



Miami-Dade County
Office of Management and Budget-Grants Coordination
Ryan White Program
Comprehensive Monitoring Instrument
 (Review of Fiscal, Programmatic, and Administrative Operations
 For Allowability, Allocability, and Reasonableness)

SECTION I: SUBRECIPIENT INFORMATION

Subrecipient Name:			
Official Contact Person:		Phone number:	
Official Contact Title:		Address:	

SECTION II: CONTRACT INFORMATION

Contract period(s) covered by monitoring visit(s):		Ryan White Service Category monitored during visit:	
Contract Number:		Service Category Contract Amount:	
Contract Type:	<input type="checkbox"/> Continuation <input type="checkbox"/> New Contract	Date(s) of Monitoring Visit:	

SECTION III: LOGISTICS OF MONITORING VISIT

Miami-Dade County Monitors

Name	Title	Name	Title

Subrecipient Facility(s) Visited		
Facility #1	Facility #2	Facility #3
Address:	Address:	Address:
Date(s):	Date(s):	Date(s):
Time(s):	Time(s):	Time(s):
Facility #4	Facility #5	Facility #6
Address:	Address:	Address:
Date(s):	Date(s):	Date(s):
Time(s):	Time(s):	Time(s):

Entrance/Exit Interviews		
Entrance Interview Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Comments:
Participants		
Name	Title	Organization

Exit Interview Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Comments:
Participants		
Name	Title	Organization

**SECTION IV: REVIEW OF SUBRECIPIENT'S
BUILDING MAINTENANCE / ACCESSIBILITY / RISK MANAGEMENT**

The subrecipient's ability to provide services in a location that is clean, well-maintained, safe, and accessible is evaluated. **[NOTE: Throughout this monitoring tool, a "Yes" response indicates that the subrecipient is in compliance with the specified requirements. "No" indicates non-compliance. "N/A" indicates that the requirement is not applicable to the subrecipient.]**

	Area of Evaluation	Yes	No	N/A	Comments/Findings/ Observations
1	Is each facility that was visited accessible by public transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Is each subrecipient's facility that was visited during this site visit clean, well maintained, and safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Is each facility that was visited physically accessible to the disabled? Ramp? Elevator if multiple floors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Are all hallways, doorways, entrances, ramps, steps and corridors clear and unobstructed with adequate lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Does the waiting room have adequate and appropriate seating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Are the hours of operation posted in an area to which clients have free access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Did listed hours of operations include the required four (4) hours outside of regular business hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Does the Subrecipient have Grievance Procedures posted in an area to which clients have free access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Does the Subrecipient have the Client Rights and Responsibilities posted in an area to which clients have free access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Has subrecipient posted a notice informing clients and employees of their right to file any complaints of ADA Title II or Title III violations directly with the U.S. Department of Justice via email, fax, or phone within 180 days of the date of alleged discrimination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Does the subrecipient identify, in the case of an adverse event or disaster (severe weather, hazardous conditions, etc.), an alternative location for each	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	facility within the area, where they have the ability to initiate, maintain, and sustain operations for at least 30 days?				
12	Is there documentation that subrecipient facilities are checked annually for fire and safety risks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Are facility inspection reports free from any areas of concern or non-compliance? (e.g., fire, health, elevator, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Is a written procedure in place to ensure timely reporting and tracking of all potential onsite risks or incidents (both medical and non-medical) which could expose the subrecipient to risk of liability and/or loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Does the Subrecipient have a current Local Business Taxes (formerly known as Occupational License); or documentation of exemption from Local Business Taxes – for non-profit education or charitable non-profit entities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Does the Subrecipient have a current Life Safety Operating Permit [annual review by the Miami-Dade County Fire Rescue Department of fire standards such as occupancy limit, fire alarm systems, fire extinguishers, sprinkler systems, elevator system (if applicable), and other life safety factors such as ingress and egress requirements]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Does the Subrecipient maintain an incident, Injury, and Hazard Management Tracking and Reporting Policy and incident log?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Does the Subrecipient have a Continuity of Operations Plan (COOP) or Emergency Preparedness Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Outpatient/Ambulatory Health Services, Medical Case Management, and Oral Health Care, and Pharmaceutical Services Subrecipients ONLY</i>					
19	Is there written policy regarding walk-ins?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	Are clients informed of walk-in policy? If so, how?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	Are there policies and procedures for 24 hour on-call access after regular business hours and on weekends to provide services for urgent / emergency client issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION V: REVIEW OF SUBRECIPIENT'S
BILLING PRACTICES**

In this section, the subrecipient's compliance with billing requirements is evaluated to ensure that the Ryan White Program is the payer of last resort. OMB-RWP monitoring staff reviewed billing policies (including Medicaid and Medicare, where applicable), reimbursement billing, supporting documentation (including progress notes). In addition, OMB-RWP monitoring staff reviewed Subrecipient's records to identify if any client or potential client was refused services. All items were found to be in compliance except as noted below, if applicable.

	Area of Evaluation	Yes	No	N/A	Comments/Findings/ Observations
1	Are the services billed to the Ryan White Program consistent with the subrecipient's contracted Scope of Services for the contract period being monitored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Does the subrecipient maintain proper supporting documentation for all units billed to the Ryan White Program? (see Billing Audit Chart Review and Summary sections)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Are the dates that the progress notes are entered in Provide Enterprise Miami consistently done on the same day as the provision of service, or within two (2) business days of the service date, excluding holidays and weekends? [If NO, indicate in billing review observations table]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Does the subrecipient's Financial Accounting Policies and Procedures include a section addressing Billing and Collection? [If YES, request a copy of the section]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Does the subrecipient have a Third Party Payer policy regarding billing? (see Section XII - Fiscal Management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Does the subrecipient have written procedures for follow-up on denied third party payment claims?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Is the Ryan White Program always used as payer of last resort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Does the subrecipient consistently and systematically screen Ryan White Program clients for other payer sources (such as private insurance, Medicaid, Medicare, other benefit programs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Does the subrecipient offer Medicaid reimbursable services? [If YES, specify the services.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Is the subrecipient eligible and authorized to bill Medicaid? [If YES, indicate the Subrecipient's Medicaid Provider Number.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Does the subrecipient offer Medicare reimbursable services? [If YES, specify the services.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

12	Is the subrecipient eligible and authorized to bill Medicare? [If YES, indicate subrecipient's Medicare Provider Number.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Do reimbursement requests submitted to the Ryan White Program exclude Medicaid/Medicare-covered services if the client is determined to be eligible for Medicaid assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Does the subrecipient have a written policy regarding the pursuit of retroactive Medicaid or Medicare reimbursement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	If YES to #14 above, does the subrecipient properly document Medicaid and/or Medicare retroactive billing? [If YES, specify how retroactive Medicaid and/or Medicare billings are documented.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Does subrecipient have a written policy on how to reconcile with the Ryan White Part A/MAI once retroactive claims have been paid? [If YES, request a copy]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Does the subrecipient have written policy on refusal of services to clients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	If YES to #17, are the reasons for refusal of services limited to verbal abuse, threatened physical abuse, possession of illegal substances or weapons on subrecipient's property? [If NO, why not?]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Does the Subrecipient maintain a file of clients who were refused services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	Does the Subrecipient have written policy that ensures that clients with a pre-existing conditions or clients with VA benefits are not refused service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Case Management Subrecipients ONLY					
21	Is there proof that the subrecipient regularly conducts Medifax or Medicaid Eligibility Verification System (MEVS) queries to determine if clients are currently enrolled in Medicaid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p align="center">Summary of Billing Review Findings <i>Based on Appendix A of the Comprehensive Monitoring Instrument</i></p> <p align="center">(Verification of Documentation of Service Units Billed to Ryan White Program)</p>						
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	Total Number of Service Units Billed During Month Sampled	Number of Service Units Reviewed During Month Sampled	Percentage Reviewed Out of Total Units Billed During Month Sampled (column C ÷ column B)	Number of Questionable Units from Billing Review (Supporting documentation not found in client chart)	Total Dollar Value of Questionable Units	Percentage of Questionable Units Out of Total Number of Units Reviewed (column E ÷ column C)
			Grand Total:			

