PROGRAM INTEGRITY ASSESSMENT SUPPLEMENT -ATTACHMENT

Low Income Home Energy Assistance Program (LIHEAP)

ABSTRACT:

HHS is requiring further detail from States on their FY2011 plans for preventing and detecting fraud, abuse, and improper payments. HHS is also requiring that States highlight and describe all elements of this FY2011 plan which represent improvements or changes to the State's FY2010 plan for preventing and detecting fraud, abuse and improper payment prevention.

| State, Tribe or Territory (and grant official): | Citizen Potawatomi | omi Nation | Date/Fiscal Year: FY2011 |
|--|--|--------------------------------------|------------------------------|
| RECENT AUDIT FINDINGS | | | |
| Describe any audit findings of material weaknesses and reportable conditions, | Please describe whether the cited audit findings | If there is no plan in place, please | Necessary outcomes from |
| s, | or relevant operations have been resolved or | explain why not. | these systems and strategies |
| | corrected. If not, please | | |
| | timeline for doing so in | | |
| LIHEAP agency finances. | FY2011. | | |
| please provide full descriptions of the | | | The timely and |
| State's plans and strategy in this area, | | | thorough |
| and attach/reference excerpts from | | | resolution of |
| relevant policy documents | | | weaknesses or |
| In the annual audit conducted in accordance with | Z/A | N/A | conditions as |
| the Single Audit Act - None Found – CPN has received the GAO award for excellence in | • | | revealed by the |
| accounting for the past 25 years. | | | |

and attach/reference excerpts from State's plans and strategy in this area, please provide full descriptions of the determined assistance has been duplication of service. If determined vendor (propane services). Area when applicable a quote from the sources, social security numbers, documentation of all income approved. Applicants must provide **CPN LIHEAP applications are** agencies. that will continue in FY2011 for **COMPLIANCE MONITORING** assistance is denied. payment is processed. If no assistance has been rendered fax to verify if assistance has been proof of residence (utility bill), and Coordinator and then verified by the reviewed by the Social Services by the State and local administering Federal LIHEAP policies and procedures monitoring compliance with State and Describe the State's FY2010 strategies relevant policy documents rendered at another agency to avoid Director before payment is received from another entity LIHEAP agencies are contacted by Security verification applicant household strategies for compliance applicant). on each of the plan which will be newly monitoring from your Please highlight any Require Social **Newly Added:** implemented as of members (not just firm compliance please describe how in place for FY11, being followed procedures are verifying that the State is monitoring system If you don't have a LIHEAP policy and and strategies these systems outcomes from Necessary with a schedule methodology, A sound monitoring and a tor regular

| | | | more effective monitoring tool to gather information. |
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| FRAUD REPORTING MECHANISMS | | | |
| For FY2010 activities continuing in FY2011, 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. This information is provided to | ns ich will nted in imeline tation. | 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 | Necessary outcomes of these strategies and systems Public will be provided a |
| This information is provided to applicants as part of the LIHEAP application. | ns will ormation on suspected n will be the LIHEAP n site. | for involving all citizens and stakeholders involved with your program in detecting fraud. | Public will be provided a means to report suspected fraud and/or abuse. |
| please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents | | | Clear lines of communication for citizens, grantees, clients, and employees to use in pointing out potential cases of fraud or |

| VERIFYING APPLICANT IDENTITIES | | | adiliiiisa ators. |
|---|---|---|--|
| Describe all FY2010 State policies continuing in FY2011 for how identities of applicants and household members | Please highlight any policy or strategy from your plan which will be newly implemented in | If you don't have a system in place for verifying applicant's identities please | Necessary outcomes from these systems and strategies |
| All applicants are required to | FY2011. | explain why and how the State is ensuring that only | |
| provide original documents. Copies are made as supporting documentation for each application. This includes personal identification such as Driver's License or other photo identification, social security | New for 2011 -Adding verification of household members social security numbers. | eligible applicants are receiving benefits. | |
| card, utility bill, vendor quote (when applicable such as Propane | | | |
| Services), all income sources. If an adult member of the household | | not available to CPN at this time. | |
| must complete a statement of | | applicants to | |
| as well as provide a statement from the person who provided financial | | documents and copy those for the | |
| support during the period of no income. For additional assistance, | | file. | |
| provide documentation of age. Crisis | | | |

