

**ILLINOIS DEPARTMENT OF HUMAN SERVICES  
SAMPLE REPORT ON AGREED-UPON PROCEDURES  
TO REVIEW CONSOLIDATED FINANCIAL REPORT COST SCHEDULE**

Office of Contract Administration  
Illinois Department of Human Services  
222 South College, Second Floor  
Springfield, Illinois 62704

We have performed the procedures enumerated below, which were agreed to by management of (provider name) and the Manager, Office of Contract Administration, Illinois Department of Human Services (DHS). These procedures were performed solely to assist DHS in evaluating the accompanying Consolidated Financial Report (CFR) "Schedule of Program Costs" of (provider name) for the year ended June 30, xxxx. This agreed-upon procedures engagement was performed in accordance with standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of DHS. Consequently, we make no representation regarding the sufficiency of the procedures described below, either for the purpose for which this report has been requested or for any other purpose.

We obtained DHS' instructions for preparing the CFR Schedule of Program Costs and compared the classifications used therein to those allowed by the instructions.

We agreed the total expense amounts detailed in the CFR Schedule of Program Costs to (provider name)'s audited GAAP-based financial statements.

We reviewed the methodology used to allocate costs among programs for reasonableness and recalculated the allocations for all programs funded by DHS to ensure that the methodology was consistently followed. We agreed allocated amounts to the general ledger and applicable payroll records.

We compared the CFR Schedule of Program Costs to that of the prior year and inquired of (provider name)'s management regarding material changes and inconsistencies.

We mathematically checked all footings and cross-footings on the CFR Schedule of Program Costs.

We were not engaged to, and did not perform an audit, the objective of which would be the expression of an opinion on the CFR Schedule of Program Costs. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is designed for the use of the management of (provider name), its Board of Directors and DHS, and should not be used by those who have not agreed to the procedures and taken responsibility for the sufficiency of the procedures for their purpose. However, this report is a matter of public record and its distribution is not limited.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Audit Firm

[Instructions are on the reverse side of this page]

## **INSTRUCTIONS**

Providers operating on a fiscal year ending other than on June 30<sup>TH</sup> which were awarded \$500,000 or more by DHS during State Fiscal Year xxxx, which included funding for programs for which rates are set or a cost/ revenue analysis is performed, are required to submit audited financial statements along with an independent certified public accountant's "Report on Agreed-Upon Procedures".

Suggested wording for the "Report on Agreed-Upon Procedures" appears on the reverse side of this form. The wording may be modified but the report must provide the indicated assurances. The report must be signed by the auditor or an authorized representative of the audit firm.

Providers operating on a fiscal year ending on June 30<sup>TH</sup> which were awarded \$500,000 or more by DHS during State Fiscal Year xxxx, which included funding for programs for which rates are set or a cost/revenue analysis performed, are required to submit audited financial statements along with an independent certified public accountant's "in relation to" opinion on Schedule 1 (Schedule of Program Costs) of the Consolidated Financial Report. These instructions and the sample report to do not apply to such providers.