



**Miami-Dade County**  
**Office of Grants Coordination**  
**Ryan White Program**  
**Comprehensive Monitoring Instrument**  
 (Review of Fiscal, Programmatic, and Administrative Operations)

Date: \_\_\_\_\_

**SECTION I: SERVICE PROVIDER INFORMATION**

<b>Agency Name:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	
<b>Fax Number:</b>	

Staff consulted during monitoring visit	
Name	Title

**SECTION II: CONTRACT INFORMATION**

Contract periods covered by monitoring visit(s)	

Ryan White Service Program (monitored during this visit)	Program Contract Amount	Contract Type <i>(Continuation and/or New contract)</i>

Miami-Dade County  
Assigned Contracts Officer: \_\_\_\_\_

**SECTION III: LOGISTICS OF MONITORING VISIT**

<b>Miami-Dade County Monitors</b>	
<b>Name</b>	<b>Title</b>

Site(s) visited (specify address for each site):

<b>Site #1</b>	<b>Site #2</b>
Date(s): _____ Time(s): _____	Date(s): _____ Time(s): _____

**SECTION IV: REVIEW OF SERVICE PROVIDER'S  
BILLING PRACTICES**

The service provider's compliance with Ryan White Program billing requirements is evaluated. "Yes" indicates that the provider is in compliance with the requirements of the Program contract. "No" indicates non-compliance and related findings are described in the next page. "N/A" indicates that the requirement is not applicable to the service provider.

<b>Ryan White Program Billing Requirements</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1) Services billed to Ryan White Program are consistent with the service provider's contracted Scope of Services for the contract period being monitored.			
2) The service provider maintains proper supporting documentation for all units billed.			
3) Ryan White Program is always used as payer of last resort.			
4) Ryan White Program is not billed for units of service also billed to another funding source.			
5) Provider is eligible and authorized to bill Medicaid.			
6) Billings to Ryan White Program exclude Medicaid-covered services if the client is determined to be eligible for Medicaid assistance.			
7) Provider pursues retroactive Medicaid reimbursement.			
8) Provider properly documents Medicaid retroactive billing in the client's record.			
9) Provider has established internal billing control systems to ensure that services retroactively covered by Medicaid are not also billed to the Ryan White Program.			

<b>Comments/Findings Review of Service Provider's Billing Practices</b>
<b>Requirement #1 (Services are consistent with contracted scope of service)</b>
<b>Requirement #2 (Units billed are properly documented)</b>
<b>Requirement #3 (Program is used as payer of last resort)</b>
<b>Requirement #4 (Provider does not duplicate billing across funding sources)</b>
<b>Requirement #5 (Provider is eligible and authorized to bill Medicaid)</b>
<b>Requirement #6 (Billing to Program excludes Medicaid covered services)</b>
<b>Requirement #7 (Provider pursues retroactive Medicaid reimbursement)</b>
<b>Requirement #8 (Provider properly documents Medicaid retroactive billing in the client's record)</b>





## Summary of Billing Audit

(Verification of Documentation of Service Units Billed to Ryan White Program)

**Billing Period(s) of Review (indicate Month and Year of Reimbursement Requests reviewed during this monitoring visit):**

A	B	C	D	E	F	G
Ryan White Program Service Category <i>(separate by fiscal year)</i>	Total Number of Service Units Billed	Number of Service Units Reviewed	Percentage Reviewed Out of Total Units Billed <i>(column C ÷ column B)</i>	Number of Questionable Units from Billing Audit <i>(Supporting documentation not found in client chart)</i>	Total Dollar Value of Questionable Units	Percentage of Questionable Units Out of Total Number of Units Reviewed <i>(column E ÷ column C)</i>
				<b>Grand Total:</b>	<b>\$</b>	

**Additional Comments:**

**SECTION V: REVIEW OF DOCUMENTATION OF CLIENT  
ELIGIBILITY FOR RYAN WHITE PROGRAM-FUNDED SERVICES**

Client charts are reviewed to ascertain the service provider's compliance with Ryan White Program client eligibility requirements as detailed in the corresponding Professional Services Agreement and Scope of Services. "Yes" indicates that the provider is in compliance with the requirements of the respective Ryan White contract. "No" indicates non-compliance and related findings are described Section XVII of this report.

Number of client charts reviewed: \_\_\_\_\_ (\_\_\_\_% of total clients served under the Program contract).

