

<b>Agency Name</b>	NH DHHS Division of Public Health Services
<b>Audit Name</b>	STATE OF NEW HAMPSHIRE THERAPEUTIC CANNABIS PROGRAM IDENTIFICATION CARD TIMELINESS
<b>Audit Period</b>	Calendar Year 2018
<b>Status Report Date</b>	April 2024

Summary of Audit Observations/Findings					
Number	Observation Title	Status [place X in status column]			
		Unresolved	Partially Resolved	Substantially Resolved	Fully Resolved
1	Process Applications Within Statutory Timelines			X	
2	Track Application Timeliness Correctly.			X	
3	Renewal Applications Should Be Immediately Processed				X
4	Improve Application Instructions And Forms			X	
5	Improve Data Consistency			X	
6	Supervisory Review Needed			X	
7	Improve Client Service				X
8	Formalize Program Policies And Procedures			X	
9	Amend Administrative Rules				X

**Observation 1: Process Applications within Statutory Timelines****Summary of Audit Finding:**

Orient operations to process applications within timeframes established by statute and rules and consider whether the program's database meets current and future needs.

If the TCP wants to continue processing applications based only on a 20-day timeline, it should seek changes to statute and corresponding rules.

Management and the Legislature may wish to maintain adequate funding and staffing levels.

**June 2019 Status: Partially Resolved**

- TCP has begun a comprehensive Performance Improvement project of business operations guided by the findings of the June 2019 Audit.
- TCP has developed a plan to re-orient the current paper-based operations for the issuance of registry identification cards with the statutory timeframes described in the audit.
- TCP does not believe it will be necessary to seek a legislative change to collapse the two current timeframes of 15 days to approve an application and 5 days to issue a registry identification card into one 20-day deadline to approve and issue a card, as currently practiced.
- A new registry database, BioTrack THC, has been procured as of June 19, 2019. The vendor proposes a five-month build/test/implementation phase. Registry functions will be oriented to statutory requirements of a maximum of 15 days to process applications and once the application has been processed, five days for issuing the card.
- The proposed DHHS SFY2020 Budget contemplates a new Accounting Unit (AU) for TCP. All aspects of the program will be fully and clearly budgeted within the Division of Public Health Services.
- Staffing levels, while not currently adequate, will improve in SFY 2020. Budgeted positions for SFY 2020 include:
  - Program Specialist III to supervise the program's registry function and staff, to develop policies and procedures for patient enrollment, and to perform quality assurance and quality improvement by monitoring, analyzing, and interpreting enrollment data.
  - Two full-time Program Assistant II positions, which will replace the current part-time Program Assistant I and Program Assistant II positions.

**January 2020 Update – Substantially Resolved**

The program has reoriented its operations and is processing initial applications consistent with the statutory timeframes of 15 days to approve or deny a complete application and 5 days after approval to issue a registry ID card.

Renewal applications are still being issued in the month of the current card's expiration, so the statutory timeframes are not being met for only those complete renewal applications that are received more than 15 days prior to the first day of the card's expiration month.

Staff from the Public Health Improvement Section of the Bureau of Public Health Systems, Policy and Performance conducted an independent data review of TCP application data from the 4<sup>th</sup> quarter of 2019, which was collected and analyzed in order to determine the effectiveness of these changes.

**Appendix A** contains the data analysis summary, which shows significant improvement across all areas of application processing timeliness. The review focused on initial applications; data on renewal applications were not collected for presentation in this status report.

***The average processing time for complete initial applications for the months of October–December 2019 was 10 calendar days, which is within the statutory 15-day timeframe. Additionally, virtually all of the new registry ID cards were issued within 5 days after approval, as required by statute.***

*Database.* A new registry database, BioTrack THC, has been procured as of June 19, 2019. The targeted go-live date of the database is March 31, 2020.

*Funding.* The DHHS SFY2020 Budget includes a new Accounting Unit (AU) for the Therapeutic Cannabis Program. All aspects of the program are fully and clearly budgeted within the Division of Public Health Services.

*Staffing.* A year-long staffing vacancy was filled on August 16, 2019. The filled position is a part-time Program Assistant I. Staffing levels, while not currently adequate, will improve in the second half of SFY 2020. Budgeted positions for SFY 2020 include:

- Program Specialist III or IV to supervise the program's registry function and staff, to develop policies and procedures for patient enrollment, and to perform quality assurance and quality improvement by monitoring, analyzing, and interpreting enrollment data.
- Two full-time Program Assistant II positions, which are intended to replace the current part-time Program Assistant I and Program Assistant II positions.

### **July 2020 Update – Substantially Resolved**

*Timeliness of Registry ID Card Issuance.* Initial applications continue to be processed and approved within statutory timeframes, and Registry ID Cards are being issued timely, within statutory timeframes. Renewal applications continue to be processed timely and renewal cards are issued in the month of expiration.

*Database.* A new registry database, contracted with BioTrack THC, is still under development. The targeted go-live date of the database has been moved to September 31, 2020.

*Staffing.* A full-time Program Assistant II position was created and filled, effective July 3, 2020. The position was filled with an internal candidate from the Therapeutic Cannabis Program, creating a new vacancy. The current hiring freeze due to the pandemic is a barrier. A waiver to fill the now-vacant part-time PAII position has been requested.

### **January 2021 Update – Substantially Resolved**

*Timeliness of Registry ID Card Issuance.* No change since July 2020. Statutory timeframes are being met.

*Database.* The new registry database is still under development. The targeted go-live date of the database has been moved to first quarter 2021.

*Staffing.* The part-time Program Assistant II vacancy has been frozen since July due to the pandemic, but the position was recently waived and approved for posting this month.

#### **July 2021 Update – Substantially Resolved**

*Timeliness of Registry ID Card Issuance.* Statutory timeframes are being met.

*Database.* The new registry database is operational. The go-live date for the DHHS staff portal was July 6, 2021. Development continues on the patient and provider portals, with an anticipated go-live target of December 2021.

*Staffing.* The program continues to experience staff turnover. There are currently 2 vacancies, a part-time Program Assistant II position, which is currently in recruitment, and a part-time Program Assistant I position, which is not in active recruitment at this time. A registry supervisor position has not yet been created.

