



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)

Date: _____

SECTION I: SUBRECIPIENT INFORMATION		
Subrecipient Name:		
Official Contact Person:		
Address:		
Phone Number:		
Fax Number:		
SECTION II: CONTRACT INFORMATION		
Contract period(s) covered by monitoring visit(s)		
Ryan White Service Category (monitored during this visit)	Service Category Contract Amount	Contract Type (Continuation or New contract)

SECTION III: LOGISTICS OF MONITORING VISIT	
Miami-Dade County Monitors	
Name	Title

[ENTER SUBRECIPIENT'S INDEX CODE]

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

Was an Entrance Interview conducted? _____ Date: _____

Subrecipient Staff Participating in Entrance Interview	
Name	Title

[ENTER SUBRECIPIENT'S INDEX CODE]

Was an Exit Interview conducted? _____

Date: _____

Subrecipient Staff Participating in Exit Interview	
Name	Title

Comments (Logistics):

**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 and related findings are to be described in Section XXII of this monitoring tool. "N/A" indicates that the requirement is not applicable to the subrecipient.]**

Area of Evaluation	Yes	No	N/A
1) Is each facility that was visited accessible by public transportation?			
a. Facility #1?			
b. Facility #2?			
c. Facility #3?			
d. Facility #4?			
e. Facility #5?			
g. Facility #6?			
2) Is each subrecipient's facility that was visited during this site visit clean, well maintained, and safe?			
a. Facility #1?			
b. Facility #2?			
c. Facility #3?			
d. Facility #4?			
e. Facility #5?			
g. Facility #6?			
3) Is each facility that was visited physically accessible to the disabled? Ramp? Elevator if multiple floors?			
a. Facility #1?			
b. Facility #2?			
c. Facility #3?			
d. Facility #4?			
e. Facility #5?			
g. Facility #6?			
4) Are all hallways, doorways, entrances, ramps, steps and corridors clear and unobstructed with adequate lighting?			
a. Facility #1?			
b. Facility #2?			
c. Facility #3?			
d. Facility #4?			
e. Facility #5?			
g. Facility #6?			

Area of Evaluation	Yes	No	N/A
5) Does the waiting room have adequate and appropriate seating? a. Facility #1? b. Facility #2? c. Facility #3? d. Facility #4? e. Facility #5? f. Facility #6?			
6) Are the hours of operation posted in an area to which clients have free access? a. Facility #1? b. Facility #2? c. Facility #3? d. Facility #4? e. Facility #5? f. Facility #6?			
7) Did listed hours of operations include the required four (4) hours outside of regular business hours as mandated in the Standards of a. Facility #1? b. Facility #2? c. Facility #3? d. Facility #4? e. Facility #5? f. Facility #6?			
8) Does the Subrecipient have Grievance Procedures posted in an area to which clients have free access a. Facility #1? b. Facility #2? c. Facility #3? d. Facility #4? e. Facility #5? f. Facility #6?			
9) Does the Subrecipient have the Client Rights and Responsibilities posted in an area to which clients have free access a. Facility #1? b. Facility #2? c. Facility #3? d. Facility #4? e. Facility #5? f. Facility #6?			
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?			

Area of Evaluation	Yes	No	N/A
11) Does the subrecipient identify, in the case of an adverse event or disaster (severe weather, hazardous conditions, etc.), an alternative location for each facility within the area, where they have the ability to initiate, maintain, and sustain operations for up to 30 a. Alternative location for Facility #1: Location:			
b. Alternative location for Facility #2: Location:			
c. Alternative location for Facility #3: Location:			
d. Alternative location for Facility #4: Location:			
e. Alternative location for Facility #5: Location:			
f. Alternative location for Facility #6: Location:			
12) Is there documentation that subrecipient facilities are checked annually for fire and safety risks?			
13) Are facility inspection reports free from any areas of concern or non-compliance? (e.g., fire, health, elevator, etc.)			
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?			
15) Does the subrecipient have the following documents for the facilities visited? [Request a current copy of each document.]			
a. Certificate of Use and Occupancy			
b. 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			
c. Life Safety Operating Permit (documenting annual inspection by the Miami-Dade County Fire Rescue Department)			
d. Fire Alarm and Fire Extinguisher Annual Inspection Reports			
e. Elevator Inspection Report, if applicable			
f. Incident, Injury, and Hazard Management Tracking and Reporting Policy and incident log			
g. Continuity of Operations Plan (COOP) [Only request a copy if the COOP was updated after Part A contract execution; otherwise OMB has a copy in the corresponding Due Diligence packet.]			

<i>Outpatient Medical Care, Medical Case Management, and Oral Health Care, and Pharmaceutical Services subrecipients only</i>			
15) Is there written policy regarding walk-ins? [Request a copy]			
16) Are clients informed of walk-in policy? 16 a) How are clients informed?			
17) 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			

Comments (Building Maintenance / Accessibility / Risk Management):

SECTION V: REVIEW OF SUBRECIPIENT'S BILLING PRACTICES

The subrecipient's compliance with billing requirements is evaluated to ensure that the Ryan White Program is the payer of last resort.

