**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Management Services

**Purchase of Service Audit Waiver Request**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE: | |  | | | | | | | |
|  | | | | | | | | | |
| TO: | | , DCF Area Administrator | | | | | | | |
|  | | | | | | | | | |
| FROM: | | , Director | | | | | | | |
|  | | , County DHS, DSS, DCP, DHHS | | | | | | | |
|  | | | | | | | | | |
| RE: | | **CY       Purchase of Service Audit Waiver Request** | | | | | | | |
|  | | | | | | | | | |
| Name – Provider | | | | | | | | | |
| Service(s) Being Purchased | | | | | | | | | |
| Total Contract Amount  $ | | | | | Source of Funds | | | | |
| Yes  No Does provider have contracts with other agencies? | | | | | | | | | |
| List other agencies | | | | | | | | | |
| Reasons Audit Waiver is Requested (Check all that apply.) | | | | | | | | | |
|  |  | | Agency is identified as low risk. | | | | | | |
|  |  | | The Risk Identification and Assessment Worksheet (Page 2) is **required to be completed for all Waiver Requests**. | | | | | | |
|  | | | | | | | | | |
|  |  | | Audit exceeds 5% of the total contract. | | | | | | |
|  |  | | Audit cost: | | | | | | |
|  |  | | Source of estimate: | | | | | | |
|  | | | | | | | | | |
|  |  | | Corporate Certified Audit Report and statement of program revenues and expenses. | | | | | | |
|  |  | | Name of corporation: | | | | | | |
|  | | | | | | | | | |
|  |  | | Audit is not cost effective or undue burden. Provide explanation. | | | | | | |
| Specify the alternate form of **financial** **and** **program compliance** monitoring to be implemented. **(Required for all Waiver Requests.)** | | | | | | | | | |
| County recommendation:  Approve Waiver  Deny Waiver | | | | | | | | | |
| Comments: | | |  | | | | | | |
|  | | | | | | | | | |
| **Name – County Contact** | | | | **Title** | | | | **Telephone** | |
| **DCF REGIONAL OFFICE RESPONSE** | | | | | | | | | |
| Approved  Denied | | | | | | | | | |
|  | | | | | | | | | |
| Comments: | | |  | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | |  |  | |  |
| **SIGNATURE** – BRO Area Administrator | | | | | |  | Date Signed | |  |

**Risk Identification and Assessment Worksheet**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name – Provider | | | | | | Date – Form Completed | |
| **Place a checkmark next to the description that best suits the risk factor.** | | | | | | | |
| **Risk Factors** | | | | **Lower Risk** | | **Higher Risk** | |
|  | | | |  | |  | |
| **2.1** | **Program Characteristics:** | | |  | |  | |
| 2.1.1 | Life stage of the program | | |  | More than two years |  | Less than two years |
| 2.1.2 | Complexity of the program | | |  | Low level of complexity |  | High level of complexity |
| 2.1.3 | Sensitivity of the program | | |  | Low level of sensitivity |  | High level of sensitivity |
| 2.1.4 | Who decides eligibility for the program? | | |  | Granting agency |  | Provider |
| 2.1.5 | Who decides amount or type of service from the program? | | |  | Granting agency |  | Provider |
| 2.1.6 | Payment method | | |  | Unit-times-unit-price and granting agency has independent means of knowing reasonability of price and number of units. |  | All other payment methods |
| 2.1.7 | Competition | | |  | Competitive basis |  | Not competitive |
| 2.1.8 | Other characteristics (list): | | |  | |  | |
|  |  | | |  |  |  |  |
| 2.2 | **Provider Characteristics:** | | |  | |  | |
| 2.2.1 | Provider’s total funding from the department | | |  | Less than $200,000 |  | Greater than $200,000 |
| 2.2.2 | Provider’s length of time in business | | |  | More than two years |  | Less than two years |
| 2.2.3 | Provider’s experience and past performance | | |  | Extensive experience and history of good performance |  | Little to no experience or history of problems with performance |
| 2.2.4 | Provider’s financial health and practices | | |  | No financial difficulties or problems with financial practices |  | Financial difficulties or problems with financial practices |
| 2.2.5 | Provider’s compliance and internal controls | | |  | No problems |  | Some problems |
| 2.2.6 | Provider’s fiduciary responsibilities | | |  | No fiduciary responsibility |  | Provider has fiduciary responsibilities |
| 2.2.7 | Provider’s subcontracting | | |  | Little to no subcontracting **OR** effective contract monitoring function |  | Extensive subcontracting **OR** ineffective contract monitoring function |
| 2.2.8 | Other characteristics (list): | | |  | |  | |
|  |  | | |  |  |  |  |
| 2.3 | **Granting Agency Characteristics:** | | |  | |  | |
| 2.3.1 | Granting agency’s experience with the provider agency | | |  | Extensive experience |  | Little to no experience |
| 2.3.2 | Granting agency’s experience with the program | | |  | Extensive experience |  | Little to no experience |
| 2.3.3 | Granting agency’s monitoring methods | | |  | All significant risks covered by alternate monitoring |  | Some significant risks not covered by alternate monitoring |
| 2.3.4 | Other characteristics (list): | | |  | |  | |
|  |  | | |  |  |  |  |
|  | | | | | | | |
| **Overall risk assessment:** | |  | **Low risk** | | | | |
|  | |  | **Moderate risk** | | | | |
|  | |  | **High risk** | | | | |
|  | | | | | | | |