***(Complete a separate page for each client chart reviewed.)***

CIS #	Agency Assigned Client ID#	Requirement			Type of Documentation Found or Comments
			Yes	No	
		1) Verification of HIV+ Status			
Client's Medicaid # (if applicable):  _____		2) Verification of Income			
		3) Verification of Miami-Dade County Residency			
		4) Documentation of required referral/certified referral(s) (if applicable)			
		5) Progress notes current, legible, signed, and dated			
		6) Documentation of ineligibility for other funding sources (e.g., benefit program denial letter from Medicaid, Medicare, Social Security, etc.)			
		7) Other required documentation on file (this varies for each service category) specify: _____ _____			<input type="checkbox"/> County Notice of Privacy Practices <input type="checkbox"/> SDIS Consent to Release & Exchange Information <input type="checkbox"/> RW Composite Consent <input type="checkbox"/> incl. Outreach consent <input type="checkbox"/> Grievance Policy Acknowledgement <input type="checkbox"/> Other: specify _____

<b>Name of Medical Case Manager:</b>	
<b>Medical Case Management Agency:</b>	
<b>Date of Last Assessment (eligibility):</b>	

**SECTION VI: REVIEW OF SERVICE PROVIDER'S  
OPERATING POLICIES**

A review of the service provider's policies is conducted to ensure that proper operating procedures are in place.

Area of Evaluation	Yes	No	N/A
1) Does the service provider have a written Operational Policies and Procedures?			
2) Does the service provider have a written Personnel Policy?			
3) Does the service provider have a written Drug-Free Workplace Policy?			
4) Does the service provider have a written Equal Employment Opportunity Policy?			
5) Does the service provider have a written Sexual & Unlawful Harassment Policy?			
6) Does the service provider have a written Code of Ethics?			
7) Does the service provider have a written policy regarding Nepotism?			
8) Does the Service Provider have written procedures to protect client confidentiality?			
9) Does the Service provider have written policies and procedures in compliance with HIPAA rules and regulations?			
10) Does the service provider have clear policies addressing access to public records?			
11) Does the service provider have written emergency plans/procedures?			
12) Is there a Continuity of Operations Plan (COOP) in place for the agency's response to emergencies?			
13) Does the service provider have a written Grievance Policy/Procedures?			

Describe/explain “yes”, “no”, and “N/A” answers.

**Comments/Findings:** \_\_\_\_\_

**SECTION VII: REVIEW OF CLIENT PARTICIPATION IN THE  
SERVICE PROVIDER’S OPERATIONS**

A review is conducted of the service provider’s efforts to involve the populations served in the operations of the agency and in the decisions made regarding service delivery.

Area of Evaluation	Yes	No	N/A
1) Does the service provider perform any internal needs assessment activities?			
2) Does the service provider have a mechanism in place to monitor and respond to clients’ level of satisfaction with services provided by the organization (i.e., client satisfaction survey, comment cards, etc.)?			
3) Does the service provider have procedures to involve the consumer in the decision-making process (i.e., consumer representatives in the Board of Directors, Consumer Advisory Board, Consumer Evaluation Survey, etc.)?			
4) Is there a current list of Board of Directors? If “Yes,” request and attach a copy.			
5) Does the Board of Directors meet regularly? Request and attach a copy of the last three (3) meeting minutes.			

If the answer to questions 1 through 3 and 5 above is “Yes”, please provide under the comments sections specific information on how and what type of activity is conducted, including the frequency of the activities.

**Comments/Findings:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION VIII: REVIEW OF SERVICE PROVIDER'S  
PERSONNEL POLICIES AND PROCEDURES**

A review of the service provider's capabilities to manage human resources and compliance with its own personnel policies and procedures is conducted as part of this monitoring visit. This review also ascertains the service provider's documentation of required employee testing, qualifications, licenses, and training.

Area of Evaluation	Yes	No	N/A
1) Are the personnel policies and procedures established by the service provider enforced and followed?			
2) Does the service provider have established job qualifications?			
3) Is the service provider in compliance with Ryan White Program qualification requirements for direct service personnel (where applicable)?			
4) Are employee records securely stored (locked files)?			
5) Are Equal Employment Opportunity, Worker's Compensation, Family Leave Act, and other mandated or relevant information conspicuously displayed by the service provider?			
6) Does the service provider have problems with staff turn over? If yes, explain how the service provider has addressed this issue. _____ _____ _____			
7) Are the following documents maintained in personnel records:			
• Signed job applications or subcontracts detailing the scope of services to be provided maintain in personnel records			
• Proof of education (copies of degrees and/or transcripts)			
• Required licenses (must be current)			
• Background screening			
• Drug screening			



**SECTION IX: REVIEW OF SERVICE PROVIDER'S  
FISCAL CAPABILITIES**

A review of the service provider's fiscal practices is conducted to ascertain compliance with applicable OMB Circulars, approved budget(s), and internal policies and procedures.

