



Interim Review Attestation Form for Fiscal Year 2020

On behalf of _____ (provider 's name), I attest and certify the following:

- I hereby attest to have submitted Fiscal Year (FY) 2020 financial audit within six (6) months following the close of the fiscal year conducted by a Certified Public Accounting (CPA) firm. The fiscal year is from _____ to _____. **Source: MSHN contract – Financial Review**
- I hereby attest that all policies and procedures are up to date and active based on the last full financial review conducted by Mid-State Health Network (MSHN) Financial Staff. I hereby attest that any applicable policies and procedures that have changed since the last full financial review have been submitted along with this attestation to MSHN’s Finance Department for review. The policy and procedures include but are not limited to:
 - Separation of duties & responsibilities among employees
 - A system of authorization & record keeping to control assets, liabilities, revenues & expenditures
 - Internal control techniques that are effective and efficient. **Source: 2 Code of Federal Regulations (CFR) 200 subpart D sections 200.301, 200.302, 200.303**
- I hereby attest to have submitted three (3) months of Cost Reimbursement expenditure documentation. Invoices and receipts should be classified by each category billed to MSHN. MSHN can request expenditure documentation to support Financial Status Report (FSR) billings for any timeframe within the fiscal year of the funding. Providers with multiple FSRs should submit one (1) month of expenditure documentation for each program (Please Note: This is not applicable to Fee for Service providers.)

By signing below, I declare that all the above information is true and correct. Failure to comply with the above requirements will result in a Corrective Action Plan (CAP) or other actions as outlined in MSHN’s Policies and Procedures.

Please sign and upload this document to the Financial Audit Documents folder in the provider’s site review folder located in Box. Questions related to this attestation form should be forwarded to Financial Specialist, Brandilyn Mason (brandilyn.mason@midstatehealthnetwork.org). Other Financial Staff includes MSHN’s Chief Financial Officer, Leslie Thomas (leslie.thomas@midstatehealthnetwork.org) and Finance Manager, Amy Keinath (amy.keinath@midstatehealthnetwork.org).

Signature of authorized agency representative: _____

Name and Title: _____ Date: _____

Phone Number: _____

E-mail: _____



For MSHN file use only:

Approved

Not Approved

Evaluator's Signature: _____

Name and Title: _____ Date: _____

Comments: _____