| situations require appropriate documentation. Verification of disability is also required. Documentation of membership in a federally recognized tribe is also required. Require original documents be presented. | | | |
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| please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents | | | Income and energy supplier data that allow program benefits to be provided to |
| | | | to be provided to eligible individuals. |
| SOCIAL SECURITY NUMBER REQUESTS | v | | |
| Describe the State's FY2011 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 FY2011, or | ne State is not uiring Social urity Numbers of EAP applicants /or household | Necessary outcomes from these systems and strategies |
| Social Security Cards are required and copied. Documents are stored in secure file cabinet and area. Social Services Counselor and Director / Ass't Director have access to the current files. Previous year files are stored in a separate area. | remaining the same. Required for All household members. | members, please explain what supplementary measures are being employed to prevent fraud. | |
| please provide full descriptions of the State's plans and strategy in this area, | | | All valid household |

| | | | determination. |
|---|----------------------------|----------------------------------|-------------------|
| CROSS-CHECKING SOCIAL SECURITY NUMBERS AGAINST GOVERNMENT SYSTEMS/DATABASES | NUMBERS AGAINST GO | VERNMENT SYSTEM | S/DATABASES |
| Describe if and how the State used | Please highlight which, if | If the State won't | Necessary |
| existing government systems and | | be cross checking | outcomes from |
| databases to verify applicant or | strategies for using | Social Security | these systems |
| household member identities in FY2010 | existing government | Numbers and ID | and strategies |
| and continuing in FY2011. (Social | databases will be newly | information with | |
| Security Administration Enumeration | implemented in FY2011. | existing government | |
| Verification System, prisoner databases, | | databases, please | |
| Government death records, etc.) | | describe how the | |
| information at this time. Verification | tribal grantees, CPN | supplement this fraud prevention | |
| include social Security numbers due | not cost prohibitive. | strategy. | |
| to lack of MOU's with regards to | | NONE | |
| confidentiality. | | | |
| please provide full descriptions of the | | | Use of all |
| and attach/reference excerpts from | | | database |
| relevant policy documents | | | systems to make |
| | | | sound eligibility |
| | | | determination. |
| VERIFYING APPLICANT INCOME | | | |
| Δ | Please highlight any | | Necessary |
| State Directories of new hires or similar | policies or strategies for | be using new hire | outcomes from |

| Necessary outcomes from these systems | If you don't have relevant physical or operational controls | Please highlight any controls or strategies from your plan which will | Describe the financial and operating controls in place in FY2010 that will continue in FY2011 to protect client |
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| | | ENTIALITY | PRIVACY-PROTECTION AND CONFIDENTIALITY |
| Effective income determination achieved through coordination across program lines. | | | please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents |
| and strategies | applicant and household member incomes how will the State be verifying the that information? All applicants are required to provide documentation of income such as pay stubs, social security benefits notices, DHS-Food stamp benefits, child support payment history, etc. | using new nire directories which will be newly implemented in FY2011. NOT applicable / Not available to Tribal Grantees at this time. | FY2010 and confirm income eligibility in FY2010 and continuing in FY2011. The OESC system is not accessible to Tribal Grantees. Attempts were made several years ago to negotiate access to the OESC system as required by DOL-WIA grant. The state advised that for an unknown fee to develop software – they would consider making this system available. It was determined that this was cost prohibitive. Additionally, it was determined that the information has a significant lag time and was not as accurate as our current procedure. |

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| information against improper use or disclosure. | be newly implemented as of FY2011. | in place to ensure the security and confidentiality of | and strategies |
| Documents are stored in secure location. Staff is trained to maintain confidentiality of information. Records management requires any files that are marked for destruction | Review access to file storage. Install locks on storage room as appropriate. | private information disclosed by applicants, please explain why. | |
| are either burned or shredded. | | 2/8 | |
| please provide full descriptions of the State's plans and strategy in this area, | | | Clear and secure methods that |
| and attach/reference excerpts from relevant policy documents | | | maintain confidentiality and safeguard |
| | | | the private |
| | | | applicants. |
| LIHEAP BENEFITS POLICY | | | |
| Describe FY2010 State policies continuing in FY2011 for protecting | Please highlight any fraud prevention efforts | If the State doesn't have policy in place | Necessary outcomes from |
| against fraud when making payments, or providing benefits to energy vendors | relating to making payments or providing | to protect against improper payments | these systems and strategies |
| All payments are made directly to | newly implemented in | payments or | |
| is required for payment. | N/A | on behalf of clients, what supplementary steps is the State | |
| | | taking to ensure program integrity. | |
| | | | |

