

**LEGAL SERVICES CORPORATION**

**OFFICE OF INSPECTOR GENERAL**

**RESULTS OF RECIPIENT AUDIT REPORTS  
FOR THE YEAR ENDED DECEMBER 31, 2002**

**Report No. AU03-05**

**September 2003**

September 26, 2003

**TO THE BOARD OF DIRECTORS**  
**OF**  
**THE LEGAL SERVICES CORPORATION**

The Corporation's Fiscal Year 1996 Appropriations Statute (Pub. L. No. 104-134) directed that annual financial statement audits be the primary means for verifying grantee compliance with applicable laws and regulations. This provision has been carried forward in subsequent appropriations acts through the current act, Pub. L. No. 107-77. This report presents the results of the 2002 audits of LSC grantees.

Independent Public Accountants (IPAs) reported 77 findings in 187 audit reports. The OIG reviewed the findings and concluded 47 were significant and referred them to LSC management for follow-up. None of the referred findings were for grantee noncompliance with prohibitions and restrictions on the provision of legal services.

Internal control weaknesses such as a failure to follow procedures or delays in processing financial transactions accounted for a significant portion of the referred findings. Missing documents or unsigned documents accounted for the second largest number of findings. Other findings involved Private Attorney Involvement issues and reporting deficiencies. This report will be sent to the Corporation's Congressional authorization and appropriations committees of Congress and will be made available to the public not later than October 31, 2003.

Leonard J. Koczur  
Acting Inspector General

## TABLE OF CONTENTS

Results .....	1
Summary of Significant Findings .....	1
Qualified Audit Opinions .....	3
Findings Not Referred to Management .....	3
Audit Requirements .....	4
Scope and Methodology .....	5
Audit Information Management System .....	5
Initial Processing .....	5
Focused Review .....	5
Resolution .....	6
Corrective Action .....	7
Quality Control Process .....	7

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## RESULTS

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The Office of Inspector General (OIG) received 187 financial statement audit reports with 2002 fiscal-year ends from LSC grantees. These reports contained 77 findings. The 47 findings listed below were significant and were referred to LSC management for follow-up to ensure that the grantees corrected the reported problems. The remaining findings were not significant and were not referred to management (see page 3).

Although the categories are not mutually exclusive, and some findings could be listed in more than one category, the following summary of significant findings shows each finding in only one category for ease of reference.

### **SUMMARY OF SIGNIFICANT FINDINGS REFERRED TO MANAGEMENT GRANTEE AUDIT REPORTS 2002**

<b><u>Category</u></b>	<b><u>Number of</u></b>
<b><u>Findings</u></b>	
Internal Control Problems .....	17
Written policies/procedures lacking or outdated	
Weaknesses over cash receipts/disbursements	
Processing financial data	
Segregation of duties	
Missing documents and/or unsigned documents (i.e., client state- ments of facts, citizenship attestations, retainer agreements) .....	9
Private Attorney Involvement requirements not met .....	4
Case management inaccuracies/deficiencies .....	3
Reporting problems.....	3
LSC fund balance .....	2
Others .....	9
Total .....	47

### **Noncompliance with Restrictions**

The IPAs did not report any findings of noncompliance with either statutory client eligibility requirements or with the prohibitions and restrictions on the legal services that may be provided.

### **Internal Control Problems**

Deficiencies in the internal control system accounted for the largest number of significant findings (17). These findings primarily involved the lack of or outdated written procedures, weaknesses in handling cash receipts and disbursements, deficiencies in processing financial data, and segregation of duties. The OIG referred the findings to management because an effective system of internal controls helps ensure compliance with LSC laws and regulations.

### **Missing Documents or Unsigned Documents**

The second largest number of significant findings (9) was related to missing case files, missing documents, and unsigned documents, such as client statements of facts, citizenship attestations, or retainer agreements. These findings were referred to LSC management because missing files or unsigned documents make it difficult to verify compliance with statutory requirements.

### **Private Attorney Involvement Requirements Not Met**

Four findings related to the recipients' failure to meet Private Attorney Involvement Requirements. These findings were referred to LSC management for follow-up because the reports did not indicate a waiver had been granted.

### **Case Management Inaccuracies/Deficiencies**

Three findings from one recipient involved errors in case open and close dates, incorrect calculations for over-income clients, and mistakes in entering clients' monthly income into a case management system. OIG referred these findings because these types of errors affect the reliability of the Case Services Reporting.

### **Reporting Problems**

Two of these three findings involve recipients that did not file their annual report on priorities with LSC. The other finding involves a recipient's delinquency in submitting an accurate subgrant agreement to LSC management. These findings were significant because accurate reporting is an important element of effective program management.