Area of Evaluation	Yes	No	N/A
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?			
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)			
3) Does the subrecipient's Financial Accounting Policies and Procedures include a section addressing Billing and Collection [If YES, request a copy of the section]			
4) Does the subrecipient have a Third Party Payer policy regarding billing? (see also Section XII - Fiscal Management)			
5) Does the subrecipient have written procedures for follow-up on denied third party payment claims?			
6) Is the Ryan White Program always used as payer of last resort?			
7) 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.)?			
8) Does the subrecipient offer Medicaid reimbursable services? If YES, specify the services: _____			
9) Is the subrecipient eligible and authorized to bill Medicaid?			
9a) If YES to #9 above, please indicate the subrecipient's Medicaid Provider Number;			

Area of Evaluation	Yes	No	N/A
10) Does the subrecipient offer Medicare reimbursable services? If YES, specify the services: _____			
11) Is the subrecipient eligible and authorized to bill Medicare?			
11a) If YES to #11, please indicate subrecipient's Medicare Provider Number			
12) 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?			
12a) Does the subrecipient have a written policy regarding the pursuit of retroactive Medicaid or Medicare reimbursement? [If YES, request a copy]			
13) If YES to #9 and #11 above, does the subrecipient properly document Medicaid and/or Medicare retroactive billing?			
13a) If YES, specify how are retroactive billings documented:			
14) 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]			
15) Does the subrecipient have written policy on refusal of services to clients? [If YES, request a copy]			
16) Does the subrecipient maintain a file of clients who were refused services?			
16a) If YES to #16 above, 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?			
18) Does the subrecipient have written policy that ensures that clients with a pre-existing condition or clients with VA benefits are not refused service?			

[ENTER SUBRECIPIENT'S INDEX CODE]

Area of Evaluation	Yes	No	N/A
<i>Medical Case Management Subrecipients Only</i>			
19) 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?			

Comments (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 #	Subrecipient Assigned Client ID#	Date of Service	Type of Service, Billing Code, & # of Units Reviewed	Type of Service, Billing Code, & # of Units Documented in client chart, service log, etc.	Variance <i>(indicate # of units and dollar value)</i>	Comment / Finding

Duplicate page as necessary

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

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

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

Comments (Summary of Billing Audit):

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.

A. SAMPLE SIZE:

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

B. CLIENT ELIGIBILITY REVIEW WORKBOOK (SECTIONS 1 THROUGH 4):

(NOTE: Reviewers must complete a separate Client Eligibility 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):	(Medical) Case Management Agency:
Name of (Medical) Case Manager:	RW Medical Case Manager? Yes / No

SECTION 2 – Minimum Eligibility and Payer of Last Resort				
Eligibility Requirement	Documentation Found?			Comments/Type of Documentation Found
	Yes	No	N/A	
1) Verification of HIV+ Status <u>located in the client record</u>				
1a) Comments:				

SECTION 2 – Minimum Eligibility and Payer of Last Resort (continued)				
Eligibility Requirement	Documentation Found?			Comments/Type of Documentation Found
	Yes	No	N/A	
2) Verification of Miami-Dade County Residency <u>located in the client record</u>				
2a) Comments:				
3) Verification of Gross Household Income <u>located in the client record</u>				
3a) Comments:				
4) Is there a picture ID of the client <u>located in the client record</u> ?				
4a) Comments:				
5) Is client employed? If YES, are they: (check one): 5a) Full-time? _____ Part-time? _____				
5b) Comments:				
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)?				
6a) Comments:				

SECTION 2 – Minimum Eligibility and Payer of Last Resort (continued)				
Eligibility Requirement	Documentation Found?			Comments/Type of Documentation Found
	Yes	No	N/A	
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?				
7a) Comments:				
8) Are other payer sources noted in the Financial Assessment?				
8a) Comments: [List all other payer sources identified]				
9) 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).				
9a) Comments:				

SECTION 2 – Minimum Eligibility and Payer of Last Resort (continued)				
Eligibility Requirement	Documentation Found?			Comments/Type of Documentation Found
	Yes	No	N/A	
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 6-month reassessment (if applicable)?				
10a) Comments:				
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.) at least every 6 months?				
11a) Comments:				
12) Is there a Miami-Dade County Property Search document on file showing whether the client has more than one property <u>in their name</u> in order to screen for rental income?				
12a) Comments:				
13) 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 Certified Referrals, Out of Network Referrals, etc.? (this varies for each service category)				
13a) Comments: [List other documentation found]				

SECTION 2 – Minimum Eligibility and Payer of Last Resort (continued)				
<i>[NOTE: Complete items 14 and 15 for all client records reviewed, then only complete items 16 through 21 if the client received Ryan White Part A Program Health Insurance Assistance related to the Affordable Care Act (ACA)]</i>				
Eligibility Requirement	Documentation Found?			Comments/Type of Documentation Found
	Yes	No	N/A	
14) Was the client determined to be eligible for ACA? [If YES, proceed to Q15] [if NO, skip to section labeled “Consents/Acknowledgements”]				
14a) Comments:				
15) 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.]				
15a) Comments:				
16) Is a completed Miami-Dade County Affordable Care Act (ACA) Client Acknowledgment Form in the client record?				
16a) Comments:				

SECTION 2 – Minimum Eligibility and Payer of Last Resort (continued)				
Eligibility Requirement	Documentation Found?			Comments/Type of Documentation Found
	Yes	No	N/A	
17) Is a completed ACA Assessment Tool located in the client record?				
17a) Comments:				
18) 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?				
18a) Comments:				
19) Is there documentation in the client progress notes that the medical case manager has advised clients of the federal tax penalties associated with not having Minimum Essential Coverage? [NOTE: This tax “penalty” is no longer effective with 2019 Tax Returns.]				
19a) Comments:				
20) Is there documentation on file that the medical case manager reconciled Advanced Premium Tax Credits with any related tax refunds and assistance provided by the Ryan White Part A/MAI Program?				
20a) Comments:				