#### **January 2022 Update – Substantially Resolved**

*Timeliness of Registry ID Card Issuance.* Statutory timeframes are being met.

*Database.* The new registry database is operational but development continues on the patient and provider portals.

*Staffing.* There is currently one vacancy, a part-time Program Assistant I position; this will be in active recruitment this quarter. The SJD for a new Administrator I position is being reviewed internally, prior to position creation.

#### **July 2022 Update – Substantially Resolved**

*Timeliness of Registry ID Card Issuance.* Statutory timeframes are being met.

*Database.* The new registry database is operational but development continues on the patient and provider portals.

*Staffing.* The request to create a new Administrator I position will be submitted to DOP in August 2022.

#### **July 2023 Update – Substantially Resolved**

*Timeliness of Registry ID Card Issuance.* Statutory timeframes are being met.

*Database.* The vendor-contracted registry database is operational, but development on the patient and provider portals and the system's reporting capabilities have been discontinued. The Department issued a Request for Information and is actively preparing a Request for Proposals for an updated system.

*Staffing.* A new Administrator I position has been created and is in active recruitment.

#### **January 2024 Update – Substantially Resolved**

*Timeliness of Registry ID Card Issuance.* Statutory timeframes are being met.

*Staffing.* Active recruitment for an Administrator I position has paused pending a reassessment of program management staffing needs.

*Staffing.* The Program has hired a Data Systems Analyst to perform data quality assurance and improvement activities.

*Database.* The Department has issued a Request for Proposals to reprocur for a registry database system that provides adequate embedded reporting functionalities. That reprocurement is currently active. The Department has secured monthly extracts of the current contracted vendor's registry database dataset in a usable format, and the new Data Systems Analyst is developing reporting tools to be used to track the timeliness of issuing Registry ID cards.

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## **Observation 2: Track Application Timeliness Correctly**

### **Summary of Audit Finding:**

Ensure program database supports the 15- and five-day statutory deadlines instead of the 20-day informal deadline.

### **June 2019 Status: Partially Resolved**

- A new registry database, BioTrack THC, has been procured as of June 19, 2019.
  - The vendor proposes a five-month build/test/implementation phase.
- Registry functions will be oriented to statutory requirements of a maximum of 15 days to process applications and once the application has been processed, five days for issuing the card.

### **January 2020 Update – Substantially Resolved**

*Database.* A new registry database, BioTrack THC, has been procured as of June 19, 2019. The estimated go-live date of the database is March 31, 2020.

*Tracking Application Timeliness.* Registry functions have been oriented to align with statutory timeliness requirements, including tools and operations which allow for the tracking of individual applications:

- Updated application checklist with all relevant dates (including dates received, reviewed, approved, issued)
- Alignment of checklist date fields with database date fields
- Daily batching of applications, not weekly batching

The improvements reflected in the data presented in Appendix A, and described under Observation #1, are a direct result of the application tracking improvements implemented.

### **July 2020 Update – Substantially Resolved**

*Database.* A new registry database, contracted with BioTrack THC, is still under development. The targeted go-live date of the database has been moved to September 31, 2020.

**January 2021 Update – Substantially Resolved**

*Database.* The new registry database is still under development. The targeted go-live date of the database has been moved to first quarter 2021.

**July 2021 Update – Substantially Resolved**

*Database.* The new registry database is operational. The go-live date for the DHHS staff portal was July 6, 2021. Development continues on the patient and provider portals, with an anticipated go-live target of December 2021. The database supports the 15- and 5-day statutory deadlines for application approval and issuing cards with functionality that tracks the progress of individual applications against these statutory timeframes. The database's reporting functionality is still being developed so that it can produce real-time and historical quality assurance and improvement reports related to processing timeliness.

**January 2022 Update – Substantially Resolved**

*Database.* No change from last reporting period. The database's reporting functionality is still be developed.

**July 2022 Update – Substantially Resolved**

*Database.* No change from last reporting period. The database's reporting functionality is still be developed.

**July 2023 Update – Substantially Resolved**

*Database.* The vendor-contracted registry database is operational, but development on the system's reporting capabilities have been discontinued. The Department issued a Request for Information last winter and is now actively preparing a Request for Proposals to procure an updated system. The Department has actively worked with the vendor to secure an extract of the registry database dataset in a usable format so that the Department can develop its own reporting tools for tracking the timeliness of issuing Registry ID Cards.

**January 2024 Update – Substantially Resolved**

*Database and Staffing.* The Department has issued a Request for Proposals to reprocure for a registry database system that provides adequate embedded reporting functionalities. That reprocurement is currently active. The Program has hired a Data Systems Analyst to perform data quality assurance and improvement activities. The Department has secured a monthly extract of the current contracted vendor's registry database dataset in a usable format, and the new Data Systems Analyst is developing reporting tools to be used to track the timeliness of issuing Registry ID cards.

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**Observation 3: Renewal Applications Should Be Immediately Processed****Summary of Audit Finding:**

The current law specifies that an application must be approved or denied within 15 days of receipt and a card issued within five days of approval, yet another part of the therapeutic cannabis statute limited registry identification cards to be valid for no more than one year after issuance.

The recommendation was to seek change to laws to avoid conflicting statutory requirements when attempting to issue renewal identification cards in a timely manner.

**June 2019 Status: Partially Resolved**

- TCP has developed a plan to integrate the processing of renewal applications into the workflow for initial applications, so that they can be processed per the statutory timeframes described in the audit and not be batched or set aside until the month that the current card expires.
- The Department has begun to explore options for potential changes to the statute to address the uneven number of renewal applications month to month.
  - Current statutory requirements for an annual recertification and the addition of new qualifying medical conditions over the evolution of the program since 2013 have contributed to annual surges of renewal applications in the October and November.
  - The Department will consider various legislative solutions, including increasing the duration of a certifying provider's written certification from the current maximum of one year to a longer period, at the provider's discretion.

**January 2020 Update – Partially Resolved**

The plan developed to integrate the processing of all renewal applications into the workflow with initial applications has not been implemented due to technical issues related to the current registry database and registry ID card design. Such integration, however, will be fully implemented with the launch of the new (contracted) database solution, including a card redesign that includes the card's dates of issuance, effectiveness, and expiration.

