



Commonwealth of Massachusetts
Office of the State Auditor
Suzanne M. Bump

Making government work better

Official Audit Report – Issued December 21, 2015

Massachusetts Commission for the Deaf and Hard of Hearing—Examination of Annual Internal Control Questionnaire

For the period July 1, 2014 through June 30, 2015





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Office of the State Auditor
Suzanne M. Bump

Making government work better

December 21, 2015

Ms. Heidi L. Reed, Commissioner
Massachusetts Commission for the Deaf and Hard of Hearing
600 Washington Street
Boston, MA 02111

Dear Commissioner Reed:

I am pleased to provide this limited-scope performance audit of the Massachusetts Commission for the Deaf and Hard of Hearing. This report details the audit objectives, scope, methodology, findings, and recommendations for the audit period, July 1, 2014 through June 30, 2015. My audit staff discussed the contents of this report with management of the agency, whose comments are reflected in this report.

I would also like to express my appreciation to the Massachusetts Commission for the Deaf and Hard of Hearing for the cooperation and assistance provided to my staff during the audit.

Sincerely,

A handwritten signature in blue ink, appearing to read "SMB", written over a light blue circular background.

Suzanne M. Bump
Auditor of the Commonwealth

TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
OVERVIEW OF AUDITED ENTITY	2
AUDIT OBJECTIVES, SCOPE, AND METHODOLOGY	3
DETAILED AUDIT FINDINGS WITH AUDITEE’S RESPONSE.....	7
1. Information reported regarding internal controls was inaccurate or unsupported by documentation.	7
a. MCDHH’s response was accurate with regard to capital assets with a useful life of more than one year, but its list of these assets was incomplete.	7
b. Contrary to what its ICQ indicated, MCDHH had not performed an annual physical inventory of capital assets.....	8
c. MCDHH submitted its 2015 ICQ without certifying the accuracy of its responses as required by OSC instructions.....	8
OTHER MATTERS	11
APPENDIX A	12
APPENDIX B	14

LIST OF ABBREVIATIONS

CFO	chief fiscal officer
EOHHS	Executive Office of Health and Human Services
GAAP	generally accepted accounting principles
ICP	internal control plan
ICQ	Internal Control Questionnaire
IT	information technology
MCDHH	Massachusetts Commission for the Deaf and Hard of Hearing
OSA	Office of the State Auditor
OSC	Office of the State Comptroller
PII	personally identifiable information

EXECUTIVE SUMMARY

Each year, the Office of the State Comptroller (OSC) issues a memorandum (Fiscal Year Update) to internal control officers, single audit liaisons, and chief fiscal officers (CFOs) instructing departments to complete an Internal Control Questionnaire (ICQ) designed to provide an indication of the effectiveness of the Commonwealth's internal controls. In the Representations section of the questionnaire, the department head, CFO, and internal control officer confirm that the information entered in the questionnaire is accurate and approved.

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor has conducted a limited-scope performance audit of certain information reported in the Massachusetts Commission for the Deaf and Hard of Hearing's (MCDHH's) ICQ for the period July 1, 2014 through June 30, 2015. The objective of our audit was to determine whether certain responses that MCDHH provided to OSC in its fiscal year 2015 ICQ were accurate.

Below is a summary of our finding and our recommendations, with links to each page listed.

Finding 1 Page <u>7</u>	MCDHH's 2015 ICQ had inaccurate responses on the subject of its capital-asset inventory. In addition, MCDHH did not certify the accuracy of the responses on its ICQ before submitting it to OSC.
Recommendations Page <u>9</u>	<ol style="list-style-type: none">1. MCDHH should take the measures necessary to address the issues we identified during our audit and should ensure that it adheres to all OSC's requirements for accurately reporting information about its capital assets and inventory on its annual ICQ. It should also retain a printed, approver-signed copy of its certification of its ICQ representations.2. If necessary, MCDHH should request guidance from OSC on these matters.