SECTION 2 – Minimum Eligibility and Payer of Last Resort (continued)				
Eligibility Requirement	Documentation Found?			Comments/Type of Documentation Found
	Yes	No	N/A	
21) Is there documentation that the medical case manager attempted to contact the client at least 3 separate times no less than 2 business days apart, should they be noncompliant with the policy on ACA Advance Premium Tax Credits?				
21a) Comments:				

SECTION 3 – Consents / Acknowledgments			
CONSENTS/ACKNOWLEDGMENTS	YES	NO	COMMENTS
<i>Signed once, unless revoked by client:</i>			
1) Is there an Outreach Consent signed and dated by both the medical case manager and the client?			
2) If NO to #1 directly above, is the reason client did not sign documented?			
3) Is there a signed and dated Miami-Dade County Notice of Privacy Practices ?			
4) Is there a signed and dated acknowledgement from the client noting receipt of the agency's Client Grievance Policy ?			

SECTION 3 – Consents / Acknowledgments (continued)			
CONSENTS/ACKNOWLEDGMENTS	YES	NO	COMMENTS
<i>Signed once, unless revoked by client:</i>			
5) Is there a current, complete, signed and dated SDIS Authorization for the Release and Exchange of Information (Informed Consent) form?			
6) Is there a current Composite Consent for Enrollment that is signed and dated by both the medical case manager and the client?			

SECTION 4 – Confirmation of Client's Medical Case Management Services		
<p><i>(NOTE: Complete this section only for clients enrolled in the local Ryan White Part A/MAI Program. See Section 1 of this monitoring instrument.)</i></p>		
Client's Original Enrollment Date in Ryan White Program:		
Dates of Last Two Re-certifications (re-assessments) for Client Eligibility:		
Dates of Last Two Comprehensive Health Assessments:		
Dates of Last Two Financial Assessments:		
Dates of Last Two Plans of Care Entries:		

SECTION 4 – Confirmation of Client’s Medical Case Management Services (continued)				
<i>(NOTE: Complete this section only for clients enrolled in the local Ryan White Part A/MAI Program. See Section 1 of this monitoring instrument.)</i>				
DOCUMENTATION	Yes	No	N/A	Comments
1) Are the dates that the progress notes are entered in the SDIS 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?				
2) Are the progress notes consistently physically signed or electronically signed in SDIS or initialed and dated?				
3) 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?				
4) Do the Plans of Care consistently include the medical case management supervisor’s signature?				
5) Were the client re-assessments consistently completed with six (6) months of each other?				

Comments (Client Eligibility):

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
1) Does the subrecipient have a written Operational Policies and Procedures? If YES, what was the date of the last update: _____			
2) Does the subrecipient have a written Drug-Free Workplace Policy?			
3) Does the subrecipient have a written Equal Employment Opportunity and/or Affirmative Action Policy?			
4) Does the subrecipient have a written Sexual & Unlawful Harassment Policy?			
5) Does the subrecipient have a written Code of Ethics and/or other policy that addresses: a. Anti-kickback Statute? b. Fraud, Waste, and Mismanagement? c. Conflict of Interest and Nepotism? d. Client Confidentiality Procedures?			
6) Did the subrecipient have no violations of any policies listed in #5 above reported?			
6a) If there were violations, please explain:			
7) Does the subrecipient have written policies and procedures in compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules and regulations?			
8) Does the subrecipient have written policies addressing access to public records?			

Area of Evaluation	Yes	No	N/A
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]			
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 b. Separate processes for informal complaints and formal grievances c. Reasonable timeline for addressing complaints and grievances d. Description of the types of grievances and individuals covered e. Meeting between the grievant and the Executive Director, or a Board f. Written subrecipient response to the grievant or the grievant's care			
11) Do the Grievance Policies and Procedures specifically address client grievances or complaints?			
11a) How many client informal complaints and formal grievances were logged during the grant fiscal year?			
11b) How many complaints or grievances show documentation of resolution?			
12) Do the Grievance Policies and Procedures specifically address staff grievances or complaints?			
12a) How many staff informal complaints and formal grievances were logged during the grant fiscal year?			
12b) How many complaints or grievances show documentation of resolution?			
13) 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?			
14) Does the subrecipient have a written policy regarding general outreach for client recruitment and to inform clients of available services?			
15) Does the subrecipient have a written policy regarding workplace violence?			
16) Does the subrecipient have a written whistle-blower policy?			

Area of Evaluation	Yes	No	N/A
17) If the subrecipient is a Medicaid or Medicare provider, does it have a Corporate Compliance Plan?			
18) 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:			
a. Emergency rooms			
b. Substance abuse and mental health treatment programs			
c. Detoxification centers			
d. Adult and juvenile detention facilities			
e. Sexually Transmitted Disease Clinics			
f. Homeless shelters			
g. HIV disease counseling and testing sites			
Part A or MAI-funded Outreach Service Subrecipients only			
h. Hospital discharge clinics/departments			
i. Jail and/or correctional facilities, including, but not limited to, re-entry programs			
j. Federally Qualified Health Centers (FQHCs)			
19) Does subrecipient's hiring policy include the requirement to first use Florida CareerSource for hiring stipulated in the contract?			
For Food Bank and Residential Substance Abuse Treatment Subrecipients only			
20) 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).			