All renewal applications are immediately processed upon receipt. Renewal cards continue to be issued in the month of the current card's expiration. All complete renewal applications received within 15 days prior to the first day of the current card's expiration month are being processed and approved, and cards are being issued, within the statutory timeframes. The statutory timeframes are not being met only for those complete renewal applications that are received more than 15 days prior to the first day of the card's expiration month. All cardholders are sent a renewal notice 90 days prior to expiration stating that renewal cards are issued in the month of expiration. Data on renewal applications was not collected for presentation in this audit response update.

*Proposed statutory changes.* The Department has requested legislation for the 2020 session (LSR 2020-3069; [SB 703](#)) which supports the response to this audit recommendation. The bill proposes to: (1) add the “effective date” to the registry ID card (the card currently is required to have only the dates of issuance and expiration); and (2) allow for the extension of the duration of a certifying medical provider’s written certification for the therapeutic use of cannabis from the current 1-year maximum to up to 3 years, at the certifying provider’s discretion.

#### **July 2020 Update – Partially Resolved**

*Proposed statutory changes.* Department-requested legislation for the 2020 session ([SB 703](#)) which supports the response to this audit recommendation was laid on the table by the House amid the COVID pandemic. The Department will request this legislation again for the 2021 legislative session.

*Database.* A new registry database, contracted with BioTrack THC, is still under development. The targeted go-live date of the database has been moved to September 31, 2020.

*Timeliness of Renewal Registry ID Card Issuance.* Renewal applications continue to be processed timely and renewal cards continue to be issued in the month of the current card’s expiration.

#### **January 2021 Update – Partially Resolved**

*Proposed statutory changes.* The Department has requested legislation which supports the response to this audit recommendation for the 2021 legislative session (LSR 2021-1074).

*Database.* The new registry database is still under development. The targeted go-live date of the database has been moved to first quarter 2021.

*Timeliness of Renewal Registry ID Card Issuance.* Renewal applications continue to be processed timely and renewal cards continue to be issued in the month of the current card’s expiration.

#### **July 2021 Update – Substantially Resolved**

*Statutory changes.* [SB 162](#) was passed by the Legislature during the 2021 session and has been signed by the Governor, with an effective date of September 7, 2021. This bill reconciles conflicting statutory requirements regarding the timely processing of renewal applications and issuing renewal registry identification cards. This bill also allows for a 3-year certification, at the provider’s discretion, and an extension process for providers to extend a certification that was issued for a duration shorter than 3 years.

*Database.* The new registry database is operational. The go-live date for the DHHS staff portal was July 6, 2021. Development continues on the patient and provider portals, with an anticipated go-live target of December 2021. The database supports the statutory requirement to process renewal applications upon receipt and issue renewal registry identification cards within the statutory timeframes.

*Timeliness of Renewal Registry ID Card Issuance.* The statutory changes described above, combined with the functionality of the new database, allows renewal applications to be processed immediately and



renewal registry identification cards to be issued within statutory timeframes. Beginning in September (in alignment with the effective date of the law change) renewal applications will be processed immediately and renewal registry identification cards will be issued consistent with statutory timeframes.

#### **January 2022 Update – Fully Resolved**

*Timeliness of Renewal Registry ID Card Issuance.* The processing of renewal applications has been fully integrated into the current workflow; renewal applications are being processed immediately upon receipt and renewal registry identification cards are being issued consistent with statutory timeframes.

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#### **Observation 4: Improve Application Instructions and Forms**

##### **Summary of Audit Finding:**

Almost 40 percent of initial patient applications received in CY 2018 were considered incomplete upon receipt. TCP should review its application forms to identify areas which could be simplified and revised to enhance clarity for items needed to submit a complete application.

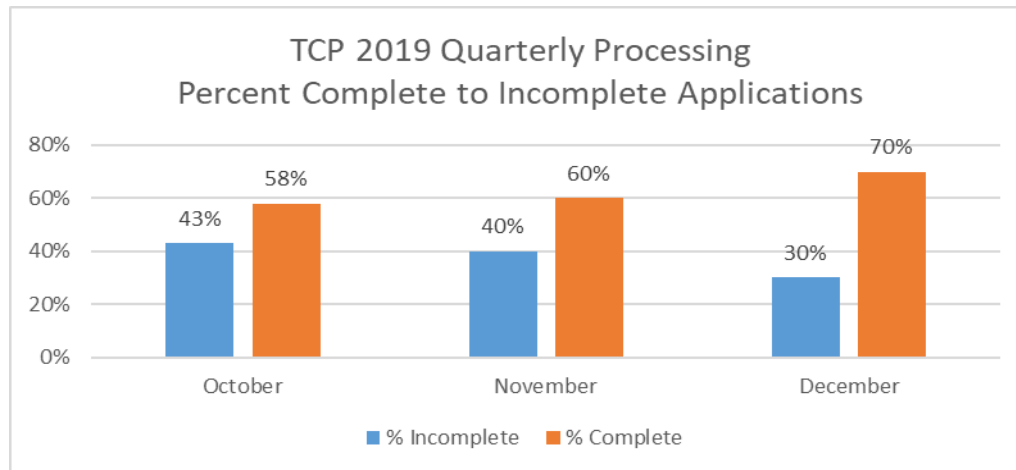
##### **June 2019 Status: Partially Resolved**

- TCP has begun a systematic review and analysis of its current applications, instructions, and information sheets.
- TCP will update all materials based on that assessment so that materials are simplified and clarified with the goal of making the patient application experience easier to understand and less burdensome.
  - Updates will occur in tandem with the rollout of a new Registry database and changes to RSA 126-X that will occur as a result of legislation passed in 2019 with regard to photo identification, required patient/provider relationship, and the opportunity to enroll with TCP to “home grow” cannabis.
- TCP will solicit input on potential changes to forms from the Alternative Treatment Centers (ATCs) and will incorporate feedback received from qualifying patients and designated caregivers regarding applications, forms, instructions, and information sheets.

##### **January 2020 Update – Substantially Resolved**

Application forms and information sheets have been updated in order to simplify the presentation of information, clarify requirements, and remove burdensome requirements. Materials have also been updated to align with statutory changes, effective November 18, 2019, that simplify the application process, including the removal of the requirement for an applicant’s photograph to be submitted with the application and to appear on the registry ID card, and the removal of the requirement for a 3-month provider-patient relationship. Updated materials were made available to the public in advance of the November 18, 2019 effective date of the underlying statutory changes.