OVERVIEW OF AUDITED ENTITY

The Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH), within the Executive Office of Health and Human Services, was established in accordance with Chapter 716 of the Acts of 1985, which amended Sections 191 through 197 of Chapter 6 of the Massachusetts General Laws. According to its website,

The Massachusetts Commission for the Deaf and Hard of Hearing is the principal agency in the Commonwealth on behalf of people of all ages who are deaf and hard of hearing. . . . The Mission of MCDHH is to provide accessible communication, education and advocacy to consumers and private and public entities so that programs, services and opportunities throughout Massachusetts are fully accessible to persons who are Deaf and hard of hearing.

MCDHH had a fiscal year 2015 budget of \$6,030,713 and has approximately 47 employees. It is located at 600 Washington Street in Boston.

AUDIT OBJECTIVES, SCOPE, AND METHODOLOGY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor (OSA) has conducted a limited-scope performance audit of certain information reported in the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH's) Internal Control Questionnaire (ICQ) for the period July 1, 2014 through June 30, 2015. Because of issues identified during our audit, we expanded our audit period to include ICQs submitted to the Office of the State Comptroller (OSC) before July 1, 2014 solely to review, and report on, the accuracy of responses concerning the areas covered by our current audit for prior fiscal years.

We conducted this limited-scope performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The overall objective of our audit was to determine whether MCDHH accurately reported certain information about its overall internal control system to OSC in its 2015 ICQ. Accordingly, our audit focused solely on reviewing and corroborating MCDHH's responses to specific questions pertaining to ICQ sections that we determined to be significant to the agency's overall internal control system. Below is a list of the relevant areas, indicating the conclusion we reached regarding each objective and, if applicable, where each objective is discussed in this report.

Objective	Conclusion
1. In its 2015 ICQ, did MCDHH give accurate responses in the following areas?	
a. internal control plan (ICP)	Yes
b. capital-asset inventory, for both generally accepted accounting principles (GAAP) and non-GAAP assets	No; see Findings 1a and 1b
c. personally identifiable information (PII)	Yes
d. audits and findings (reporting variances, losses, shortages, or thefts of funds or property immediately to OSA; see Appendix A)	Yes

In the course of our audit, we also determined that MCDHH had submitted the 2015 ICQ to OSC without certifying the accuracy of its responses in accordance with OSC instructions (Finding 1c).

Our analysis of the information in the ICQ was limited to determining whether agency documentation adequately supported selected responses submitted by MCDHH in its ICQ for the audit period; it was not designed to detect all weaknesses in the agency's internal control system or all instances of inaccurate information reported by MCDHH in the ICQ. Further, our audit did not include tests of internal controls to determine their effectiveness as part of audit risk assessment procedures, because in our judgment, such testing was not significant within the context of our audit objectives or necessary to determine the accuracy and reliability of ICQ responses. Our understanding of internal controls and management activities at MCDHH was based on our interviews and document reviews. Our review was limited to what we considered appropriate when determining the cause of inaccurate ICQ responses.

In order to achieve our objectives, we performed the following audit procedures:

- We reviewed the instructions for completing the fiscal year 2015 ICQ distributed by OSC to all state departments (Appendix B).
- We reviewed the September 2007 version of the OSC Internal Control Guide (the version effective during the audit period) to obtain an understanding of the requirements for preparing an ICP.
- We reviewed Section 3 of Chapter 93H of the General Laws, and Massachusetts Executive Order 504, to obtain an understanding of the requirements pertaining to the safeguarding and security of confidential and personal information and to providing notification of breaches to appropriate parties.
- We reviewed Chapter 93I of the General Laws to obtain an understanding of the requirements pertaining to the disposal and destruction of electronic and hardcopy data records.
- We interviewed the director of OSC's Quality Assurance Bureau to obtain an understanding of OSC's role in the ICQ process and to obtain and review any departmental quality assurance reviews¹ conducted by OSC for MCDHH.