| Participating vendors are thoroughly researched and inspected before benefits are | | | please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents |
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| | State is ensuring program integrity. | | Payment is made directly to the vendor. An actual bill or estimate is required. LIHEAP households are notified of assistance rendered on their account. Failure to receive a credit on their account is monitored by the individual LIHEAP household. In cases of discrepancies the household notifies CPN of the problem. |
| Necessary outcomes from these systems and strategies | If you don't have a firm plan for averting fraud when dealing with unregulated energy vendors, please describe how the | Please highlight any strategies policy in this area which will be newly implemented in FY2011. N/A | Describe the State's FY2010 procedures continuing in FY2011 for averting fraud and improper payments when dealing with bulk fuel dealers of heating oil, propane, wood and other un-regulated energy utilities. |
| | | ERGY VENDORS | PROCEDURES FOR UNREGULATED ENERGY VENDORS |
| Authorized energy vendors are receiving payments on behalf of LIHEAP eligible clients. | | | please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents |

| VERIFYING THE AUTHENTICITY OF ENERGY VENDORS | NERGY VENDORS | | issued. |
|--|------------------------|----------------------|----------------|
| Describe State FY2010 policies | Please highlight any | If you don't have a | Necessary |
| continuing in FY2011 for verifying the | policies for verifying | system in place for | outcomes from |
| authenticity of energy vendors being | vendor authenticity | verifying vendor | these systems |
| paid under LIHEAP, as part of the | which will be newly | authenticity, please | and strategies |
| State's procedure for averting fraud. | implemented in FY2011. | describe how the | |
| Assistance is only rendered thru | | State can ensure | |
| | | distributed through | |
| vendors are gas, electric, or propane | | valid | |
| years. WE deal with the same utility | | III.el IIIediai les: | |
| listed in the phone book and | | | |
| newspaper as vendors. Rarely, but | | | |
| on occasion we have purchased wood - we verify with local ads that | | | |
| the price is fair market. Propane | | | |
| vendors have not changed in the | | | |
| added for propage was verified by | | | |
| visiting their business, checking | | | |
| tax exempt ID number. Additionally, | | | |
| the Tribe Accounting department | | | |
| appropriate tax Id numbers. | | | |
| please provide full descriptions of the | | | An effective |
| State's plans and strategy in this area, | | | process that |
| and attach/reference excerpts from | | | ellectively |

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| retevant pointy documents | | | existence of entities receiving federal funds. |
| TRAINING AND TECHNICAL ASSISTANCE | NCE | | |
| In regards to fraud prevention, please | Please highlight specific | If you don't have a | Necessary |
| continuing in FY2011 for training and | elements of your training | system in place for anti-fraud training | these systems |
| providing technical assistance to (a) | assistance resources | or technical | and strategies |
| employees, (b) non-governmental staff | from your plan which will | assistance for | , |
| involved in the eligibility process, (c) | represent newly | employees, clients | |
| clients, and (d) energy vendors. | implemented in FY2011. | or energy vendors, | |
| Staff is trained to alert management | Not applicable. | strategy for | |
| directly. All suspected fraud or | | ensuring all | |
| abuse is investigated and reported | | understand what is | |
| officials - CPN prosecutor and tribal | | | |
| police detective. Steps are taken to | | they are permitted | |
| recapture any illegal payment. Individuals found to be fraudulent | | to employ. | |
| are ineligible for program services | | | |
| tribal court prosecutor and tribal | | | |
| police department, any action taken | | | |
| is at their discretion. | | | |
| please provide full descriptions of the State's plans and strategy in this area, | | | The timely and thorough |
| | | | |

| payments, maintain local agency integrity, and benefits awarded to eligible households. | | | State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents |
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| | Grantee will ensure that LIHEAP funds are properly audited under the Single Audit Act requirements. | Not applicable | The Citizen Potawatomi Nation is subject to the Single Audit Act and complies accordingly. |
| Necessary outcomes from these systems and strategies | If you don't have specific audit requirements for local administering agencies, please explain how the | Please describe new policies or strategies to be implemented in FY2011. | Please describe the annual audit requirements in place for local administering agencies in FY2010 that will continue into FY 2011. |
| | | AGENCIES | AUDITS OF LOCAL ADMINISTERING AGENCIES |
| resolution of weaknesses or reportable conditions as revealed by the audit. | | | and attach/reference excerpts from relevant policy documents |

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.