Appendix A presents the results of an independent data review of TCP application data from the 4<sup>th</sup> quarter of 2019, which shows improvement in the number of incomplete applications received as a result of these changes. Proof of residency, patient applications, and payment are now the items most commonly missing from applications or incomplete.



*Proposed statutory changes.* The Department has requested legislation for the 2020 session (LSR 2020-3069; [SB 703](#)) which supports the response to this audit recommendation. The bill proposes to remove certain requirements on the patient application, as follows: the address and telephone number of the applicant's medical provider (this same information is also required on the written certification), and the address of the applicant's designated caregiver (this same information is also required on the designated caregiver application). The bill also proposes to remove the requirement on the designated caregiver application for the street address of the alternative treatment center selected by the caregiver's qualifying patient.

#### **July 2020 Update – Substantially Resolved**

*Proposed statutory changes.* Department-requested legislation for the 2020 session ([SB 703](#)) which supports the response to this audit recommendation was laid on the table by the House due to the COVID pandemic. The Department will request this legislation again for the 2021 legislative session.

#### **January 2021 Update – Substantially Resolved**

*Proposed statutory changes.* The Department has requested legislation which supports the response to this audit recommendation for the 2021 legislative session (LSR 2021-1074).

#### **July 2021 Update – Substantially Resolved**

*Proposed statutory changes.* [SB 162](#) was passed by the Legislature during the 2021 session and has been signed by the Governor, with an effective date of September 7, 2021. This bill removes certain requirements on the patient and caregiver applications so that the applications themselves can be made simpler to complete. The Department will update the applications to align with the new statute, effective

September 7, 2021, and will undertake rulemaking in the second half of 2021 to align the rules with the current statute.

*Rulemaking.* New program rules ([He-C 401](#)) were made effective on July 1, 2021. The new rules make numerous changes to the patient, caregiver, and provider applications for increased clarity and simplicity. The applications themselves have been updated, made available to the public, and are in currently in use.

*Database.* The new registry database is operational. The go-live date for the DHHS staff portal was July 6, 2021. Development continues on the patient and provider portals, with an anticipated go-live target of December 2021. The database's reporting functionality is still being developed so that it can produce real-time and historical quality assurance and improvement reports related to incomplete applications, both the number of incomplete applications and which elements are incomplete, for future improvements.

### **January 2022 Update – Substantially Resolved**

*Statutory changes (implementation).* [SB 162](#) had an effective date of September 7, 2021. This bill removed certain requirements on the patient and caregiver applications so that the applications themselves can be made simpler to complete. The Department has yet to update the applications or the program rules to align with the statutory changes made. This work is planned to begin in the first quarter of 2022.

*Database.* Development continues on the patient and provider portals. The database's reporting functionality is still being developed so that it can produce real-time and historical quality assurance and improvement reports related to incomplete applications, both the number of incomplete applications and which elements are incomplete, for future improvements.

### **July 2022 Update – Substantially Resolved**

*Statutory changes (implementation).* [SB 162](#) had an effective date of September 7, 2021. This bill removed certain requirements on the patient and caregiver applications so that the applications themselves can be made simpler to complete. The Department has updated applications based on the statutory changes, and will enter rulemaking during the upcoming reporting period to codify the changes in rule.

*Database.* No change from last reporting period. Development continues on the patient and provider portals. The database's reporting functionality is still being developed.

### **July 2023 Update – Substantially Resolved**

*Statutory changes (implementation).* Administrative rules have been adopted and made effective which implement statutory changes from the 2021 and 2022 legislative sessions. These changes streamline the application process by allowing certifying medical providers to certify their patients for up to three years at a time, at the provider's discretion. The implemented legislative changes also allow for the extension

of any written certification that was previously issued for less than three years. These changes will improve the patient application experience by significantly reducing the frequency of renewals and the amount of paperwork needed to apply and renew.

*Database.* The vendor-contracted registry database is operational, but development on the system's reporting capabilities have been discontinued. The Department issued a Request for Information last winter and is now actively preparing a Request for Proposals to procure an updated system. The Department has actively worked with the vendor to secure an extract of the registry database dataset in a usable format so that the Department can develop its own reporting tools for tracking the frequency, volume, and nature of incomplete applications.

#### **January 2024 Update – Substantially Resolved**

*Database and Staffing.* The Department has issued a Request for Proposals to reprocur for a registry database system that provides adequate embedded reporting functionalities. That reprocurement is currently active. The Program has hired a Data Systems Analyst to perform data quality assurance and improvement activities. The Department has secured a monthly extract of the current contracted vendor's registry database dataset in a usable format, and the new Data Systems Analyst is developing reporting tools to be used to measure the type and frequency of incomplete applications in order to assess any further improvements to the applications which might help applicants submit complete applications, rather than incomplete applications.

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#### **Observation 5: Improve Data Consistency**

##### **Summary of Audit Finding:**

TCP made inconsistent use of checklists and because data recorded on the checklists and the database was inconsistent, data analysis was made much more difficult. A contributing factor to data inconsistency and incompleteness was the lack of adequate staffing. Due to the lack of an allocated budget to staff the program when it was established, the TCP was decentralized and relied on staff borrowed from other DHHS programs to answer phones, approve and issue registry identification cards, and assist with organizing files.

##### **June 2019 Status: Partially Resolved**

- TCP has been centralized under one unit in the DHHS Division of Public Health Services.
- The proposed DHHS SFY2020 Budget contemplates a new Accounting Unit (AU) for TCP. All aspects of the program, including personnel, will be fully and clearly budgeted within the Division of Public Health Services.
- Staffing levels, while not currently adequate, will improve in SFY 2020. Budgeted positions for SFY 2020 include:

- Program Specialist III to supervise the program's registry function and staff, to develop policies and procedures for patient enrollment, and to perform quality assurance and quality improvement by monitoring, analyzing, and interpreting enrollment data.
- Two full-time Program Assistant II positions, which will replace the current part-time Program Assistant I and Program Assistant II positions.
- TCP will undertake a systematic review and analysis of its current policy, procedure, and training manual.
- TCP will update the manual based on its assessment to include formal written policies, procedures, and tools and to ensure that all materials are accurate, up to date, reflect current practice, and are compliant with applicable rule and law.
  - The manual will be reviewed and updated as needed so that it remains current, accurate, and up to date. Current and future TCP staff, and, to the extent needed, any staff borrowed from other areas, will be trained on up-to-date policies and procedures, both initially and periodically as needed.