1. According to OSC, the primary objective of the quality assurance reviews is to validate (through examination of transactions, supporting referenced documentation, and query results) that internal controls provide reasonable assurance that Commonwealth departments adhere to Massachusetts finance law and the policies and procedures issued by OSC. The quality assurance review encompasses the following areas: internal controls, security, employee and payroll status, and various accounting transactions. The internal control review determines whether the department has a readily available updated ICP.

- We interviewed MCDHH's chief fiscal officer (CFO) to gain an understanding of MCDHH's ICQ process, and we requested and obtained documentation to support the responses in its ICQ for the 12 questions we selected for review.
- We interviewed MCDHH's CFO to ask whether MCDHH had any instances of variances, losses, shortages, or thefts of funds or property to determine compliance with Chapter 647 of the Acts of 1989's requirement of reporting to OSA.
- We reviewed the fiscal year 2015 ICQ and selected questions pertaining to (1) the ICP, (2) Chapter 647 requirements, (3) capital-asset inventory (GAAP and non-GAAP), and (4) PII. We selected these areas using a risk-based approach and prior OSA reports that noted inconsistencies with departmental supporting documentation and agency ICQ responses submitted to OSC. Accordingly, we selected the following ICQ questions:
 - Does the department have an ICP that documents its goals, objectives, risks, and controls used to mitigate those risks?
 - Is the ICP based on the guidelines issued by OSC?
 - Has the department conducted an organization-wide risk assessment that includes the risk of fraud?
 - Has the department updated its ICP within the past year?
 - Does the department require that all instances of unaccounted-for variances, losses, shortages, or thefts of funds be immediately reported to OSA?
 - Does the department have singular tangible and/or intangible capital assets with a useful life of more than one year?
 - Does the department take an annual physical inventory of tangible and intangible capital assets, including additions, transfers, disposals, and assets no longer in service?
 - Are there procedures that encompass all phases of the inventory process—acquisition, recording, tagging, assignment/custody, monitoring, replacement, and disposal—as well as the assignment of the roles of responsibility to personnel?
 - Are information system and data security policies included as part of the department's internal controls?
 - Is the department complying with Section 3 of Chapter 93H of the General Laws, and Executive Order 504, regarding notification of data breaches?
 - Are stored personal data, both electronic and hardcopy, secured and properly disposed of in accordance with Chapter 93I of the General Laws and in compliance with the Secretary of State's record-conservation requirements?
 - Are sensitive data, as defined in policy and the General Laws, secured and restricted to access for job-related purposes?

To determine whether the responses that MCDHH provided to OSC for the above 12 questions were accurate, we performed the following procedures:

- We requested and reviewed MCDHH's ICP to determine whether it complied with OSC requirements.
- We requested and reviewed any department-wide risk assessments conducted by MCDHH.
- We conducted interviews with MCDHH managers to determine the procedures used to prepare and update the ICP and conduct an annual capital-asset inventory.
- We requested and reviewed MCDHH's policies and procedures for PII to determine whether policies were in place and addressed the provisions of (1) Section 3 of Chapter 93H of the General Laws, and Executive Order 504, regarding notification of data breaches and (2) Chapter 93I of the General Laws regarding storing electronic and hardcopy personal data.
- We requested documentation for the last annual physical inventory conducted by MCDHH.
- We requested and reviewed all documentation available to support MCDHH's certification of the accuracy of its responses on the fiscal year 2015 ICQ.

In addition, we assessed the data reliability of OSC's PartnerNet, the electronic data source used for our analysis, by extracting copies of the ICQ using our secured system access and comparing their data to the ICQ data on the source-copy ICQ on file at MCDHH during our subsequent interviews with management. ICQ questions are answered entirely with a "Yes," "No," or "N/A" checkmark. By tracing the extracted data to the source documents, we determined that the information was accurate, complete, and sufficiently reliable for the purposes of this audit.

