's overall strategic planning.
2	The Lead Office or Officials should develop a sub-Saharan Africa specific strategy to address the Sub-Saharan Africa Mandate. This strategy should provide a unified direction and shared vision of EXIM offices and staff and communicate EXIM's commitments and strategy to interagency partners in the U.S. Government and other stakeholders with a focus to promote the expansion of EXIM's financial commitments in sub-Saharan Africa.
1	EXIM's Office of the Chair should designate a lead office or officials responsible for coordinating development, oversight, and implementation of a sub-Saharan Africa specific strategy to address the Sub-Saharan Africa Mandate (hereafter referred to as the "Lead Office or Officials"). The Lead Office or Officials should have an explicit responsibility and authority to coordinate and guide the mandate's implementation across all relevant EXIM offices, liaise with external stakeholders, including but not limited to the Sub-Saharan Africa Advisory Committee (SAAC) and other U.S. Government agencies and between sub-Saharan Africa importers and U.S. exporters to rebuild relationships, establish and monitor key performance indicators, and report regularly to the Board of Directors, EXIM Chair, and SAAC.
2	Develop policies, procedures, and checklists for the review and timely submission of the payment integrity information to OMB.
1	Assess the resource requirements necessary to ensure the timely submission of the required OMB information by the established deadline.
1	The Executive Director incorporate the statutory language at 5 U.S.C. § 2302(b)(13)(A) into the six policies, forms, and agreements identified above.
11	We recommend TVA management revise Order of Precedence clauses that allow a purchase order to have compensation terms that are different from the compensation terms of the blanket contract.
10	We recommend TVA management establish policies to prevent instances of work being performed under a purchase order subsequent to the contract's termination date.
9	We recommend TVA management implement procedures to (1) confirm information in TVA's Enterprise Asset Management system are consistent with contract documentation and (2) ensure contract modifications to change the contract term or monetary limit are made through a formal, written amendment, when required by the contract.
8	We recommend TVA management revise TVA-SPP-04.004 to include requirements for communicating changes in field invoice approver assignments that is consistent with the language in TVA-SPP-04.002.
7	We recommend TVA management revise policies to provide guidance on the FIA's responsibilities for approving invoices when the purchase order's compensation terms are not provided for in the associated blanket contract.
6	We recommend TVA management revise policies to emphasize the importance of contracting officer's responsibility to ensure a purchase order's compensation terms are provided for in the blanket contract.
5	We recommend TVA management assess the adequacy of the online field invoice approver training related to the field invoice approver's responsibilities for reviewing all commercial terms, communicating with the contracting officer to understand the contract's pricing structure, and utilizing the invoice review checklist as a reference during the invoice review process.
4	We recommend TVA management require and establish a frequency for online refresher training.
3	We recommend TVA management establish an automatic reporting mechanism to communicate (1) contract modifications to the field invoice approver and (2) changes in field invoice approver assignments for existing purchase orders to contracting officers.
2	We recommend TVA management revise policies to clarify the contracting officer's and contract technical steward's responsibility to (1) monitor the invoice approval process and (2) engage in clear and frequent communication with the field invoice approver.

Wed, 15 May 2024 04:44:45 -0400 EDT

1	We recommend TVA management implement procedures to (1) assess the clarity, conciseness, and completeness of compensation terms and (2) ensure contract terms establish an invoice format that includes sufficient detail.
AUD-2024-005-2	FHFA should ensure OFLO documents its quality control review process of adverse examination findings in policy and procedures.
AUD-2024-005-1	FHFA should ensure OFLO documents its process for monitoring and tracking referrals to the Department of Housing and Urban Development or the Department of Justice.
09	Make certain that the Medical Disability Examination Office develops a plan with the vendors to determine if each veteran seeking an exam requires accessibility arrangements prior to scheduling.
08	Review and analyze all veteran complaints related to exam facilities received through all entities and perform complaint-based site visits or create action plans, as necessary.
07	Enforce contractual requirements for vendors to conduct inspections and recertify all facilities to ensure ADA and OSHA compliance.
06	Ensure the Medical Disability Examination Office is conducting complaint-based contract facility inspections.
05	Complete a standardized training plan for staff who conduct site visits at contract exam facilities to include ADA and OSHA compliance.
04	Update the Medical Disability Examination Office site visit checklist to include a focus on specific ADA and OSHA criteria required by contracts with exam vendors.
03	Develop and implement formal standard operating procedures for the contract exam facility site visits detailing roles, responsibilities, objectives, and monitoring.
02	Comply with the requirements of the customer satisfaction survey contract to route exam comment cards directly between the survey vendor and veteran.
01	Formalize the executive director's intent by requiring the submission to the OIG of a related plan and documentation of progress on implementing VA's maintenance of an independent and updated list of contract facilities.
5	We recommend the Under Secretary for Strategy, Policy, and Plans coordinate with USCIS and ICE to develop guidelines for consideration of factors such as derogatory information and prior decisions on benefit requests during the re-parole and extension of parole processes.
4	We recommend the DHS Secretary clarify DHS component responsibility for monitoring and addressing parole expiration for OAW parolees without other long-term status to ensure individuals are lawfully present in the United States after parole expiration.
3	We recommend the Director of USCIS and Director of ICE continue to review and update records for OAW parolees to improve data accuracy for individual records.
2	We recommend the Director of USCIS and Director of ICE update the USCISICE MOA in consideration of USCIS data access limitations.
1	We recommend the Director of USCIS develop USCIS guidelines on terminating OAW parole and making referrals to ICE for enforcement action.
1	Document the oversight reviews and/or tools RMA will use to ensure that WFRP activities are performed in accordance with program requirements. Also, RMA should establish a policy and develop procedures to ensure WFRP activities and data are reviewed in a consistent and regular manner.
4	Reexamine procedures to better ensure recovery of Orion jettisoned hardware for the Artemis II mission.
3	Require EGS conduct additional verification and validation for launch imagery equipment prior to launch attempts should launch conditions change.
2	Conduct analysis of Orion separation bolts using updated models that account for char loss, design modifications, and operational changes to Orion prior to launch of the Artemis II mission.
1	Ensure the root cause of Orion heat shield char liberation is well understood prior to launch of the Artemis II mission.
5	We recommend that the PBS Commissioner ensure that PBS contracting officials improve oversight of O&M contractors' compliance with the terms and conditions of their GSA contracts.
4	We recommend that the PBS Commissioner ensure that PBS contracting officials thoroughly review and understand the O&M contracts' QCP inspection requirements.
3	We recommend that the PBS Commissioner ensure that PBS contracting officials ensure that the O&M contract language clearly specifies the time requirements for routine service request completion and that the requirements are communicated to O&M contractors.
2	We recommend that the PBS Commissioner ensure that PBS contracting officials confirm and enforce O&M contractor compliance with contractual requirements governing: "Personnel" and "Contractor Key Personnel"; and contingency plans for "Loss of the Contractor's onsite personnel."

