

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

JOYCE MASSEY-SMITH, MPA •

Director, Division of Aging and Adult Services

### **DAAS ADMINISTRATIVE LETTER NO. 19-09**

TO:

Area Agencies on Aging Administrators

FROM:

Joyce Massey-Smith, Directo

SUBJECT:

Fiscal Review and Monitoring, Effective: October 1, 2019

DATE:

September 30, 2019

This guidance supersedes Administrative Letter 10-19. The audit review form (attached) for the Area Agencies on Aging (AAA) and their Subrecipients (Providers) use has been revised to reflect the Uniform Guidance which supersedes and streamlines requirements from the U.S. Office of Management and Budget (OMB) Circulars A-21, A-87, A-110, A-122, A-89, A-102, A-133, and parts of A-50. Further revisions reflected on the form are G.S. 143C-6-23 and NC administrative Code 09 NCAC 03M. OMB Uniform Guidance 2 CFR part 200 replaces all reference of OMB Circular A-133 in fiscal monitoring documentation.

AAAs are required to follow audit regulations mandated under the OMB Uniform Guidance 2 CFR Part 200 and G.S. 159-34 in accordance with the State Single Audit Act Implementation Act. Agencies receiving \$500,000 or more in state funding (including federal pass-through funding) and \$750,000 or more in federal funding are required to have a single or program-specific audit conducted annually.

As stated in section 308.2C of the AAA Polices and Procedures manual, the AAAs are required to conduct an annual fiscal review of all Providers (i.e. service-providing agencies). A fiscal monitoring tool is not required for any providers. The AAA fiscal review shall include:

- 1. A review of All Provider audits and follow-up on any findings cited.
- 2. A completed Audit Review form for all Providers required to have an Audit certifying the audit review and notation of any technical assistance and/or non-compliance issues cited.
- 3. A completed Internal Control Questionnaire (ICQ) for all Providers who are not required to have an audit.

Please contact Jennifer Powell at <a href="mailto:jennifer.a.powell@dhhs.nc.gov">jennifer Powell at jennifer.a.powell@dhhs.nc.gov</a> if the Division can be of further assistance.

JMS/JP/pg

Attachment

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES . DIVISION OF AGING AND ADULT SERVICES

#### Revised 8//2019

## **Audit/Reports Review Form**

Reviseu 6//2019	rudio reports review 1 or in		
Provider Name:			
Date Audit Received:			
Audit Period:			
Audit Firm:			
Date of Audit Report:			
	Level I		
twenty-five thousand dolla State financial assistance fi subrecipients shall provide Reports shall be filed with months after the end of the reporting.	hat receives, holds, uses, or expends State financiars (\$25,000) within its fiscal year. Recipients and unding received or, held was used for the purpose an accounting of all State financial assistance fur the disbursing agency in the format and method s recipient's fiscal year, unless the same information ertification statement and accounting receipts requirements	subrecipients shall provide a case for which it was awarded. Rending received, held, used, or expecified by the agency no late on is already required through	certification that ecipients and expended. r than three more frequent
accordance with Administrative agency to meet requirements	Code 09 NCAC 03M. Subrecipient may report using forms p		
Total Funds from all State Agencies	Reports Due	Reports Due Date	
Level I: \$1 - \$24,999	<ul> <li>Certification</li> <li>State Grants Compliance Reporting Receipt of &lt;\$25,000.</li> </ul>	Within 3 months of entity's fiscal year end	
Yes 🗌	No N/A	Timely?	
	Level II		
twenty-five thousand (\$25, Recipients and subrecipien for the purposes for which assistance funding received accomplishments undertak contract. Reports shall be f	hat receives, holds, uses, or expends State financia (000) or greater, but less than five hundred thousants shall provide a certification that State financial it was awarded. Recipients and subrecipients shall, held, used, or expended. Recipients and subrecipent by the recipient, including reporting on any perfiled with the disbursing agency in the format and of the recipient's fiscal year, unless the same information.	nd dollars (\$500,000) within it assistance funding received of all provide an accounting of all pients shall report on activities rformance measures established method specified by the agence	ts fiscal year. r, held was used State financial s and ed in the
	ertification statement and accounting receipts requirements Code 09 NCAC 03M. Subrecipient may report using forms p		
Total Funds from all State Agencies	Reports Due	Reports Due Date	
Level II: \$25,000 - \$499,999	<ul> <li>Certification</li> <li>State Grants Compliance Reporting Receipt of &gt;= \$25,000</li> <li>Schedule of Receipts and Expenditures</li> <li>Program Activities and Accomplishments</li> </ul>	Within 3 months of entity's fiscal year end	
Yes No	N/A 🗌	Timely?	

