**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** |
|  |