Wed, 15 May 2024 04:44:45 -0400 EDT

1	We recommend that the PBS Commissioner ensure that PBS contracting officials emphasize the evaluation of O&M contractors' proposed staffing and communicate with onsite PBS staff prior to contract award to ensure contract terms and conditions can be fully met.
6	We recommend the Director for the Office of Labor-Management Standards implement specific collaborative processes for sharing persuader activity and other relevant information with the National Labor Relations Board, including specifying information needs, procedures and timelines for sharing information, resource sharing, and interagency training needs.
5	We recommend the Director for the Office of Labor-Management Standards increase awareness of the tip line through enhanced publicity, such as posting it on DOL's complaint webpage.
4	We recommend the Director for the Office of Labor-Management Standards implement written tip line policies and procedures to standardize the intake, tracking, and resolution processes.
3	We recommend the Director for the Office of Labor-Management Standards develop an online system to intake, track, and monitor tips from receipt to completion, including anonymity protection.
2	We recommend the Director for the Office of Labor-Management Standards implement quality control measures to improve the usefulness of reported information by—at a minimum—ensuring requirements for: completion of required fields, validated addresses, ability to efficiently cross-match corresponding reports, and tax identification number inclusion.
1	We recommend the Director for the Office of Labor-Management Standards outline requirements needed to strengthen enforcement authority to align with the Labor-Management Reporting and Disclosure Act of 1959's intentions to protect workers' rights and interests to unionize by recommending rule changes or legislative changes to increase employer and consultant compliance.
04	Ensure that the performance plan of the chief of community care has standards related to the metrics for community care.
03	Continue to increase specialty provider availability in VA and the community for veterans assigned to the Martinsburg VA medical facility.
02	Conduct a strategic business evaluation of the community care department's workflow processes to determine if there are alternatives that could improve consult processing and scheduling efficiency and timeliness.
3	Establish a process to identify the company's unique information requirements related to its role on future capital projects and communicate these requirements to its partners.
2	Assess where information-sharing expectations between the company and NJ Transit may continue to differ on the Portal North Bridge project and determine a course of action to remedy them, including amending the agreement if necessary.
1	Establish a process to take future projects' constructability into account when assessing track outage and force account needs.
05	The Chief of Staff ensures providers complete the Comprehensive Suicide Risk Evaluation on the same day as a patient's positive suicide risk screen in all ambulatory care settings.
04	The Assistant Director ensures staff document VA police response times for panic alarm testing in the inpatient mental health unit.
01	The Chief of Staff ensures service chiefs recommend continued privileges for licensed independent practitioners based on Ongoing Professional Practice Evaluation activities, and the Medical Executive Committee recommends them based on evaluation results.
5	We recommend the Director for Office of Workers' Compensation Programs require the Division of Energy Employees Occupational Illness Compensation to implement standard operating procedures to standardize the supervisory review process, including tracking and evaluating aggregate errors identified during reviews and ensure appropriate corrective actions are taken.
4	We recommend the Director for Office of Workers' Compensation Programs require the Division of Energy Employees Occupational Illness Compensation to regularly update the quality assurance recommendation tracker with the status and action taken on all recommendations.
3	We recommend the Director for Office of Workers' Compensation Programs require the Division of Energy Employees Occupational Illness Compensation to establish criteria to determine which quality assurance recommendations require action and should be tracked.
2	We recommend the Director for Office of Workers' Compensation Programs require the Division of Energy Employees Occupational Illness Compensation to regularly assess progress toward meeting performance metrics and goals related to claims processing, which track the process from start to finish, and publicly report results.
1	We recommend the Director for Office of Workers' Compensation Programs require the Division of Energy Employees Occupational Illness Compensation to formally establish and implement performance metrics and goals related to claims processing, which track the process from start to finish, to include remand time for those claims not sent to the National Institute of Occupational Safety and Health and/or did not have a hearing held.
3	We recommend that the PBS NCR Regional Commissioner take the actions listed below to improve asbestos management in Building 40: develop and maintain an accurate, current, and comprehensive ACM inventory; upon completion of the ACM inventory, assess hazards arising from the ACM in the building and implement appropriate actions to mitigate or eliminate those hazards; ensure all required asbestos records are maintained in the Inventory Reporting Information System; enforce the asbestos management requirements established in the Building 40 operations and maintenance contract; update, enforce, and administer the Building 40 asbestos management plan; and notify tenants of ACM inventory annually.