### **LSC Fund Balance**

Two findings related to grantees' LSC fund balance exceeding the amount LSC regulations allow. At the time of the audit, the grantees had not received waivers from LSC. Fund balances are significant because they could indicate that the grantees are not making proper use of LSC funds.

## **Other Significant Findings**

Two findings related to deficiencies in dealing with subgrantees. One finding reported no written notification to other funding sources of the restrictions on grantee activities. One other finding was for timekeeping problems. Five findings covered a range of administrative deficiencies. Follow-up would help insure better program administration.

## **Qualified Audit Opinions**

IPAs provided eight qualified opinions and one disclaimer on the 2002 audits. One qualified opinion related to the financial statements and was unrelated to compliance with LSC regulations. IPAs rendered qualified compliance opinions for six grantees. These six qualified opinions resulted from relatively minor noncompliance with LSC regulations and did not indicate that the prohibitions and restrictions had been violated.

A financial opinion disclaimer was issued for one recipient because of inadequacies in the accounting records. Also, a change of staff prevented the IPA from obtaining adequate support for some transactions and making inquiries necessary to form an opinion. The OIG is reviewing this matter.

## **Findings Not Referred to Management**

The IPAs reported 30 additional findings in audit reports for 23 grantees. After reviewing these reports, the OIG concluded that the findings did not warrant mandatory follow up by LSC management. Generally, the problems had been corrected or were considered not significant and were communicated to LSC management via the Audit Information Management System (AIMS). These findings were not significant for the following reasons:

- (16) Corrective action taken subsequent to audit;
- ( 7) Minor omissions or discrepancies (e.g., document obtained and signed but undated);
- ( 2) Minor segregation of duties;
- ( 2) Minor internal control problem; and
- ( 3) Finding not related to LSC requirements.

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## AUDIT REQUIREMENTS

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LSC grant recipients are responsible for preparing annual financial statements and arranging for their audits by IPAs. These audits are to be conducted in accordance with Government Auditing Standards promulgated by the Comptroller General of the United States, Office of Management and Budget (OMB) Circular A-133, "Audits of Institutions of Higher Education and Other Non-Profit Institutions," and the "LSC OIG Audit Guide for Recipients and Auditors." Audit reports must be submitted to the LSC Office of Inspector General (OIG) within 120 days of the recipients' fiscal year end. The reports are to include an opinion on the financial statements, a report on the internal control structure, and a report on compliance with laws and regulations.

IPAs are also required to submit a Summary Report Form (SRF) on Noncompliance with Laws and Regulations, Questioned Costs, and Reportable Conditions. IPAs must submit SRFs via the Internet by completing a form residing on the OIG website. The SRF must be submitted regardless of whether or not there are any audit findings. The IPA reports on the SRF any instances of noncompliance, material reportable conditions, and additional findings. For each reported findings, the IPA provides a description of the finding, Audit Guide identification code for the finding, the sample size of case files reviewed, the number of times a deficiency occurred, the recipient response to the finding, and the amount of any questioned costs.

Under certain circumstances, the recipient must submit to the OIG a special report, called a 5-day letter, which is based on a report the IPA prepares. IPAs must immediately report to the recipient all findings of noncompliance with the congressionally imposed prohibitions and restrictions. The IPA's report describes the noncompliance and the circumstances under which it occurred. Within five business days after issuance of the IPA's report, the recipient must submit to the OIG, a report entitled "Recipient 5-day Special Report to the OIG on Noncompliance with Laws and Regulations." The recipient also sends a copy of this report to the IPA.

Recipients must submit corrective action plans to LSC for all material findings and recommendations and questioned costs the IPA identified, within 30 days of the audit report's submission. These plans must describe the corrective action taken or planned in response to the audit findings and recommendations. If the recipient disagrees with the findings and recommendations, the reasons for the disagreement must be fully explained. The recipient may incorporate the corrective action plans into the audit report as part of its response to the auditor's findings and recommendations, but this option does not extend the due date for the audit report.

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## **SCOPE AND METHODOLOGY**

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### **SCOPE**

This report covers the grantee financial, internal control, and compliance audit reports prepared by IPAs for the year ended December 31, 2002.

### **METHODOLOGY**

#### **Audit Information Management System**

The OIG developed the Audit Information Management System (AIMS) to support the audit review team in performing desk reviews of audit reports. The system tracks and collects information on the SRF, audit reports, 5-day letters, audit costs, and management letters. It also tracks the resolution of audit findings and recommendations and documents grantee corrective actions.

#### **Initial Processing**

IPAs electronically submit the SRF. The OIG staff verifies that each form includes all required information before it is accepted into AIMS. The grantees submit the audit reports through the mail. The OIG staff does a brief review to ensure that reports on the financial statement, internal controls, and compliance with LSC laws and regulations are provided.