Summary of Billing Review Observations

Based on Appendix A of the Comprehensive Monitoring Instrument

SECTION VI: REVIEW OF DOCUMENTATION OF CLIENT ELIGIBILITY FOR RYAN WHITE PART A/MAI PROGRAM-FUNDED SERVICES

Client charts are reviewed to determine the subrecipient's compliance with Ryan White Program client eligibility requirements as detailed in the corresponding Professional Services Agreement, Scope of Services, and local Ryan White Program Service Delivery Guidelines.

SAMPLE SIZE

Total number of client charts reviewed during this site visit	
Total number of unduplicated clients served by Subrecipient during the review period	
Sample size percentage (%) (Item 1. ÷ 2.)	

Notes from Client Eligibility Review

Based on Appendix B of the Comprehensive Monitoring Instrument

CIS #	Comments	Eligibility Assessment Dates	Agency Completing Assessment

SECTION VII: REVIEW OF SUBRECIPIENT'S OPERATING POLICIES

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

	Area of Evaluation	Yes	No	N/A	Comments/Findings/ Observations
1	Does the subrecipient have a written Operational Policies and Procedures? [If YES, specify the date of the last update.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Does the subrecipient have a written Drug-Free Workplace Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Does the subrecipient have a written Equal Employment Opportunity and/or Affirmative Action Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Does the subrecipient have a written Sexual & Unlawful Harassment Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Does the subrecipient have a written Code of Ethics and/or other policy that addresses:				
	a. Anti-kickback Statute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Fraud, Waste, and Mismanagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Conflict of Interest and Nepotism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d. Client Confidentiality Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Did the subrecipient have no violations of any policies listed in #5 above reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Does the subrecipient have written policies and procedures in compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules and regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Does the subrecipient have written policies addressing access to public records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9	Can the subrecipient show proof that they are incorporating the required disclaimer to any statement, press releases, or any other publication supported wholly or partially by HRSA funding? [If YES, Request a copy]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Does the subrecipient have a written Policy and Procedures for informal complaints and formal grievances that includes, at a minimum the following:				
	a. Non-binding procedure for resolving conflicts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Separate processes for informal complaints and formal grievances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Reasonable timeline for addressing complaints and grievances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d. Description of the types of grievances and individuals covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	e. Meeting between the grievant and the Executive Director, or a Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	f. Written subrecipient response to the grievant or the grievant's care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	g. That instances of a client being denied services, regardless of whether the client had a grievance, both verbal or written, are documented in writing to include, reason and final outcome, and forwarded to the Recipient (Miami-Dade County Ryan White Program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Do the Grievance Policies and Procedures specifically address <u>client</u> grievances or complaints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	How many <u>client</u> informal complaints and formal grievances were logged during the grant fiscal year? How many resolved?				
13	Do the Grievance Policies and Procedures specifically address <u>staff</u> grievances or complaints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	How many <u>staff</u> informal complaints and formal grievances were logged during the grant fiscal year? How many resolved?				
15	Does documentation exist regard each complaint/grievance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Does documentation exist showing resolution of each complaint/grievance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Does documentation exist showing clients were given a copy of the grievance procedures, and they have been explained to them and they acknowledge their understanding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

18	Does the subrecipient have a written policy regarding general outreach for client recruitment and to inform clients of available services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Does the subrecipient have a written policy regarding workplace violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	Does the subrecipient have a written whistle-blower policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	If the subrecipient is a Medicaid or Medicare provider, does it have a Corporate Compliance Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	Can the subrecipient show documentation that written referral relationships exist between their Ryan White Part A program and key points of entry as defined in the HRSA Monitoring Standards and the local Ryan White Program Service Delivery Guidelines referenced in the corresponding contract for:				
	a. Emergency rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Substance abuse and mental health treatment programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Detoxification centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d. Adult and juvenile detention facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	e. Sexually Transmitted Disease Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	f. Homeless shelters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	g. HIV disease counseling and testing sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Part A or MAI-funded Outreach Service Subrecipients ONLY					
23	Can the subrecipient show documentation that written referral relationships exist between their Ryan White Part A program and key points of entry as defined in the HRSA Monitoring Standards and the local Ryan White Program Service Delivery Guidelines referenced in the corresponding contract for:				
	a. Hospital discharge clinics/departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Jail and/or correctional facilities, including, but not limited to, re-entry programs Federally Qualified Health Centers (FQHCs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For Food Bank and Residential Substance Abuse Treatment Subrecipients ONLY					

24	Do the subrecipient's policies and procedures address Miami-Dade County Resolution No. R-478-12, that prohibits Miami-Dade County from contracting with any food program that uses meat products that contain "pink slime" (low-grade beef trimmings commonly added to ground beef).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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SECTION VIII: REVIEW OF CLIENT PARTICIPATION IN THE SUBRECIPIENT'S OPERATIONS

A review is conducted of the subrecipient's efforts to involve the client populations served in the operations of the subrecipient and in the decisions made regarding service delivery.

	Area of Evaluation	Yes	No	N/A	Comments/Findings/ Observations
1	Does the subrecipient perform any internal needs assessment activities? What type of activity is conducted and what is the frequency of the activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Does the subrecipient 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, suggestion box, focus group, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Does the subrecipient have written procedures to involve the client in the decision-making process				
	a. Consumer representatives in the Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Client Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Client Satisfaction Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d. Specify other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Is there documentation that an analysis has been conducted and program enhancements have been implemented as a result of client needs assessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Is there documentation that results of the analyses above are reported to the Board of Directors? [Request Board Meeting minutes]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION IX: REVIEW OF SUBRECIPIENT'S BOARD OF DIRECTORS' ACTIVITIES

A review is conducted of the subrecipient's Board of Directors' activities to determine if there is an active Board functioning in the best interest of the subrecipient and its mission.