Wed, 15 May 2024 04:44:45 -0400 EDT

2	We recommend that the PBS NCR Regional Commissioner comprehensively train PBS NCR management and staff so that they have a clear understanding of PBS's asbestos management policy and their roles and responsibilities for effectively and safely managing ACM in GSA-owned facilities.
1	We recommend that the PBS NCR Regional Commissioner conduct a comprehensive assessment of PBS NCR's asbestos management program and implement internal controls to ensure adherence to federal regulations and PBS asbestos management policy.
07	The Chief of Staff ensures clinical staff notify the suicide prevention team when patients report suicidal behaviors during the Comprehensive Suicide Risk Evaluation.
06	The Chief of Staff ensures suicide prevention coordinators conduct, track, and report a minimum of five suicide prevention outreach activities each month.
05	The Chief of Staff ensures designated staff complete the Comprehensive Suicide Risk Evaluation the same calendar day, when logistically feasible and clinically appropriate, for all ambulatory care patients with a positive suicide risk screen.
04	The Medical Center Director ensures staff follow the manufacturer's recommendations for testing over-the-door alarms on mental health inpatient unit sleeping room doors.
03	The Chief of Staff ensures service chiefs include service-specific criteria in the Ongoing Professional Practice Evaluations of licensed independent practitioners.
02	The Chief of Staff ensures the Clinical Executive Board reviews professional practice evaluation data for licensed independent practitioners.
01	The Chief of Staff ensures service chiefs regularly complete Ongoing Professional Practice Evaluations for licensed independent practitioners.
6	Establish a course of action and timeline for individual Artemis system design changes before beginning integrated system assembly stacking operations.
5	Develop a corrective action plan to mitigate or prevent the recurrence of uninterpretable Orion telemetry data for the Artemis II mission.
07	The VA New Mexico Health Care System Director ensures the facility's Sterile Processing Service identifies and resolves high-level disinfection documentation errors as they occur, prior to use of associated reusable medical devices on patients.
06	The VA New Mexico Health Care System Director ensures Sterile Processing Service leaders demonstrate clear communication of Sterile Processing Service staff roles and responsibilities in accordance with Veterans Health Administration High Reliability Organization principles and values.
05	The VA New Mexico Health Care System Director ensures Sterile Processing Service has a formal process in place to sustain daily quality assurance reviews and monitors compliance.
04	The VA New Mexico Health Care System Director ensures Sterile Processing Service has a process to communicate all instances when high-level disinfection documentation cannot be located to the associated clinical services when the reusable medical devices was used in patient care.
03	The VA Desert Pacific Healthcare Network Director ensures audit results are shared with the Sterile Processing Advisory Board per Veterans Health Administration requirements.
02	The VA Desert Pacific Healthcare Network Director ensures entry of audit results into the Sterile Processing Accountability Tool within the required time frame.
01	The VA Desert Pacific Healthcare Network Director strengthens Sterile Processing Service oversight to ensure timely communication of audit findings with action plan expectations to facility leaders.
7	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, implement baselines, baseline monitoring, and deviation risk tracking as required by TVA policy.
6	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, update TVA policy to align with best practice for baseline configuration reviews.
5	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, identify and review service accounts used for wireless infrastructure to ensure all service accounts are appropriately secured where technically and operationally possible.
4	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, design and implement a process to identify and remediate primary user accounts that should not be included in privileged access groups.
3	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, take action to remediate both instances of insecure protocols in use where technically and operationally possible.
2	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, implement the planned project to upgrade software and hardware to supported versions.
1	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, update and implement internal controls to properly defend, detect, and respond to specific types of wireless attacks.
05	The Under Secretary for Health promotes the establishment of partnerships of VA medical centers with community resources to address social determinants of health/health-related social needs.

Wed, 15 May 2024 04:44:45 -0400 EDT

04	The Under Secretary for Health promotes the use of health equity tools across VA medical centers.
03	The Under Secretary for Health evaluates barriers to assessing social determinants of health/health-related social needs when patients are discharged from VA medical centers.
02	The Under Secretary for Health considers the implementation of a standardized electronic health record template, such as the Assessing Circumstances and Offering Resources for Needs tool, that includes the assessment of social determinants of health/health-related social needs of hospitalized patients.
01	The Under Secretary for Health considers the need for a national policy establishing the inclusion of social determinants of health/health-related social needs into discharge assessment and planning.
24-21-04	We recommend the Grantee develop policies and procedures to ensure performance progress reports are submitted to ARC no later than 30 days after the close of a reporting period.
24-21-03	The Grantee improve policies and procedures for subrecipients to establish considerations for assigning a PI for subawards including the PI to be independent from the subrecipient organization, define minimum subrecipient monitoring requirements, and provide for secondary review of PI monitoring activities.
24-21-02	The Grantee work with ARC management to resolve the questioned cost of \$424 in non-ARC match funds.
24-21-01	The Grantee improve policies and procedures to ensure financial information is accurately reported to ARC including a process for determining whether requests for funds are reimbursements or advances and ensuring costs are not duplicated in between reporting periods.
7	Require OCHCO, Mission Directorates, and Centers collaborate to identify and incorporate critical Agency workforce needs when developing future STEM engagement activities and develop a plan that increases the number of STEM engagement activities aimed at skilled trade occupations.
6	Require all NASA organizations capture STEM engagement activities in STEM Gateway.
5	Re-evaluate jurisdictions eligible for EPSCoR funds to ensure effective and equitable distribution of Agency funds.
4	Develop a standardized grant process that ensures mandatory performance reporting and that expiration dates are tracked and monitored to meet requirements and develop practices to ensure grant recipients are reporting subrecipient awards over \$30,000 as required.
3	Determine and apply relevant NASA project management policy requirements to existing project plans or record their exclusion and appropriately address budget risk in project plans, including planning for various funding scenarios.
2	Develop a procedure to ensure OSTEM tracks and reports funding for all Agency STEM engagement activities.
1	Re-evaluate the OSTEM performance goals to ensure they are distinct and well correlated with outcomes.
1	Create processing timeframes for returned funds for current and future disaster programs.
02	The Chief of Staff ensures service chiefs document Focused Professional Practice Evaluation results in licensed independent practitioners' profiles.
01	The Executive Director ensures the Chief of Staff conducts institutional disclosures for applicable sentinel events.
02	The Chief of Staff ensures providers complete the Comprehensive Suicide Risk Evaluation on the same day as a patient's positive suicide risk screen in ambulatory care settings.
01	The Chief of Staff ensures service chiefs incorporate service-specific criteria in professional practice evaluations.
03	The Under Secretary for Health, Veterans Integrated Service Network directors, and facility leaders ensure staff enter data into the local cancer registry database in a timely manner.
02	The Under Secretary for Health and National Oncology Program staff offer a range of services for patients diagnosed with breast cancer, including rehabilitative services, through the Women's Oncology System of Excellence.
4	The Commissioner, SB/SE Division, and Chief, Criminal Investigation, should identify opportunities to partner with the EPA to use the agency's expertise and data when selecting, conducting examinations and investigations involving taxpayers that claimed biofuel tax credits and revise the MOU as needed.
3	The Commissioner, SB/SE Division, should evaluate if there are opportunities to include biofuel tax credit claims made on the Form 4136 into ongoing examination initiatives involving biofuel.
2	The Commissioner, SB/SE Division, should establish a Compliance Initiative Project to conduct examinations of the 42 taxpayers reported in Figure 5 to ensure the validity of the biofuel tax credits that were claimed and that these taxpayers are properly registered and have the required certificates (that contain a valid registration number).
1	The Commissioner, Wage and Investment Division, should engage with the Department of the Treasury's Office of Tax Policy to develop a legislative proposal to require that taxpayers claiming biofuel tax credits provide information that they are properly registered (if applicable) or that they provided the required Certificate of Biodiesel when income tax returns are filed.
24-A-07-064.02	We recommend that the Missouri Department of Health and Senior Services consider implementing additional monitoring activities whenever the State receives large supplemental funding disbursements.