### **January 2020 Update – Substantially Resolved**

Data capture, both on paper checklists and in the registry database, has been standardized so that consistent data is recorded and maintained. Policies, procedures, and tools related to application processing have been updated, and TCP staff have been trained on the updated policies and procedures and the use of tools. In particular, the application checklists have been updated with all the relevant dates (including dates received, reviewed, approved, issued), and the checklist date fields have been aligned with the registry database fields. Such improvements allow for complete and accurate data to be captured and maintained, as well as for the tracking of individual applications so that statutory timeliness requirements are now being consistently met.

*Staffing.* A year-long staffing vacancy (part-time Program Assistant I) was filled on August 16, 2019. Staffing levels, while not currently adequate, will improve in the second half of SFY 2020, as described under Observation #1. Non-TCP staff are no longer borrowed to perform core business functions, although bureau support staff continue to assist on sub-critical support functions.

### **July 2020 Update – Substantially Resolved**

*Staffing.* A full-time Program Assistant II position was created and filled, effective July 3, 2020. The position was filled with an internal candidate from the Therapeutic Cannabis Program, creating a new vacancy. The current hiring freeze due to the pandemic is a barrier. A waiver to fill the now-vacant PAII position has been requested.

### **January 2021 Update – Substantially Resolved**

*Staffing.* The part-time Program Assistant II vacancy has been frozen since July due to the pandemic, but the position was recently waived and approved for posting in January.

### **July 2021 Update – Substantially Resolved**

*Staffing.* The program continues to experience staff turnover. There are currently 2 vacancies, a part-time Program Assistant II position, which is currently in recruitment, and a part-time Program Assistant I position, which is not in active recruitment at this time. A registry supervisor position has not yet been created.

*Database.* The new registry database is operational. The go-live date for the DHHS staff portal was July 6, 2021. Development continues on the patient and provider portals, with an anticipated go-live target of December 2021. The database standardizes all data collected and entered by program staff, thus increasing data consistency across program staff. The database's reporting functionality is still being developed so that it can produce real-time and historical quality assurance and improvement reports related to data consistency.

#### **January 2022 Update – Substantially Resolved**

*Staffing.* There is currently one program vacancy, a part-time Program Assistant I position; this will be in active recruitment this quarter. The SJD for a new Administrator I position is being reviewed internally, prior to position creation.

*Database.* The new registry database is operational but development continues on the patient and provider portals, as well as on the database's reporting functionality to produce real-time and historical quality assurance and improvement reports related to data consistency.

#### **July 2022 Update – Substantially Resolved**

*Staffing.* The request to create a new Administrator I position will be submitted to DOP in August 2022.

*Database.* No change from last reporting period. Development continues on the patient and provider portals. The database's reporting functionality is still being developed.

#### **July 2023 Update – Substantially Resolved**

*Staffing.* A new Administrator I position has been created and is in active recruitment.

*Database.* The vendor-contracted registry database is operational, but development on the system's reporting capabilities have been discontinued. The Department issued a Request for Information last winter and is now actively preparing a Request for Proposals to procure an updated system. The Department has actively worked with the vendor to secure an extract of the registry database dataset in a usable format so that the Department can develop its own reporting tools to be used for quality assurance and improvement.

#### **January 2024 Update – Substantially Resolved**

*Staffing.* Active recruitment for an Administrator I position has paused pending a reassessment of program management staffing needs.

*Staffing.* The Program has hired a Data Systems Analyst to perform data quality assurance and improvement activities.

*Database.* The Department has issued a Request for Proposals to reprocure for a registry database system that provides adequate embedded reporting functionalities. That reprocurement is currently active. The Department has secured monthly extracts of the current contracted vendor's registry database dataset in a usable format, and the new Data Systems Analyst is developing reporting tools to be used for quality assurance and improvement.

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### **Observation 6: Supervisory Review Needed**

#### **Summary of Audit Finding:**

To ensure the accuracy and completeness of information, an agency must employ a variety of control activities, such as building in edit checks of data entered by staff. Data entered into an information system like the TCP application database should have been periodically compared with physical files, and any discrepancies should have been examined. Supervisory or independent review of data entered into the agency's application system should have occurred.

#### **June 2019 Status: Partially Resolved**

- TCP has been centralized under one unit in the DHHS Division of Public Health Services.
  - The TCP Administrator is now in the same workplace as Registry staff and is available for consultation, supervision, and review.
- A Program Specialist III is budgeted for SFY2020 to supervise the program's registry function and staff, to develop policies and procedures for patient enrollment, and to perform quality assurance and quality improvement by monitoring, analyzing, and interpreting enrollment data.
- TCP has begun a systematic review and analysis of its current policy, procedure, and training manual.
- TCP will assess, and reorganize as needed, the business processes and work environment to reduce the risk of error, omission, or fraud by separating duties and responsibilities among different staff, so that no one staff member controls all key aspects of a process.
- TCP will update the manual based on its assessment to include formal written policies, procedures, and tools and to ensure that all materials are accurate, up to date, and are compliant with applicable rule and law.
  - The manual will be reviewed and updated as needed so that it remains current, accurate, and up to date. Current and future TCP staff, and, to the extent needed, any staff borrowed from other areas, will be trained on up-to-date policies and procedures, both initially and periodically as needed.

#### **January 2020 Update – Partially Resolved**

Updates to written policies and procedures, as well as the development of a current and updated training material, including new policies and procedures for the systematic, periodic review of physical files for errors, and supervisory review, represent a continuing body of work. Business processes,

including the separation of work functions, continue to be updated and improved in order to reduce error, the potential for fraud, and the reduce disruptions to core business functions in the absence of any one staff member.

*Staffing.* A year-long staffing vacancy (part-time Program Assistant I) was filled on August 16, 2019. This has allowed for business processes, including the separation of work functions, to be updated and improved. Staffing levels, while not currently adequate, will improve in the second half of SFY 2020, as described under Observation #1, including the hiring of a Program Specialist III or IV registry supervisor responsible for supervisory review of the TCP registry function.