DETAILED AUDIT FINDINGS WITH AUDITEE'S RESPONSE

1. Information reported regarding internal controls was inaccurate or unsupported by documentation.

Some of the information that the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) reported in its Internal Control Questionnaire (ICQ) to the Office of the State Comptroller (OSC) for fiscal year 2015 was inaccurate or not supported by documentation. Specifically, although MCDHH indicated that it was complying with OSC guidelines in all of the areas we reviewed, it was not properly identifying capital assets with a useful life of more than one year or performing an annual physical inventory of these assets. In addition, MCDHH had not certified that the representations reported to OSC in its ICQ were accurate and complete.

Without properly identifying its capital assets and performing and documenting a physical inventory of them each year, MCDHH is not ensuring that its capital assets are properly safeguarded against loss, theft, and misuse and that its inventory records are complete and accurate. In addition, without properly certifying the accuracy of the ICQ, MCDHH cannot provide assurance that its management has reviewed the ICQ and ensured that the information that the agency is providing to OSC is complete and accurate.

The problems we found are detailed in the sections below.

a. MCDHH's response was accurate with regard to capital assets with a useful life of more than one year, but its list of these assets was incomplete.

In the Capital Assets Inventory section of the fiscal year 2015 ICQ, departments were asked, "Does the Department have singular tangible and/or intangible capital assets with a useful life of more than one year?" In its ICQ, MCDHH correctly answered "yes," but in our examination, we found that MCDHH's inventory list of capital assets was incomplete. Specifically, during fiscal years 2012–2015, MCDHH's inventory list included only chairs and did not include \$46,292 of purchased non–generally accepted accounting principles (GAAP) capital assets: audio equipment (\$30,933), printers and scanners (\$13,420), and furniture (\$1,939). Moreover, although they were outside our audit period, we noted that MCDHH answered "yes" to the same question or similar ones on its ICQs for fiscal years 2013 and 2014.

b. Contrary to what its ICQ indicated, MCDHH had not performed an annual physical inventory of capital assets.

In the Capital Assets Inventory section of the fiscal year 2015 ICQ, departments were asked, “Does the Department take an annual physical inventory of tangible and intangible capital assets including additions, transfers, disposals, and assets no longer in service?” In its ICQ, the MCDHH answered “Yes.” However, during our audit, MCDHH could not provide us with documentation that it had performed such an inventory during fiscal year 2015. Moreover, although they were outside our audit period, we noted that MCDHH also answered “yes” to this question on its ICQ for fiscal years 2013 and 2014.

c. MCDHH submitted its 2015 ICQ without certifying the accuracy of its responses as required by OSC instructions.

Contrary to OSC guidance, MCDHH’s department head, chief fiscal officer (CFO), and internal control officer did not sign and retain a printed copy of the ICQ.

Authoritative Guidance

The ICQ is a document designed by OSC that is sent to departments each year requesting information and department representations on their internal controls over 12 areas: management oversight, accounting system controls, budget controls, revenue, procurement and contract management, invoices and payments, payroll and personnel, investments held by the Commonwealth, material and supply inventory, capital-asset inventory, federal funds, and information-technology security and personal data. The department head, CFO, and internal control officer of each department must certify the responses provided in the Representations section as required by OSC’s Memorandum—Internal Control Questionnaire and Department Certification (Appendix B). The purpose of the ICQ is to provide an indication of the effectiveness of the Commonwealth’s internal controls. External auditors use department internal control plan responses and ICQ responses, along with other procedures, to render an opinion on the internal controls of the Commonwealth as a whole.

OSC’s Accounting and Management Policy and Fixed Assets—Acquisition Policy provide guidance on the proper recording of, and accounting for, capital assets and require an annual inventory of each department’s fixed assets, both GAAP and non-GAAP.

Reasons for Inaccurate or Unsupported Information

The CFO stated that the omission of the non-GAAP assets from its inventory list was an oversight caused by her belief that these assets would eventually become the property of the Executive Office of Health and Human Services' (EOHHS's) Information Technology department and therefore were not subject to an annual physical inventory by MCDHH.