Wed, 15 May 2024 04:44:45 -0400 EDT

24-A-07-064.01	We recommend that the Missouri Department of Health and Senior Services require Area Agencies on Aging (AAAs) to track expenditures for supplemental awards by funding source, when required by Federal guidance, especially in instances of pandemic-related or other disaster relief funding. Specifically, none of the 10 AAAs in Missouri could give us separate accounting records that delineated the CARES Act expenditures to support the charges against the Federal award for these nutrition services.
24-A-01-065.02	We recommend that the Centers for Medicare & Medicaid Services improve its procedures, which may require seeking legislative authority, for setting and adjusting rates for new CDLTs during a PHE by providing the MACs with the flexibility needed to set and adjust payment rates that would cover the laboratory costs of providing services when responding to a PHE.
24-A-01-065.01	We recommend that the Centers for Medicare & Medicaid Services establish procedures to improve communication among all stakeholders involved in setting new CDLT rates during a PHE.
24-A-03-059.05	We recommend that the Administration for Strategic Preparedness and Response report any Antideficiency Act violations identified.
24-A-03-059.04	We recommend that the Administration for Strategic Preparedness and Response review the 10 remaining sampled employees that we could not interview to determine whether any salaries were improperly charged to BARDA appropriations and identify potential Antideficiency Act violations.
24-A-03-059.03	We recommend that the Administration for Strategic Preparedness and Response maintain documentation of the work performed by employees whose salaries are paid using BARDA funds to ensure that appropriations are used for their intended purposes in accordance with Federal requirements.
24-A-03-059.02	We recommend that the Administration for Strategic Preparedness and Response review the FY 2018 and 2019 JFA allocation methodologies along with the methodologies used during subsequent FYs to determine whether the costs were allocated to each office based on appropriate methodologies, and correct any improper allocations to avoid potential Antideficiency Act violations.
24-A-03-059.01	We recommend that the Administration for Strategic Preparedness and Response develop internal written policies and procedures for the JFA process that align with Federal requirements and include the use of allocation methodologies that accurately reflect the benefiting offices' use of the product or service.
24-A-18-056.05	We recommend Alabama perform more robust technical testing of web-facing systems that includes the emulation of an adversary's tactics and techniques on a defined reoccurring basis in order to better assess the effectiveness of NIST 800-53 controls.
24-A-18-056.04	We recommend Alabama implement procedures to periodically verify that its developers are adhering to secure coding standards and remediating vulnerabilities before releasing code to production.
24-A-18-056.03	We recommend Alabama require its developers to follow secure coding standards and best practices, at a minimum, such as those recommended by NIST SP 800-218 or the Open Web Application Security Project (OWASP), when developing web applications.
24-A-18-056.02	We recommend Alabama evaluate its current vulnerability scanning tools and update if necessary in order to better detect system flaws (e.g., common web server vulnerabilities) in its MMIS and E&E system and software components.
24-A-18-056.01	We recommend that the Alabama Medicaid Agency remediate the six control findings OIG identified.
24-E-02-014.04	CMS should increase monitoring of Medicare and Medicaid enrollees' use of behavioral health services and identify vulnerabilities.
24-E-02-014.03	CMS should use network adequacy standards to drive an increase in behavioral health providers in Medicare Advantage and Medicaid.
24-E-02-014.02	CMS should explore options to expand Medicare and Medicaid coverage to additional behavioral health providers.
24-E-02-014.01	CMS should take steps to encourage more behavioral health providers to serve Medicare and Medicaid enrollees.
24-A-04-052.01	We recommend that Thailand's Ministry of Public Health develop and implement policies and procedures that address the retention of employee timesheets and FFR and audit reporting requirements for Federal awards.
24-E-01-012.02	CMS should require nursing homes to systematically document facility-initiated discharges in information available to CMS and States to enhance oversight.
24-E-01-012.01	CMS should provide a standard notice template to help nursing homes provide complete and accurate information to residents facing discharge and Ombudsmen.
24-A-07-060.02	We recommend that the Alabama Medicaid Agency improve TCM program oversight by giving additional guidance to TCM providers regarding: billing of services, to verify that they are allowable and non duplicative; case manager hiring practices, to verify adherence with the State plan's qualification requirements; target group eligibility screening processes, so that only eligible individuals receive TCM services; and the maintenance of supporting documentation for billed services.
24-A-07-060.01	We recommend that the Alabama Medicaid Agency refund to the Federal government \$5,039,433 (Federal Share) in overpayments.
24-A-18-057.05	We recommend ACF conduct testing of its cloud information systems that includes the emulation of an adversary's tactics and techniques on a defined reoccurring basis.
24-A-18-057.04	We recommend ACF leverage cloud security assessment tools to identify misconfigurations and weak cybersecurity controls in its cloud infrastructure.