	Area of Evaluation	Yes	No	N/A	Comments/Findings/ Observations
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1	Does the subrecipient have a list of its current Board of Directors? [If YES, request and attach a copy]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	If YES to #1, does the list include a breakdown of gender, race, and ethnicity? [If NO, request a demographic breakdown]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Is the demographic breakdown of the Board of Directors representative of the subrecipient's client population?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Is the subrecipient's Board of Directors comprised of the required number of members per the subrecipient's By-laws? Obtain a copy of the By-laws page that addresses number of members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Does the subrecipient's Board of Directors meet regularly? [Request and attach a copy of the last three (3) meeting minutes.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Do the Board of Directors' By-laws reference Ethics and Standards of Conduct?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Do the Board of Directors' By-laws reference transparency in financial transactions between Board members, their businesses, and the non-profit organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION X: REVIEW OF SUBRECIPIENT'S
ADHERENCE TO NATIONAL CULTURALLY AND LINGUISTICALLY
APPROPRIATE SERVICES STANDARDS**

A review of the subrecipient's ability to adhere to the 15 enhanced national standards for culturally and linguistically appropriate services (CLAS), indicated below, as set forth by the U.S. Department of Health and Human Services, Office of Minority Health (OMH) aimed at developing culturally appropriate systems of care. This section also evaluates how well the organization meets the CLAS standards. **[For each standard below, Reviewers will view each organization's response in the most recent Ryan White Program Annual Progress Report and request documentation or review example(s) of each YES response.]**

	Area of Evaluation	Yes	No	N/A	Comments/Findings/ Observations
PRINCIPAL STANDARD					
1	Does the subrecipient provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GOVERNANCE, LEADERSHIP AND WORKFORCE STANDARDS					
2	Does the subrecipient advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Does the subrecipient recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Does the subrecipient educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COMMUNICATION AND LANGUAGE ASSISTANCE STANDARDS					
5	Does the subrecipient offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Does the subrecipient ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Are the interpreters that the subrecipient uses:				

	a. Family or friends of the client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Bilingual staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Face-to-Face Volunteers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d. Face-to-Face Professional Interpreter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	e. Telephone language assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Can the subrecipient show evidence that all interpreters have been appropriately trained to provide such service? [If YES, request a copy of the proof]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Does the subrecipient provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY STANDARDS					
11	Does the subrecipient have established culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Does the subrecipient conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Does the subrecipient collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Does the subrecipient conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Does the subrecipient partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Does the subrecipient create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Does the subrecipient communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION XI: REVIEW OF SUBRECIPIENT'S PERSONNEL POLICIES AND PROCEDURES

A review of the subrecipient'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 determines the subrecipient's documentation of required employee testing, qualifications, licenses, and training.

	Area of Evaluation	Yes	No	N/A	Comments/Findings/ Observations
1	Does the subrecipient have a written Personnel Policies and Procedures? [If YES, specify the date of the last update.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Does the subrecipient have a written policy to prohibit lobbying by staff whose salaries are covered in whole or in part by Federal funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Does the subrecipient have a written policy to discourage hiring staff who have been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Does the subrecipient have a written policy to avoid hiring persons who are under investigation by Medicaid or Medicare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Does the subrecipient have a written policy to discourage large signing bonuses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Does the subrecipient have established job descriptions for all Ryan White Part A Program-funded staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Are the job descriptions in compliance with Ryan White Program qualification requirements for direct service personnel (where applicable)? [Review a sample of the job descriptions against the Ryan White Service Delivery Manual for the corresponding fiscal year.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Are Equal Employment Opportunity, Workers' Compensation, Family Leave Act, and other mandated or relevant information conspicuously displayed by the subrecipient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Are professional licenses for Ryan White Program-funded staff current and appropriate for the services provided by the organization (as applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Does the subrecipient have excessive or significant staff turnover? [If YES, explain how the subrecipient has addressed this issue?]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Does the subrecipient have written policy for screening staff who are wholly or partially funded under Federal grants to assure they are not on the Exclusion Lists at https://www.sam.gov and www.exclusions.oig.hhs.gov ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

12	Does the subrecipient enforce and follow the established the personnel policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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License Sampling Audit			
Sample up to 6 staff; more if needed depending on the size of the subrecipient's organization and number of funded services or concerns.			
License #:	Expiration Date:	Comments/Findings/ Observations	Corrective Action/ Recommendation

Notes from Personnel Record Review		
<i>Based on Appendix C of the Comprehensive Monitoring Instrument</i>		
Staff Person	Finding	Corrective Action

SECTION XII: REVIEW OF SUBRECIPIENT'S FISCAL MANAGEMENT

A review of the subrecipient's fiscal management practices is conducted to determine the organization's fiscal stability and its compliance with HHS 45 CFR 75 requirements based on the federal Uniform Guidance codified in 2 CFR 200, Generally Accepted Accounting Principles (GAAP), approved Ryan White Part A budget(s), and internal policies and procedures. This review also determines if the subrecipient has procedures in place to protect its assets from fraud, waste, abuse, unnecessary expenditures, duplicate payments, etc.