#### **Focused Review**

Following initial processing, the OIG conducts a focused review of the critical audit findings and recommendations that the IPA reported on the SRF. The OIG auditors can add findings that were not reported on the SRF and amend IPA reported findings based on the focused review. An auditor reviews the findings and recommendations and takes action to "invoke A-50" or to close the finding to inventory. The LSC grantee audit follow-up process incorporates the concepts of OMB Circular A-50 "Audit Follow Up," and hence the use in AIMS of the term "invoke A-50." The auditor then writes a justification for the recommended action, which is approved or revised by OIG audit management.

If A-50 is invoked, OIG audit management refers the audit findings and recommendations to LSC management for follow-up action. The referral is made through AIMS by approving the finding for follow-up and establishing a project code to track the follow-up process through resolution and corrective action.

If the findings are closed to inventory, the findings and associated recommendations are retained in the AIMS system in an inventory of noncritical findings. These findings are provided to LSC management by the OIG for information and no follow-up action is required. The IPAs follow up on these findings in the next fiscal year audit. If the IPAs report that these findings are uncorrected the second year, A-50 is invoked at that time.

The decision of whether to invoke A-50 or to close to inventory rests on the finding's significance. A significant finding requires management's attention based on quantitative and/or qualitative conditions contained in the finding. The following types of findings and recommendations by grantee IPAs are referred to LSC management for follow-up action: noncompliance with laws and regulations which have a material impact on the LSC program, questioned or unsupported costs, material weaknesses, reportable conditions that are indicative of a systemic problem, and uncorrected findings from prior reports.

LSC management is responsible for following up on significant findings referred by the OIG to ensure that deficiencies and noncompliance are promptly resolved. Recipients are required to submit corrective action plans to LSC management no later than 30 days after submission of the audit report. If a recipient does not submit a corrective action plan by the due date, LSC management contacts the grantee and requires immediate submission of the plan.

## **Resolution**

Resolution is the point at which LSC management agrees with the grantee's proposed corrective action plan or accepts the grantee's disagreement with a reported finding, and the OIG concurs in the management decision. If LSC management and the OIG cannot agree, resolution is reached when the LSC Audit Follow-Up Official, designated by the LSC President, issues a decision on the matter.

LSC management reviews the grantee's corrective action plan to determine if it is satisfactory. If the proposed corrective action is unsatisfactory, LSC management communicates the deficiencies to the grantee and requires the grantee to provide a satisfactory plan.

LSC management ensures that proposed corrective actions are consistent with laws, regulations, and LSC policy. If a grantee disagrees with a reported finding or recommendation, LSC management ensures that the grantee provides an adequate written justification containing the legal and factual basis for the disagreement. Within 30 days of receipt of the referred finding, LSC management notifies the OIG of its acceptance of the corrective action plan or the grantee's disagreement with the finding and recommendation.

The OIG notifies LSC management within 15 days of its concurrence or nonconcurrence. If the OIG concurs, the finding is considered resolved. If the

OIG does not concur, the Audit Follow-Up Official has 15 days to seek agreement between LSC management and the OIG. If no agreement is reached within the 15 days, the Audit Follow-Up Official issues a decision within 7 days, and the finding is considered resolved.

### **Corrective Action**

After resolution has been obtained, LSC management ensures that corrective actions have been taken by the grantee within six months of the resolution date. LSC requires the grantee to provide documentation that the corrective action has been fully implemented and requires the grantee to certify that all corrective actions have been implemented. LSC management notifies the OIG of all completed corrective actions and provides the OIG with copies of the grantee certifications. Upon receipt of the notification of completion, the OIG closes the respective findings and recommendations. IPAs will also verify completion of corrective actions during the next fiscal year audit.

### **Quality Control Process**

In 1998, the OIG initiated the Audit Service Review (ASR) program to evaluate the effectiveness of the compliance audits performed by grantees' IPAs. ASRs include a review of the IPAs' working papers to determine if the grantees' compliance with LSC laws and regulations was adequately tested. The continuing ASR process allows the OIG to monitor the quality of the IPA audit reports and thus increase the reliability of the reports.

No ASRs have been issued for 2002 IPA audits. The OIG did issue, during CY 2002, six ASR reports for 2001 audits. The ASR process will begin anew in FY 2004.

The OIG reviews all audit reports submitted by IPAs that include critical findings and those that have management letters. The audit reports prepared by IPAs selected for ASRs are also reviewed. In prior years, a sample of reports lacking critical findings was reviewed. For 2002, the OIG reviewed all 187 audit reports to determine if any significant findings went unreported. This review disclosed one additional significant finding.