Wed, 15 May 2024 04:44:45 -0400 EDT

24-A-18-057.03	We recommend ACF update its cloud security procedures to include detailed steps for operational staff to effectively implement cloud security baselines in accordance with HHS requirements.
24-A-18-057.02	We recommend ACF remediate the 19 security control findings in accordance with NIST SP 800-53.
24-A-18-057.01	We recommend ACF update and maintain a complete and accurate inventory of information systems hosted in the cloud.
06	The Chief of Staff ensures designated staff complete the Comprehensive Suicide Risk Evaluation the same calendar day, when logistically feasible and clinically appropriate, for all ambulatory care patients with a positive suicide risk screen.
05	The Director ensures staff maintain a safe environment in the Emergency Department for mental health patients.
04	The Director ensures staff maintain a safe environment in the mental health inpatient unit.
03	The Director ensures staff regularly test panic alarms in the mental health inpatient unit and document VA police response times.
02	The Associate Director ensures staff keep patient care areas safe and clean.
01	The Chief of Staff ensures service chiefs document professional practice evaluation results in practitioners' profiles, and the Medical Executive Committee reviews service chiefs' recommendations along with clinical competence information when making privileging recommendations to the Director.
1	We recommend that USAID's Office of Acquisition and Assistance, Cost, Audit and Support Division determine the allowability of \$45,253 in questioned costs (\$23,999 ineligible, \$21,254 unsupported) on pages III-2 and III-3 of the audit report and recover any amount that is unallowable.
1	Establish formal procedures for obtaining and reviewing appropriate supporting documentation to ensure sales and investments are accurately reported.
7	Review and update ICE's contract with Golden State by assessing housing requirements and determining an appropriate guaranteed minimum to avoid excessive payment for unused bed space.
5	Ensure staff's communication with detainees adheres to standards, including: a. requests are responded to within 3 business days; b. requests are responded to in a detainee's preferred language; and c. copies of detainee requests are kept in the detainee's file.
3	Collect medical grievances within 24 hours of submission by a detainee and ensure staff maintain a copy of all paper medical grievances in the detainee's medical file.
2	Include a timestamp on the classification documentations for initial classification of each detainee and ensure staff maintain all classification paperwork, to include reclassification, in the detainee's file.
1	Establish a plan to reduce wait times for optometry appointments.
12	District leaders and the Gainesville Vet Center Director determine reasons for noncompliance, ensure completion of fire and/or safety inspections, and monitor compliance.
11	District leaders and the Gainesville Vet Center Director determine reasons for noncompliance, ensure completion of fire and/or safety inspections, and monitor compliance.
10	District leaders and the Ft. Myers, Naples, and San Juan Vet Center Directors determine reasons for noncompliance, ensure outreach activities are tailored to the cultural demographics of the vet center's veteran service area, and monitor compliance.
09	District leaders and the Ft. Lauderdale, Ft. Myers, Naples, and San Juan Vet Center Directors determine reasons for noncompliance and ensure outreach plans include all required strategic components.
08	District leaders and the Gainesville and Lakeland Vet Center Directors determine reasons for noncompliance and ensure outreach plans are completed.
07	District leaders and the Ft. Lauderdale, Ft. Myers, Gainesville, Lakeland, and San Juan Vet Center Directors determine reasons for noncompliance, develop processes to ensure all staff complete mandatory trainings, and monitor compliance.
06	District leaders and the Ft. Lauderdale, Gainesville, and Lakeland Vet Center Directors determine reasons for noncompliance with monthly active counseling records, ensure chart audits are completed as required, and monitor compliance.
02	District leaders and the Lakeland Vet Center Director, determine reasons for noncompliance with High Risk Suicide Flag SharePoint site requirements and the tracking of continuity of care for at-risk clients, take action to ensure requirements are met, and monitor compliance.
07	The District Director identifies reasons for noncompliance, ensures clients are provided a copy of their completed safety plan as required, and monitors compliance across all zone vet centers.
06	The District Director identifies reasons for noncompliance; ensures clinical staff complete safety plans for clients who are assessed at intermediate or high suicide risk level in either acute, chronic, or both categories as required; and monitors compliance across all zone vet centers.
05	The District Director identifies reasons for noncompliance with consultation requirements for clients who are assessed at intermediate or high suicide risk level in either acute, chronic, or both categories; ensures consultation requirements are met; and monitors compliance.

Wed, 15 May 2024 04:44:45 -0400 EDT

04	The District Director and zone leaders identify reasons for noncompliance, ensure Readjustment Counseling Service policy confidentiality requirements are followed when collaborating care with the support VA medical facility for shared clients at high risk for suicide, and monitor compliance across all zone vet centers.
03	The Readjustment Counseling Service Chief Officer ensures the High Risk Suicide Flag SharePoint site functions as intended and includes accurate data.
02	The District Director identifies reasons for noncompliance with timely documentation requirements of high-risk client contacts and outcomes in the electronic record and High Risk Suicide Flag SharePoint site, ensures requirements are met, and monitors compliance.
01	The District Director monitors compliance with leaders' completion of morbidity and mortality reviews for client deaths by suicide, including timeliness, as required.
2	USAID/India Verify that PSMRI corrects the 1 instance of material noncompliance detailed on pages 40 and 41 of the audit report.
1	USAID India verify that PSMRI corrects the 1 material weakness in internal control detailed on pages 34 and 35 of the audit report.
4	We recommend the Director, Facilities Management, evaluate assets in poor and failed condition and determine if corrective actions are needed.
3	We recommend the Director, Facilities Management, develop guidance for performing roof inspections, including buildings to be inspected and required frequency.
2	We recommend the Director, Facilities Management, develop guidance for performing condition assessments, including the frequency and responsible organization.
1	We recommend the Director, Facilities Management, develop a plan to assess building and infrastructure safety risks.
6	The Assistant Commissioner of the Office of General Supplies and Services should ensure all foreign gifts and decorations sold to the public are reviewed and approved by the Secretary of State in accordance with 5 U.S.C. § 7342.
5	The Assistant Commissioner of the Office of General Supplies and Services should ensure the program's compliance with 41 C.F.R. § 102-42 and internal policies for all foreign gifts and decorations reported to GSA.
4	The Assistant Commissioner of the Office of General Supplies and Services should conduct a security risk assessment to determine the risks of possible theft or loss of foreign gifts and decorations at both storage locations and throughout the lifecycle of the program.
3	The Assistant Commissioner of the Office of General Supplies and Services should conduct an annual foreign gifts inventory, update the database for accuracy, and properly dispose of gifts with no value.
2	The Assistant Commissioner of the Office of General Supplies and Services should properly dispose of all prohibited gifts in inventory and ensure none is accepted moving forward.
1	The Assistant Commissioner of the Office of General Supplies and Services should update and finalize the Foreign Gifts and Decorations Program's standard operating procedures to reflect current practices, ensure compliance with federal requirements, and instill management controls over the disposition of foreign gifts and decorations.
5	Work with relevant stakeholders to determine whether to continue using the feedback loop and, if so, how to increase its effectiveness, including a) determining which categories of cases to prioritize or remove, b) better ensuring cases are sent to the correct staff, and c) minimizing redundancy with other sources to the extent practical.
4	Measure and report performance to senior leadership on the call abandonment rate and the number of calls on hold for long periods. Assess the costs and benefits of improving in these two areas and use that assessment to establish goals to assess performance over time.
3	Work with the Digital Technology department to establish a process to regularly report to Marketing and Operations department officials and senior leadership on the Customer Communications Team's performance meeting the new goals for sending communications to customers about en route delays.
2	Establish thresholds for when to communicate electronically with passengers during en route delays and the frequency of updates about those delays. To track and assess performance, establish goals for how well the Customer Communications Team meets those thresholds.
1	Work with the Digital Technology department to complete the customer communications dashboard to ensure that stakeholders can more easily access and filter data about communications sent to customers during en route delays.
02	The Hospital Director ensures staff conduct environment of care inspections in non patient care areas at least once per fiscal year.
01	The Veterans Integrated Service Network Director ensures the Veterans Integrated Service Network Chief Medical Officer oversees the hospital's privileging process.
4	Evaluate the feasibility of obtaining electronic marriage data to match against Supplemental Security Income and Old-Age, Survivors, and Disability Insurance payment records to prevent improper payments.
3	Evaluate the feasibility of implementing an alert system in other applications that flags an employee review of a marriage and action on the Supplemental Security Record or Master Beneficiary Record, when applicable.