GENERAL

	Area of Evaluation	Yes	No	N/A	Comments/Findings/ Observations
1	Are the subrecipient's financial books, accounting records and supporting documentation maintained in accordance with Generally Accepted Accounting Principles (GAAP)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Does the subrecipient have Fiscal Accounting Policies and Procedures? [If YES, specify the date of the last update.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	If YES to #2 directly above, do the Fiscal Accounting Policies and Procedures cover: (check all that apply)				
	a. applicable Uniform Guidance cost principles allowable, allocable and reasonable costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Third Party Payers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c. purchasing and procurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d. fixed assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	e. accounts receivable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	f. accounts payable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	g. check signing protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	h. imposition of client charges and program income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Is the distribution of fiscal duties adequate to safeguard the subrecipient's assets (i.e., are there separate staff members responsible for opening the mail, approving the expense, recording the expense, cutting the check for payment, mailing the payment, making deposits, etc.)? [Request a copy of the subrecipient's current organizational chart and trace a sample check, matching the staff to each function.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	What accounting system does the subrecipient use?				
6	When was it implemented?				
7	Does the accounting system identify in its accounts:				
	a. Federal Award Identification Number (FAIN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Award Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Federal Awarding Entity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	d. Pass Through Entity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	e. CFDA Number and Title	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Where are they identified? [Request a sample copy]				
9	Is a cost basis or accrual method of accounting used? (CHECK ONE) <input type="checkbox"/> Cost Basis <input type="checkbox"/> Accrual				
10	Does the subrecipient have the general ledger and balance sheets for the month(s) OMB is sampling? [Request a copy of each]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Do the interim financial reports indicate expenses such as professional fees, legal fees, interest, penalties, and loans to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Does the agency have a chart of accounts? [Request a copy]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Does the chart of accounts support proper allocation of revenue and expense categories properly identified by program (funding source)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Is there an account established for the Ryan White Part A (and MAI, if applicable) Program funding? [If YES, what is the corresponding Ryan White Program account code(s)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Does the chart of accounts have an unallowable or undistributed expense cost code to properly identify unallowable costs or other costs not covered by the subrecipient's funder (such as late fees, interest, penalties, loans to employees and bank charges)? [Review fiscal reports requested above to verify compliance]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	If YES to #15 directly above, were no unallowable costs expenses booked (allocated) to the Ryan White Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Does the subrecipient have a cost allocation methodology in writing and is it representative of the allocation used? [Request a copy of the cost allocation plan and test several different expenses to determine compliance with the approved cost allocation plan (allocations, supporting documentation, etc.).]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Does the subrecipient 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 subrecipient documentation.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Does the subrecipient have a system in place to monitor expenses versus client utilization to determine reasonable costs (fair share) charged to the Ryan White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Part A/MAI Program?				
20	What process does the subrecipient follow to address situations where actual expenditures exceed or fall short of the approved Ryan White Part A budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	Does the subrecipient adhere to the funding limits set in the approved Ryan White Part A service categories?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NON-PROFIT and TAX-EXEMPT STATUS					
22	Is the agency a non-profit organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	If YES to #22 directly above, does the subrecipient have documentation as proof? [e.g., 501(c)3 letter, etc.] [If NO, skip to the Bank section]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	What documentation was provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For the following questions, Reviewers must access the Internal Revenue Service's (IRS) Tax Exempt Organization Search (formerly Select Check; EO Select Check) at https://www.irs.gov/charities-non-profits/tax-exempt-organization-search					
25	Is the subrecipient eligible to receive tax-deductible charitable contributions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26	Does the subrecipient do a review of the Auto Revocation list, to confirm that the subrecipient has not had its federal tax exemption automatically revoked for not filing an annual Form 990-series return or notice for three consecutive years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	If applicable, has the subrecipient filed a Form 990-N (e-Postcard) annual electronic notice? (Note: most small organizations whose annual gross receipts are normally \$50,000 or less are only required to electronically submit Form 990-N, unless they choose instead to file a completed Form 990 or Form 990- EZ.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BANKING PRACTICES					
28	Are bank statements reconciled in a timely manner (i.e., within 30 days)? [Indicate the statement months reviewed for this "Bank" section] How long after the monthly bank statement is a reconciliation done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29	Are bank reconciliations signed by the preparer and his/her immediate supervisor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	Are adjustments properly documented and explained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31	Are checks pre-numbered and used in consecutive order as indicated on bank statements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	Do bank statements reflect a positive balance at the end of the month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33	Are bank statements free of returned checks or overdraft fees due to insufficient funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34	If NO to #33 directly above, were none of these fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	and/or charges allocated to the Ryan White Program?				
35	Are there no transfers to accounts, personal in particular, other than for payroll on all of the bank statements? [Reviewers, visually confirm this on the bank statements for the months sampled.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36	Does the subrecipient have a written policy for signing checks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reviewers: Select a sampling of outstanding checks for this section. Also, trace the sample checks to subsequent bank statements and corresponding bank reconciliation.					
37	Do checks require two (2) signatures as required by County Administrative Order 3-15, Uniform Standards for Evaluation and Performance of Community Based Organizations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38	If a facsimile signature, such as a stamp, is used, is there written policy safeguarding from fraudulent use of check signatures that specifies who has access to the signature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39	Are checks marked "Void after" a time period no greater than one (1) year"? [Indicate period of time printed on the checks.] [NOTE: Any check not cleared within the year requires an explanation from the subrecipient's Chief Financial Officer.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For Health Insurance Assistance Services Only					
40	Is there a written procedure for addressing insurance payments that were made on behalf of clients enrolled in Part A health insurance assistance program where the related check payments to the carriers or medical providers have been outstanding more than 60 days? [If YES, request a copy of the procedure]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PETTY CASH OR PURCHASING CARD (P-CARD)					
43	Does the subrecipient use a petty cash fund or P-card process for any program expenses even those expenses not funded by the Ryan White Part A/MAI Program? [If YES, complete #44 through #49 below. If NO, skip to "Procurement, Payments, and Accounts Payable.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44	Does the subrecipient have a written Petty Cash or P-card process Policy available for review? If the policy is general for the entire organization, Reviewers must test the petty cash process and fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	<p>balance or the P-card process.</p> <p>If the policy specifically excludes the Ryan White Program, make a related notation, mark this item “N/A” and skip to next section.</p>				
45	<p>Does the subrecipient’s written policy include a policy on regularly balancing the petty cash fund or reviewing P-card purchases?</p> <p>[If YES, how often and by whom?]</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46	<p>Does the subrecipient’s written policy limit the use of petty cash funds or P-card expenses for small purchases only?</p> <p>[If YES, what is the threshold for petty cash or P-card purchases?]</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47	Do petty cash or P-card purchase records only show purchases under the established threshold?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48	How is the petty cash fund replenished?				
49	<p>Are the petty cash funds or P-card securely stored under lock and key?</p> <p>[If YES how, where, by whom, and how many people have access to it?]</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PROCUREMENT, PURCHASING, AND ACCOUNTS PAYABLE

50	Does the subrecipient have written Purchasing/Procurement Policy and Procedures that address:			
	a. A code of conduct and other policies regarding acceptable practice, conflicts-of-interest, or expected standards of ethical and moral behavior for making procurements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Purchase Order System used for most if not all purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. All procurement decisions must include some form of cost analysis (review and evaluation of each element of cost to determine reasonableness, allocability, and allowability) and/or price analysis (comparison of price quotations submitted, market prices and similar criteria) to determine the most economical approach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Avoidance of real or apparent organizational conflicts of interests and non-competitive practices among contractors with procurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Procedure exists to avoid unnecessary or duplicative purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. That no employee, officer, or agent of the subrecipient participate in the selection award and administration of contracts supported by federal funds where the possibility of a conflict of interest is real or apparent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. States that no officers, employees, may solicit or accept gratuities, favors, or anything of monetary value from contractors, potential contractors or parties to any subagreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h. Procurement in excess of \$5,000 should have documentation sufficient to detail the history of the procurement to include method of procurement, selection of contract type, contractor selection or rejection, and basis for the contract price.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i. Maintenance of records sufficient to detail the history of a procurement which include at a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	minimum, rationale for the method of procurement, selection of procurement vehicle (sole source, competitive bid, competitive proposal, noncompetitive proposal), method of contractor selection or rejection, and the basis for the price?				
	i. Standards of Conduct covering conflicts of interests in the selection, award and administration of contracts that include disciplinary actions to be applied for violations by officers, employees, and agents of the subrecipient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	j. Use of Federal excess and surplus property in lieu of purchasing new whenever such use is feasible and reduces project costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	k. Description of and criteria for Procurement: 1) Micropurchases, 2) small purchases, and 3) purchases above the Simplified Acquisition Threshold including documentation required for each procurement type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	m. Equitable distribution of purchasing amongst qualified suppliers that offer a similar price?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	n. Training in federal procurement requirements for key staff involved in procurement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	p. Limited use of Time and Material contracts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51	Are payments to vendors generated by an original invoice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
52	If YES to #51 directly above, are the original invoices detailed (e.g., date, quantity, price, description of goods, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
53	Is payment to a vendor approved by authorized staff/management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
54	Are invoices effectively cancelled to avoid duplicate payments (i.e., marked "Paid")?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
55	Do check and invoice amounts agree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
56	Are canceled checks (facsimiles or copies) available as per the check register to support the amount paid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
57	If NO to #56 directly above, is there an explanation of the variance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
58	Do the dates on the checks match the "paid" dates on the invoices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
59	Does the subrecipient have a process in place to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	ensure that it is not paying sales taxes unnecessarily (applies to tax-exempt agencies only)?				
60	If NO to #59 directly above, is subrecipient filing for sales tax refunds from the State Department of Revenue? (applies to tax-exempt agencies only)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IMPOSITION OF CHARGES AND PROGRAM INCOME					
61	Does the subrecipient provide Local Pharmaceutical Assistance Services (LPAP) as a 340B covered entity? [If NO, skip to #64 of this section.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
62	If YES to #61 directly above in this section, did the subrecipient impose and collect any client charges (e.g., copayments, etc.; NOT 340B drug rebates) related to 340B-priced medications? [NOTE: Per HRSA Policy Clarification Notice #15-04, only ADAPs are eligible for 340B rebates.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
63	Does the subrecipient track client charges for services other than LPAP? [If YES, specify which service categories.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
64	Does the subrecipient have a sliding fee scale? [If YES, request a copy.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
65	Does the subrecipient have established policies and procedures for handling program income generated by services rendered in the Ryan White Program. [If YES, have subrecipient staff show the OMB-GC monitoring staff this process of handling program income-related revenues.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
66	Was there proof of a system in place to show initial billing or imposition of client charges, then receipt of such payment or collection of other funding, documentation of any client's inability to pay the imposed charges, and then reporting out of program income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
67	Did the subrecipient report program income in the local Ryan White Program's Final Line Item Expenditure Report (FLIER) for the previous year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
68	If YES, did the amount of program income reported in the FLIER match the amount identified in the subrecipient's program income tracking system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69	Was subrecipient able to show how this revenue (e.g., program income) is used to further the objectives of its Ryan White Program-funded services and cover program-related costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
70	If YES to #69 directly above, describe how the program income was used:				