Comments (Operating Policies):

**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
1) Does the subrecipient perform any internal needs assessment activities?			
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.)?			
3) Does the subrecipient have written procedures to involve the client in the decision-making process that include: a. Consumer representatives in the Board of Directors b. Client Advisory Board c. Client Satisfaction Survey d. Other – Specify: <hr/>			
4) Is there documentation that an analysis has been conducted and program enhancements have been implemented as a result of client needs assessments?			
5) Is there documentation that results of the analyses above are reported to the Board of Directors? [Request Board Meeting minutes]			

If questions 1 through 5 above are "YES", please provide in comments how and what type of activity is conducted, and the frequency of the activities.

Comments (Client Participation in Subrecipient's Operations):

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
1) Does the subrecipient have a list of its current Board of Directors? [If YES, request and attach a copy]			
2) If YES to #1, does the list include a breakdown of gender, race, and ethnicity? [If NO, request a demographic breakdown]			
3) Is the demographic breakdown of the Board of Directors representative of the subrecipient's client population?			
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.			
5) Does the subrecipient's Board of Directors meet regularly? Request and attach a copy of the last three (3) meeting minutes.			
6) Do the Board of Directors' By-laws reference Ethics and Standards of Conduct?			
7) Do the Board of Directors' By-laws reference transparency in financial transactions between Board members, their businesses, and the non-profit organization?			

Comments (Board of Director's Activities):

**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
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?			
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?			
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?			
4) Does the subrecipient educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis?			
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?			
6) Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing?			

Area of Evaluation	Yes	No	N/A
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?			
7a) Are the interpreters that the subrecipient uses: a. Family or friends of the client? b. Bilingual staff? c. Face-to-Face Volunteers? d. Face-to-Face Professional Interpreter? e. Telephone language assistance?			
7b) Can the subrecipient show evidence that all interpreters have been appropriately trained to provide such service? [If YES, request a copy of the proof]			
8) 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?			
ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY STANDARDS			
9) Does the subrecipient have established culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations?			
10) 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?			
11) 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?			
12) 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?			
13) Does the subrecipient partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness?			

Area of Evaluation	Yes	No	N/A
14) Does the subrecipient create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints?			
15) Does the subrecipient communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public?			

Comments (Culturally and Linguistically Appropriate Services Standards):

If the subrecipient is working towards compliance in any of the areas indicated above (Section X, items #1 through 15), please explain here.

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
1) Does the subrecipient have a written Personnel Policies and Procedures? If so, when were the Personnel Policies and Procedures last updated? [Request a copy]			
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?			
3) Does the subrecipient have a written policy to discourage hiring staff who have been convicted of a felony?			
4) Does the subrecipient have a written policy to avoid hiring persons who are under investigation by Medicaid or Medicare?			
5) Does the subrecipient have a written policy to discourage large signing bonuses?			
6) Does the subrecipient have established job descriptions for all Ryan White Part A Program-funded staff?			
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 Guidelines for the corresponding fiscal year]			

Area of Evaluation	Yes	No	N/A
8) Are Equal Employment Opportunity, Workers' Compensation, Family Leave Act, and other mandated or relevant information conspicuously displayed by the subrecipient?			
9) Are professional licenses for Ryan White Program-funded staff current and appropriate for the services provided by the organization (as applicable)?			
10) Does the subrecipient have excessive or significant staff turnover? If YES, explain how the subrecipient has addressed this issue? _____ _____ _____			
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 ?			
12) Does the subrecipient enforce and follow the established the personnel policies and procedures?			
<p>13) 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.</p> <p>a. License # _____ Expiration Date _____</p> <p>b. License # _____ Expiration Date _____</p> <p>c. License # _____ Expiration Date _____</p> <p>d. License # _____ Expiration Date _____</p> <p>e. License # _____ Expiration Date _____</p> <p>f. License # _____ Expiration Date _____</p>			

14. **Personnel Record Review:** Sample up to 6 staff (not same ones as Licensing Sampling)

Documentation Requirement	Documentation Found?			Comments/Description
	Yes	No	N/A	
a. Signed job application				
b. Proof of education (copies of degrees and/or transcripts)?				
c. Current licenses required for position, if applicable (nonexpired)				
d. Level II Background screening, if applicable?				
e. Drug screening?				
f. Physical exam?				
g. Job descriptions describing functions, duties, and performance standards adequate to the position(s) funded under the Ryan White Program?				
h. Annual performance/employee evaluation?				
i. Federal I-9 Form (Employment Eligibility Verification Form)?				
j. Federal W-4 Form (Employee's Withholding Allowance Certification; at least one on file)?				
k. Proof of completion of required hours of training?				
l. Proof of knowledge of the subrecipient's policies and procedures?				
m. Signed Confidentiality statement?				
n. Signed confirmation of receipt of 41 U.S.C. 4712 whistleblower rights and protections?				
o. SDIS User Access or Subrecipient List approval(s) on file?				
p. Documentation that staff member is not on OIG or SAM.gov exclusion lists				

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

Area of Evaluation	Yes	No	N/A
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.]			
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) b. Award Year c. Federal Awarding Entity d. Pass Through Entity e. CFDA Number and Title			
7a) Where are they identified? [Request a sample copy]			
8) Is a cost basis or accrual method of accounting used? (CHECK ONE) 8a) Cost basis: _____ Accrual: _____			
9) Does the subrecipient have the general ledger, balance sheets, and income and expense reports for the month(s) OMB is sampling? [Request a copy of each]			
10) Do the interim financial reports indicate expenses such as professional fees, legal fees, interest, penalties, and loans to employees?			
11) Does the agency have a chart of accounts? [Request a copy]			
12) Does the chart of accounts support proper allocation of revenue and expense categories properly identified by program (funding source)?			
13) 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): _____			

Area of Evaluation	Yes	No	N/A
14) 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]			
15) If YES to #14 directly above, were no unallowable costs expenses booked (allocated) to the Ryan White Program?			
16) 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.).]			
17) 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.			
18) 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 Part A/MAI Program?			
19) What process does the subrecipient follow to address situations where actual expenditures exceed or fall short of the approved Ryan White Part A budget?			
20) Does the subrecipient adhere to the funding limits set in the approved Ryan White Part A service categories?			