#### **July 2020 Update – Partially Resolved**

*Staffing.* The current hiring freeze due to the pandemic is a barrier to creating and filling a new Program Specialist registry supervisor position responsible for supervisory review of the TCP registry function.

#### **January 2021 Update – Partially Resolved**

*Staffing.* No change.

#### **July 2021 Update – Partially Resolved**

*Staffing.* A registry supervisor position has not yet been created or filled. This absence, combined with program staff turnover experienced this past year, has delayed full resolution of this audit recommendation.

#### **January 2022 Update – Partially Resolved**

*Staffing.* The SJD of a new Administrator I position is in internal review prior to submitting the position creation request.

#### **July 2022 Update – Partially Resolved**

*Staffing.* The request to create a new Administrator I position will be submitted to DOP in August 2022.

#### **July 2023 Update – Partially Resolved**

*Staffing.* A new Administrator I position has been created and is in active recruitment.

#### **January 2024 Update – Substantially Resolved**

*Staffing.* Active recruitment for an Administrator I position has paused pending a reassessment of program management staffing needs. However, supervisory review functions have been incorporated into the workflow of other senior staff, including the Administrator III and the senior Program Assistant II. Such supervisory review includes robust initial onboarding and training of new staff, including close supervisory review and feedback of work product based on limited and progressive subsets of work functions, followed by progressive increases in work functions based on mastery, tapering of review



volume based on work quality and work quantity, continued review and feedback on problem areas until mastery is achieved, and finally by spot checking performance at regular and intermittent intervals to ensure consistency of work product across all staff.

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**Observation 7: Improve Client Service****Summary of Audit Finding: Partially Resolved**

TCP did not have formal policies and procedures for how staff should handle email or telephone inquiries. Client Service was inconsistent and not performed in a timely manner.

**June 2019 Status: Partially Resolved**

- TCP has begun a systematic review and analysis of its current policy, procedure, and training manual.
- TCP will update the manual based on its assessment to include formal written policies, procedures, and tools to ensure that all materials are accurate, up to date, and are compliant with applicable rule and law.
- Public-facing documents, including applications, information sheets, and information published on the program's website, will be updated to reflect current practice, including that of providing application status over the phone
- In late 2018, TCP began improving its customer service activities, to include fixing the TCP phone system so that the main program phone line rings on all TCP staff phones, as well as on a bureau support staff phone, directly answering as many calls as possible, systematically clearing and logging voice mail messages so that new messages can be received, and directing staff to return as many messages as possible.
- TCP has instituted a shared phone log document to record all calls received, both answered and retrieved, to record calls by color code and category, and to record the date of resolution.

**January 2020 Update – Substantially Resolved**

Customer service has been improved at all levels. Improvements include:

- Public-facing documents, including applications, information sheets, and information published on the program's website have all been updated to be consistent and to reflect current practice and current law.
- The previous, and inconsistently applied, policy of not providing application status over the phone has been removed from practice and all documentation.
- A year-long staffing vacancy (part-time Program Assistant I) was filled on August 16, 2019. This filled position has allowed client service related business processes to be improved, including timely response to client questions and complaints received by phone or email.

**July 2020 Update – Substantially Resolved**

Customer service improvements continue to be made, including increased call answering and call-backs, and the creation of fact sheets to standardize responses across staff to common questions, including reciprocity and federal law.

**January 2021 Update – Substantially Resolved**

*Customer service.* No change.

**July 2021 Update – Substantially Resolved**

*Customer service.* Customer service improvements continue to be made, as does the development of policies and procedures for how staff should handle email or telephone inquiries.

**January 2022 Update – Substantially Resolved**

*Customer service.* Customer service improvements continue to be made, as does the development of policies and procedures for how staff should handle email or telephone inquiries. Complaints from customers are rare, they are addressed quickly; and staff knowledge of policies and procedures has increased with the stabilizing of the program workforce.

**July 2022 Update – Substantially Resolved**

*Customer service.* There are no issues with customer service. However, formal written policies for how to answer public inquiries have not been finalized.

**July 2023 Update – Substantially Resolved**

*Customer service.* No change.

**January 2024 Update – Fully Resolved**

*Customer service.* Scripts for program staff to use to answer standard questions from the public have been developed and implemented.

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**Observation 8: Formalize Program Policies and Procedures**

**Summary of Audit Finding:**

The “TCP Training Manual” contained a purpose and mission statement, laws, rules, memorandums, procedures, policies, and forms. However, the binder was loosely organized and contained a mixture of outdated and current application forms. Without formal, clearly written policies and procedures, competence in program personnel could not be effectively measured and clients may have received inconsistent service.

**June 2019 Status: Partially Resolved**

- TCP has begun a systematic review and analysis of its current policy, procedure, and training manual.
- TCP will update the manual based on its assessment to include formal written policies, procedures, and tools to ensure that all materials are accurate, up to date, and are compliant with applicable rule and law. TCP will update the manual based on its assessment to include formal written policies, procedures, and tools and to ensure that all materials are accurate, up to date, and are compliant with applicable rule and law.
  - The manual will be reviewed and updated as needed so that it remains current, accurate, and up to date. Current and future TCP staff, and, to the extent needed, any staff borrowed from other areas, will be trained on up-to-date policies and procedures, both initially and periodically as needed.
- A Program Specialist III is budgeted for SFY2020 to supervise the program's registry function and staff, to develop policies and procedures for patient enrollment, and to perform quality assurance and quality improvement by monitoring, analyzing, and interpreting enrollment data.
  - This position will be responsible for maintaining and updating policies and procedures within the TCP Training Manual.

**January 2020 Update – Partially Resolved**

Updates to written policies and procedures, as well as the development of a current and updated training material, represent a continuing body of work. These policies and procedures will be updated to account for new workflows related to the electronic registry system, BioTrack THC.

**July 2020 Update – Partially Resolved**

*Staffing.* The current hiring freeze due to the pandemic is a barrier to creating and filling a new Program Specialist registry supervisor position responsible for finalizing updated written policies and procedures.

**January 2021 Update – Partially Resolved**

*Staffing.* No change.