71	In the case of individuals with income between 100% and 400% of the Federal Poverty Level (FPL), does the subrecipient ensure that client payments do not exceed the chargeable percentage of annual income set forth in Ryan White Treatment Extension Act of 2009 (Public Service Act (42 U.S.C. 201, 300ff(e)))?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
72	Has a client ever reached their payment cap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
73	If YES to #72 directly above, is there documentation that payments are no longer imposed on or charged to the clients who have reached the payment cap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
74	Does the subrecipient collect program revenues (program income) by from clients with HIV/AIDS diagnoses, such as:				
	a. Third party charges and collections (Medicaid, Medicare, and private insurance)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Client fees based on the subrecipient's sliding fee scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Charges or collections for practitioners whose salaries are paid in whole or in part with Ryan White Program funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d. Interest payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
75	If YES to #74 above, does the subrecipient have a specific account designated to record/track Ryan White Program Income? [If YES, specify which account.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
76	If YES to #75 directly above, is program revenue recorded in the accounting system by program or activity that generated it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
77	If YES to #76 above, are the program revenues deposited in the account where Ryan White Program funds are deposited?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
78	Does the agency prepare and review reports on program income? [If YES, request a copy of the program income reports]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
79	Do fiscal policies specify how program income is tracked by the activity that generated it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
80	Are the revenues used for related program services and do fiscal policies specify how the program income is to be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BUDGET					
For this section reviewers will test operational and administrative expenses for accuracy of total amounts and percent allocations					
81	Does the subrecipient 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)? [If YES, request a copy]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

82	If YES to #82 directly above, do the program budgets tie to the figures in the agency-wide budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
83	Do documented expenditures follow the most current budget approved by the Ryan White Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
84	Does the subrecipient regularly track expenditures versus budgeted amounts and reconcile (compare and adjust) budgeted and invoiced amounts to actual expenditures and conduct a comparison to service utilization cost versus reimbursement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	a. What staff position(s) does this identify using position title?				
	b. How often is this done? [NOTE: as a best practice, the ideal frequency would be quarterly]				
	c. How is the information used?				
85	Does the subrecipient have a process to address situations where actual expenditures are well below or above budgeted amounts? [Reviewer: this should include regular review of budgeted vs. actual, internal budget revisions, etc., then ultimately a repayment to the funding when applicable]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AUDIT					
86	Does the subrecipient expend over \$750,000 in all federal funds inclusive of Ryan White funds and therefore is required to conduct an annual Single Audit? Date of most current audit? [If YES, proceed to #88] [If NO, proceed to #87]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
87	Does the subrecipient have audited financial statements or conduct an annual audit anyway? [If YES, proceed to #88]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
88	Does the subrecipient have a written policy regarding the selection of an independent auditor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
89	Does the subrecipient have a copy of the auditor's peer review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
90	Is the subrecipient required to have a Single Audit? [Specify FY End date and date of most current audit.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

91	Did the independent auditor find the subrecipient to have a sound and stable financial status (i.e., no significant findings, material weaknesses, reportable conditions, or lack of internal controls)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
92	Did the independent audit report (Schedule of Federal Awards) properly identify prior year Ryan White Program funding, if applicable? (NOTE: Ryan White Part A and related MAI funding is listed as CFDA 93.914)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
93	Has subrecipient tested the Ryan White Program as a major program in the last two years? [If YES, request a copy of the page that shows the Ryan White Program was tested as a major program]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
94	If YES to #93 above, were there any findings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
95	Did the subrecipient submit the audit within 9 months of the subrecipient's Fiscal Year End date or within 30 days of the completion of the audit report, whichever comes first, to the Audit Clearinghouse and OMB?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
96	Is there documentation that the subrecipient's Finance or Audit Committee and/or Board of Directors received all audit reports and took action towards the correction of any deficiencies noted? [Request a copy of meeting minutes and plan to cure deficiencies]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION XIII: REVIEW OF SUBRECIPIENT'S PAYROLL RECORDS

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

	Area of Evaluation	Yes	No	N/A	Comments/Findings/ Observations
1	Are staff members' work hours documented through a time sheet, electronic time clock, or sign in/out log? [If yes, specify.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Are time records signed by both the employee and the supervisor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Do payroll journals include staff name, gross/net pay amounts or salary, hours worked, payroll period, and payroll deductions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Does the subrecipient maintain time distribution records and/or Time and Effort reports for all employees whose salary is paid in whole or in part with federal funds or is used to meet a match or cost-share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	requirement of a grant that indicate the percentage (%) or amount of time <u>dedicated</u> and the percentage (%) or amount of time <u>charged</u> to the different programs or funding sources?				
5	Can payroll expenses/reporting be traced from time sheets to time and effort reports, to payroll register, to bank statements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Does the subrecipient use reports on services by practitioners to assess reasonableness of time and effort charged to Ryan White Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Employee Records Review

Sample employee records and confirm that positions, salaries and fringe benefits match the contract budget approved by the County. Monitoring staff must be able to trace payroll expenses/ reporting from time sheets, to time and effort reports, to the payroll register, to bank statements.