Comments (General):

NON-PROFIT and TAX-EXEMPT STATUS

Area of Evaluation	Yes	No	N/A
1) Is the agency a non-profit organization?			
2) If YES to #1 directly above, does the subrecipient have documentation as proof? [e.g., 501(c)3 letter, etc.] [If NO, skip to the Bank section]			
2a) What documentation was provided			
<p><i>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</i></p>			
3) Is the subrecipient eligible to receive tax-deductible charitable contributions?			
4) 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?			
5) 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.)			

Comments (Non-profit Status):

BANKING PRACTICES

Area of Evaluation	Yes	No	N/A
1) Are bank statements reconciled in a timely manner? Indicate the statement months reviewed for this "Bank" section: _____ How long after monthly bank statement is a reconciliation done? _____			
2) Are bank reconciliations signed by the preparer and his/her immediate supervisor?			
3) Does the bank reconciliation agree with the general ledger for cash?			
4) Are adjustments properly documented and explained?			
5) Are checks pre-numbered and used in consecutive order as indicated on bank statements?			
6) Do bank statements reflect a positive balance at the end of the month?			
7) Are bank statements free of returned checks or overdraft fees due to insufficient funds?			
8) If NO to #7 directly above, were none of these fees and/or charges allocated to the Ryan White Program?			
9) 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.]			
10) Does the subrecipient have a written policy for signing checks?			
Reviewers: Select a sampling of outstanding checks for this section. Also, trace the sample checks to subsequent bank statements and corresponding bank reconciliation.			
11) Do checks require two (2) signatures as required by County Administrative Order 3-15, Uniform Standards for Evaluation and Performance of Community Based Organizations?			
12) 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.			
13) Are checks marked "Void after" a time period no greater than one (1) year"? Indicate period of time printed on the checks: _____			

Area of Evaluation	Yes	No	N/A
14) Are the checks that were sampled during this monitoring visit free from checks that have been outstanding for more than one (1) year? [NOTE: Any check not cleared within the year requires an explanation from the subrecipient's Chief Financial Officer.]			
For Health Insurance Assistance Services Only			
15) 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]			

Comments (Banking Practices):

PETTY CASH

Area of Evaluation	Yes	No	N/A
<p>1) Does the subrecipient use a petty cash fund for any program expenses even those expenses not funded by the Ryan White Part A/MAI Program? [If YES, complete items 2 through 7a below] [If NO, skip to "Procurement, Payments, and Accounts Payable"]</p>			
<p>2) Does the subrecipient have a written Petty Cash Policy available for review?</p> <p>If YES, request a copy; and:</p> <ul style="list-style-type: none"> • If the policy is general for the entire organization, Reviewers must test the petty cash process and fund balance. • If the policy specifically excludes the Ryan White Program, make a related notation, mark this item "N/A" and skip to next section. 			
<p>3) Does the subrecipient's written policy include a policy on regularly balancing the petty cash fund? 3a) If YES, How often? _____ 3b) If YES, By whom? _____</p>			
<p>4) Does the subrecipient's written policy limit the use of petty cash funds for small purchases only? 4a) What is the threshold for petty cash purchases? _____</p>			
<p>5) Do petty cash records only show purchases under the established threshold?</p>			
<p>6) Is the petty cash fund replenished only by check?</p>			
<p>7) Are the petty cash funds securely stored under lock and key?</p>			
<p>7a) If YES to #7 above, state how, where, by whom, and how many people have access to it?</p>			

Comments (Petty Cash):

PROCUREMENT, PURCHASING, AND ACCOUNTS PAYABLE

Area of Evaluation	Yes	No	N/A
1) 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.			
b. Purchase Order System used for most if not all purchasing			
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.			
d. Avoidance of real or apparent organizational conflicts of interests and non-competitive practices among contractors with procurement			
e. Procedure exists to avoid unnecessary or duplicative purchases			
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.			
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.			
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.			
i. Maintenance of records sufficient to detail the history of a procurement which include at a 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?			

Area of Evaluation	Yes	No	N/A
1) Does the subrecipient have written Purchasing/Procurement Policy and Procedures that address: (continued)			
j. 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?			
k. Use of Federal excess and surplus property in lieu of purchasing new whenever such use is feasible and reduces project costs?			
l. 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?			
m. Equitable distribution of purchasing amongst qualified suppliers that offer a similar price?			
n. Training in federal procurement requirements for key staff involved in procurement?			
o. Unnecessary or duplicative procurement?			
p. Purchasing cost/price analysis?			
q. Limited use of Time and Material contracts?			
2) Are payments to vendors generated by an original invoice?			
2a) If YES to #2 directly above, are the original invoices detailed (e.g., date, quantity, price, description of goods, etc.)			
3) Is payment to a vendor approved by authorized staff/management?			
4) Are invoices effectively cancelled to avoid duplicate payments (i.e., marked "Paid")?			
5) Do check and invoice amounts agree?			
6) Are canceled checks (facsimiles or copies) available as per the check register to support the amount paid?			
6a) If NO to #6 directly above, is there an explanation of the variance?			