**GENERAL**

Area of Evaluation	Yes	No	N/A
1) Does the provider have Fiscal Accounting Policies and Procedures? If so, when were the fiscal policies last updated?			
2) If yes to #1 directly above, are internal policies and procedures, as listed in the agency's Accounting Policies and Procedures Manual consistently followed?			
3) Is the distribution of fiscal duties adequate to safeguard the agency's assets (i.e., are there separate staff members responsible for approving the expense, recording the expense, cutting the check for payment, mailing the payment, etc.)?			
4) Does the chart of accounts support proper allocation of revenue or expense by program (funding source)?			
5) Does the chart of accounts have an unallowable cost code to properly identify unallowable costs? Ask for a copy of the chart of accounts.			
6) Does the agency have a cost allocation methodology in writing and is it representative of the allocation used? Ask for a copy of the cost allocation plan.			
7) Does the agency charge the appropriate indirect costs to each program (funding source) in relation to the size of the funded program? See the cost allocation plan or other related agency documentation.			

**BANK**

Area of Evaluation	Yes	No	N/A
1) Are bank statements reconciled monthly?			
2) Are bank reconciliations signed by the preparer and his/her immediate supervisor?			

## BANK (CONTINUED)

Area of Evaluation	Yes	No	N/A
3) Are adjustments properly documented and explained?			
4) Do bank statements reflect a positive balance at the end of the month?			
5) Do bank statements reflect returned checks due to insufficient funds?			
6) Do checks require two (2) signatures?			
7) Are checks marked "Void after ___ (#) days"? If "yes", indicate number of days printed on the checks: _____			

## BUDGET

Area of Evaluation	Yes	No	N/A
1) Does the agency maintain an agency-wide budget by funding source and expenditure category (i.e., cost allocation plan for all funding received showing all expenditure line items)?			
2) Does the agency track expenditures versus budgeted amounts on a monthly basis?			
3) Do documented expenditures follow the most current budget approved by the Ryan White Program?			
4) If no to #3 directly above, can the agency explain variances or is there a plan of action to reallocate resources?			

## ACCOUNTS PAYABLE

Area of Evaluation	Yes	No	N/A
1) Are payments to vendors generated by an original invoice?			
2) Is payment to a vendor approved by authorized staff/management?			
3) Are invoices effectively cancelled to avoid duplicate payments (i.e., marked "Paid")?			
4) Do check and invoice amounts agree?			

### ACCOUNTS PAYABLE (CONTINUED)

Area of Evaluation	Yes	No	N/A
5) Are invoices paid in a timely manner (i.e., within 30 days)?			
6) Is agency paying sales taxes unnecessarily (applies to tax-exempt agencies only)?			
7) If yes to #6 directly above, is agency filing for sales tax refunds from the State Department of Revenue?			

### PETTY CASH

Area of Evaluation	Yes	No	N/A
1) Does the agency use a petty cash fund for any program expenses?			
2) If yes to #1 directly above, is the petty cash fund balanced at the time of this monitoring visit?			
3) Is petty cash used <u>only</u> for small purchases (less than \$50)? If petty cash fund is for an amount other than \$50, state the amount per the agency's fiscal policies: _____			
4) Does the agency have a policy to perform "unanticipated" checks (e.g., spot checks) on the fund?			
5) Is there documentation that such a policy is implemented?			
6) Is the petty cash fund replenished only by check?			
7) Are the petty cash funds securely stored?			
8) Are the expenses authorized and signed by person other than the custodian of the funds or person receiving money?			
9) Is documentation available to support expenditures of the petty cash funds?			

Describe/explain "yes", "no", and "N/A" answers.

**Comments/Findings:** \_\_\_\_\_

**SECTION X: REVIEW OF SERVICE PROVIDER'S  
PAYROLL RECORDS**

A review of the service provider's payroll records is conducted to ascertain if appropriate documentation of payroll costs is maintained and to confirm that these agree with costs approved by the County under the service provider's Ryan White Program and/or Minority AIDS Initiative (MAI) contract(s).

Area of Evaluation	Yes	No	N/A
1) Are staff work hours documented through a time sheet or sign in/out log? If yes, specify: _____			
2) Are time records signed by both the employee and the supervisor?			
3) Do payroll journals include staff name, salary, hours worked, payroll period, and deductions?			
4) Do payroll journals reflect employee's time allocation among different programs or funding sources (e.g., Part A, Part B, Medicaid PAC Waiver, etc.)?			

**Employee Records Selected for Review**

*[Select a sample of employee records for review and confirm that positions, salaries and fringe benefits match the budget approved by the County under the service provider's Ryan White Program contract(s)].*

Employee Name	Employee Title	Ryan White Program Service Category	Yes, Salary and Fringe Benefits Agree with Approved Budget (✓)	No, Salary and Fringe Benefits do not Agree with Approved Budget (✓)	If no, Indicate Salary and Fringe Benefits Found in Employee Record

Describe/explain “yes”, “no”, and “N/A” answers.

**Comments/Findings:** \_\_\_\_\_

**SECTION XI: REVIEW OF SERVICE PROVIDER’S  
PAYROLL TAX RECORDS AND PAYMENT OF FRINGE BENEFITS**

A review of the service provider’s payroll tax records is conducted to ensure that the agency is calculating and remitting all payroll taxes, including unemployment compensation, to the appropriate authorities in a timely manner.

Area of Evaluation (Payroll Tax Records)	Yes	No	N/A
1) Are withholding and FICA taxes deposited in a timely manner and in accordance with payroll register data?			
2) Is the <b>quarterly</b> IRS Form #941 (Employer’s QUARTERLY Federal Tax Return) properly completed, submitted, and paid on time (must be documented in bank statements)?			
3) Is the <b>yearly</b> IRS Form #990 (Return of Organization Exempt From Income Tax) and Schedule A [Organization Exempt Under Section 501(c)3 Supplementary Information] submitted on time? (Due 15 days after the 5 <sup>th</sup> month after the agency’s fiscal year end; automatic 3-month extension available through Form 8868)			
4) Are unemployment compensations made on time and accurately (must be documented in bank statements)? (See <b>quarterly</b> form UTC-6 for State unemployment and <b>annual</b> form 940 for Federal unemployment)			
5) Have penalties or interest payments been charged to the service provider due to late tax or insurance payments?			
6) Are IRS W-2 Forms (Report of Wage Statement to employees) distributed in a timely manner to current and prior employees? (Deadline to distribute is January 31 <sup>st</sup> .)			
7) Are IRS 1099 forms (Report of amounts paid to independent contractors) distributed in a timely manner to all contracted employees? (Deadline to distribute is January 31 <sup>st</sup> .)			
8) Is the Social Security filing done in a timely manner?			



**SECTION XII: REVIEW OF SERVICE PROVIDER'S  
PROTECTION OF RECORDS**

A review of the service provider's policies and procedures pertaining to the maintenance and protection of records is conducted to ensure that the agency is complying with federal, state, and local regulations.

Area of Evaluation	Yes	No	N/A
1) Does the agency have a policy to maintain and store documentation as required by law?			
2) Does the agency have policies to safeguard client confidentiality?			
3) Are employees required to sign a confidentiality statement at the time of hiring?			
4) Does the agency have a policy in place for the protection of identifiable health information as required by HIPAA rules and regulations?			
5) Are hard copy files kept under lock and key? If "Yes," please indicate who has access: _____ _____			
6) Is access to records restricted only to appropriate staff?			
7) Does the agency have protocols to protect computer based documents and records (i.e., backup unto a medium that is stored in a fire-resistant safe)?			
8) Are computerized records password protected?			

Describe/explain "yes", "no", and "N/A" answers.

**Comments/Findings:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION XIII: REVIEW OF SERVICE PROVIDER'S  
PROTECTION OF PROPERTY**

A review of the service provider's policies and procedures pertaining to the maintenance and protection of property (fixed assets) purchased with Ryan White Program funds is conducted to ensure that the agency is complying with federal, state, and local regulations.

Area of Evaluation	Yes	No	N/A
1) Does the fixed asset register (inventory log) include the following information:			
• Item description			
• Acquisition date			
• Disposal date			
• Funding Source			
• Condition			
• Location			
• Asset tag number			
2) Is a physical inventory taken and recorded on an annual basis?			
3) Are property records reconciled to the General Ledger at least once annually?			
4) Are fixed assets being used in accordance with funding intent?			
5) Has full payment been made for fixed assets paid for by the Ryan White Program, and are assets free from liens?			
6) Has the agency obtained prior approval from the County to dispose of any fixed asset purchased with Ryan White Program funds (assets with dollar value greater than or equal to \$1,000)?			
7) Were fixed assets purchased within the contract period in which they were approved/funded?			