#### Level III

• G.S. 143C-6-23 Reports on use of State Funds by non-State Entities (OMB Uniform Guidance 2 CFR part 200 will satisfy G.S. 143C-6-23 requirements) Effective July 1, 2007.

Recipient or subrecipient that receives, holds, uses, or expends State financial assistance funding in an amount equal to or greater than five hundred thousand dollars (\$500,000) within its fiscal year. Recipients and subrecipients shall provide a certification that State financial assistance funding received or, held was used for the purposes for which it was awarded. Recipients and subrecipients shall provide an accounting of all State financial assistance funding received, held, used, or expended. Recipients and subrecipients shall report on activities and accomplishments undertaken by the recipient, including reporting on any performance measures established in the contract. Recipients and subrecipients shall have a single or program-specific audit prepared and completed in accordance with Generally Accepted Government Auditing Standards, also known as the Yellow Book. Audits must be provided to the funding agency no later than nine months after the end of the recipient's fiscal year.

Note: Subrecipients must meet certification statement and accounting receipts requirements and deadlines for Level III reporting annually in accordance with Administrative Code 09 NCAC 03M. Subrecipient may report using forms provided by the Division or form established by their

G.S. 159-34 -Beginning with fiscal years ending on or after June 30, 2016, local governments and public authorities that

agency to meet requirements.

Total Funds from all State Agencies	Reports Due	Reports Due Date
Level III: \$500,000 or more	<ul> <li>Certification</li> <li>State Grants Compliance Reporting Receipt of &gt;= \$25,000</li> <li>Audit [Single Audit if &gt;= \$500,000 in State funds</li> <li>Schedule of Federal and State Awards (May be included in the audit)</li> </ul>	Within 9 months of entity's fiscal year end
	<ul> <li>Program Activities and Accomplishments</li> </ul>	

expend \$500,000 or more in State financial assistance must have a single audit performed in accordance with State Single Audit Implementation Act. Yes  $\square$ No  $\square$  $N/A\square$ Timely? 1. Does the audit report contain the following parts? a. Financial Statements Yes No No Yes No b. Schedule of expenditures of federal awards If yes, indicate fiscal year . Numbers in the schedule agree to expenditures in the audit? Yes No N/A c. Prior year findings follow-up Yes No Yes No d. Corrective action Plan e. Combined or separate reports An opinion of the financial statements Yes No g. Report on internal control Report on compliance with laws, regulations, etc. 2. a. Does the report indicate that the entity had a "program-specific" audit? Yes  $\square$ N/A No 🗌 b. If so, list programs subject to an audit:

1.	Does the audit report state that the audit was made in accordance with the provisions of <i>OMB Uniform Guidance 2 CFR Part 200</i> —audits of states, local governments and non-profit organizations?
	Yes No
2.	Was the audit report submitted by the time prescribed (nine months)?
	Yes No
3.	Does the audit report contain the following parts?
a. b.	Financial Statements  Schedule of expenditures of federal awards  Yes No Sometimes No Some
•	res, indicate fiscal year Numbers in the schedule agree to expenditures in
	audit? Yes No N/A
c. d.	Prior year findings follow-up Yes No N/A Corrective action Plan Yes No N/A
e.	Combined or separate reports
f. g.	An opinion of the financial statements  Report on internal control  Yes No No
h.	Report on compliance with laws, regulations, etc.  Yes No
4.	a. Does the report indicate that the entity had a "program-specific" audit?
	Yes No No N/A
	b. If so, list programs subject to an audit:

# **Audit Finding Review Summary**

Were to (If yes,	there any audit findings? Yes No No near than 3 findings were noted on audit)
1.	
2.	
3.	
Action(s) takes (List Finding #	n by AAA to follow-up on findings cited: t and Follow-Up Action)

	. <u>.</u>
gnature of COG/AAA Designated Staff Completing Audit Review	Date
***Please retain original form for Division and/or State monito	oring or audit. ***
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