Although MCDHH's department head, CFO, and internal control officer told us that they had read and approved each statement on the ICQ when it was completed, they also stated that they were not aware of the Representations section of the OSC 2015 ICQ instructions, dated May 6, 2015 (Appendix B), which requires that the final ICQ be printed, signed, and filed before it is electronically submitted to OSC as documentation that all parties who are required to do so have reviewed and approved every response.

Recommendations

1. MCDHH should take the measures necessary to address the issues we identified during our audit and should ensure that it adheres to all OSC's requirements for accurately reporting information about its capital assets and inventory on its annual ICQ. It should also retain a printed, approver-signed copy of its certification of its ICQ representations.
2. If necessary, MCDHH should request guidance from OSC on these matters.

Auditee's Response

Finding 1a

Simultaneously with the [OSA's] audit MCDHH addressed this preliminary audit finding by adding the omitted items to its non-IT fixed assets list. Additionally, on a moving-forward basis it will amend its Policy and Procedures document to add a procedure for creating a File Memo describing the methodology that was used in the annual physical reconciliation and containing the full signature of the person(s) performing the physical reconciliation whose initials appear on the electronic spreadsheet.

For IT fixed assets, several printers and scanners were added. As an additional note, MCDHH may need to maintain two IT fixed asset inventory lists, one for assets purchased and owned by MCDHH and a second for assets owned by EOHHS.

Finding 1b

As explained to the representatives of [OSA], this was an oversight by the CFO that occurred as a result of the time pressures of completing the ICQ. The oversight was rectified during the time that the audit was conducted. MCDHH does not anticipate this problem to recur.

Finding 1c

The accuracy of the ICQ contents was in fact verified by the Internal Control Officer, the CFO, and the Agency Head. The step that was inadvertently omitted was the creation of a hard copy signed by the CFO and the Agency Head. On a moving-forward basis MCDHH will make sure a hard copy of the annual ICQ is signed and retained on file in accordance with OSC guidance.

MCDHH is currently in full compliance with the inventory and is ready to provide such information at any time. Also we will make sure that we keep a signed copy of our annual Internal Control Questionnaire (ICQ) according to the OSC guide.

Auditor's Reply

Based on its response, we believe that MCDHH is taking appropriate measures to address the concerns we identified.

OTHER MATTERS

On May 9, 2011, the Governor issued Executive Order No. 532. This order superseded Executive Order 510, which transferred responsibility for accounting for the information technology (IT) assets of executive departments, including the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH), to the Executive Office of Health and Human Services (EOHHS). One of EOHHS's responsibilities under both orders was to perform annual physical inventories of MCDHH's IT assets in accordance with the state Information Technology Division's Enterprise IT Asset and Risk Management Policy, dated March 6, 2014. This policy states,

Secretariats and their respective agencies are required to . . . annually conduct a physical audit of IT assets and reconcile the audit with the IT asset inventory. Agencies must investigate and resolve discrepancies between the physical audit of IT assets and the IT asset inventory.

As part of our current audit, we inquired whether an annual inventory of MCDHH's IT assets had been conducted. MCDHH's chief information officer told us that neither MCDHH nor EOHHS had performed a physical inventory in fiscal year 2015, stating that he believed that an annual physical inventory was not necessary, since the computers are monitored through MCDHH's IT network. However, according to the Office of the State Comptroller's Accounting and Management Policy, a physical inventory is required to be conducted annually on or around June 30 of each year. At the time of our audit, IT capital assets in MCDHH's possession consisted of 63 desktops, 14 laptops, and three iPads.

APPENDIX A

Chapter 647 of the Acts of 1989 An Act Relative to Improving the Internal Controls within State Agencies

Notwithstanding any general or special law to the contrary, the following internal control standards shall define the minimum level of quality acceptable for internal control systems in operation throughout the various state agencies and departments and shall constitute the criteria against which such internal control systems will be evaluated. Internal control systems for the various state agencies and departments of the commonwealth shall be developed in accordance with internal control guidelines established by the office of the comptroller.

