

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>1-22-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000247</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Keen, Host</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

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JAN 22 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

January 16, 2013

Ms. Tonya Chambers
Human Resources Director
Department of Health and Human Services
1801 Main Street, Suite J234
Columbia, South Carolina 29201

Dear Ms. Chambers:

The results of the audit of your delegated transactions from July 1, 2011 to June 30, 2013 are attached. Thank you for your assistance during the audit.

Should you have any questions regarding your agency's audit results, please feel free to contact me at 803-896-5064.

Sincerely,

Susan S. Hance

Susan S. Hance
HR Consultant

Enclosure

c: Mr. Anthony E. Keck

CLASSIFICATION DELEGATION AUTHORITY
Health & Human Services, Dept of
January 16, 2014

I. Audit Period: July 1, 2011 thru June 30, 2013

II. Auditors: Terra Ellerbe and Susan Hance

III. Delegated Reclassification Actions: Printouts on file with OHR

7/1/11 - 6/30/13

Total Number of Reclassifications: 208

Total Number of Actions Audited: 39

IV. Sampling Size: 18.75%

V. Purpose of Audit:

1. To determine if internal procedures are established for the review and processing of delegated classification actions.
2. To determine if the agency maintains an approved copy of the classification delegation agreement and all other correspondence related to its classification delegation program.
3. To determine whether delegated position descriptions are filed for ease of retrieval and review.
4. To determine whether the job duties on the position description are appropriate to the classification of the position.
5. To determine whether the position descriptions include: internal titles (if used), essential and marginal functions, percentages of time spent on each job duty, and appropriate coding and signatures.
6. To determine whether the class code and position number is correct on each position description.
7. To determine if authorized or effective dates on position descriptions fall on or after the approval date.
8. To determine whether recommendations from previous audits have been implemented.

VI. Findings:

1. The agency was able to produce a copy of the classification delegation agreement.
2. The agency had 2.56% or 1 out of the 39 actions audited that were not appropriate to the classification.
3. Out of the position descriptions audited the following was noted:
 - Appropriate coding (class code, slot, position number) and signatures
 - 0% or 0 out of the 39 did not have the appropriate coding and signatures
 - 0% or 0 out of the 39 did not have the class code, and position number.
 - FLSA designation
 - 0% or 0 out of the 39 actions audited did not have the FLSA designation
 - State minimum training and experience
 - 0% or 0 out of the 39 actions audited did not have minimum training and experience that at least met the State minimum classification specification
 - Essential and marginal functions
 - 2.56% or 1 out of the 39 actions audited did not have essential and marginal functions designated.
 - Percentages of time spent on each job duty
 - 0% or 0 out of the 39 actions audited did not have percentages of time that equaled 100%.
4. The agency had 2.56% or 1 out of the 39 actions audited that were approved after the effective date.
5. The agency had 2.56% or 1 out of the 39 actions audited that had missing position descriptions.

VII. Recommendation(s):

- PD/Prototype Comparison
 - No Recommendations.
- Minimum Training and Experience
 - No Recommendations.
- Essential & Marginal Functions
 - No Recommendations.
- Job Functions
 - No Recommendations.
- Coding & Signatures
 - No Recommendations.

- FLSA
 - No Recommendations.
- Class Code, Slot & Position #
 - No Recommendations.
- Approval Dates & Effective Dates
 - No Recommendations.
- Missing Delegated Position Descriptions
 - No Recommendations.
- Agency maintain copy of classification delegation agreement
 - No Recommendations.

VIII. Summary:

It appears that the decisions made by the agency during this audit period regarding reclassification actions are sound. The agency is in compliance with the classification delegation agreement.

HIRE ABOVE MINIMUM DELEGATION AUTHORITY
Health & Human Services, Dept of
January 16, 2014

- I. Audit Period Covered: July 1, 2011 – June 30, 2013
- II. Auditors: Terra Ellerbe and Susan Hance
- III. Delegated Hire Above Minimum Actions: Printouts on file with OHR
- 7/1/11 - 6/30/13
Number of New Hires: 108
Number Hired Above Minimum: 94
Number of Actions Audited: 29
- IV. Sampling Size: 30.85 %
- V. Purpose of Audit:
1. To determine if internal procedures are established for the review and documentation of delegated hire above minimum actions.
 2. To determine if the agency maintains an approved copy of the hire above minimum delegation agreement and all other correspondence related to its hire above minimum delegation program.
 3. To determine whether hire above minimum documentation is filed for ease of retrieval and review.
 4. To determine whether proper documentation exists for each hire above minimum action, to include:
 - A completed employment application with salary history and dates of employment
 - Applicant's name and SSN
 - Position title and class code to include internal title, if used
 - Pay band and salary range
 - Applicant's current salary
 - Proposed salary and % above minimum
 - Agency average salary, internal title average salary
 - Statewide average salary, if applicable
 - Justification statement to include not only that the applicant exceeds the minimum requirements, but also a description of why the salary is needed to hire the individual (e.g., market, recruiting/retention difficulties, most qualified and little time needed for training, etc.)
 - Hire date

- Authorized signature and date of approval
5. To determine whether actions are approved prior to the hire date of the applicant.
 6. To determine whether actions are true new hires, or whether another action code, such as promotion, demotion, or transfer is appropriate.
 7. To determine whether recommendations from previous audits have been implemented.

VI. Findings:

1. The agency was able to produce its copy of the hire above minimum delegation agreement.
2. This section summarizes the documentation for each hire above minimum action. There were a total of 29 hire above minimum actions audited.
 - **Completed Application Including Employment Dates** – 0% or 0 out of the 29 actions audited did not have a completed application including employment dates.
 - **Applicant Name** - 0% or 0 out of the 29 actions audited did not have a completed application including applicant's name.
 - **Title/Class (including internal title)** – 0% or 0 out of the 29 actions audited did not have the title/class.
 - **Pay Band/Salary Range** - 0% or 0 out of the 29 actions audited did not have the pay band and salary range.
 - **Applicant's Current Salary** - 17.24% or 5 out of the 29 actions audited did not have the applicant's current salary.
 - **Proposed Salary & % Above Minimum** - 0% or 0 out of the 29 actions audited did not have the proposed salary and percentage above minimum.
 - **Average Salary Data** - 0% or 0 out of the 29 actions audited did not have average salary data.
 - **Justification Statement of HAM** - 0% or 0 out of the 29 actions audited did not have an adequate justification statement.
 - **Approval Date on or Prior to Hire Date** - 3.44% or 1 out of the 29 actions audited did not have the approval date on or prior to the hire date.
 - **Authorized Signature & Approval Date** - 0% or 0 out of the 29 actions audited did not have an authorized signature and/or approval date.
 - **New hires coded appropriately** - 0% or 0 out of the 29 actions audited should not have been coded as a new hires.

VII. Recommendations:

- ^ **Completed Application including Employment Dates - No Recommendations.**
- ^ **Applicant Name - No Recommendations.**
- ^ **Title/Class/Slot (including internal title) - No Recommendations.**
- ^ **Pay Band/Salary Range -No Recommendations.**
- ^ **Applicant's Current Salary - Ensure the applicant's current salary is recorded on your internal approval form.**
- ^ **Proposed Salary & % Above Minimum - No Recommendations.**
- ^ **Average Salary Data No Recommendations.**
- ^ **Justification Statement of HAM - No Recommendations.**
- ^ **Approval Date on or prior to Hire Date No Recommendations.**
- ^ **Authorized Signature & Approval Date - No Recommendations.**
- ^ **Did Employee Come from Other State Agency - No Recommendations.**
- ^ **Delegation Contract on File - No Recommendations.**

VIII. Summary

- ^ The hire above minimum delegation actions are appropriately documented, supported by sound justification, and meet the requirements in the hire above minimum agreement.

TEMPORARY SALARY ADJUSTMENT DELEGATION AUTHORITY
Health and Human Services, Department of
January 16, 2014

- I. Audit Period Covered: July 1, 2011 – June 30, 2013
- II. Auditors: Terra Ellerbe and Susan Hance
- III. Delegated Temporary Salary Adjustment Actions: Printouts on file with OHR

7/1/11 - 6/30/13

Number of Temporary Salary Adjustments: 11

Number of Actions Audited: 11

- IV. Sampling Size: 100%
- V. Purpose of Audit:
 - 1. To determine if internal procedures are established for the review and documentation of delegated temporary salary adjustment actions.
 - 2. To determine if the agency maintains an approved copy of the temporary salary adjustment delegation agreement and all other correspondence related to its temporary salary adjustment delegation program.
 - 3. To determine whether temporary salary adjustment documentation is filed for ease of retrieval and review.
 - 4. To determine whether proper documentation exists for each temporary salary adjustment, to include:
 - ^ Employee Name
 - ^ Current Class Title
 - ^ Current Salary
 - ^ Amount or % increase of the temporary salary adjustment
 - ^ Justification of additional responsibilities
 - ^ Effective Date
 - ^ Duration (* Not to exceed one year)
 - ^ Approval Signature and Date
 - 5. To determine whether actions are approved prior to the employee receiving a temporary salary adjustment.
 - 6. To determine whether an extension of the temporary salary adjustment beyond one year has OHR approval prior to the expiration date of the adjustment.

7. To determine whether recommendations from previous audits have been implemented.

VI. Findings:

1. The agency was able to produce its copy of the temporary salary adjustment delegation agreement.
2. This section summarizes the documentation for each temporary salary adjustment action. There were a total of 11 temporary salary adjustment actions audited.
 - **Employee Name** – 0% or 0 out of the 11 actions audited did not have completed documentation including employee's name.
 - **Title/Class (including internal title)** – 0% or 0 out of the 11 actions audited did not have the title/class.
 - **Employee's Current Salary** – 0% or 0 out of the 11 actions audited did not have the employee's current salary.
 - **Proposed Salary & Percentage** – 0% or 0 out of the 11 actions audited did not have the proposed salary and percentage.
 - **Justification of Additional Responsibilities** – 0% or 0 out of the 11 actions audited did not have an adequate justification statement of additional responsibilities.
 - **Effective Date** – 0 % or 0 out of the 11 actions audited did not have the effective date of the temporary salary adjustment.
 - **Duration** – 0 % or 0 out of the 11 actions audited did not have the duration of not to exceed one year.
 - **Authorized Signature & Approval Date** – 0% or 0 out of the 11 actions audited did not have an authorized signature and/or approval date.

VII. Recommendations:

- ^ **Employee Name** - No Recommendations
- ^ **Title/Class (including internal title)** - No Recommendations
- ^ **Employee's Current Salary** - No Recommendations
- ^ **Proposed Salary & %** - No Recommendations
- ^ **Justification Statement of TSA** - No Recommendations
- ^ **Effective Date** - No Recommendations
- ^ **Duration** - No Recommendations
- ^ **Authorized Signature & Approval Date** - No Recommendations

VIII. Summary:

It appears that the decisions made by the agency during this audit period regarding temporary salary adjustment actions are sound. The agency is in compliance with the temporary salary adjustment delegation agreement

SC Budget and Control Board
Human Resources Division
8301 Parklane Road, Suite A220
Columbia, SC 29223

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JAN 22 2014

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Anthony E. Keck
Executive Director
Department of Health and Human Services
1801 Main Street, Suite 1100
Columbia, South Carolina 29201