Describe/explain "yes", "no", and "N/A" answers.

**Comments/Findings:** \_\_\_\_\_

\_\_\_\_\_

**SECTION XIV: REVIEW OF SERVICE PROVIDER'S  
SUBCONTRACTS**

A review of the service provider's subcontracting policies is conducted to ensure that work performed by subcontractors meet the rules and specification of the program and is in compliance with Ryan White Program requirements. This review also ensures that the agency is making payments to subcontractors in a manner that is properly documented and supported by executed subcontracts with the approval of the County.

<b>Area of Evaluation</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>
1)	Was the subcontract submitted to the County for approval prior to execution?			
2)	Did authorized individuals from the agency and the subcontractor sign the contract?			
3)	Does the subcontract include specific details regarding the scope of work and the method of payment?			
4)	Is the subcontract conditioned to annual renewal?			
5)	Are subcontractors required to carry liability insurance?			
6)	Does the subcontract include language to allow the termination of the same before its expiration (i.e., termination due to lack of performance or due to lack of funding)?			
7)	Does the subcontract include language requiring the subcontractor to comply with all applicable policies, procedures, and requirements of the Ryan White Program as they appear in the agency's prime contract with the County?			
8)	Are subcontractors paid by the organization in a timely manner (within 30 to 45 days of receipt of a complete and accurate invoice)?			

Describe/explain "yes", "no", and "N/A" answers.

**Comments/Findings:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION XV: REVIEW OF SERVICE PROVIDER'S  
LICENSES AND ACCREDITATIONS**

A review of the service provider's licenses and accreditations is conducted to ensure that the agency meets the needs of the program and complies with local, state, and federal statutes.

Area of Evaluation	Yes	No	N/A
1) Are occupational licenses current and appropriate for the use of the facility?			
2) Do inspection reports show any areas of concern or non-compliance?			
3) If yes to #2 directly above, has the agency taken steps to correct address these concerns?			
4) If the service(s) offered require special operational licenses, are they current and appropriate?			
5) Are professional licenses for Ryan White Program-funded staff current and appropriate for the services provided by the organization (as applicable)?			
Required Licenses:			
Expiration Date _____			
Expiration Date _____			
Expiration Date _____			
Expiration Date _____			

Describe/explain “yes”, “no”, and “N/A” answers.

**Comments/Findings:** \_\_\_\_\_  
\_\_\_\_\_

**SECTION XVI: REVIEW OF SERVICE PROVIDER’S  
INSURANCE COVERAGE**

A review of the service provider’s insurance records is conducted to ensure that the agency is free of risk exposure and that its insurance coverage complies with local, state, and federal statutes.

Area of Evaluation	Yes	No	N/A
Does the agency have the following type of insurance coverage in place?  • General Liability Expiration      Date:_____ Amount:_____			
• Property Expiration      Date:_____ Amount:_____			
• Worker’s Compensation Expiration      Date:_____ Amount:_____			
• Automobile Liability Expiration      Date:_____ Amount:_____			

Describe/explain “yes”, “no”, and “N/A” answers.

**Comments/Findings:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION XVII: SUMMARY OF FINDINGS,  
RECOMMENDATIONS & CORRECTIVE ACTIONS**

**Review of Service Provider's Billing Practices**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

---

**Review of Documentation of Client Eligibility for  
Ryan White Program-Funded Services**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

---

**Review of Service Provider's  
Operating Policies**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

---

**Review of Client Participation in the  
Service Provider's Operations**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

---

**Review of Service Provider's  
Personnel Policies and Procedures**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

---

**Review of Service Provider's  
Fiscal Capabilities**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

---

**Review of Service Provider's  
Payroll Records**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

---

**Review of Service Provider's  
Payroll Tax Records and Payment of Fringe Benefits**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

---

**Review of Service Provider's  
Protection of Records**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

---

**Review of Service Provider's  
Protection of Property**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

---

**Review of Service Provider's  
Subcontracts**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

---

**Review of Service Provider's  
Licenses and Accreditations**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

---

**Review of Service Provider's  
Insurance Coverage**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**

**Finding #\_:**

**Recommendation #\_:**

**Corrective Action# \_:**