



View Expanded Audit of Payment

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Audit Summary

Agency Name:	AGENCY FOR PERSONS WITH DISABILITIES	FLAIR Contract ID:	ACX74 (FACTS Contract)
Agency OLO:	670000	Auditor Name:	Diane Bain
Assign Date:	03/07/2022	Auditor ID:	521348
Audit Status:	Findings Review by Agency	Agency Emailed Date:	3/7/2022 9:46:49 AM
Audit ID:	19460		
Approved By Pre-Audit FA:		Review Finalized Date:	
Last Updated By:	Diane Bain	Last Updated Date:	3/21/2022 2:42:16 PM

Contract Detail

Agency Contract ID:	ACX74	Type of Relationship:	Recipient/Sub-Recipient
Contract Begin Date:	07/01/2021	Contract End Date:	06/30/2026

Payment Information





Vendor ID:	F590830741005	Vendor Name:	THE ARC OF FLORIDA INC
SWDN:	D2000331966	Object Code:	7510
Invoice #:	December ACX74	Invoice Amount:	\$731,484.84
Invoice Period:	December 1-December 31, 2021		

Agency Response

Response:

The attached information should be used to conduct the EAP request for ACX74. Thank you

Attachments:

Document Type	Document Name	View
Service Source Documentation for the invoice period	December ACX74_D2000331966_ServiceSource.pdf	
Agreement Budget	December ACX74_D2000331966_AgreementBudget.pdf	
Life to Date Expenditure Report	December ACX74_D2000331966_LifeDtExpenditureReport.pdf	
Fiscal Source Documentation for the invoice period	December ACX74_D2000331966_FiscalSource.pdf	

Received Date: 3/17/2022

Audit Findings

1. Service Requirements

1.1.

Does the agreement clearly identify the units of service/deliverables that must be satisfactorily performed prior to payment? Cross Reference Page #(s): 30

Yes

1.1.a.

What are the unit(s) of service/deliverables, identified in the agreement?

To provide dental services as described in Exhibit A rates and services.

2. Performance Measures

2.1.

Does the agreement identify the minimum required levels of service to be performed (or the criteria for evaluating successful completion of services) for each unit of service/deliverable?

Cross Reference Page #(s): 30

Yes

2.1.a.

What are the minimum required levels of service to be performed, identified in the agreement?

The provider will provide 40 service hours per week of dental care services.

3. Source Documentation Requirements

3.1.

Does the agreement identify source documentation requirements that demonstrate services were performed? Cross Reference Page #(s): 30

Yes

3.1.a.

What are the source documentation requirements, identified in the agreement?

Services are evidenced by reports, logs and time sheets.

4. Payment Validity (Validating that the services were performed in the accordance with the agreement)

4.1.

What are the units of service/deliverables invoiced? Cross Reference Page #(s): voucher pack

141 application processing and 214 dental care coordination.

4.1.a.

Are the units of service/deliverables invoiced, in accordance with the agreement?

Yes

4.2.

Were the minimum required levels of service met for the units of service/deliverables invoiced? Cross Reference Page #(s): voucher pack

Yes

4.2.a.

If Yes, what are the minimum required levels of service met for the units of service/deliverables invoiced?

141 application processing and 214 dental care coordination.

4.2.b.

If No, were financial consequences, as stated in the agreement, applied? Cross Reference Page #(s):

N/A

4.3.

Did the agency submit service source documentation, in an auditable format, to support delivery of services for the invoice period, by the deadline, as requested? Cross Reference Page #(s): 1-78

Yes

4.4.

Was all the required source documentation for this payment provided? Cross Reference Page #(s): 30

Yes

Services are evidenced by reports, logs and time sheets.

4.5.

Does the source documentation provided demonstrate that services were successfully performed as invoiced, in accordance with the agreement? Cross Reference Page #(s): 178

Yes

Findings:

Services are evidenced by reports, logs and time sheets.

Are state funds accounted for?

5. Expenditure Validity (Validate the accountability of state funds)

5.1.

What is the method of payment for this agreement? Please check all that apply. Cross Reference Page #(s):

Fixed Price

5.2.

Did the agency submit fiscal source documentation, in an auditable format, to support expenditures charged to this agreement during the invoiced period, by the deadline, as requested? Cross Reference Page #(s): 1-32

Yes

5.3.

Was the Life to Date Expenditure Report submitted? Cross Reference Page #(s): 1

Yes

5.3.a.

What is the Total Amount Expended Life to Date? \$1,617,006.95

5.4.

What is the Total Amount Expended During the Invoice Period? \$731,484.34

5.4.a.

What is the Total Amount Supported by Fiscal Documentation? \$731,484.34

5.4.b.

What is the Total Amount Not Supported by Fiscal Documentation? \$0.00 (If greater than 0, following are the expenditures not supported.) Cross Reference Page #(s):

5.5.

Did the expenditures invoiced, reconcile to the allowable expenditures identified in the budget for the agreement? Cross Reference Page #(s): 1-32

Yes (If No, following are the expenditures that do not reconcile.)

5.6.

Are state funds accounted for, as it relates to this payment?

Yes

5.6.a.

If No, what is the dollar amount of state funds supported and accounted for? N/A

Findings:

Expanded Audit of Payment Results

Without Findings

Agency Review Findings

The Agency concurs with the Department's findings. Thank you!

Submit Agency Review of Findings