- (A) Internal control systems of the agency are to be clearly documented and readily available for examination. Objectives for each of these standards are to be identified or developed for each agency activity and are to be logical; applicable and complete. Documentation of the agency's internal control systems should include (1) internal control procedures, (2) internal control accountability systems and (3), identification of the operating cycles. Documentation of the agency's internal control systems should appear in management directives, administrative policy, and accounting policies, procedures and manuals.*
- (B) All transactions and other significant events are to be promptly recorded, clearly documented and properly classified. Documentation of a transaction or event should include the entire process or life cycle of the transaction or event, including (1) the initiation or authorization of the transaction or event, (2) all aspects of the transaction while in process and (3), the final classification in summary records.*
- (C) Transactions and other significant events are to be authorized and executed only by persons acting within the scope of their authority. Authorizations should be clearly communicated to managers and employees and should include the specific conditions and terms under which authorizations are to be made.*
- (D) Key duties and responsibilities including (1) authorizing, approving, and recording transactions, (2) issuing and receiving assets, (3) making payments and (4), reviewing or auditing transactions, should be assigned systematically to a number of individuals to insure that effective checks and balances exist.*
- (E) Qualified and continuous supervision is to be provided to ensure that internal control objectives are achieved. The duties of the supervisor in carrying out this responsibility shall include (1) clearly communicating the duties, responsibilities and accountabilities assigned to each staff member, (2) systematically reviewing each member's work to the extent necessary and (3), approving work at critical points to ensure that work flows as intended.*
- (F) Access to resources and records is to be limited to authorized individuals as determined by the agency head. Restrictions on access to resources will depend upon the vulnerability of the resource and the perceived risk of loss, both of which shall be periodically assessed. The agency head shall be responsible for maintaining accountability for the custody and*

use of resources and shall assign qualified individuals for that purpose. Periodic comparison shall be made between the resources and the recorded accountability of the resources to reduce the risk of unauthorized use or loss and protect against waste and wrongful acts. The vulnerability and value of the agency resources shall determine the frequency of this comparison.

Within each agency there shall be an official, equivalent in title or rank to an assistant or deputy to the department head, whose responsibility, in addition to his regularly assigned duties, shall be to ensure that the agency has written documentation of its internal accounting and administrative control system on file. Said official shall, annually, or more often as conditions warrant, evaluate the effectiveness of the agency's internal control system and establish and implement changes necessary to ensure the continued integrity of the system. Said official shall in the performance of his duties ensure that: (1) the documentation of all internal control systems is readily available for examination by the comptroller, the secretary of administration and finance and the state auditor, (2) the results of audits and recommendations to improve departmental internal controls are promptly evaluated by the agency management, (3) timely and appropriate corrective actions are effected by the agency management in response to an audit and (4), all actions determined by the agency management as necessary to correct or otherwise resolve matters will be addressed by the agency in their budgetary request to the general court.

All unaccounted for variances, losses, shortages or thefts of funds or property shall be immediately reported to the state auditor's office, who shall review the matter to determine the amount involved which shall be reported to appropriate management and law enforcement officials. Said auditor shall also determine the internal control weakness that contributed to or caused the condition. Said auditor shall then make recommendations to the agency official overseeing the internal control system and other appropriate management officials. The recommendations of said auditor shall address the correction of the conditions found and the necessary internal control policies and procedures that must be modified. The agency oversight official and the appropriate management officials shall immediately implement policies and procedures necessary to prevent a recurrence of the problems identified.