Payroll Register Review & Reconciliation

Ryan White Program Service Category	Employee Name and Title	Gross Amount Recorded on Payroll Register for Month(s) Sampled	Annualized Amount (Estimated)	Amount Projected on Budget	Dollar Amount of Variance	Comments/ Findings/ Observations
	Name:					
	Title:					
	Salary					
	Fringe					
	Name:					
	Title:					
	Salary					
	Fringe					
	Name:					
	Title:					
	Salary					
	Fringe					
	Name:					
	Title:					
	Salary					
	Fringe					

	Name:					
	Title:					
	Salary					
	Fringe					
	Name:					
	Title:					
	Salary					
	Fringe					

Time and Effort Review & Reconciliation						
Ryan White Program Service Category	Employee Name and Title	% Projected on budget for fiscal year reviewed	% of time documented in Time and Effort Report for month sampled	How often reconciled? Monthly? Quarterly? Who reconciles?	Variance between % reconciled and % in report for month sampled	Comments/ Findings/ Observations
	Name:					
	Title:					
	Percentage					
	Name:					
	Title:					
	Percentage					
	Name:					
	Title:					
	Percentage					
	Name:					
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	Percentage					
	Name:					

Title:					
Percentage					

**SECTION XIV: REVIEW OF SUBRECIPIENT'S
PAYROLL TAX RECORDS AND PAYMENT OF FRINGE BENEFITS**

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

	Area of Evaluation	Yes	No	N/A	Comments/Findings/ Observations
1	Are withholding, FICA and MICA (e.g., social security and Medicare) taxes deposited in a timely manner and in accordance with payroll register data? (payment of taxes must be documented in bank statements) [Indicate time period reviewed]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Is the quarterly IRS Form #941 (Employer's QUARTERLY Federal Tax Return) properly completed, submitted/filed, and paid on time (payment must be documented in bank statements)? (NOTE: due last day of month following end of calendar quarter. For example, Quarter 1 ends March 31, form due April 30; Quarter 2 ends June 30, form due July 31; Quarter 3 ends September 30, form due October 31; and Quarter 4 ends December 31, form due January 31.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Is the yearly IRS Form #990 (Return of Organization Exempt from Income Tax) and Schedule A [Organization Exempt Under Section 501(c)3 Supplementary Information] submitted/filed on time? (Due 15 days after the 5 th month after the subrecipient's fiscal year end; automatic 3-month extension available through Form 8868)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Is the quarterly RT-6 for State unemployment submitted/filed by the due date and was the tax liability paid on time? (must be documented in bank statements) (NOTE: due last day of month following end of calendar quarter. For example, Quarter 1 ends March 31, form due April 30; Quarter 2 ends June 30, form due July 31; Quarter 3 ends September 30, form due October 31; and Quarter 4 ends December 31, form due January 31.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	(See quarterly form RT-6 for State unemployment and annual form 940 for Federal unemployment)				
5	Has the subrecipient had no penalties or interest payments charged due to late tax or insurance payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Are IRS W-2 Forms (Report of Wage Statement to employees) distributed to current and prior employees by the January 31st deadline?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Does the subrecipient keep a copy of W-2s?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	If the subrecipient has subcontractors under this Agreement, were the IRS 1099 forms (report of amounts paid to independent contractors) distributed to all subcontracted parties by the February 16th deadline?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Is the Social Security transmittal filing (W-3) by the due date, by mail February 28/29th, or e-filing by March 31st, of each year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PAYMENT OF FRINGE BENEFITS					
10	Are payments to the health insurance provider made in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Are payments to the life insurance company made in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	If the subrecipient offers a retirement plan (e.g., 401K Plan), are employee contributions and employer match deposited/submitted in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	If the subrecipient has more than 20 employees and is subject to COBRA insurance continuation policies, has the subrecipient established appropriate policies and procedures for notifying employees at termination that they are eligible for such benefits? (See subrecipient's personnel policies for COBRA.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION XV: REVIEW OF SUBRECIPIENT'S PROTECTION OF RECORDS					
A review of the subrecipient's policies and procedures pertaining to the maintenance and protection of records is conducted to ensure that the subrecipient is complying with related federal, state, and local regulations.					
	Area of Evaluation	Yes	No	N/A	Comments/Findings/ Observations
1	Does the subrecipient have a written Record Management policy that:				
	a. Specifies the subrecipient's obligation to maintain and store documentation as required by Florida Statue and HHS Grants Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Statement?				
	b. Addresses how subrecipient will safeguard client confidentiality, including requiring employees to sign a confidentiality statement at time of hiring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c. States the subrecipient's HIPAA policy for the protection of identifiable health information and specifies that client must receive a copy of policy at intake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d. Requires that hard copy files are kept under lock and key?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	e. Restricts access to client records only to authorized staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	f. Has protocols to maintain and protect computer-based documents and records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	g. Requires that computer-based records and documents are password protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	h. Addresses access to hard copy or electronic records by Federal, State, and County grantee staff as required in funding contracts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	i. Requires tracking requests for review of client records from authorized persons or legal counsel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Does the subrecipient maintain hard copy files?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	If YES to #2 directly above, are the hard copy files kept under lock and key? [If YES, where are hard copy client files located and who has access to them?]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Are computer-based records and documents backed up onto a medium that is stored in a fire-resistant safe? [If YES, how often are the records backed-up and where are back-ups kept?]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION XVI: REVIEW OF SUBRECIPIENT'S PROTECTION OF PROPERTY

A review of the subrecipient'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 subrecipient is complying with federal, state, and local regulations.

	Area of Evaluation	Yes	No	N/A	Comments/Findings/ Observations
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1	Has the subrecipient purchased non-expendable personal property or exempt property valued at \$1,000 or greater with Ryan White Part A funds? [If NO, skip to Section XVIII] [If YES, proceed to #2]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Is there a Property Management Policy that addresses:				
	a. Criteria for records of fixed assets purchased with the Ryan White Program funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Acquisition date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Disposal date and method [If YES, specify]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d. Funding Source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	e. Use/Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	f. Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Does the fixed asset register (inventory log) include the following information:				
	a. Item description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Acquisition date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d. Titleholder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	e. Percentage of Federal participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	f. Disposal date and method [If YES, specify]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	g. Funding Source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	h. Use/Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	i. Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	j. Serial or other ID number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	k. Asset tag number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	l. FAIN Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Is a physical inventory taken and recorded on an annual or biennial basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Are property records reconciled to the General Ledger at least once annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Are fixed assets being used in accordance with funding intent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7	Does the subrecipient have a maintenance procedure in place to keep property in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Has full payment been made for fixed assets paid for by the Ryan White Program, and are assets free from liens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Does the subrecipient have adequate controls to safeguard against or prevent loss, damage, theft?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Has the subrecipient 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)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Were fixed assets purchased within the contract period in which they were approved/funded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Were fixed assets funded by the Ryan White Program purchased through competitive procurement (at least 3 written bids)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Were the assets disposed of following the requirements in the environmental regulations? (Certificate of Disposal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION XVII: REVIEW OF SUBRECIPIENT'S SUBCONTRACTS
RELATED TO THE PROVISION OF RYAN WHITE PROGRAM-FUNDED SERVICES**

A review of the subrecipient's subcontracting policies is conducted to ensure that work performed by subcontractors is in compliance with Ryan White Program requirements. This review also ensures that subrecipient payments to subcontractors are properly documented and supported by executed subcontracts with consent from the County.

	Area of Evaluation	Yes	No	N/A	Comments/Findings/ Observations
1	Did the subrecipient subcontract any of its Ryan White Program-funded services? [If NO, skip to Section XVII]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Was the subcontract(s) submitted to the County for consent prior to implementation of services by the subcontractor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Does the subrecipient maintain documentation to evidence a competitive selection of contractor(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Did authorized individuals from the subrecipient and the subcontractor sign and date the subcontract agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Does the subcontract contain the following components:				

	a. Term of the agreement with annual renewal requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Language that requires the subcontractor to comply with the terms and conditions of the prime contract (subrecipient's Ryan White Part A/MAI contract with Miami Dade County) including, but not limited to, applicable policies, procedures, and requirements of the Ryan White Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Scope of work detailing services to be performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d. Language regarding client confidentiality and HIPAA regulations, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	e. Requirements regarding the maintenance and retention of records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	f. Assurances that the subcontract is not an employee of the subrecipient or Miami Dade County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	g. Language pertaining to the payment structure (i.e. hours of service, rate of pay per hour or per service unit, and method of payment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	h. Language to allow the suspension of the subcontract before its expiration, what is the cause of the suspension is and what remedies the subcontractor may take remove suspension and/or avoid termination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	i. Language to allow the termination of the subcontract before its expiration due to lack of performance, noncompliance with term and conditions, or lack of funding etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	j. Clause permitting Miami-Dade County to relinquish the subcontractor of its obligations under the subcontract due to breach of contract; and in the event the County finds the subrecipient in breach of contract, the option of the County to pay the subcontractor directly for the performance of such subcontract. Additionally clause must assert that the foregoing shall neither convey nor imply any obligation or liability on the part of the County to any subcontractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Does the subrecipient require that subcontractors carry liability insurance and monitor maintenance of coverage during the entire term of the agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7	Can the subrecipient show evidence of monitoring its subcontractors for compliance with programmatic, documentation, and billing requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Does the subrecipient pay subcontractors within 30 to 45 days of receipt of a complete and accurate invoice)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION XVIII: REVIEW OF SUBRECIPIENT'S LICENSES AND ACCREDITATIONS

A review of the subrecipient's licenses and accreditations is conducted to ensure that the agency meets the needs of the local Ryan White Program and complies with local, state, and federal statutes.

	Area of Evaluation	Yes	No	N/A	Comments/Findings/ Observations
1	If the service(s) offered require special operational licenses, are they current and appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Is the agency a Federally Qualified Health Center?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Is the agency currently accredited by the Joint Commission (formerly known as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO))?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION XIX: REVIEW OF SUBRECIPIENT'S INSURANCE COVERAGE

A review of the subrecipient's insurance records is conducted to ensure that the subrecipient is free of risk exposure and that its insurance coverage complies with local, state, and federal statutes. (NOTE: Pursuant to Article XI, Section 11.3, of the Professional Services Agreement for Ryan White Program- funded services, agencies that receive less than \$25,000 in total County contracts are exempt from the insurance requirement. The Public Health Trust, as a government entity, is also exempt from the insurance requirement.)

	Area of Evaluation	Yes	No	N/A	Comments/Findings/ Observations
1	Does the subrecipient have the following type of insurance coverage in place?				
	General Liability				
	Expiration Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Coverage Amount: _____				
	Property				
	Expiration Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Coverage Amount: _____				

	Worker's Compensation				
	Expiration Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Coverage Amount: _____				
	Automobile Liability				
	Expiration Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Coverage Amount: _____				
FQHCs only					
2	Federal Tort Claims Act (FTCA) Deeming Notification Letter				
	Expiration Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Coverage Amount: _____				

SECTION XX: REVIEW OF SUBRECIPIENT'S COMPLIANCE WITH PROGRAM REPORTING REQUIREMENTS					
A review of the subrecipient's report submissions is conducted to ensure that the subrecipient is in compliance with the requirements and the due dates.					
	Area of Evaluation	Yes	No	N/A	Comments/Findings/ Observations
1	Was the subrecipient's most recent Annual Progress Report submitted by the deadline established by the County?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Has the subrecipient submitted all required assurances for appropriate use of Ryan White Program funds, signed annually, with the Annual Progress Report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Was the subrecipient's most recent Final Line Item Expenditures Report (FLIER) submitted by the deadline established by the County?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Does the subrecipient have the capacity to manage and report required administrative and clinical data for the RSR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Was the most current Ryan White Program Client-level Services Report (RSR) submitted by the deadline established by the County?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Was the most recent Corrective Action Plan completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7	Was the most recent Corrective Action Plan submitted in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Has the subrecipient had all cures to finding in their most recent Corrective Action Plan approved by OMB staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Are reimbursement requests consistently submitted on time (by the 20 th day of the month following the month in which services were provided), unless specifically granted an extension in writing from OMB-GC/RW management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION XXI: REVIEW OF SUBRECIPIENT'S
QUALITY IMPROVEMENT PROGRAM AND COMPLIANCE WITH RYAN WHITE
CLINICAL QUALITY MANAGEMENT PROGRAM**

This review is related to the subrecipient's incorporation of internal quality management best practices and/or compliance with internal and Ryan White Program-related continuous quality improvement reviews conducted by Behavioral Science Research Corporation (BSR) and/or the local AIDS Education and Training Center (AETC). [Review should focus on subrecipients funded for Outpatient/Ambulatory Health Services, Oral Health Care, and Mental Health Services.]

	Area of Evaluation	Yes	No	N/A	Comments/Findings/ Observations
1	Does the subrecipient have a Quality Management Program? [If YES, request a copy and indicate when it was last updated]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Are staff and clinicians involved in the Clinical Quality Management (CQM) program, including key (senior) staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Are CQM meetings held on a consistent basis with documentation of the meetings and activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Are CQM activities, including data collection, utilized in strategic planning, modifying policies and procedures, and development of ongoing work plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Are CQM results reported to HIV program staff, consumers, and governing bodies (as applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Are quality goals measurable and reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Is there a tracking mechanism for outcomes and process improvements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Are the tracked performance measures based on clinical guidelines or other relevant processes that contribute to improved clinical care, including oral health care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9	Is there a tracking mechanism in place that is monitored closely to identify clients who miss medical appointments or have not had a visit for longer than six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Did the subrecipient receive an external quality management review or follow-up review by BSR and/or the local AIDS Education and Training Center (AETC) during this monitoring period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	<p>If YES to #10 directly above, indicate the service category reviewed, scoring threshold, and subrecipient's overall score.</p> <p>Service Category: Date of Record Review:</p> <p>Service Category: Date of Record Review:</p> <p>Service Category: Date of Record Review:</p>	Established Scoring Threshold (%)		Subrecipient's Overall Score	Findings?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Appendix A

Miami-Dade County Office of Management and Budget-Grants Coordination
 Ryan White Program – Comprehensive Monitoring Instrument
SECTION V: REVIEW OF SUBRECIPIENT'S BILLING PRACTICES

Billing Audit (Client Chart Review) (Verification of Documentation of Service Units Billed to Ryan White Program – List services that lack documentation or have variances only)				
Service Category:				
CIS #	Date of Service	Type of Service, Billing Code, & # of Units Reviewed	Variance <i>(indicate # of units and dollar value)</i>	Comment / Finding

Duplicate page as necessary

Miami-Dade County Office of Management and Budget-Grants Coordination
Ryan White Program – Comprehensive Monitoring Instrument

**SECTION VI: REVIEW OF DOCUMENTATION OF CLIENT ELIGIBILITY
FOR RYAN WHITE PART A/MAI PROGRAM-FUNDED SERVICES**

CLIENT ELIGIBILITY REVIEW WORKBOOK

(NOTE: Reviewers must complete a separate Client Eligibility Review Workbook for each client in review sample.

All sections should be completed as applicable to each client.)

