**ATTACHMENT 5**
**SAMPLE PROGRAM INTEGRITY ASSESSMENT SUPPLEMENT TEMPLATE**

Low Income Home Energy Assistance Program (LIHEAP)

ABSTRACT:

HHS is requiring further detail from Grantees on their FY2014 plans for preventing and detecting fraud, abuse, and improper payments. HHS is also requiring that Grantees highlight and describe all elements of this FY2014 plan which represent improvements or changes to the Grantees’ FY2014 plan for preventing and detecting fraud, abuse and improper payment prevention.

Instructions: *Please provide full descriptions of the Grantee’s plans and strategy for each area, and attach/reference excerpts from relevant policy documents for each question/column. Responses must explicitly explain whether any changes are planned for the new FY.*

|  |  |  |
| --- | --- | --- |
| **State, Tribe or Territory (and grant official):**  | **Turtle Mountain Band of Chippewa Indians** | **Date/Fiscal Year:****August 28, 2014** |
|   |   |   |  |
| **RECENT AUDIT FINDINGS** |
| **Describe any audit findings of material weaknesses and reportable conditions, questioned costs and other findings cited in FY2013 or the prior three years, in annual audits, Grantee monitoring assessments, Inspector General reviews, or other Government Agency reviews of LIHEAP agency finances** | **Please describe whether the cited audit findings or relevant operations have been resolved or corrected. If not, please describe the plan and timeline for doing so in FY2014.** | **If there is no plan in place, please explain why not.** | **Necessary outcomes from these systems and strategies** |
| *The Auditors are coming in to finaliz for the FY – 2011.* | The audit for FY-2012 has not been done as of yet. | The audit has not been for FY-2013 | *The timely and thorough resolution of weaknesses or reportable conditions as revealed by the audit.* |
|   |   |   |   |

Attachment – page 1

According to the Paperwork Reduction Act Of 1995 (Pub. L. 104-13), public reporting burden for this collection of information is estimated to average 1 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

t

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

|  |
| --- |
| **COMPLIANCE MONITORING** |
| **Describe the Grantee's FY 2013 strategies that will continue in FY 2014 for monitoring compliance with State and Federal LIHEAP policies and procedures by the Grantee and local administering agencies.** | **Please highlight any strategies for compliance monitoring from your plan which will be newly implemented as of FY 2014.** | **If you don't have a firm compliance monitoring system in place for FY 2014, please describe how the State is verifying that LIHEAP policy and procedures are being followed.** | **Necessary outcomes from these systems and strategies** |
| *The monitoring will consist of once a month starting January through June Sec/Treasure from the tribal council and one finance person designated by finance to randomly review 5 cases per vendor.* | This will be the same for this year. | This will be the same for this year  | *A sound methodology, with a schedule for regular monitoring and a more effective monitoring tool to gather information.* |
|  |  |  |  |

|  |
| --- |
| **FRAUD REPORTING MECHANISMS** |
| **For FY 2013 activities continuing in FY 2014, please describe all (a) mechanisms available to the public for reporting cases of suspected LIHEAP fraud, waste or abuse [These may include telephone hotlines, websites, email addresses, etc.]; (b) strategies for advertising these resources.** | **Please highlight any tools or mechanisms from your plan which will be newly implemented in FY 2014, and the timeline for that implementation.** | **If you don't have any tools or mechanisms available to the public to prevent fraud or improper payments, please describe your plan for involving all citizens and stakeholders involved with your program in detecting fraud.** | **Necessary outcomes of these strategies and systems** |
| *The Turtle Mountain Trib will put out flyers with the fraud hot line number, will be put on the radio station, will put it in the weekly news letter.* | When a case is reported to the Director/and the tribal council this report must be done in writing before any action can be taken. At this time all benefits will be stopped by contacting the vendor for no more deliveries to be made.  |  When a client is making their application they are informed at that time the declarations.Should a complaint occur once the application is processed the council will then review the application with the LIHEAP DIRECTOR if fraud is suspected the benefits will be discontinued . | *Clear lines of communication for citizens, grantees, clients, and employees to use in pointing out potential cases of fraud or improper payments to State administrators.* |
|   |   |   |   |

