

**COUNTY OF SAN LUIS OBISPO BOARD OF SUPERVISORS
AGENDA ITEM TRANSMITTAL**

(1) DEPARTMENT Auditor-Controller	(2) MEETING DATE July 18, 2006	(3) CONTACT/PHONE M. Estrella (805) 781-5040	
(4) SUBJECT Submittal of our audit report on the District Attorney's Worker's Compensation Insurance Fraud Program Grant for the period July 1, 2004 through June 30, 2005.			
(5) SUMMARY OF REQUEST The objective of the review was to verify that the District Attorney's Worker's Compensation Insurance Fraud Program Grant is complying with the State of California Department of Insurance Fraud Division program guidelines. We determined in the course of our review that the department is applying adequate internal controls and is in compliance with CDI program guidelines for the period July 1, 2004 through June 30, 2005.			
(6) RECOMMENDED ACTION Please review the audit report for your information. No departmental response is required.			
(7) FUNDING SOURCE(S) N/A	(8) CURRENT YEAR COST N/A	(9) ANNUAL COST N/A	(10) BUDGETED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
(11) OTHER AGENCY/ADVISORY GROUP INVOLVEMENT (LIST): None			
(12) WILL REQUEST REQUIRE ADDITIONAL STAFF? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, How Many? _____ <input type="checkbox"/> Permanent _____ <input type="checkbox"/> Limited Term _____ <input type="checkbox"/> Contract _____ <input type="checkbox"/> Temporary Help _____			
(13) SUPERVISOR DISTRICT(S) <input type="checkbox"/> 1st, <input type="checkbox"/> 2nd, <input type="checkbox"/> 3rd, <input type="checkbox"/> 4th, <input type="checkbox"/> 5th, <input checked="" type="checkbox"/> All	(14) LOCATION MAP <input type="checkbox"/> Attached <input checked="" type="checkbox"/> N/A	(15) Maddy Act Appointments Signed-off by Clerk of the Board <input checked="" type="checkbox"/> N/A	
(16) AGENDA PLACEMENT <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Hearing (Time Est. _____) <input type="checkbox"/> Presentation <input type="checkbox"/> Board Business (Time Est. _____)	(17) EXECUTED DOCUMENTS <input type="checkbox"/> Resolutions (Orig + 4 copies) <input type="checkbox"/> Contracts (Orig + 4 copies) <input type="checkbox"/> Ordinances (Orig + 4 copies) <input checked="" type="checkbox"/> N/A		
(18) NEED EXTRA EXECUTED COPIES? <input type="checkbox"/> Number: _____ <input type="checkbox"/> Attached <input checked="" type="checkbox"/> N/A	(19) BUDGET ADJUSTMENT REQUIRED? <input type="checkbox"/> Submitted <input type="checkbox"/> 4/5th's Vote Required <input checked="" type="checkbox"/> N/A		
(20) OUTLINE AGREEMENT REQUISITION NUMBER (OAR) _____	(21) W-9 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	(22) Agenda Item History <input checked="" type="checkbox"/> N/A Date _____	
(23) ADMINISTRATIVE OFFICE REVIEW <div style="text-align: center; font-size: 2em; font-family: cursive;">[Signature]</div>			

7-18-06
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County of San Luis Obispo
Office of the Auditor-Controller
1055 Monterey Street Room D220
San Luis Obispo, California 93408
(805) 781-5040 FAX (805) 781-1220



GERE W. SIBBACH, CPA
BILL ESTRADA, Assistant
JAMES ERB, CPA, Deputy
LYDIA CORR, CPA, Deputy

TO: HONORABLE BOARD OF SUPERVISORS

FROM: GERE W. SIBBACH, AUDITOR-CONTROLLER *Cee*

DATE: JULY 18, 2006

SUBJECT: SUBMITTAL OF OUR AUDIT REPORT ON THE DISTRICT ATTORNEY'S
WORKER'S COMPENSATION INSURANCE FRAUD PROGRAM GRANT FOR
THE PERIOD JULY 1, 2004 THROUGH JUNE 30, 2005.

Recommendation

Please review the report for your information. No departmental response is required.

Discussion

The objective of the review was to verify that the District Attorney's Worker's Compensation Insurance Fraud Program Grant is complying with the State of California Department of Insurance Fraud Division program guidelines. We determined in the course of our review that the department is applying adequate internal controls and is in compliance with CDI program guidelines for the period July 1, 2004 through June 30, 2005.

Other Agency Involvement/Impact

None

Financial Considerations

Total grant funds awarded were \$60,026 and equaled total grant expenditures claimed.

Results

The Auditor-Controller's Program of periodic operational compliance audits is intended to verify compliance with current administrative and statutory requirements and improve internal controls and procedures.

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GERE W. SIBBACH, CPA
BILL ESTRADA, Assistant
JAMES ERB, CPA, Deputy
LYDIA CORR, CPA, Deputy

June 30, 2006

Gerald T. Shea, District Attorney
San Luis Obispo County District Attorney's Office
Room 450, County Government Center
San Luis Obispo, CA 93408

Dear Mr. Shea:

Our office recently completed a review of the State of California Department of Insurance Worker's Compensation Insurance Fraud Program Grant for the period of July 1, 2004 through June 30, 2005.

Purpose

The objective of the review was to verify that the District Attorney's Worker's Compensation Insurance Fraud Program Grant is complying with the State of California Department of Insurance program guidelines.

Scope

In the course of the audit, we reviewed Grant payments received, allowable expenditures, including hours of staff assigned to the Grant, department's internal controls, and statistics of cases used to measure grant performance.

Finding and Recommendations

We found the Office is applying adequate internal controls and is in general compliance with the grant guidelines.

We would like to express our appreciation for the cooperation given by the District Attorney's staff during the audit.

Sincerely,

Gere W. Sibbach, CPA
Auditor-Controller

Norman L. Booth, CPA
Chief Internal Auditor

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