**July 2021 Update – Partially Resolved**

*Staffing.* A registry supervisor position has not yet been created or filled. This absence, combined with program staff turnover experienced this past year, has delayed full resolution of this audit recommendation.

**January 2022 Update – Partially Resolved**

*Staffing.* The SJD of a new Administrator I position is being internally reviewed prior to the submittal of the position creation request.

*Database.* Documentation of procedures related to the operation of the new registry database have commenced and are still in development.

### **July 2022 Update – Partially Resolved**

*Staffing.* The request to create a new Administrator I position will be submitted to DOP in August 2022.

*Database.* No change from the last reporting period.

### **July 2023 Update – Partially Resolved**

*Staffing.* A new Administrator I position has been created and is active recruitment.

*Policies and Procedures.* Updates to written policies and procedures, as well as the development of a current and updated training material, represent an evolving and continuing body of work.

### **January 2024 Update – Substantially Resolved**

*Staffing.* Active recruitment for the Administrator I position has paused pending a reassessment of program management staffing needs.

*Policies and Procedures.* Maintaining updated written policies and procedures, including for use as a training manual, represents an ever-continuing body of work. Substantial progress has been made in formalizing standardized process and training documents for the program's primary functions, including the following: receiving and opening mail, creating file folders, processing payments, entering initial participant data, renewing existing participants, reviewing applications for completeness, identifying incomplete applications and generating communications, determining eligibility, and processing extension requests.

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## **Observation 9: Amend Administrative Rules**

### **Summary of Audit Finding:**

Some practices of the TCP were contrary to its administrative rules. By not having practice align with rules, and not informing all applicants of program changes, the program was not following law nor treating applicants equitably. TCP should review its administrative rules and amend those areas of rules as soon as practical where there may be contrary or cumbersome regulation or where practice differs from the stated rule.

### **June 2019 Status: Not Resolved**

- TCP has begun a systematic review and analysis of its current policy, procedure, and training manual as compared to program rules He-C 401.

- TCP will update the manual based on its assessment to include formal written policies, procedures, and tools to ensure that all materials are accurate, up to date, reflect current practice, and are compliant with applicable rule and law.
- To the extent that current practice is identified as being inconsistent with current rule, and where good cause exists for a rule change, such rules will be amended through the formal rulemaking process described in RSA 541-A.
- To the extent that a current rule is appropriate in most cases, but in certain individual cases it may be waived for good cause, the Department will adhere to the waiver procedures currently in rule, or as amended.
- To the extent that current practice is inconsistently known by applicants due to a lack of publicizing such practice or the publishing of outdated information, the Department will update public-facing documents so that all applicants have the same access to current information.

### **January 2020 Update – Partially Resolved**

The two examples of program practice diverging from program rules that were identified in the audit findings have been addressed legislatively through the passage of SB 88 (2019 session, effective November 18, 2019), which removed the requirement for a photograph to be submitted with the application and to appear on the registry ID card.

Based on the systematic review of the program's practices, policies, procedures, rules, and statutes, a draft rulemaking Initial Proposal has been developed with changes identified that will align the rules with current statute and current practice. The draft rule is under internal review.

*Proposed statutory changes.* The Department has requested legislation for the 2020 session (LSR 2020-3069; [SB 703](#)) which supports the response to this audit recommendation, in that practice, rule, and statute should all be aligned. The bill proposes to remove the \$150 fine penalty, and the Department's fine authority, for a patient or caregiver who fails to notify the program of any changes to his or her name, address, or designated caregiver. Enforcement of this provision of law proved to be administratively impossible due to there being no reasonable way to verify when a change of address or name actually took place.

### **July 2020 Update – Partially Resolved**

*Proposed statutory changes.* Department-requested legislation for the 2020 session ([SB 703](#)) which supports the response to this audit recommendation was laid on the table by the House due to the COVID pandemic. The Department will request this legislation again for the 2021 legislative session.

*Administrative Rule.* The draft administrative rule, including new and updated forms, is under internal and external review.

### **January 2021 Update – Substantially Resolved**

*Proposed statutory changes.* The Department has requested legislation which supports the response to this audit recommendation for the 2021 legislative session (LSR 2021-1074).

*Administrative Rule.* The Initial Proposal of He-C 401 is in formal rulemaking. The public hearing took place in January, and the rule is expected to be reviewed by the Joint Legislative Committee on Administrative Rules (JLCAR) at their March meeting.

#### **July 2021 Update – Fully Resolved**

*Rulemaking.* New program rules ([He-C 401](#)) were made effective on July 1, 2021. The new rules make numerous changes to the patient, caregiver, and provider applications and processes for increased clarity and simplicity. The rules are now completely aligned with current practice.

*Statutory changes.* [SB 162](#) was passed by the Legislature during the 2021 session and has been signed by the Governor, with an effective date of September 7, 2021. The Department will next undertake rulemaking to update the current rules to align with the new statute.

#### **January 2022 Update – Fully Resolved**

*Rulemaking.* New program rules ([He-C 401](#)) were made effective on July 1, 2021. The new rules make numerous changes to the patient, caregiver, and provider applications and processes for increased clarity and simplicity. The rules are now completely aligned with current practice.

*Statutory changes (rulemaking).* [SB 162](#) was effective September 7, 2021. The Department will undertake rulemaking beginning this quarter to update the current rules to align with the statutory changes.

#### **July 2023 Update – Fully Resolved**

*Rulemaking.* New program rules ([He-C 401](#)) were made effective on June 26, 2023, which implement statutory changes from the 2021 and 2022 legislative sessions. The rules continue to be completely aligned with current practice.

**APPENDIX A****Therapeutic Cannabis Program  
Application Timeliness Quality Review – 4<sup>th</sup> Quarter 2019**

In response to the 2019 LBA Performance Audit, the Therapeutic Cannabis Program (TCP) reoriented its operations and is processing patient applications consistent with the statutory timeframes of 15 days to approve or deny a complete application and 5 days after approval to issue a registry ID card. In addition, the TCP hired one additional staff (.5FTE) to assist with application processing. A subsequent statutory change went into effect on November 18, 2019 which removed the submission requirements of a patient photo and a 3-month provider-patient relationship. The program released updated application materials to align with the statutory changes and to simplify the presentation of information, clarify requirements, and remove unnecessary requirements.