Wed, 15 May 2024 04:44:45 -0400 EDT

2	Review the 11 internet Social Security Number Replacement Card cases and take any necessary corrective actions.
1	Review the 10 cases from Sample 1, the 20 cases from Sample 2, and the 8 cases from Sample 3 and take necessary corrective actions.
08	The Director ensures providers complete the Comprehensive Suicide Risk Evaluation the same day as a patient's positive suicide risk screen in ambulatory care settings.
06	The Director ensures staff check over-the-door alarms in mental health inpatient units with corridor doors to patient sleeping rooms according to the manufacturer's guidelines.
05	The Associate Director ensures Environmental Management Services staff keep areas used by patients clean and orderly.
02	The Director ensures staff conduct environment of care inspections in patient care areas at least twice per fiscal year.
05	The Hospital Director ensures providers complete the Comprehensive Suicide Risk Evaluation on the same day as a patient's positive suicide risk screen in all ambulatory care settings.
24-A-07-047.02	We recommend that the Kansas Department of Health and Environment improve its oversight of the estate recovery contractor's performance by: verifying that the contractor files liens and initiates probate in a timely manner; confirming that the contractor's current process for MMIS claims verification is accurate; and verifying that the contractor performs applicable estate recovery procedures (including the opening of cases, sending of notices, and independent asset research) for deceased Medicaid recipients.
24-A-07-047.01	We recommend that the Kansas Department of Health and Environment improve its estate recovery program by confirming that all deceased Medicaid recipients who are subject to estate recovery are identified and by providing relevant information on those recipients to the contractor in a timely manner so as to give the contractor adequate time to file liens and initiate probate.
04	The Medical Center Director ensures providers complete the Comprehensive Suicide Risk Evaluation following a patient's positive suicide risk screen.
03	The Medical Center Director ensures the Suicide Prevention Coordinator reports suicide-related events to mental health leaders and quality management staff at least monthly.
02	The Medical Center Director ensures staff follow the manufacturer's guidelines for checking over-the-door alarms for patient sleeping rooms in the Inpatient Psychiatry Unit.
01	The Medical Center Director ensures staff document VA police response times to panic alarm testing in the Inpatient Psychiatry Unit.
8	Ensure that electronic and paper detainee requests are placed in detention files.
6	Ensure medical staff and housing officers initial the SMU activity log after daily check-ins are complete.
5	Ensure compliance with standards for legal resources by: a) ensuring the facility consistently provides detainees with a means of saving any legal work in a secure and private electronic format; and b) implementing procedures to facilitate more reliable and confidential communication and visitation between attorneys and detainees.
4	Comply with PBNDS 2011 standards by: a) ensuring Krome's medical department responds to medical grievances within the required time; b) ensuring copies of all paper medical grievances are placed in detainee medical records; c) ensuring all medical grievances are tracked and logged appropriately; d) updating the facility grievance policy to include expectations related to the submission of medical grievances. If the expectation is for detainees to only submit medical grievances through the paper grievance forms, Krome should update the facility's detainee handbook; e) removing the grievance form, revised in 2011, from circulation at Krome and ensuring the facility does not impose a time limit on when a detainee may submit a formal grievance; and f) maintaining an adequate supply of paper grievance forms and writing instruments in housing units.
3	Comply with PBNDS 2011 standards by: a) providing documentation for the new open sick call system and reduction in wait times; b) continuing efforts to fill vacant positions; c) ensuring that urgent dental needs are met in a timely manner; and d) devising and executing a plan to eliminate the medical documentation scanning backlog.
2	Provide additional training on de-escalation techniques and mental health assistance.
08	The Director ensures the Suicide Prevention Coordinator reports suicide-related events monthly to quality management staff.
07	The Associate Director ensures staff document VA police response times for panic alarm testing in the mental health inpatient unit.
06	The Associate Director ensures staff inspect, test, and maintain medical equipment.
05	The Associate Director ensures staff use solid bottom shelves in storage areas.
04	The Associate Director ensures staff keep furnishings and walls in good repair.
03	The Associate Director ensures Environmental Management Service staff keep areas used by patients clean and orderly.
20	We recommend that EAC work with Wyoming to implement procedures to ensure that subgrantees are properly informed of the federal requirements related to interest income and the need for subgrantees to report interest income earned, if applicable.
19	We recommend that EAC work with West Virginia to: a. Determine the proper allocation of interest for September 2018 and to correct the September 30, 2022, and any subsequently filed, Election Security and Section 251 Federal Financial Reports. b. Implement procedures to ensure accurate reporting on future Federal Financial Reports.