APPENDIX B

Office of the State Comptroller's Memorandum Internal Control Questionnaire and Department Representations



MARTIN J. BENISON
COMPTROLLER

The Commonwealth of Massachusetts
Office of the Comptroller
One Ashburton Place, Room 901
Boston, Massachusetts 02108

Phone (617) 727-5000
Fax (617) 727-2163
INTERNET: <http://www.mass.gov/osc>

To: Department Heads, Internal Control Officers, and Chief Fiscal Officers

From: Martin J. Benison, Comptroller


Date: May 6, 2015

Re: Internal Control Questionnaire and Department Representations: Due May 29, 2015

Comptroller Memo # FY2015-25

Executive Summary

This memo announces the FY2015 *Internal Control Questionnaire (ICQ)*. The ICQ application is located on our intranet site, [Comptroller Intranet](#), under PartnerNet. See the attached *Instructions for Completing the FY2015 Internal Control Questionnaire for details*. Departments should complete the ICQ on or before May 29, 2015. Auditors, and staff from the Comptroller's Quality Assurance Bureau review ICQ responses and may contact departments to follow up on specific answers. Department management is responsible for implementing and maintaining effective internal controls based on prescribed statutes, regulations and policies. The ICQ's Representations Section confirms this for the Commonwealth.

The user must first enter PartnerNet to access the ICQ for both data entry and review. Chief Fiscal Officers, (CFOs) Single Audit Liaisons and Internal Control Officers (ICOs) already have access to both PartnerNet and the ICQ. Once these users log on to PartnerNet, they will be presented with a link to the ICQ application. Department Security Officers can request access for additional users by submitting a [PartnerNet Security Request Form](#) .

The ICO, the Single Audit Liaison, and the CFO should work closely with senior management to identify appropriate staff for providing responses to every section of the ICQ. Please collect and review all responses, then

enter them into the ICQ application no later than May 29, 2015. **Instructions on completing and submitting the ICQ are attached.**

The ICQ is designed to provide an indication of the effectiveness of the Commonwealth's internal controls. During the Single Audit, auditors from KPMG, as well as Comptroller staff, will review the internal controls of several departments in more depth. They will also visit departments to follow-up on prior year findings, review compliance with federal and state regulations, test selected transactions, and review cash and encumbrances. The auditors use department Internal Control Plans and ICQ responses, along with other procedures, to render an opinion on the internal controls of the Commonwealth as a whole.

The Office of the State Auditor also refers to ICQ responses and Internal Control Plans when conducting their audits of state agencies.


Departments Using Centralized Business Units

Some departments use centralized business units to perform functions for multiple departments such as human resources, payroll, accounting, and procurement. These departments should answer the questions as if they used a contractor to perform these functions. In the comments field of each relevant section, briefly describe the arrangement.

Representations

The last section of the questionnaire is the department's certification of the accuracy of responses.

The Department Head, CFO, and ICO must read and approve each statement. Then, enter the approvers' names, official titles, and approval dates. **Finally, print this section, have each person sign and date it, and keep the signed copy on file as your department's certification of the representations.**

Internal controls are critical in creating an environment that is accountable to the public, while being responsive to the needs and direction of senior management. The Internal Control Act, Chapter 647 of the Acts of 1989, mandates that each department document its internal controls in accordance with guidelines established by the Office of the Comptroller – see: [Internal Control Guide](#) 

The completed ICQ is due on or before **May 29, 2015**. Staff should plan to provide a copy to any auditors or regulators, federal or state, who conduct a review of your agency. If you have any questions, contact the Comptroller's Help Line at (617) 973-2468. Thank you in advance for your time and cooperation.

Attachments: [Instructions for Completion](#)

cc:
Single Audit Liaisons,

MMARS Liaisons

Payroll Directors

General Counsels

Internal Distribution

**Instructions for Completing the FY2015
Internal Control Questionnaire**

The Office of the Comptroller (CTR) collects Internal Control Questionnaire (ICQ) data electronically. Please submit the completed questionnaire no later than **May 29, 2015**. Each section includes an area for optional comments at the end. The *Comments* blocks accept up to 500 characters.