Attachment – page 2

|  |
| --- |
| **VERIFYING APPLICANT IDENTITIES** |
| **Describe all FY 2013 Grantee policies continuing in FY2014 for how identities of applicants and household members are verified.** | **Please highlight any policy or strategy from your plan which will be newly implemented in FY 2014.** | **If you don't have a system in place for verifying applicant's identities, please explain why and how the Grantee is ensuring that only authentic and eligible applicants are receiving benefits.** | **Necessary outcomes from these systems and strategies** |
| *When making an application the household members must provide a copy of all household member SSs cards, enrollment cards,*  |  If, the household members does not have proof of SS cards, the program does request other proof birth certificates, drivers license, or medical cards. |  The program will collect as much as possible to make sure they show some proof of who they are, they will not receive the benefits if they are unkown. | *Income and energy supplier data that allow program benefits to be provided to eligible individuals.* |
|   |   |   |   |
| **SOCIAL SECURITY NUMBER REQUESTS** |
| **Describe the Grantee's FY 2014 policy in regards to requiring Social Security Numbers from applicants and/or household members applying for LIHEAP benefits.** | **Please describe whether the State's policy for requiring or not requiring Social Security numbers is new as of FY2014, or remaining the same.** | **If the Grantee is not requiring Social Security Numbers of LIHEAP applicants and/or household members, please explain what supplementary measures are being employed to prevent fraud.** | **Necessary outcomes from these systems and strategies** |
| *Each household listed on the application must attach a copy of the social security card if they don’t have one at the time of applying they are given some time to bring it in. they will show the proof that it was ordered then at a This later date they will bring it in.* |  This would be remaining the same.  |  The LIHEAP Director contacts the State LIHEAP Director on a one on one should we need to compare the social security numbers. | *All valid household members are reported for correct benefit determination.* |
|  |  |  |  |

Attachment – page 3

|  |
| --- |
| **CROSS-CHECKING SOCIAL SECURITY NUMBERS AGAINST GOVERNMENT SYSTEMS/DATABASES** |
| **Describe if and how the Grantee used existing government systems and databases to verify applicant or household member identities in FY 2013 and continuing in FY 2014. (Social Security Administration Enumeration Verification System, prisoner databases, Government death records, etc.)** | **Please highlight which, if any, policies or strategies for using existing government databases will be newly implemented in FY 2014.** | **If the Grantee won't be cross checking Social Security Numbers and ID information with existing government databases, please describe how the Grantee will supplement this fraud prevention strategy.** | **Necessary outcomes from these systems and strategies** |
| *When taking the application the LIHEAP program requires to take copies of Social Security cards, and enrollment cards on all household members listed.* |  The program will continue taking proof of Social Security, enrollment cards, birth certificates, if they can’t showwho they are the program will check with similar programs or with social service programs. |  The program will do the same here. | *Use of all available database systems to make sound eligibility determination.* |
|   |   |   |   |
| **VERIFYING APPLICANT INCOME** |
| **Describe how the Grantee or designee used State Directories of new hires or similar systems to confirm income eligibility in FY 2013 and continuing in FY 2014.**  | **Please highlight any policies or strategies for using new hire directories which will be newly implemented in FY 2014.** | **If the Grantee won't be using new hire directories to verify applicant and household member incomes how will the Grantee be verifying the that information?** | **Necessary outcomes from these systems and strategies** |
| *Verification of income photostatic check copies, letter form from the bank on direct deposit, social security award letters, award letters from GA, TANF print out,**Check stubs from employer.* | The program will accept verification from employer as aPayment history for the past 90 days. (90 days x 4= annual income) | The verification will be by check stubs, award letters, print outs, Bank letter forms, Social security award letters, print out from employers. (90 days x 4=annual.) | *Effective income determination achieved through coordination across program lines.*  |
|   |   |   |   |

Attachment – page 4

|  |
| --- |
| **PRIVACY-PROTECTION AND CONFIDENTIALITY** |
| **Describe the financial and operating controls in place in FY 2013 that will continue in FY 2014 to protect client information against improper use or disclosure.** | **Please highlight any controls or strategies from your plan which will be newly implemented as of FY 2014.** | **If you don't have relevant physical or operational controls in place to ensure the security and confidentiality of private information disclosed by applicants, please explain why.** | **Necessary outcomes from these systems and strategies** |
| *When the intake worker is taking an application we assure that whatever is put on the application is confidential. No information will be released without the consent of applicant.* |  This will remain the same as before the tribal LIHEAP does have their file cabinets with locks. |  This remains the same the cabinets are with locks, No Information will be released without consent of the applicant. | *Clear and secure methods that maintain confidentiality and safeguard the private information of applicants.* |
|  |  |  |  |