Wed, 15 May 2024 04:44:45 -0400 EDT

18	We recommend that EAC work with Vermont to: a. Correct the interest income reported on the September 30, 2022, and any subsequently filed, Section 251 Federal Financial Reports. b. Implement procedures to ensure accurate reporting on future Federal Financial Reports.
17	We recommend that EAC work with Utah to: a. Correct the interest income reported on the September 30, 2022, and any subsequently filed, Election Security Federal Financial Reports. b. Implement procedures to ensure accurate reporting on future Federal Financial Reports. c. Ensure the implementation of proper written policies and procedures regarding the calculation and reporting of interest income. d. Determine the amount of lost interest due to the delay in investing 2018 Election Security funds and ensure that the amount is deposited into the election fund. e. Implement procedures to ensure that the Treasury is notified in a timely manner of the need to earn interest on future HAVA grants.
16	We recommend that EAC work with South Dakota to: a. Correct the interest income reported on the September 30, 2022, and any subsequently filed, Section 251 Federal Financial Reports. b. Implement procedures to ensure accurate reporting on future Federal Financial Reports.
15	We recommend that EAC work with South Carolina to: a. Develop proper allocation calculation procedures, recalculate the interest allocations from the inception of the 2018 Election Security grant using this methodology, and correct the reporting of interest income on the September 30, 2022, and any subsequently filed, Election Security and Section 251 Federal Financial Reports. b. Implement procedures to ensure that proper supporting documentation is maintained to support the amounts reported to EAC on the Federal Financial Reports. c. Ensure the implementation of proper written policies and procedures regarding the calculation and reporting of interest income.
14	We recommend that EAC work with Puerto Rico to ensure that interest is now being properly credited to HAVA grant funds in a timely manner and that all lost interest is properly calculated and deposited into the election fund.
13	We recommend that EAC work with New Mexico to: a. Correct the interest income reported on the September 30, 2022, and any subsequently filed, Election Security Federal Financial Reports. b. Implement procedures to ensure accurate reporting on future Federal Financial Reports.
12	We recommend that EAC work with New Hampshire to: a. Correct the interest income reported on the September 30, 2022, and any subsequently filed, Election Security and Section 251 Federal Financial Reports, including determining the proper reporting on the Section 251 Federal Financial Reports for the Voter Checklist sales. b. Implement procedures to ensure accurate reporting on future Federal Financial Reports. c. Ensure the implementation of proper written policies and procedures regarding the calculation and reporting of interest income.
11	We recommend that EAC work with Mississippi to: a. Correct the interest income reported on the September 30, 2022, and any subsequently filed, Election Security Federal Financial Reports. b. Implement procedures to ensure accurate reporting on future Federal Financial Reports and to ensure that supporting documentation is maintained to support the amounts reported to EAC on the Federal Financial Reports. c. Ensure the implementation of proper written policies and procedures regarding the calculation and reporting of interest income. d. Determine the amount of any lost interest due to the delays in the earning of interest on the 2022 Election Security grant funds, and the amount should be deposited into the election fund. e. Implement procedures to ensure that future EAC grants are deposited into an interest-bearing election fund on a timely basis.
10	We recommend that EAC work with Maine to: a. Determine the amount of lost interest due to the delay in establishing the funds as interest bearing with the Treasury and ensure that the amount is deposited into the election fund. b. Implement procedures to ensure that the Treasury is notified in a timely manner of the need to earn interest on future HAVA grants.
9	We recommend that EAC work with Louisiana to implement procedures to ensure that proper supporting documentation is maintained to support the amounts reported to EAC on the Federal Financial Reports.
8	We recommend that EAC work with Kentucky to: a. Determine that the September 30, 2022, and any subsequently filed, Election Security Federal Financial Reports are properly corrected to reflect the revised interest allocations. b. Ensure the implementation of proper written policies and procedures regarding the calculation and reporting of interest income.
7	We recommend that EAC work with Kansas to: a. Correct the interest income reported on the September 30, 2022, and any subsequently filed, Election Security and Section 251 Federal Financial Reports. b. Implement procedures to ensure accurate reporting on future Federal Financial Reports.
6	We recommend that EAC work with Illinois to ensure the implementation of proper written policies and procedures regarding the calculation and reporting of interest income.
5	We recommend that EAC work with Hawaii to: a. Determine the amount of any lost interest due to the delays in the earning of interest on the 2022 Election Security grant funds, and to ensure the amount is deposited into the election fund. b. Determine the amount of Election Security interest that was incorrectly posted to the accounting system fund for the Section 101 and Section 251 grants, move the amounts to the appropriate fund in the accounting system, and file corrected Federal Financial Reports for the September 30, 2022, and any subsequently filed, Election Security, Section 101 and Section 251 grants. c. Implement procedures to ensure that future EAC grants are deposited into an interest-bearing election fund on a timely basis.
4	We recommend that EAC work with Florida to ensure the implementation of proper written policies and procedures regarding the calculation and reporting of interest income.
3	We recommend that EAC work with Connecticut to: a. Correct the interest income reported on the September 30, 2022, and any subsequently filed, Election Security Federal Financial Reports. b. Implement procedures to ensure accurate reporting on future Federal Financial Reports and to ensure that supporting documentation is maintained to support the amounts reported to EAC on the Federal Financial Reports. c. Ensure the implementation of proper written policies and procedures regarding the calculation and reporting of interest income. d. Implement procedures to ensure that subgrantees are properly informed of the federal requirements related to interest income and the need for subgrantees to report interest income earned, if applicable.