This report presents 4<sup>th</sup> quarter data from 2019, collected and analyzed in order to determine the effectiveness of these changes. In total, 1,337 initial applications were processed in the 4<sup>th</sup> quarter of 2019, data from which are reflected in this report. The TCP processed another 1,406 renewal applications in the same period as well, which are not included here.

***Initial, Complete Applications***

To determine how long it took to process an initial patient application (where the patient had not been previously approved for a registry ID card), the TCP analyzed applications that were submitted as complete upon initial presentation. Applications that were missing elements or information were considered as incomplete applications, and were analyzed separately, with the results presented below. This analysis measured all initial, complete applications for which a registry ID card was issued in that month.

**Average Number of Days to Process Complete Initial Applications**

Measure	October 2019	November 2019	December 2019
Receipt to Approval (Average Days)	13	12	6
Percent Over 15 Days	0.02% (5 applications)	0.07% (16 applications)	0% (0 applications)
Approval to Card Issued (Average Days)	1.3	0	0
Percent Over 5 Days	0.014%	0	0
Total Complete Applications	218	229	402

Rather than reviewing a sample size, as done during the audit, all complete initial applications received were analyzed. As demonstrated, average processing time for complete applications for the quarter was 10 calendar days, which is within the statutory 15-day timeframe. Additionally, virtually all of the registry ID cards were issued within 5 days after approval, as required by law. Thus, timeliness in approving and issuing registry ID cards has improved significantly as compared with the sample size reviewed during the audit.

***Initial, Incomplete Applications***

Incomplete applications were also reviewed for improvement during this same period. To determine how long it took to process an initial incomplete application, the TCP analyzed applications that were

submitted but found to be incomplete upon initial presentation. The TCP has established a 10-business day review period, by regulation [He-C 401.10 (b)], to determine application completeness. Once an application is determined to be complete, it is then reviewed for approval, and the same 15- and 5-day statutory standards apply.

#### Average Number of Days to Process Incomplete Initial Applications

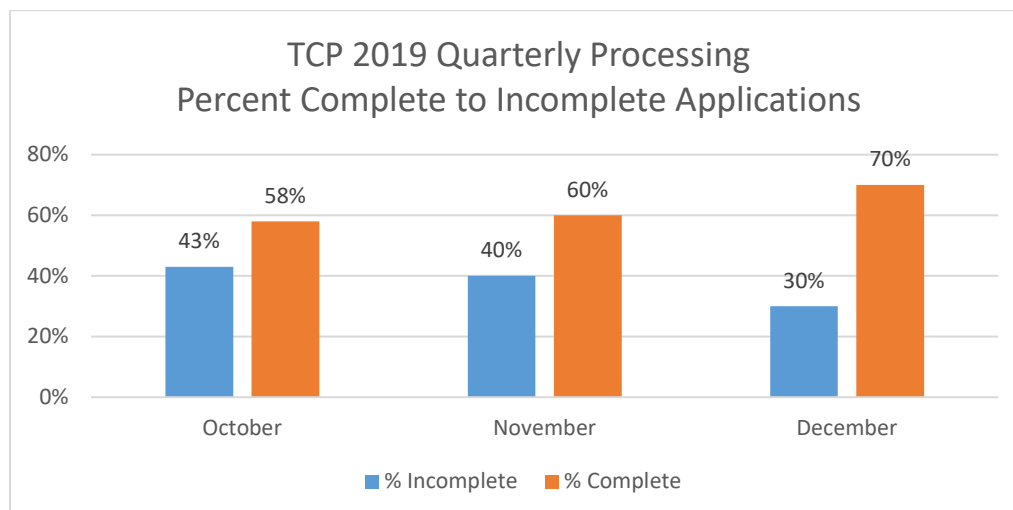
Measure	October 2019	November 2019	December 2019
Receipt to Incomplete (Average Days)	5.3*	6.3*	7*
Percent Over 10 Days	0	0.019% (3 applications)	0.01% (2 applications)
Complete to Approval (Average Days)	12.6	10.0	9.0
Percent Over 15 Days	0.006% (1 application)	0.06% (10 applications)	0.006% (1 application)
Approval to Card Issued(Average Days)	0.6	0	0
Percent Over 5 Days	0.006% (1 application)	0	0
Overall Processing, Receipt to Card Issued (Average Days)	39	38	35
Total Incomplete Applications	158	156	174

\*Note: The standard is measured in business days, while the average was calculated in calendar days.

Regardless, the average days calculated is under the 10-business day standard (and could actually be lower).

Rather than reviewing a sample size, as done during the audit, all incomplete initial applications received were analyzed. As demonstrated, average processing time for incomplete applications for the quarter was 10.5 days, which is within the statutory 15-day timeframe. Additionally, virtually all of the registry ID cards were issued within 5 days after approval, as required by law. Thus, timeliness in approving and issuing registry ID cards for incomplete applications has also improved significantly as compared with the sample size reviewed during the audit. The overall processing time for incomplete applications (from date of receipt to date of card issuance) was 37 days for the quarter.

The percentage of incomplete to complete applications dropped significantly in the quarter, as seen in the table below.





Initial applications are incomplete for various reasons. The table below shows the most common reasons applications were considered incomplete for each month of the quarter. An application may be missing more than one piece of information. As noted above, the total percent of applications received for the quarter and deemed incomplete has decreased significantly; this was due in part to the statutory changes removing the photo requirement and the 3-month provider-patient relationship, and in part due to application material improvements to better increase the chances for complete applications. Further improvements in this area could still be realized.

**Items Most Commonly Identified as Missing or Incomplete on Initial Applications\***

<b>Attachment</b>	<b>October 2019</b>	<b>November 2019</b>	<b>% Change Oct–Nov</b>	<b>December 2019</b>	<b>% Change Nov–Dec</b>	<b>Total % Change Oct–Dec</b>
Patient Application	19	12	–37%	14	+17%	–26%
Application Fee	22	20	–9%	17	–15%	–23%
Photo	50	0	–100%	0	0%	–100%
Written Certification	9	12	+33%	6	–50.0%	–33%
Proof of Residency	78	46	–41%	44	–4.0%	–44.0%
TOTAL	178	90		81		

\*Based upon weekly completeness review of incomplete applications received, and not necessarily applications for which registry ID cards were issued.