

# Risk Analysis Questionnaire FY 2018

<b>Legal Name of Contractor:</b>	Fort Bend County	<b>Contract Number:</b>	23941778 23941775
Please provide the person's name, title, and number to contact for questions or if additional information is needed:		Contact Name & Title: Robert Sturdivant, County Auditor Contact Phone Number: 281-341-3769	

## Active Contracts & Payment Types

1. Do you currently have other active contracts with DFPS or any other entity either within or outside of Texas [Federal, State (ISD, University), County, or Private Business]?

Yes ☒ No ☐

If yes, please provide the entity name, contract number(s), and indicate which of the following payment types is utilized for the contract:

<b>Fixed Price</b>	Fixed price is a deliverables-based payment type for a contract with a firm agreed-upon price for the delivery of goods and services.
<b>Cost Reimbursement</b>	Payment type that reimburses contractors for actual, allowable, reasonable, and necessary expenditures incurred up to an approved amount and within the associated cost categories in the approved budget and budget narrative.
<b>Fee For Service</b>	Contractor is paid a standard fee per unit of service. Typically, rates are either negotiated with the individual vendor and apply only to that vendor or there is a uniform rate that is paid to all vendors providing the service. This rate-based payment type is used when an independent rate setting process does not exist for the contracted service.
<b>Rate-Set Payments</b>	Contractor is paid a set rate per unit of service. A rate setting process where the rate is approved by the Health and Human Services Commission (HHSC) or another agency with rate setting authority. The resulting rate is applied to the purchase of specifically defined units of service.
<b>Blended Foster Care Rate</b>	The blended foster care rate is the HHSC-developed rate equal to the weighted average rate across all placement types that DFPS pays under a Single Source Continuum Contract for each day of service provided to a child or youth in paid foster care.
<b>Blended Foster Care Case Rate</b>	The blended foster care case rate is the rate paid under a Single Source Continuum Contract for each day of service provided to each child or youth as measured against an established length of stay baseline formulated by HHSC for each defined age category or "strata" of children/youth.
<b>Exceptional Foster Care Rate</b>	An exceptional foster care rate applies to a limited number of situations and/or days under a Single Source Continuum Contract where a child requires extraordinary care.
<b>Day (24 hour)</b>	Usually for residential services. This is the rate paid to the provider for each 24-hour period that a DFPS client is in a provider's care.
<b>Other</b>	Any other payment type not defined above.

Entity Name	Contract Number	Payment Type
see attached		

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## Independent Audits

2. Is your business entity required to undergo an independent audit? ☒ Yes ☐ No

If yes, please identify the authority requiring the audit:

3. How long has it been since your last independent audit (e.g., Annual Financial Statement audit, Compliance audit) was completed by an independent auditor, including other state/federal agencies such as the State Auditor's Office (SAO) or the Office of Inspector General (OIG)? (Note: Monitoring activities conducted by another state agency are not considered independent audits for this purpose.)

☒ Within 21 Months ☐ Within 22-34 Months ☐ 35 Months or More ☐ No Audit Completed Provide a copy of the most recent independent audit, if applicable.

Additional Information:

RAI Factor #9

## Related Party Transactions

4. Disclose the type of business transactions (compensated or not) that occur between your business entity and any related party. For purposes of this question, related party refers to:

- A family member (including blood, marriage, or adoption),
- A member of the Board of Directors,
- Stockholders with >5% Ownership,
- Key Employees Paid Separately for Other Responsibilities (e.g., consulting services, not direct employees),
- Parent/Subsidiaries, or
- Organizations Under Common Ownership or Control (excluding routine relationships for an LLC).

Transactions include business activities such as purchasing or leasing (e.g., a building, a computer, or a vehicle) and/or obtaining a service (e.g., legal services, accounting services, banking services).

Non-Compensated Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Compensated, Non-Recurring Goods, Services, or Labor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Compensated, Recurring Goods, Services or Labor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Compensated Goods, Services, or Labor w/ Uniform Rate Uniform, Set Rate that Applies to All Contracts for the Service	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Compensated Consulting or Management Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Compensated Building Leasing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Compensated Transportation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
For-Profit Affiliated with Non-Profit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Owned/Operated by Same or Related Entity	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Parent/Subsidiary Relationship	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

RAI Factor #8

## Subcontractors

5. Indicate the percentage of work performed by subcontractors for the contracted service (as allowable by the contract).

- ☒ No Subcontractor Involvement
- ☐ Subcontractors Account for 50% or Less of Work Performed
- ☐ Subcontractors Account for More than 50% of Work Performed

RAI Factor #14

## Risk Analysis Questionnaire FY 2018

### Key Management Staff

For purposes of this question, key management staff may include individuals with titles such as: Executive Director, President, Sole Proprietor, Comptroller, Chief Financial Officer, Manager, or Program Director.

6. Has there been a change in any key management staff at your business organization within the past two years?

☐ Yes ☒ No

If Yes, has the change been within the past 24 months? ☐ Yes ☐ No

7. Indicate whether or not key management staff have at least two years' worth of experience providing fiscal or programmatic components of the contracted service (even if not with the same business entity).

Fiscal components refer to the financial aspect of the contract.

Programmatic components refer to the service delivery side of the contract, such as ensuring that services are provided to clients, monitoring the quality of the service delivery, complying with the service provisions in the contract.

<b>Executive Director, Sole Proprietor, President or Equivalent</b>	<input type="checkbox"/> Less than 2 years with fiscal <u>or</u> programmatic components of federal and/or state contracted programs	<input type="checkbox"/> At least 2 years with fiscal <u>or</u> programmatic components of federal and/or state contracted programs	<input checked="" type="checkbox"/> At least 2 years with fiscal <u>and</u> programmatic components of federal and/or state contracted programs
<b>Accounting Director, Comptroller, Chief Financial Officer, Business Manager, etc.</b>	<input type="checkbox"/> Less than 2 years with fiscal <u>or</u> programmatic components of federal and/or state contracted programs	<input type="checkbox"/> At least 2 years with fiscal <u>or</u> programmatic components of federal and/or state contracted programs	<input checked="" type="checkbox"/> At least 2 years with fiscal <u>and</u> programmatic components of federal and/or state contracted programs
<b>Program Director, Program Coordinator or Equivalent</b>	<input type="checkbox"/> Less than 2 years with fiscal <u>or</u> programmatic components of federal and/or state contracted programs	<input type="checkbox"/> At least 2 years with fiscal <u>or</u> programmatic components of federal and/or state contracted programs	<input checked="" type="checkbox"/> At least 2 years with fiscal <u>and</u> programmatic components of federal and/or state contracted programs

RAI Factor #16

### Direct Delivery Staff

8. Has there been a significant change in direct delivery staff at your business organization within the preceding year?

☒ Yes ☐ No

9. Please indicate the average level of experience that direct delivery staff at your organization have in providing the contracted service.

☐ 0 - 23 months

☒ 24 - 59 months

☐ 60 or more months

RAI Factor #17

**Risk Analysis Questionnaire  
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**Internal Controls**

10. Does your business organization have any outstanding liabilities or litigations?

☒ Yes ☐ No

If Yes, Describe:

RAI Factor #7

**CERTIFICATION**

This form must be signed by an individual with documented signature authority, as designated by the business entity.

I HEREBY CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT THE INFORMATION REPORTED HEREIN IS TRUE, CORRECT, AND COMPLETE.

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Signature

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Date

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Robert Hebert  
Printed Name

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County Judge  
Title