Area of Evaluation	Yes	No	N/A
7) Do the dates on the checks match the "paid" dates on the invoices?			
8) Does the subrecipient have a process in place to ensure that it is not paying sales taxes unnecessarily (applies to tax-exempt agencies only)?			
8a) If NO to #8 directly above, is subrecipient filing for sales tax refunds from the State Department of Revenue? (applies to tax-exempt agencies only)?			

Comments (Procurement, Purchasing, and Accounts Payable):

CLIENT CHARGES AND PROGRAM INCOME

Area of Evaluation	Yes	No	N/A
1) Does the subrecipient have a sliding fee scale? If YES, request a copy.			
2) Does the subrecipient track client charges?			
3) In the case of individuals with income between 100% and 400%, 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))			
4) Has a client ever reached their payment cap.			
5) If YES to #4 directly above, are payment no longer imposed on or charged to the client that have reached the payment cap?			

Area of Evaluation	Yes	No	N/A
6) 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)? b. Client fees based on the subrecipient's sliding fee scale c. Charges or collections for practitioners whose salaries are paid in whole or in part with Ryan White Program funds? d. Interest payments			
7) If YES to #6 above, does the subrecipient have a specific account designated to record/track Ryan White Program Income? If YES, specify which account: _____			
8) If YES to # 6 directly above, is program revenue recorded in the accounting system by program or activity that generated it?			
9) If YES to #6 above, are the program revenues deposited in the account where Ryan White Program funds are deposited?			
10) Does the agency prepare and review reports on program income? [If YES, request a copy of the program income reports]			
11) Does the subrecipient budget for program income and monitor budget vs. actual?			
12) Do fiscal policies specify how program income is tracked by the activity that generated it?			
13) Are the revenues used for related program services and do fiscal policies specify how the program income is to be used?			

Comments (Client Charges and Program Income):

BUDGET

Area of Evaluation	Yes	No	N/A
For this section reviewers will test operational and administrative expenses for accuracy of total amounts and percent allocations			
1) 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]			
2) If YES to #1 directly above, do the program budgets tie to the figures in the agency-wide budget?			
3) Do documented expenditures follow the most current budget approved by the Ryan White Program?			
4) Does the subrecipient track expenditures versus budgeted amounts at least quarterly and reconcile (compare and adjust) budgeted and invoiced amounts to actual expenditures and conduct a comparison to service utilization cost versus			
3a) What staff position(s) does this(identify using position title?)			
3b) How often is this done?			
3c) How is the information used?			
5) 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]			
6) Is there a written policy and procedure for the development (completion) of the annual FLIER for Ryan White Program-funded services with roles and duties clearly defined? [Request a copy of the FLIER policy and procedures]			

Comments (Budget):

AUDIT

Area of Evaluation	Yes	No	N/A
1) 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 Q3] [If NO, proceed to Q2]			
2) Does the subrecipient have audited financial statements or conduct an annual audit anyway? [If YES, proceed to Q3] [If NO, proceed to "Reimbursement Requests to the County section"]			
3) Does the subrecipient have a written policy regarding the selection of an independent auditor?			
4) Does the subrecipient have a copy of the auditor's peer review?			
5) Is the subrecipient required to have an Single Audit?			
5a) Specify Fiscal Year End date:			
5b) Date of most current audit:			
6) 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)?			
7) 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)			
8) Has subrecipient tested the Ryan White program as a major program in the last two years? [If YES, request a copy]			
9) If YES to Q8 above, were there any findings?			
10) 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?			
11) 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]			

[ENTER SUBRECIPIENT'S INDEX CODE]

Comments (Audit):

Comments (Fiscal Management - Other):

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
1) Are staff members' work hours documented through a time sheet, electronic time clock, or sign in/out log? If yes, specify: _____			
2) Are time records signed by both the employee and the supervisor?			
3) Do payroll journals include staff name, gross/net pay amounts or salary, hours worked, payroll period, and payroll deductions?			
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 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?			
6) Does the subrecipient use reports on services by practitioners to assess reasonableness of time and effort charged to Ryan White Program?			

Comments (Review Of Subrecipient's Payroll Records):

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	Cumulative Amount Recorded on Payroll Register for time Period on FLIER	Amount reported on FLIER	% Variance	Dollar Amount of Variance
	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	Maximum % Time to be charged to RW from Time and Effort Report	Actual % Time reported on FLIER	% Variance	Dollar Amount of Variance
	Name:				
	Title:				
	Salary				
	Fringe				
	Name:				
	Title:				
	Salary				
	Fringe				
	Name:				
	Title:				
	Salary				
	Fringe				
	Name:				
	Title:				
	Salary				
	Fringe				
	Name:				
	Title:				
	Salary				
	Fringe				
	Name:				
	Title:				
	Salary				
	Fringe				

Comments (Review of Subrecipient's Payroll Records):

**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.

PAYROLL TAX RECORDS

Area of Evaluation	Yes	No	N/A
<p>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:</p>			
<p>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)?</p> <p>(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.)</p>			
<p>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 5th month after the subrecipient's fiscal year end; automatic 3-month extension available through Form 8868)</p>			
<p>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)</p> <p>(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.)</p> <p>(See quarterly form RT-6 for State unemployment and annual form 940 for Federal unemployment)</p>			

Area of Evaluation	Yes	No	N/A
5) Has the subrecipient had no penalties or interest payments charged due to late tax or insurance payments?			
6) Are IRS W-2 Forms (Report of Wage Statement to employees) distributed to current and prior employees by the January 31 st deadline?			
7) Does the subrecipient keep a copy of W-2s?			
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 16, 2016 deadline?			
9) Is the Social Security transmittal filing (W-3) by the due date, by mail February 28/29 th , or e-filing by March 31 st , of each year?			