|  |
| --- |
| **LIHEAP BENEFITS POLICY** |
| **Describe FY 2013 Grantee policies continuing in FY 2014 for protecting against fraud when making payments, or providing benefits to energy vendors on behalf of clients.** | **Please highlight any fraud prevention efforts relating to making payments or providing benefits which will be newly implemented in FY 2014.** | **If the Grantee doesn't have policy in place to protect against improper payments when making payments or providing benefits on behalf of clients, what supplementary steps is the Grantee taking to ensure program integrity.** | **Necessary outcomes from these systems and strategies** |
| *Each applicant that makes an application is notified by mail with an award letter, along with the vendor receiving the same letter.*  |  The program uses a metrix table to determine the amount.The families with the lowest income are the ones who receive the highest. |  The program uses a metrix table,  | *Authorized energy vendors are receiving payments on behalf of LIHEAP eligible clients.* |
|   |   |   |   |

Attachment – page 5

|  |
| --- |
| **PROCEDURES FOR UNREGULATED ENERGY VENDORS** |
| **Describe the Grantee's FY 2013 procedures continuing in FY 2014 for averting fraud and improper payments when dealing with bulk fuel dealers of heating oil, propane, wood and other un-regulated energy utilities.**  | **Please highlight any strategies policy in this area which will be newly implemented in FY 2014.** | **If you don't have a firm plan for averting fraud when dealing with unregulated energy vendors, please describe how the Grantee is ensuring program integrity.** | **Necessary outcomes from these systems and strategies** |
| *Each client and vendor gets an award letter, the client will get an invoice per delivery the program will get an invoice from vendor,* |  The program will go over eachInvoice to make sure it is the correct amount |  Should an invoice look in question it will not be paid until checked out from the Director with the vendor. If, not satisfied the payment will not be made by the program. | *Participating vendors are thoroughly researched and inspected before benefits are issued.* |
|   |   |   |   |
| **VERIFYING THE AUTHENTICITY OF ENERGY VENDORS** |
| **Describe Grantee FY 2013 policies continuing in FY 2014 for verifying the authenticity of energy vendors being paid under LIHEAP, as part of the Grantee’s procedure for averting fraud.** | **Please highlight any policies for verifying vendor authenticity which will be newly implemented in FY 2014.** | **If you don't have a system in place for verifying vendor authenticity, please describe how the Grantee can ensure that funds are being distributed through valid intermediaries?** | **Necessary outcomes from these systems and strategies** |
| *The program has a Vendor Agreement that is signed on a yearly.**Each vendor has to have a Tero License on file,* | The program will do the same for this year. | The vendor does present invoices for each household delivery to the LIHEAP program. | *An effective process that effectively confirms the existence of entities receiving federal funds.* |
|  |  |  |  |

Attachment – page 6

|  |
| --- |
| **TRAINING AND TECHNICAL ASSISTANCE** |
| **In regards to fraud prevention, please describe elements of your FY 2013 plan continuing in FY 2014 for training and providing technical assistance to (a) employees, (b) non-governmental staff involved in the eligibility process, (c) clients, and (d) energy vendors.**  | **Please highlight specific elements of your training regiment and technical assistance resources from your plan which will represent newly implemented in FY 2014.** | **If you don't have a system in place for anti-fraud training or technical assistance for employees, clients or energy vendors, please describe your strategy for ensuring all employees understand what is expected of them and what tactics they are permitted to employ.** | **Necessary outcomes from these systems and strategies** |
| *The turtle mountain tribe does not have any technical training for the staff or the vendors.* | The tribe has a service area and everybody knows whose who and where they live. | If a client wants their delivery somewhere else the vendor will contact the LIHEAP director and it will be checked if not acceptable the benefits will be stopped.. | *The timely and thorough resolution of weaknesses or reportable conditions as revealed by the audit.* |
|   |   |   |   |
| **AUDITS OF LOCAL ADMINISTERING AGENCIES** |
| **Please describe the annual audit requirements in place for local administering agencies in FY 2013 that will continue into FY 2014.** | **Please describe new policies or strategies to be implemented in FY 2014.** | **If you don’t have specific audit requirements for local administering agencies, please explain how the Grantee will ensure that LIHEAP funds are properly audited under the Single Audit Act requirements.** | **Necessary outcomes from these systems and strategies** |
| *The Turtle Mountain Band of Chippewa Indians performs an annual audit.* | This will be the same. | This will be the same. | *Reduce improper payments, maintain local agency integrity, and benefits awarded to eligible households.* |

**Additional Information**

Please attach further information that describes the Grantee’s Program Integrity Policies, including supporting documentation from program manuals, including pages/sections from established LIHEAP policies and procedures.

Attachment – page 7