SECTION 1 – Client and Household Information	
Subrecipient Assigned Client ID#:	CIS #:
Gross Household Income:	Household Size:
Client's Medicaid # (if applicable):	Client's ADAP # (if available):

SUBSECTION 1A – Enrollments and Certifications	
Client's Original Enrollment Date in Ryan White Program (if available):	(Medical) Case Management Agency:
Name of (Medical) Case Manager:	RW Medical Case Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last eligibility assessment: MCM Agency completing eligibility assessment:	Were the client's re-assessments consistently completed? (Every 6 months through November 1, 2022, every 366 days thereafter) <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the client referred by an agency outside of Miami-Dade County Part A/MAI using NOE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which agency? If yes, was proof of Miami-Dade County residency included? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is NOE included in client's record? (Beginning June 1, 2023) <input type="checkbox"/> Yes <input type="checkbox"/> No, eligibility documentation updated (complete Section 2 for review of updated documentation)
For assessments conducted 366 days after first eligibility certification period that occurred after November 1, 2023:	
Self-Attestation Form included in client's record? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete Section 2 for review of updated documentation)	

Appendix B

Miami-Dade County Office of Management and Budget-Grants Coordination
Ryan White Program – Comprehensive Monitoring Instrument
**SECTION VI: REVIEW OF DOCUMENTATION OF CLIENT ELIGIBILITY
FOR RYAN WHITE PART A/MAI PROGRAM-FUNDED SERVICES**

SECTION 2 – Minimum Eligibility and Payer of Last Resort					
	Eligibility Requirement	Yes	No	N/A	Comments
1	Verification of HIV+ Status <u>located in the client record</u>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Verification of Miami-Dade County Residency <u>located in the client record</u>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Verification of Gross Household Income <u>located in the client record</u>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Is there a picture ID of the client <u>located in the client record</u> ?	<input type="checkbox"/>	<input type="checkbox"/>		
5	Is the client employed? [If YES, check one] <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/>	<input type="checkbox"/>		
6	If YES to #5 directly above, is the client eligible for and enrolled in private health insurance? (NOTE: if client is working, check last 2 paystubs to identify if any health insurance deductions were made)?	<input type="checkbox"/>	<input type="checkbox"/>		
7	If YES to #6 directly above, did the subrecipient ensure that no services available to the client through private insurance reimbursement were charged to the Ryan White Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Are other payer sources noted in the Financial Assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Medicaid Verification: Is there documentation from Florida Medicaid Management Information System (FMMIS) - Medifax or MEVSNET queries regarding the client's Medicaid eligibility showing that client status was inactive, ineligible, or not found? [NOTE: Medicaid verification printout has the hyperlink http://mymedicaid-florida.com/ at the bottom of the page indicating "Eligibility Verification Request" and "Recipient Information" (Subrecipients get this from AHCA website under "Secure Information for Subrecipients).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Is there documentation from the Social Security Administration (SSA) of client's eligibility status annually (as appropriate), with a notation of "no change" at each annual reassessment (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix B

Miami-Dade County Office of Management and Budget-Grants Coordination
 Ryan White Program – Comprehensive Monitoring Instrument
**SECTION VI: REVIEW OF DOCUMENTATION OF CLIENT ELIGIBILITY
 FOR RYAN WHITE PART A/MAI PROGRAM-FUNDED SERVICES**

11	Is there documentation in progress note for reassessment of client's ineligibility for other funding sources (e.g., benefit program denial letter from Medicaid, Medicare, Social Security, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Is other required documentation that is pertinent to each service category utilized by the client on file such as Letters of Medical Necessity, Ryan White In Network or Out of Network Referrals, etc.? (this varies for each service category)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Was the client determined to be eligible for ACA? [If YES, proceed to #14; if NO, skip to Section 3]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Is a signed Decline Affordable Care Act Marketplace Enrollment Acknowledgement / Certification located in the client record? If client did not sign up for insurance? [Answer YES if client declined and signed form is there, then skip to section labeled "Consents/Acknowledgments"; answer NO if client declined but no signed form.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Is a completed Miami-Dade County Affordable Care Act (ACA) Client Acknowledgment Form in the client record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Is there an appropriate referral to the contracted Ryan White Part A health insurance assistance service provider who will coordinate the ACA enrollment process and make appropriate payments on behalf of ACA-eligible/enrolled clients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 3 – Consents / Acknowledgments <i>Signed once, unless revoked by client</i>					
	Area of Evaluation	Yes	No	N/A	Comments
1	Is there a current, complete, signed and dated Miami-Dade County Ryan White Program Integrated Consent (Combined Consent) form scanned into Provide Enterprise Miami form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1a	In the Combined Consent, is the Outreach Consent section signed and dated by both the medical case manager and the client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1b	If NO to #1a directly above, did the client receive outreach services after the date the Combined Consent was signed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix B

Miami-Dade County Office of Management and Budget-Grants Coordination
 Ryan White Program – Comprehensive Monitoring Instrument
**SECTION VI: REVIEW OF DOCUMENTATION OF CLIENT ELIGIBILITY
 FOR RYAN WHITE PART A/MAI PROGRAM-FUNDED SERVICES**

2	Is there a signed and dated acknowledgement from the client noting receipt of the agency's Client Grievance Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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SECTION 4 – Confirmation of Client's Medical Case Management Services <i>(Complete this section only for clients enrolled in the local Ryan White Part A/MAI Program. See Section 1 of this monitoring instrument.)</i>

	Area of Evaluation	Yes	No	N/A	Comments
1	Date of Last Comprehensive Health Assessment:				
2	Date of Last Financial Assessment:				
3	Dates of Last Two Plans of Care Entries:				
4	Is there a detailed progress note dated to coincide with the completion of the two most current comprehensive health assessments, financial assessments, and plans of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Do the Plans of Care consistently include the medical case management supervisor's signature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix C
 Miami-Dade County Office of Management and Budget-Grants Coordination
 Ryan White Program – Comprehensive Monitoring Instrument
**SECTION XI: REVIEW OF SUBRECIPIENT'S
 PERSONNEL POLICIES AND PROCEDURES**

Personnel Record Review				
Staff Person:				
Documentation Requirement	Documentation Found?			Comments/Findings/ Observations
	Yes	No	N/A	
Signed job application	<input type="checkbox"/>	<input type="checkbox"/>		
Proof of education (copies of degrees and/or transcripts)?	<input type="checkbox"/>	<input type="checkbox"/>		
Current licenses required for position, if applicable (nonexpired)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Level II Background screening, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>		
Job descriptions describing functions, duties, and performance standards adequate to the position(s) funded under the Ryan White Program?	<input type="checkbox"/>	<input type="checkbox"/>		
Annual performance/employee evaluation?	<input type="checkbox"/>	<input type="checkbox"/>		
Federal I-9 Form (Employment Eligibility Verification Form)?	<input type="checkbox"/>	<input type="checkbox"/>		
Federal W-4 Form (Employee's Withholding Allowance Certification; at least one on file)?	<input type="checkbox"/>	<input type="checkbox"/>		
Proof of completion of required hours of training?	<input type="checkbox"/>	<input type="checkbox"/>		
Proof of knowledge of the subrecipient's policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>		
Signed Confidentiality statement?	<input type="checkbox"/>	<input type="checkbox"/>		
Signed confirmation of receipt of 41 U.S.C. 4712 whistleblower rights and protections?	<input type="checkbox"/>	<input type="checkbox"/>		
Documentation that staff member is not on OIG and SAM.gov exclusion lists (annually)	<input type="checkbox"/>	<input type="checkbox"/>		

Duplicate table as necessary. One table per staff member file reviewed.