Comments (Payroll Tax Records):

PAYMENT OF FRINGE BENEFITS

Area of Evaluation	Yes	No	N/A
1) Are payments to the health insurance provider made in a timely manner?			
2) Are payments to the life insurance company made in a timely manner?			
3) If the subrecipient offers a retirement plan (e.g., 401K Plan), are employee contributions and employer match deposited/submitted in a timely manner?			
4) 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.)			

Comments (Payment of Fringe Benefits):

Comments (Review of Subrecipient's Payroll Tax Record and Payment of Fringe Benefits):

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
1) Does the subrecipient have a written Record Management policy			
a. Specifies the subrecipient's obligation to maintain and store documentation as required by Florida Statue and HHS Grants Policy Statement?			
b. Addresses how subrecipient will safeguard client confidentiality, including requiring employees to sign a confidentiality statement at time of hiring?			
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?			
d. Requires that hard copy files are kept under lock and key?			
e. Restricts access to client records only to authorized staff?			
f. Has protocols to maintain and protect computer-based documents and records?			
g. Requires that computer-based records and documents are password protected?			
h. Addresses access to hard copy or electronic records by Federal, State, and County grantee staff as required in funding contracts?			
i. Requires tracking requests for review of client records from authorized persons or legal counsel?			
2) Does the subrecipient maintain hard copy files?			
3) If YES to #2 directly above, are the hard copy files kept under lock and key?			
4) Indicate where hard copy client files are located and who has access to them:			

[ENTER SUBRECIPIENT'S INDEX CODE]

5) Are computer-based records and documents backed up onto a medium that is stored in a fire-resistant safe?			
5a) If yes, how often are the records backed-up?			
5b) Where are the back-ups kept?			

Comments (Protection of Records):

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
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 Q2]			
2) Is there a Property Management Policy that addresses: a. Criteria for records of fixed assets purchased with the Ryan White Program funding b. Acquisition date c. Disposal date and method (Specify: d. Funding Source e. Use/Condition f. Location			
3) Does the fixed asset register (inventory log) include the following information: a. Item description b. Acquisition date c. Cost d. Titleholder e. Percentage of Federal participation f. Disposal date and method (Specify: _____) g. Funding Source h. Use/Condition i. Location j. Serial or other ID number k. Asset tag number l. FAIN Number			
4) Is a physical inventory taken and recorded on an annual or biennial basis?			
5) Are property records reconciled to the General Ledger at least once annually?			
6) Are fixed assets being used in accordance with funding intent?			

Area of Evaluation	Yes	No	N/A
7) Does the subrecipient have a maintenance procedure in place to keep property in good condition?			
8) Has full payment been made for fixed assets paid for by the Ryan White Program, and are assets free from liens?			
9) Does the subrecipient have adequate controls to safeguard against or prevent loss, damage, theft?			
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)?			
11) Were fixed assets purchased within the contract period in which they were approved/funded?			
12) Were fixed assets funded by the Ryan White Program purchased through competitive procurement (at least 3 written bids)?			
13) Were the assets disposed of following the requirements in the environmental regulations? (Certificate of Disposal)			

Comments (Protection of Property):

**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
1) Did the subrecipient subcontract any of its Ryan White Program-funded services? [If NO, skip to Section XVII]			
2) Was the subcontract(s) submitted to the County for consent prior to implementation of services by the subcontractor?			
3) Does the subrecipient maintain documentation to evidence a competitive selection of contractor(s)?			
4) Did authorized individuals from the subrecipient and the subcontractor sign and date the subcontract agreement?			
5) Does the subcontract contain the following components:			
a. Term of the agreement with annual renewal requirement			
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			
c. Scope of work detailing services to be performed			
d. Language regarding client confidentiality and HIPAA regulations, if applicable.			
e. Requirements regarding the maintenance and retention of records			
f. Assurances that the subcontract is not an employee of the subrecipient or Miami Dade County			
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			

Area of Evaluation	Yes	No	N/A
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			
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.			
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			
6) Does the subrecipient require that subcontractors carry liability insurance and monitor maintenance of coverage during the entire term of the agreement?			
7) Can the subrecipient show evidence of monitoring its subcontractors for compliance with programmatic, documentation, and billing requirements?			
8) Does the subrecipient pay subcontractors within 30 to 45 days of receipt of a complete and accurate invoice)?			

Comments (Subcontracts):

**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
1) If the service(s) offered require special operational licenses, are they current and appropriate?			
2) Is the agency a Federally Qualified Health Center?			
3) Is the agency currently accredited by the Joint Commission (formerly known as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)]?			

Comments (Licenses and Accreditation):

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
1) Does the subrecipient have the following type of insurance coverage in place?			
a. General Liability Expiration Date _____ Coverage Amount _____			
b. Property Expiration Date: _____ Coverage Amount _____			
c. Worker's Compensation Expiration Date _____ Coverage Amount _____			
d. Automobile Liability Expiration Date _____ Coverage Amount _____			
e. Other - specify: _____ Expiration Date: _____ Coverage Amount: _____			
FQHCs only			
f. Federal Tort Claims Act (FTCA) Deeming Notification Letter Expiration Date: _____ Coverage Amount _____			

Comments (Insurance Coverage):

**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
1) Was the subrecipient's most recent Annual Progress Report submitted by the deadline established by the County?			
2) Has the subrecipient submitted all required assurances for appropriate use of Ryan White Program funds, signed annually, with the Annual Progress Report?			
3) Was the subrecipient's most recent Final Line Item Expenditures Report (FLIER) submitted by the deadline established by the County?			
4) Does the subrecipient have the capacity to manage and report required administrative and clinical data for the RSR?			
5) Was the most current Ryan White Program Client-level Services Report (RSR) submitted by the deadline established by the County?			
6) Was the most recent Corrective Action Plan completed?			
7) Was the most recent Corrective Action Plan submitted in a timely manner?			
8) Has the subrecipient had all cures to finding in their most recent Corrective Action Plan approved by OMB staff?			
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?			