ACCESS

1. The questionnaire is accessed through PartnerNet.
2. From the CTR portal, click on the [Comptroller Intranet](#) button. [PartnerNet](#) is the 3rd selection under "Applications." Select the link to access the PartnerNet login screen.
3. Log in to PartnerNet using your Commonwealth UAID and your password (if you do not have or do not know your UAID or your password, contact your department security officer for assistance).
4. If this is your first time in PartnerNet, you will be presented with the requirement of creating your own password. After successfully changing your password, the My Home link will be available. If you are already a PartnerNet user, the login procedure will have presented you with the My Home application page.
5. Once at the *My Home* page, test the *ICQ* link under the Applications heading. If nothing happens, review the error bar across the top of your screen, "*Pop-up blocked*." You can set your browser to "*Always Allow Pop-ups from This Site*" by clicking the error bar, and selecting the "Allow" option (you need do this only on the first visit). Click the link to the ICQ application again.
6. Step 5 will bring you to your department's 2015 ICQ selection screen. Maximize your browser window.
7. Choose Fiscal Year: 2015 with the *Select* button.
8. If the text displayed does not wrap properly and you are using an Internet Explorer browser, select the Tools button on the toolbar and select "Compatibility View."
9. Data from our files was entered for the first five items of the Department Information Section. Please enter or correct information where necessary. Then continue with the rest of the questionnaire.

10. To view last year's ICQ responses, click the *Printing and Status* link located on the Top Menu Bar. A link to the 2014 ICQ is found under the heading: **Archived**.

COMPLETING QUESTIONS AND SAVING YOUR WORK: Each department must answer all questions applicable to its operations. To save a partially completed ICQ, click on the *Save and Proceed* button located at the end of each section. This will save your work and bring you directly to the following section. After your work is saved, click on the red *Exit* button located at the top of each section.

The section menu on the left navigation panel allows you to navigate between sections. However, each section must be saved (*Save and Proceed* button) before exiting or the information will be lost.

Save frequently. If you have not "saved" or otherwise interacted with the system for *five minutes*, the system will log you out. **If you did not "save" data entered before being logged out, you will lose that information.**

PRINT. After logging in, users may find it useful to print the questionnaire and distribute sections to the appropriate business area managers. The questionnaire can be printed from the *Printing and Status* page (the link is located at the top-right of the masthead). *Printing and Status* displays all of the responses for all sections of the ICQ. Select the *Print* button to print the entire document.

STATUS. The Printing and Status page will also display the ICQ status (Complete/Incomplete) and the last user's ID.

SECTIONS OR QUESTIONS THAT DO NOT APPLY TO YOU: Not all sections or questions apply to all departments. Please do not skip a section. Enter "*No*" or "*Not Applicable*" to the first question of the section. For example: *Does the department receive or manage any federal funds?* Selecting "*No*" will inactivate all related questions in this section. Simply go to the next available question to continue the questionnaire. If you discover that you inactivated questions by mistake, changing the original response from "*No*" to "*Yes*" will activate all related questions.

REPRESENTATIONS: The Representations Section operates differently than other ICQ Sections. In this section, the Department Head, CFO, and Internal Control Officer confirm that the information entered into the questionnaire is accurate and approve the representations listed. After they have reviewed the representations, enter their names, official titles, and the approval dates in the appropriate fields. Print this section, have each approver sign it, and file it as your department's certification of the representations. Do not select Save and Submit until you have completed the entire questionnaire, including the representations by the Department Head, CFO and Internal Control Officer.

SUBMIT TO THE OFFICE OF THE COMPTROLLER.

When the ICQ is complete, select *Save and Submit* and click the *Done* button.

After the ICQ is successfully submitted, the questionnaire will be stored in the Comptroller's ICQ database. Once submitted, your department will no longer be able to change the document. If you have accidentally or prematurely submitted the questionnaire and need to make corrections, contact the Comptroller's Help Line (617 973-2468) to unlock your questionnaire. *Save and Submit* the completed ICQ no later than **May 29, 2015**.