Wed, 15 May 2024 04:44:45 -0400 EDT

2	We recommend that EAC work with Alabama to: a. Determine an adequate allocation methodology, recalculate the interest allocations from the inception of the 2018 Election Security grant using this methodology, and correct the reporting of interest income on the September 30, 2022, and any subsequently filed, Election Security and Section 251 Federal Financial Reports. b. Implement procedures to ensure that proper supporting documentation is maintained to support the amounts reported to EAC on the Federal Financial Reports. c. Ensure the implementation of proper written policies and procedures regarding the calculation and reporting of interest income.
1	We recommend that EAC strengthen the procedures for monitoring grantees' compliance with the applicable requirements for interest income earned on HAVA grant funds.
4	The Director of Collection Policy, SB/SE Division, should issue a reminder to Collection employees to consider referring Ghost Employer cases to Examination for potential civil fraud penalties as outlined in IRM 25.1.6.2(3) when working future Ghost Employer cases.
3	The Director of Collection, SB/SE Division, should require SB/SE Division leadership to provide a summary of planned actions in response to the Ghost Employer Project team recommendations as noted in this report.
2	The Director of Collection, SB/SE Division, should use a CIP or similar approach for Ghost Employers, which improves the tracking of enforcement action results and ensures that cases that do not rise to the level of Criminal Investigation involvement are placed into other civil enforcement workstreams.
1	The Commissioner, SB/SE Division should confer with the RAAS function on additional research available and incorporate refinements to filters needed to improve the identification of Ghost Employers.
3	Evaluate and update the current Scanning Visibility performance metrics to better align evaluation criteria for individual units to their specific performance.
1	Reissue Surface Visibility scanning policy, reiterating the importance of completing required "terminate" scans at via facilities, to all logistics and processing employees and certify all employees responsible for scanning have reviewed and understand their scanning responsibilities.
1	establish milestones for realizing savings and conduct a cost-benefit of actual transportation savings and its impact on service performance, including customer demographic impacts.
03	The Associate Director ensures staff check inventory in clean and sterile storerooms and remove expired or outdated items.
02	The Chief of Staff ensures the Executive Committee of the Medical Staff/Credentials Committee recommends continuation of licensed independent practitioners' privileges based on Ongoing Professional Practice Evaluation results.
01	The Chief of Staff ensures service chiefs recommend continued privileges based on Ongoing Professional Practice Evaluation activities.
4.1	Periodically review and update the RTR inspection guidance in accordance with IMC 0040.
3.1	Establish a plan and milestones to fully implement the use of the RPS to support oversight of the RTR inspection program
2.3	Periodically review the RTR training program to ensure consistency, effectiveness, and relevance.
2.2	Track post-qualification and refresher training.
2.1	Update the RTR training guidance to include specific courses and hours for refresher training.
1.2	Establish guidance and training for recording and approving the RTR inspection hours to specific CACs.
1.1	Update and implement guidance applicable to the NRC's current timekeeping system
04	The Director ensures staff check over-the-door alarms on the mental health inpatient unit according to the manufacturer's guidelines.
03	The Associate Director ensures staff keep patient areas clean and free from undue wear.
9	verify training is provided to clerks and supervisors responsible for registry items and the procedures for the security of registry items are followed at the Curseen-Morris Processing and Distribution Center.
8	take action to verify the appropriate number of placards are printed, and extra placards are canceled at the Curseen-Morris Processing and Distribution Center.
7	develop and implement a plan to verify load and unload scanning is consistently completed in accordance with policy at the Curseen-Morris Processing and Distribution Center.
6	complete an annual review of the Postal Vehicle Service transportation schedules and implement any schedule changes at the Curseen-Morris Processing and Distribution Center.
5	verify that delayed mail and missent mail are properly reported in the Mail Condition Visualization system at the Curseen-Morris Processing and Distribution Center.
4	conduct a review at the Curseen-Morris Processing and Distribution Center to identify why delivery units are returning so much mail, take corrective actions, and use the Mail Arrival Quality/Plant Arrival Quality to communicate with delivery units about mail separation.
3	verify daily preventative maintenance is completed on all Delivery Barcode Sorter machines to increase compliance at the Curseen-Morris Processing and Distribution Center.

Wed, 15 May 2024 04:44:45 -0400 EDT

2	direct management to delegate an employee for manual operations to reduce the manual processing of machinable mail at the Curseen-Morris Processing and Distribution Center.
11	verify exit doors on the dock are secured at the Curseen-Morris Processing and Distribution Center.
10	verify wheel chocks are available for use at all docks and that all drivers use wheel chocks at the Curseen-Morris Processing and Distribution Center.
1	verify staffing is aligned to process mail in the manual letter operations unit for timely dispatch by the Curseen-Morris Processing and Distribution Center.
13	Recommendation is not publicly available.
12	Recommendation is not publicly available.
11	Recommendation is not publicly available.
10	Recommendation is not publicly available.
9	Recommendation is not publicly available.
8	Recommendation is not publicly available.
7	Recommendation is not publicly available.
6	Recommendation is not publicly available.
5	Recommendation is not publicly available.
4	Recommendation is not publicly available.
3	Recommendation is not publicly available.
2	Recommendation is not publicly available.
1	Recommendation is not publicly available.
06	The Director ensures providers complete the Comprehensive Suicide Risk Evaluation on the same day as a patient's positive suicide risk screen in all ambulatory care settings.
05	The Director ensures staff keep interior spaces in the Inpatient Psychiatry Unit safe and suitable for care.
04	The Director ensures staff test over-the-door alarms in the Inpatient Psychiatry Unit per the manufacturer's recommendations.
03	The Director ensures staff test panic alarms in the Inpatient Psychiatry Unit at least quarterly and record testing in a log, including police response times.
02	The Director ensures staff conduct environment of care inspections in patient care areas as required.
01	The Chief of Staff ensures service chiefs report Focused Professional Practice Evaluation results to an executive committee of the medical staff for consideration in privileging recommendations.
4	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, prioritize and process the business application retirement request backlog.
3	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, update policies to incorporate best practice considerations based on risk.
2	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, update process documentation and implement effective controls to prevent duplicate requests and automatically require field completion.
1	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, implement clear ownership and accountability for the application retirement process by monitoring and managing the process to ensure applications are retired in a timely manner.
6	reiterate the process for using existing channels to report significant processing delays to Postal Service customers.
5	develop a comprehensive list, prioritize, and address the safety, security, and maintenance issues identified at the South Houston Local Processing Center.
4	in conjunction with Vice President, Regional Processing Operations Western, analyze current transportation schedules at the South Houston Local Processing Center and implement appropriate changes to reduce dock congestion, minimize delayed mail, and facilitate safety on the workroom floor.

Displaying 1 - 300 of 300