St. Clair County Community Mental Health

Auditing Procedures Report

Residential Service Providers

Residential Service Frontacis							
Agency Name:							
Audit Date:	Opinion Date:	Date Accountant Report Submitte	A.				
Addit Date.	Opinion Date.	Date Accountant Report Submitted	u.				
We have audited the financial statements of this contracting agency and rendered an opinion on the financial statements prepared in accordance with Generally Accepted Accounting Principles (GAAP).							
We affirm:							
	and in annual and a with Covernmental	0diking Ckanadanda (C 0 C)					
 The audit was performed in accordance with Governmental Auditing Standards (GAS). We are certified public accountants registered to practice in Michigan. 							
2. We are ceremed public	, accountants registered to practice in	iviicingui.					
We further affirm the following	g (check the applicable box for each ite	rm below):					
					YES	NO	N/A
1. Compared board members and management personnel of contracting agency with CMH board members and							
management employees and contracted services providers noting all persons on both.							
2. Related party transactions were reviewed for prior approval from CMH.							
3. Tested to determine that costs are in accordance with CMH policies and Uniform Administrative Requirements, Cost							
Principles, and Audit Re recommendations.	equirements for Federal Awards and includ	ed material variances in the letter of	comments an	ıd			
4. Reviewed insurance coverage for the provider and determined that the required coverage as outlined in the contract							
was in place for the entire fiscal year.							
5. Tested to determine that existing direct care worker hourly rates were not reduced.							
6. Audited financial statements include a statement of revenues and expenditures by program for all CMH funded							
programs. (This statem	nent can be issued as supplementary inforn	mation and an in-relation to opinion g	given).				
We have enclosed the following:		Enclosed	To Be Forwarded		Not		
						Required	
	inancial Statements, Independent Auditors						
· · · · · · · · · · · · · · · · · · ·	e with CMH policies and Uniform Administ nts for Federal Awards. A copy of the CPA I	· · · · · · · · · · · · · · · · · · ·					
Independent Auditors Report on	Internal Control over Financial Reporting a	and on Compliance and Other					
	ancial Statements performed in Accordance						
Standards and Audit Communica	tion Letter.					<u> </u>	
Report on specific findings.							
Certified Public Accountant (Firn	n Name)						
Street Address City		State	Zip				
Accountant Signature:			1	I			

Finance Form: #07-0263 Reviewed Date: 5/1/2024 Policy Ref: #07-002-0035