Comments (Compliance with Reporting Requirements):

**SECTION XXI: REVIEW OF SUBRECIPIENT'S
QUALITY MANAGEMENT PROGRAM AND COMPLIANCE WITH RYAN WHITE
CONTINUOUS QUALITY IMPROVEMENT 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
1) Does the subrecipient have a Quality Management Program? [Request a copy] When was it last updated? <hr/> If YES, proceed to next question] [If NO, skip to Continuous Quality Improvement Program section]			
2) Are staff and clinicians involved in the Clinical Quality Management (CQM) program, including key (senior) staff?			
3) Are CQM meetings held on a consistent basis with documentation of the meetings and activities?			
4) Are CQM activities, including data collection, utilized in strategic planning, modifying policies and procedures, and development of ongoing work plans?			
5) Are CQM results reported to HIV program staff, consumers, and governing bodies (as applicable)?			
6) Are quality goals measurable and reasonable?			
7) Is there a tracking mechanism for outcomes and process improvements?			
8) Are the tracked performance measures based on clinical guidelines or other relevant processes that contribute to improved clinical care, including oral health care?			
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?			

Continuous Quality Improvement (CQI) Program

Area of Evaluation		Yes	No	N/A
1) 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?				
	Established Scoring Threshold (%)	Subrecipient's Overall Score	Findings? (Yes/No)	
2) If YES to #1 directly above, indicate the service category reviewed, scoring threshold, and subrecipient's overall score.				
a. Service Category:				
b. Date of Record Review:				
c. Service Category:				
d. Date of Record Review:				
e. Service Category:				
f. Date of Record Review:				

Comments (Review of Subrecipient's Quality Management Program and Compliance with Continuous Quality Improvement Record Reviews):

**SECTION XXII: SUMMARY OF
FINDINGS WITH CORRECTIVE ACTIONS
AND
OBSERVATIONS WITH RECOMMENDATIONS**

[NOTE: This section identifies findings with corrective actions and observations with recommendations for each section of the monitoring tool, including, but not limited to, concerns of fiscal internal controls, under- or over-spending; improper invoicing; improper payments; failure of the subrecipient to fully meet program goals and objectives; repeated staff turnover or prolonged vacancies; missing or incomplete client charts; missing or insufficient documentation to support units and services billed to the County; failure to submit reports in a timely manner; failure to serve an eligible client without due cause; inactive Board of Directors; operational issues; and other budget or workplan concerns.)

**Review of Subrecipient's
Building Maintenance / Accessibility / Risk Management**

Finding #_:
Corrective Action:

Observation #_:
Recommendation:

**Review of Subrecipient's
Billing Practices**

Finding #_:
Corrective Action:

Observation #_:
Recommendation:

**Review of Subrecipient's Documentation of
Client Eligibility for Ryan White Part A / MAI Program-Funded Services**

Finding #_:
Corrective Action:

Observation #_:
Recommendation:

**Review of Subrecipient's
Operating Policies**

Finding #_:
Corrective Action:

Observation #_:
Recommendation:

**Review of
Client Input on Subrecipient's Operations**

Finding #_:
Corrective Action:

Observation #_:
Recommendation:

**Review of Subrecipient's
Board of Directors' Activities**

Finding #_:
Corrective Action:

Observation #_:
Recommendation:

**Review of Subrecipient's
Adherence to National Culturally and
Linguistically Appropriate Service Standards**

Finding #_:
Corrective Action:

Observation #_:
Recommendation:

**Review of Subrecipient's
Personnel Policies and Procedures**

Finding #_:
Corrective Action:

Observation #_:
Recommendation:

**Review of Subrecipient's
Fiscal Management**

Finding #_:
Corrective Action:

Observation #_:
Recommendation:

**Review of Subrecipient's
Payroll Records**

Finding #_:
Corrective Action:

Observation #_:
Recommendation:

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

Finding #_:
Corrective Action:

Observation #_:
Recommendation:

**Review of Subrecipient's
Protection of Records**

Finding #_:
Corrective Action:

Observation #_:
Recommendation:

**Review of Subrecipient's
Protection of Property**

Finding #_:
Corrective Action:

Observation #_:
Recommendation:

**Review of Subrecipient's
Subcontracts Related to the Provision of
Ryan White Program-funded Services**

Finding #_:
Corrective Action:

Observation #_:
Recommendation:

**Review of Subrecipient's
Licenses and Accreditations**

Finding #_:
Corrective Action:

Observation #_:
Recommendation:

**Review of Subrecipient's
Insurance Coverage**

Finding #_:
Corrective Action:

Observation #_:
Recommendation:

**Review of Subrecipient's
Compliance with Program Reporting Requirements**

Finding #_:
Corrective Action:

Observation #_:
Recommendation:

**Review of Subrecipient's
Quality Management Program and
Compliance with Continuous Quality Improvement Program**

Finding #_:
Corrective Action:

[ENTER SUBRECIPIENT'S INDEX CODE]

Observation #_:
Recommendation:
