



# Shelby County Government

Division of Community Service

Ryan White Program

## Comprehensive Monitoring Instrument

(Review of Fiscal, Programmatic, and Administrative Operations for Allowability, Allocability and Reasonableness)

Date:

### SECTION I: SERVICE PROVIDER INFORMATION (Program)

<b>Agency Name:</b>	
<b>Official Contact Person:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	
<b>Fax Number:</b>	

Service Provider staff who participated during monitoring visit	
Name	Title

### SECTION II: CONTRACT INFORMATION (Program)

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)

Ryan White Service Category (monitored during this visit)	Service Category Contract Amount	Contract Type (Continuation or New contract)

**SECTION III: LOGISTICS OF MONITORING VISIT (Program)**

<b>Shelby County Government Monitors</b>	
<b>Name</b>	<b>Title</b>

<b>Facility #1</b>
<p>Address:</p> <p>Date(s):</p> <p>Time(s):</p>

Was an Entrance Interview conducted?

Was an Exit Interview conducted?

**Comments (Logistics):**

**SECTION IV: ENTRANCE CONFERENCE (Program)**

Reference to National Monitoring Standards:

- Program, F.2, H.2.b

1.) What do you see as your Ryan White/MAI program's greatest success during the last year?

2.) What do you see as your Ryan White/MAI program's biggest challenge during the last year?

3.) Describe how has your agency addressed these challenges.

4.) Describe how your agency is involved in the larger HIV care and prevention community.

5.) What is the relationship between your agency and the agencies listed below?

Agency	Description of Relationship

6.) Are there other examples you would like to provide?

7.) How does your agency connected to HIV testing and linkage to care efforts. Please describe your agency's relationship and links to any health access points. (Case management programs, emergency rooms, substance abuse treatment programs, adult and juvenile detention centers, STD clinics, HIV counseling and testing sites, mental health programs, homeless shelters)

8.) Describe how you ensure clients receiving supportive services are linked and retained in primary medical care.

9.) Please describe any quality improvement projects your organization is undertaking to improve your clients' rate of viral suppression?

11.) Describe how clients are referred into your program?

12.) If your agency does not provide medical care, describe how you ensure clients are receiving primary medical care.

13.) Describe how your agency makes resources and referral information available to clients.

14.) What is your process for referring clients to other agencies for services your agency does not provide?
15.) Is there anything else you'd like us to know?

**Comments:**

**SECTION V: REVIEW OF SERVICE PROVIDER'S  
BUILDING MAINTENANCE / ACCESSIBILITY (Program)**

The service provider'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 provider is in compliance with the specified requirements. "No" indicates non-compliance and related findings are described in Section XXI of this monitoring tool. "N/A" indicates that the requirement is not applicable to the service provider.]

Reference to National Monitoring Standards:

- Universal, A.4

Area of Evaluation	Yes	No	N/A
1) Is the service provider's Facility #1 that was visited during this site visit clean, well-maintained, and safe?			
2) Is the service provider's Facility #2 that was visited during this site visit clean, well-maintained, and safe?			
3) Is each facility physically accessible to the disabled? Ramp? Elevator if multiple floors?			
4) Is each facility accessible by public transportation? If "Yes", indicate which type and how close: _____			
5) Are client records stored in a secure and confidential location?			
6) Are non-traditional operating hours available to meet client needs?			

**Comments (Building Maintenance/Accessibility):**

**SECTION VI: REVIEW OF DOCUMENTATION OF CLIENT  
ELIGIBILITY FOR RYAN WHITE PROGRAM-FUNDED SERVICES(Program)**

Client charts are reviewed to determine the service provider’s compliance with Ryan White Program client eligibility requirements as detailed in the corresponding Professional Services Agreement, Scope of Services, and Ryan White Program Standards of Care.

Total number of client charts reviewed during this site visit: \_\_\_\_\_ (\_\_\_\_% of total clients served under the Program contract).

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

Reference to National Monitoring Standards:

- Universal A.3, B.1, B.2
- Fiscal C.1, D.1

URN #	Agency Assigned Client ID#	Eligibility Requirement	Documentation Found?			Type of Documentation Found or Comments
			Yes	No	N/A	
		1) Verification of HIV+ Status				
Client’s Medicaid # (if applicable):  <hr/> Household Size: _____  Gross Household Income: _____		2) Verification of TGA Residency				
		3) Verification of Income				
		4) Is there a picture ID?				
		5) Is client employed? If YES, are they ( <i>check one</i> ): Full-time? _____ Part-time? _____				
		6) If YES to #5 directly above, is the client eligible for and enrolled in private health insurance? (if working, check last 2 pay periods stubs to identify if any health insurance deductions were made)				
		7) If YES to #6 directly above, did the client receive Ryan White Program-funded outpatient medical care or prescription drug services?				

URN #	Agency Assigned Client ID#	Eligibility Requirement	Documentation Found?			Type of Documentation Found or Comments
			Yes	No	N/A	
		8) Are other payer sources note in the Financial Assessment? If YES, which ones?				
		9) Documentation of Medicaid verification queries regarding the client's Medicaid eligibility or status where client was inactive, ineligible, or not found				
		10) Documentation of Third Party Query (TPQY) screening for Social Security Administration (SSA), Social Security Disability Insurance (SSDI), or Medicare where client was inactive, ineligible, or not found. (TPQY required within 45 days of initial client intake and annually thereafter at the time of the comprehensive health assessment)				
		11) 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.).				
		12) Is there a TGA-wide property search document on file?				
		13) Other required documentation on file (this varies for each service category) specify:  _____				



<b>CONSENTS/ACKNOWLEDGMENTS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
<b><i>Signed once, unless revoked by client:</i></b>				
1) Is there an <b>Outreach Consent</b> 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 <b>Notice of Privacy Practices</b> ?				
4) Is there a signed and dated acknowledgement from the client noting receipt of the <b>agency's Client Grievance Policy</b> ?				
<b><i>Signed Annually (current within the last 12 months):</i></b>				
5) Is there a current, complete, signed and dated <b>Authorization for the Release and Exchange of Information (Informed Consent)</b> form?				
6) Is there a current <b>Consent for Enrollment</b> that is signed and dated by both the medical case manager and the client?				

<b>CLIENT'S CASE MANAGER INFORMATION</b>		
<b>Name of (Medical) Case Manager:</b>		<b>RW Medical Case Manager, Yes/No? ____</b>
<b>(Medical) Case Management Agency:</b>		
<b>Client's Original Enrollment Date in Ryan White Program:</b>		
<b>Dates of Last Two Re-certifications for Client Eligibility:</b>		
<b>Dates of Last Two Comprehensive Health Assessments:</b>		
<b>Dates of Last Two Financial Assessments:</b>		
<b>Dates of Last Two Plans of Care Entries:</b>		

## DOCUMENTATION

Area of Evaluation	Yes	No	N/A
1) Are the dates that the progress notes are entered in CAREWare consistently done on the same day as the provision of service, or within 72 hours of the service date, excluding holidays and weekends?			
2) Are the progress notes consistently physically signed 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 SERVICE PROVIDER'S  
OPERATING POLICIES (Program)**

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

Reference to National Monitoring Standards:

- Universal C.1, C.2

Area of Evaluation	Yes	No	N/A
1) Does the service provider have a written Operational Policies and Procedures? If YES, what was the date of the last update: _____			
2) Does the service provider have a written Drug-Free Workplace Policy?			
3) Does the service provider have a written Equal Employment Opportunity and/or Affirmative Action Policy?			
4) Does the service provider have a written Sexual & Unlawful Harassment Policy?			
5) Does the service provider have a written Code of Ethics that address Anti-kickback Statute policies (if applicable), as well as efforts to avoid fraud, waste, and mismanagement in any Federally-funded program? If YES, have there been any violations? Explain: _____			
6) Does the service provider have a written Nepotism policy?			
7) Does the service provider have written Client Confidentiality procedures?			
8) Does the service provider have written policies and procedures in compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules and regulations?			
9) Does the service provider have clear policies addressing access to public records?			
10) Does the service provider have written emergency or natural disaster plans/procedures [e.g., Continuity of Operations Plan (COOP Plan), etc.] in place for the agency's response to emergencies?			

Area of Evaluation	Yes	No	N/A
11) Does the service provider have a written Grievance Policy/Procedures?			
12) Does the service provider have a written policy regarding general outreach for client recruitment and to inform clients of available services?			
13) Does the service provider have a written policy regarding workplace violence?			
14) Does the service provider have a written whistle-blower policy?			
15) If the service provider is a Medicaid or Medicare provider, does it have a Corporate Compliance Plan?			
16) Does the service provider have written Purchasing Policy and Procedures?			
17) If YES to #16 directly above, does the procurement policy require competitive procurement for any goods or services paid with Ryan White Program funding for amounts of \$500 or more?			

**Comments (Operating Policies):**

**SECTION VIII: REVIEW OF CLIENT PARTICIPATION IN THE  
SERVICE PROVIDER'S OPERATIONS (Program)**

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

Reference to National Monitoring Standards:

- Universal A.1

Area of Evaluation	Yes	No	N/A
1) Does the service provider perform any internal needs assessment activities?			
2) Does the service provider have a mechanism in place to monitor and respond to clients' level of satisfaction with services provided by the organization (i.e., client satisfaction survey, comment cards, suggestion box, focus group, etc.)?			
3) Does the service provider have procedures to involve the client in the decision-making process (i.e., consumer representatives in the Board of Directors, Client Advisory Board, Client Satisfaction Survey, etc.)?			
4) Is there documentation that an analysis has been conducted and program enhancements have been implemented as a result of needs assessments and client satisfaction surveys? If YES, specify: _____			
5) Does the agency maintain a visible suggestion box?			
6) Does the agency or program have an active and functioning CAB? <i>If no, skip to question #14.</i> <i>If yes, ask questions #7 -13.</i>			
7) How often to does the CAM meet?			
8) How many consumers are active participants?			
9) Does a staff member of the agency attend the meetings? If so, what is their role?			
10) What is the ethnic breakdown of the CAB?			
African American (Black)		Caucasian (White)	
Hispanic/Latino		Asian Pacific Islander	

Other:				
11) What is the gender breakdown of the CAB?				
Male		Female		Transgender
12) What is the structure of the CAB?				
13) Describe how the CAB recommendations affect service delivery?				
14) If there is no functioning CAB, are steps being taken to develop one?				
15) How do you solicit information from consumers and/or the community begin served?				

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

**Comments (Service Provider’s Operations):**

**SECTION IX: REVIEW OF SERVICE PROVIDER'S  
BOARD OF DIRECTORS' ACTIVITIES (Program)**

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

Reference to National Monitoring Standards:

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Area of Evaluation	Yes	No	N/A
1) Does the service provider have a current list of its 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?			
3) Is the service provider's Board of Directors comprised of the required number of members per the provider's By-laws? Obtain a copy of the By-laws page that addresses number of members.			
4) Does the service provider's Board of Directors meet regularly? Request and attach a copy of the last three (3) meeting minutes.			
5) Are Board Resolutions documented in the meeting minutes (especially the Board Resolution accepting the Ryan White Program award)?			
6) Do the Board of Directors' By-laws reference Ethics and Standard 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 SERVICE PROVIDER'S  
PROTECTION OF RECORDS (Program)**

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

Reference to National Monitoring Standards:

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Area of Evaluation	Yes	No	N/A
1) Does the agency have a policy to maintain and store documentation as required by law?			
2) Does the agency have policies to safeguard client confidentiality?			
3) Are employees required to sign a confidentiality statement at the time of hiring?			
4) Does the agency have a policy in place for the protection of identifiable health information as required by HIPAA rules and regulations?			
5) Are hard copy files kept under lock and key? If "Yes," please indicate who has access and where the files are located: _____ _____			
6) Is access to records restricted only to appropriate staff?			
7) Does the agency have protocols to protect computer-based documents and records (i.e., backup unto a medium that is stored in a fire-resistant safe)? If yes, how often are the records backed-up? _____ Where are the back-ups kept? _____			
8) Are computerized records password protected?			
9) Does the service provider have a written policy for access to hard copy or electronic records by County grantee staff or other authorized persons?			
10) Does the service provider process and track requests for file review or client records from authorized persons or legal counsel?			

**Comments (Protection of Records):**



**SECTION XI: REVIEW OF SERVICE PROVIDER'S  
SUBCONTRACTS RELATED TO THE PROVISION OF  
RYAN WHITE PROGRAM-FUNDED SERVICES (Program)**

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

Reference to National Monitoring Standards:

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

11) Does the agency monitor its subcontractors for compliance with programmatic, documentation, and billing requirements?			
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**Comments (Subcontracts):**

**SECTION XII: REVIEW OF SERVICE PROVIDER'S  
FACILITY LICENSES AND ACCREDITATIONS (Program)**

A review of the service provider'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.

Reference to National Monitoring Standards:

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Area of Evaluation	Yes	No	N/A
1) Are occupational licenses current and appropriate for the use of the facility? Request a copy of the Certificate of Occupancy.			
2) Do facility inspection reports show any areas of concern or non-compliance? (e.g., fire, health, elevator, etc.) If yes, specify: _____			
3) If YES to #2 directly above, has the agency taken steps to correct address these concerns?			
4) If the service(s) offered require special operational licenses, are they current and appropriate?			
5) Is the agency a Federally Qualified Health Center?			
6) Is the agency currently Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredited?			

**Comments (Facility Licenses):**

**SECTION XIII: REVIEW OF SERVICE PROVIDER'S  
INSURANCE COVERAGE (Program)**

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

Reference to National Monitoring Standards:

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Area of Evaluation	Yes	No	N/A
1) Does the agency have the following type of insurance coverage in place?			
<ul style="list-style-type: none"> <li>• General Liability Expiration Date: _____ Coverage Amount: _____</li> </ul>			
<ul style="list-style-type: none"> <li>• Property Expiration Date: _____ Coverage Amount: _____</li> </ul>			
<ul style="list-style-type: none"> <li>• Worker's Compensation Expiration Date: _____ Coverage Amount: _____</li> </ul>			
<ul style="list-style-type: none"> <li>• Automobile Liability Expiration Date: _____ Coverage Amount: _____</li> </ul>			
<ul style="list-style-type: none"> <li>• Other – specify: _____ Expiration Date: _____ Coverage Amount: _____</li> </ul>			

**Comments (Insurance):**

**SECTION XIV: REVIEW OF SERVICE PROVIDER'S  
COMPLIANCE WITH PROGRAM REPORTING REQUIREMENTS (Program)**

A review of the service provider's report submissions is conducted to ensure that the agency is in compliance with the requirements and the due dates.

Reference to National Monitoring Standards:

- Universal E.1
- Program F.1, I.1.a-b, J.a.b-c

Area of Evaluation	Yes	No	N/A
1) Was the agency's most current Quarterly Narrative submitted by the deadline established by the County?			
2) Was the most current Ryan White Program Client-level Services Report (RSR) submitted by the deadline established by the County?			
3) Has the agency submitted all required assurances for appropriate use of Ryan White Program funds, signed annually?			
4) Does the agency appropriately track and report WICY information?			
5) Does the agency have a system to appropriately track and report MAI services and expenditures?			
6) Was the agency's most current in+care data submission submitted by the deadline established by the County?			
7) Was the agency's most current PDE submission submitted by the deadline established by the County?			

**Comments (Compliance with Reporting Requirements):**

**SECTION XV: REVIEW OF SERVICE PROVIDER'S  
COMPLIANCE WITH QUALITY MANAGEMENT RECORD REVIEWS (Program)**

The service provider's scores, findings, recommendations, and corrective actions related to any Ryan White Program-related external quality management reviews conducted by the County were reviewed to ensure that services are provided and documented as required.

References to National Monitoring Standards:

- Program D.1
- Fiscal A.9

Area of Evaluation		Yes	No	N/A
1) Does the agency have a current Quality Management Plan?				
2) Who at the agency provides leadership for QM and QI activities?				
3) Review of HAB Core Measures				
	Established Scoring Threshold (%)	Agency's Overall Score	Findings? (Yes/No)	
Core #1: Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.				
Core #2: Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year.				
Core #3: Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.				
Core #4: Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year.				
Core #5: Percentage of patients aged 6 weeks or older with a diagnosis of HIV/AIDS, who were prescribed				

Pneumocystis jiroveci pneumonia (PCP) prophylaxis.			
System Level #1: Percent of Ryan White Program-funded outpatient/ambulatory care organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible patient to receive an appointment to enroll in outpatient/ambulatory medical care.			
		<b>Yes</b>	<b>No</b> <b>N/A</b>
4) IS the agency engaged in any Quality Improvement initiatives?			
5) Does the agency track how support services the agency provided contribute to positive or improved medical outcomes?			

**Comments (Compliance with Quality Management Reviews:**

**SECTION XVI: REVIEW OF SERVICE PROVIDER'S  
PROTECTION OF PROPERTY (Fiscal)**

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

Reference to National Monitoring Standards:

- Fiscal F.1-5

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

**Comments (Protection of Property):** Property is in inventory on Provider books as being purchased by Ryan White and is depreciated each year. Permission will be requested for disposal



**SECTION XVII: REVIEW OF SERVICE PROVIDER'S  
BILLING PRACTICES (Fiscal)**

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

Reference to National Monitoring Standards:

- Universal, A.2, F.3
- Program, A.1, G.1, G.2, G.3, G.4, G.5, G.6, G.7, G.8, G.9, H.3.f
- Fiscal A.9, B.1, B.2, B.3, C.1, C.2, C.3, C.4, C.5

Area of Evaluation	Yes	No	N/A
1) Are the services billed to the Ryan White Program consistent with the service provider's contracted Scope of Services for the contract period being monitored?			
2) Does the service provider maintain proper supporting documentation for all units billed?			
3) Does the service provider have a Third Party Payer policy regarding billing?			
4) Is the Ryan White Program always used as payer of last resort?			
5) Does the service provider consistently and systematically screen Ryan White Program clients for other payer sources (such as private insurance, Medicaid, Medicare, other benefit programs, etc.)?			
6) Does the service provider offer Medicaid reimbursable services? If YES, specify the services: _____			
7) Does the service provider offer Medicare reimbursable services? If YES, specify the services: _____			
8) Is the service provider eligible and authorized to bill Medicaid?			
9) Do reimbursement requests submitted to the Ryan White Program exclude Medicaid-covered services if the client is determined to be eligible for Medicaid assistance?			

Area of Evaluation	Yes	No	N/A
10) Does the service provider have a written policy to pursue retroactive Medicaid reimbursement?			
11) If YES to #10 above, does the service provider properly document Medicaid retroactive billing? If YES, specify how this retroactive billing is documented: _____			
12) For medical case management providers: Is there proof that the service provider regularly conducts Medicaid verification queries to determine if clients are currently enrolled in Medicaid?			
13) For medical case management providers: Is there proof that the service provider regularly conducts Third Party Query Procedure (TPQY) screenings to determine if clients are currently receiving Social Security Disability Insurance (SSDI) and Medicare benefits.			
14) Does the service provider maintain a file of clients who were refused services?			
15) If YES to #14 above, is the reason for the refusal of services indicated? If NO, why not?			
16) If YES to #14 above, has the provider refused services to clients for a pre-existing condition or because the client had VA benefits?			
17) For medical case management providers: Does the medical case management supervisor keep a log to track the use of Review (REV) and Consultation (CON)?			
18) If NO to #17 above, is there proof that the medical case management supervisor completes regular REV and CON services? If so, specify how: _____			

**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:**

<b>URN #</b>	<b>Agency Assigned Client ID#</b>	<b>Date of Service</b>	<b>Type of Service &amp; # of Units Reviewed</b>	<b>Type of Service &amp; # of Units Documented in client chart, service log, etc.</b>	<b>Variance <i>(indicate # of units and dollar value)</i></b>	<b>Comment / Finding</b>

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

**Comments (Summary of Billing Audit):**

**SECTION XVIII: REVIEW OF SERVICE PROVIDER'S  
PERSONNEL POLICIES AND PROCEDURES (Fiscal)**

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

Reference to National Monitoring Standards:

- Program B.1, G.4, G.5
- Fiscal B.3, B.8, C.1, K.9

Area of Evaluation	Yes	No	N/A
1) Does the service provider have a written Personnel Policy?			
2) Does the service provider have a written policy to prohibit lobbying by staff whose salaries are covered in whole or in part by Federal funds?			
3) Does the service provider have a written policy to discourage hiring staff who have been convicted of a felony?			
4) Does the service provider have a written policy to not hire persons who are under investigation by Medicaid or Medicare?			
5) Does the service provider have a written policy to discourage large signing bonuses?			
6) Are the personnel policies and procedures established by the service provider enforced and followed?			
7) Does the service provider have established job qualifications?			
8) Is the service provider in compliance with Ryan White Program qualification requirements for direct service personnel (where applicable)?			
9) Are employee records securely stored (locked files)?			
10) Are Equal Employment Opportunity, Worker's Compensation, Family Leave Act, and other mandated or relevant information conspicuously displayed by the service provider?			
11) Does the service provider have problems with staff turnover? If yes, explain how the service provider has addressed this issue.			

Area of Evaluation	Yes	No	N/A
<hr/> <hr/>			
12) Are the following documents maintained in personnel records:			
<ul style="list-style-type: none"> <li>○ Signed job applications or subcontracts detailing the scope of services to be provided maintain in personnel records</li> </ul>			
<ul style="list-style-type: none"> <li>○ Proof of education (copies of degrees and/or transcripts)</li> </ul>			
<ul style="list-style-type: none"> <li>○ Required licenses (must be current)</li> </ul>			
<ul style="list-style-type: none"> <li>○ Background screening</li> </ul>			
<ul style="list-style-type: none"> <li>○ Drug screening</li> </ul>			
<ul style="list-style-type: none"> <li>○ Physical exam</li> </ul>			
<ul style="list-style-type: none"> <li>○ Job descriptions or signed subcontracts describing functions, duties, and performance standards adequate to the position(s) funded under the Ryan White Program</li> </ul>			
<ul style="list-style-type: none"> <li>○ Annual performance/employee evaluation</li> </ul>			
<ul style="list-style-type: none"> <li>○ Federal I-9 Form (Employment Eligibility Verification Form)</li> </ul>			
<ul style="list-style-type: none"> <li>○ Federal W-4 Form (Employee's Withholding Allowance Certification; at least one on file)</li> </ul>			
<ul style="list-style-type: none"> <li>○ Proof of completion of required hours of training</li> </ul>			
<ul style="list-style-type: none"> <li>○ Proof of knowledge of the agency's policies and procedures</li> </ul>			
<ul style="list-style-type: none"> <li>○ Confidentiality statement signed by the employee(s)</li> </ul>			
<ul style="list-style-type: none"> <li>○ CAREWare User Access or Provider List approval(s) on file</li> </ul>			

Area of Evaluation	Yes	No	N/A
13) Are professional licenses for Ryan White Program-funded staff current and appropriate for the services provided by the organization (as applicable)?			
<p>Required Licenses: (sample up to 6 staff; more if needed)</p> <p style="text-align: center;">Expiration Date _____</p> <p style="text-align: center;">Expiration Date _____</p> <p style="text-align: center;">Expiration Date _____</p> <p style="text-align: center;">Expiration Date _____</p> <p style="text-align: center;">Expiration Date _____</p> <p style="text-align: center;">Expiration Date _____</p>			

**Comments (Personnel Policies):**

**SECTION XIX: REVIEW OF SERVICE PROVIDER'S  
FISCAL CAPABILITIES (Fiscal)**

A review of the service provider's fiscal practices is conducted to determine the organization's fiscal stability and its compliance with applicable OMB Circulars, approved budget(s), and internal policies and procedures. This review also determines if the agency has procedures in place to protect its assets from unnecessary fraud, waste, abuse, unnecessary expenditures, duplicate payments, etc.

Reference to National Monitoring Standards:

- Universal D.1-4, F.2, H.3.a
- Fiscal A.4-6, B.4-9, C.1, D.1-3, E.1-6, G.1, G.3, H.1-6, K.1-6, L.1-3

**AUDIT**

<i>Area of Evaluation</i>	Yes	No	N/A
1) Is the service provider required to have an annual OMB Super Circular audit? Specify Fiscal Year End date: _____ Date of most current audit: _____			
2) If NO to #1 above, did the agency submit annual audited Financial Statements?			
3) Did the independent auditor find the agency to have a sound and stable financial status (i.e., no significant findings, material weaknesses, reportable conditions, or lack of internal controls)?			
4) Did the independent audit report (Schedule of Government Awards) identify prior year Ryan White Program funding, if applicable? (NOTE: Ryan White Part A and related MAI funding is listed as CFDA 93.914)			
5) Did the audit include a Management Letter?			
6) If applicable, was the audit submitted within 6 months of the agency's Fiscal Year End date?			
7) If NO to #6 directly above, was an extension request submitted by the independent auditor and approved by the OMB-GC management? Was the audit submitted by the extension deadline?			
8) Does the agency have a written policy regarding the selection of an independent auditor?			

**Comments (Audit):**



## NON-PROFIT STATUS

Area of Evaluation	Yes	No	N/A
1) Is the agency a non-profit organization?			
2) If YES to #1 directly above, what documentation did the agency show as proof? [e.g., 501(c)3 letter, etc.] _____			

**Comments (Non-profit Status):**

## GENERAL

Area of Evaluation	Yes	No	N/A
1) Does the provider have Fiscal Accounting Policies and Procedures? If so, when were the fiscal policies last updated? _____			
2) If YES to #1 directly above, are internal policies and procedures, as listed in the agency's Fiscal Accounting Policies and Procedures Manual consistently followed?			
3) If YES to #1 directly above, do the Fiscal Accounting Policies and Procedures cover: (check all that apply)  <input type="checkbox"/> billing and collection policies, <input type="checkbox"/> Third Party Payer policies, <input type="checkbox"/> purchasing and procurement policies, <input type="checkbox"/> accounts payable policies, <input type="checkbox"/> applicable OMB Circular cost principles, <input type="checkbox"/> policies for determining allowable and reasonable costs, <input type="checkbox"/> accounts receivable policies, <input type="checkbox"/> fixed asset policies, <input type="checkbox"/> signing checks, and <input type="checkbox"/> program income policies?			
4) Is the distribution of fiscal duties adequate to safeguard the agency'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 agency's current organizational chart.)			

Area of Evaluation	Yes	No	N/A
5) What accounting system does the agency use? Is a cost basis or accrual method of accounting used? Specify.			
6) Does the accounting system allow cost center accounting and track administration expenses as a cost center?			
7) Does the agency have a general ledger, balance sheets, and income and expense reports? Ask for a copy of each.			
8) Do the interim financial reports indicate expenses such as professional fees, legal fees, interest, penalties, and loans to employees?			
9) Does the agency have a chart of accounts? Request a copy of the chart of accounts.			
10) Does the chart of accounts support proper allocation of revenue or expense categories properly identified by program (funding source)?			
11) 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): _____			
12) Does the agency 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.).			
13) Does the agency charge the appropriate indirect costs to each program (funding source) in relation to the size of the funded program? See the cost allocation plan or other related agency documentation.			
14) Does the agency have a system in place to monitor expenses versus client utilization to determine reasonable costs?			
15) Are the agency's books, accounting records and supporting documentation maintained in accordance with Generally Accepted Accounting Procedures (GAAP)?			

**Comments (General):**

**BANK**

Area of Evaluation	Yes	No	N/A
1) Are bank statements reconciled monthly? Indicate the statement months reviewed for this "Bank" section: _____			
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) Do bank statements reflect a positive balance at the end of the month?			
6) Do bank statements reflect returned checks or overdraft fees due to insufficient funds?			
7) If YES to #6 directly above, were the fees/charges allocated to the Ryan White Program?			
8) Does the agency have a written policy for signing checks?			
9) Are checks marked "Void after ____ (#) days"? If "yes", indicate number of days printed on the checks: _____ (Note: up to 180 days is acceptable.)  (NOTE: Reviewers will trace samples of outstanding checks to subsequent bank statements and corresponding reconciliation and list any checks that did not clear within 180 days. Any checks not cleared within 180 require an explanation from the agency's Chief Financial Officer.)			
10) Are checks pre-numbered and used in consecutive order as indicated on bank statements?			
11) Do bank statements indicate transfers to personal accounts other than for payroll?			

**Comments (Bank):**

## BUDGET

Area of Evaluation	Yes	No	N/A
1) Does the agency maintain an agency-wide budget by funding source and expenditure category (i.e., cost allocation plan for all funding received showing all expenditure line items)?			
2) If YES to #1 directly above, do the program budgets tie to the figures in the agency-wide budget?  (NOTE: Reviewers will test operational and administrative expenses for accuracy of total amounts and percent allocations.)			
3) Does the agency track expenditures versus budgeted amounts on a monthly basis (e.g., Agency Budget Variance Report)?			
4) If YES to #3 directly above, is the agency's process to track expenditures versus budgeted amounts effective?			
5) If NO to #3 directly above, can the agency explain variances or is there a plan of action to reallocate resources?			
6) Do documented expenditures follow the most current budget approved by the Ryan White Program?			
7) Are restricted funds accounted for separately in the budget?			

**Comments (Budget):**

## ACCOUNTS PAYABLE

Area of Evaluation	Yes	No	N/A
1) Are payments to vendors generated by an original invoice?			
2) If YES to #1 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?			

Area of Evaluation	Yes	No	N/A
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?			
7) If NO to #5 directly above, is there an explanation of the variance?			
8) Are invoices paid in a timely manner (i.e., within 30 days)?			
9) Do the dates on the checks match the "paid" dates on the invoices?			
10) Is agency paying sales taxes unnecessarily (applies to tax-exempt agencies only)?			
11) If YES to #10 directly above, is agency filing for sales tax refunds from the State Department of Revenue?			

**Comments (Accounts Payable):**

**REIMBURSEMENT REQUESTS TO THE COUNTY**

Area of Evaluation	Yes	No	N/A
1) Does the agency submit accurate reimbursement requests to the County for Ryan White Program-funded services?  Indicate what percent of reimbursement requests are returned to the agency to correct errors: _____			
2) Are reimbursement requests consistently submitted on time (by the 5 <sup>th</sup> business day of the month following the month in which services were provided)?  Indicate what percent of reimbursement requests are submitted on time: _____			

**Comments (Reimbursement Requests to County):**

### CLIENT CHARGES AND PROGRAM INCOME

Area of Evaluation	Yes	No	N/A
1) Does the agency track client charges?			
2) Is a cap in place for each client based on the Federal Poverty Level (FPL) Guidelines?			
3) Is the cap recalculated upon change in income?			
4) Are charges stopped upon reaching the cap?			
5) Does the agency have procedures for collection of program revenues (program income) such as charges and collections by payer; charges and collections by all clients with HIV/AIDS diagnoses; charges and collection for practitioners whose salaries are paid in whole or in part with Ryan White Program funds; client fees; and/or interest payments?			
6) If YES to #5 directly above, are the program revenues deposited in the account where Ryan White Program funds are deposited? Are the revenues used for related program services?			
7) Does the agency have a specific account designated as Ryan White Program Income? If YES, specify which account: _____			
8) Is program income recorded in the accounting system by program or activity that generated it?			
9) Does the agency prepare and review reports on program income? If YES, request a copy of the program income accounting report showing funds deposited back into the agency's Ryan White Program account, including its reconciliation.			
10) Does the provider use reports on services by practitioners to assess reasonableness of time and effort charged to RW Program?			
11) Does the agency have a sliding fee scale? If YES, request a copy.			
12) Does the provider budget for program income and monitor budget vs. actual?			

Area of Evaluation	Yes	No	N/A
13) Do fiscal policies specify how program income is tracked by the activity that generated it?			
14) Do fiscal policies specify how the program income is to be used?			

**Comments (Client Charges and Program Income):**

**PETTY CASH**

Area of Evaluation	Yes	No	N/A
1) Does the agency use a petty cash fund for any program expenses?			
2) If YES to #1 directly above, does the agency have a written Petty Cash Policy available for review?			
3) If YES to #1 directly above, is the petty cash fund balanced at the time of this monitoring visit (at least once within the last 45 days)?			
4) Is petty cash used <u>only</u> for small purchases (less than \$100)? If petty cash fund is for an amount other than \$100, state the amount per the agency's fiscal policies: _____			
5) Does the agency have a policy to balance the petty cash fund? How often? _____ By whom? _____			
6) Is there documentation that such a policy is implemented?			
7) Is the petty cash fund replenished only by check?			
8) Are the petty cash funds securely stored under lock and key? If YES, state how, where, and by whom: _____			
9) Are the expenses authorized and signed by person other than the custodian of the funds or person receiving money?			

Area of Evaluation	Yes	No	N/A
10) Is documentation available to support expenditures of the petty cash funds (e.g., original backup documentation with recipient's name, purpose, and account to be charged)?			

**Comments (Petty Cash):**

**Comments (Fiscal Capabilities - Other):**



**SECTION XX: REVIEW OF SERVICE PROVIDER'S  
PAYROLL RECORDS (Fiscal)**

A review of the service provider'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 service provider's Ryan White Program and/or Minority AIDS Initiative (MAI) contract(s), where applicable.

Reference to National Monitoring Standards:

- Universal F.4-5
- Fiscal K.7

**Employee Records Selected for Review**

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

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

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

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 agency's Federally-funded staff complete the required Time and Effort reports?			
5) Do time and effort reports reflect employee's time allocation among different programs or funding sources (e.g., Part A, Part B, Medicaid PAC Waiver, etc.)? Do the Time and Effort reports 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?			
6) Does the recorded time worked match the time paid as reflected in the payroll journal?			
(NOTE: monitoring staff will trace payroll expenses/reporting from time sheets, to time and effort reports, to the payroll register, to bank statements.)			

**Comments (Payroll Records):**

**SECTION XXI: REVIEW OF SERVICE PROVIDER'S  
PAYROLL TAX RECORDS AND PAYMENT OF FRINGE BENEFITS (Fiscal)**

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

Reference to National Monitoring Standards:

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<b>Area of Evaluation (Payroll Tax Records)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<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 <b>quarterly</b> 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 <b>yearly</b> IRS Form #990 (Return of Organization Exempt From Income Tax) and Schedule A [Organization Exempt Under Section 501(c)3 Supplementary Information] submitted/filed on time? (Due 15 days after the 5<sup>th</sup> month after the agency's fiscal year end; automatic 3-month extension available through Form 8868)</p>			
<p>4) Is the <b>quarterly</b> UCT-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 <b>quarterly</b> form UCT-6 for State unemployment and <b>annual</b> form 940 for Federal unemployment)</p>			

<b>Area of Evaluation (Payroll Tax Records)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
5) Have penalties or interest payments been charged to the service provider due to late tax or insurance payments?			
6) Are IRS W-2 Forms (Report of Wage Statement to employees) distributed in a timely manner to current and prior employees? (Deadline to distribute is January 31 <sup>st</sup> .) Does the agency keep a copy of the W2?			
7) If the agency has subcontractors under this Agreement, were the IRS 1099 forms (Report of amounts paid to independent contractors) distributed in a timely manner to all contracted parties? (Deadline to distribute is January 31 <sup>st</sup> .)			
8) Is the Social Security transmittal filing (W-3) done in a timely manner?			

**Comments (Payroll Tax Records):**

**PAYMENT OF FRINGE BENEFITS**

<b>Area of Evaluation</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1) Are payments to the health insurance provider made in a timely manner?			
2) Are payments to the life insurance provider made in a timely manner?			
3) If the provider offers a retirement plan (e.g., 401K Plan), are employee contributions and employer match deposited/submitted in a timely manner?			
4) If the agency has more than 20 employees and is subject to COBRA insurance continuation policies, has the agency established appropriate policies and procedures for notifying employees at termination that they are eligible for such benefits? (See agency's personnel policies for COBRA.)			

**Comments (Payment of Fringe Benefits):**

**REVIEW OF KEY INFORMATION ABOUT TAX-EXEMPT ORGANIZATIONS**

A review is conducted using the Internal Revenue Service’s (IRS) on-line search tool, Exempt Organizations Select Check (EO Select Check), at [www.irs.gov](http://www.irs.gov), to easily find key information about tax-exempt organizations, such as federal tax status and filings. Searches can be conducted by agency EIN, name, city, state, ZIP Code, country, exemption type, and revocation posting date.

Area of Evaluation	Yes	No	N/A
1) Based on the on-line review, is the agency eligible to receive tax-deductible charitable contributions?			
2) Has the agency had its federal tax exemption automatically revoked under the law for not filing a Form 990-series return or notice for three consecutive years (known as the Auto-Revocation List)?			
3) Has the agency 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 required to electronically submit Form 990-N, unless they choose instead to file a completed Form 990 or Form 990-EZ.)			

**Comments (Tax-Exempt Information):**

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

[NOTE: This section identifies findings, recommendations, and corrective actions for each section of the monitoring tool, including, but not limited to, concerns of under- or over-spending; improper invoicing; improper payments; failure of the agency 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; and other budget or workplan failures.)

Reference to National Monitoring Standards

- Universal F.6

**Review of Service Provider's Building Maintenance / Accessibility**

**Finding #**

**Recommendation:**

**Corrective Action:**

**Finding #**

**Recommendation:**

**Corrective Action:**

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

**Finding #**

**Recommendation:**

**Corrective Action:**

**Finding #**

**Recommendation:**

**Corrective Action:**

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

**Finding #**

**Recommendation:**

**Corrective Action:**

**Finding #**

**Recommendation:**

**Corrective Action:**

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

**Finding #**

**Recommendation:**

**Corrective Action:**

**Finding #**

**Recommendation:**

**Corrective Action:**

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**Review of Service Provider's  
Board of Directors' Activities**

**Finding #**

**Recommendation:**

**Corrective Action:**

**Finding #**

**Recommendation:**

**Corrective Action:**

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

**Finding #**

**Recommendation:**

**Corrective Action:**

**Finding #**

**Recommendation:**

**Corrective Action:**

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

**Finding #**

**Recommendation:**

**Corrective Action:**

**Finding #**

**Recommendation:**

**Corrective Action:**

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

**Finding #**

**Recommendation:**

**Corrective Action:**

**Finding #**

**Recommendation:**

**Corrective Action:**

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

**Finding #**

**Recommendation:**

**Corrective Action:**

**Finding #**

**Recommendation:**

**Corrective Action:**

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

**Finding #**

**Recommendation:**

**Corrective Action:**

**Finding #**

**Recommendation:**

**Corrective Action:**

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**Review of Service Provider's  
Compliance with Program Reporting Requirements**

**Finding #**

**Recommendation:**

**Corrective Action:**

**Finding #**

**Recommendation:**

**Corrective Action:**

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**Review of Service Provider's  
Compliance with Quality Management Record Reviews**

**Finding #**

**Recommendation:**

**Corrective Action:**

**Finding #**

**Recommendation:**

**Corrective Action:**

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

**Finding #**

**Recommendation:**

**Corrective Action:**

**Finding #**

**Recommendation:**

**Corrective Action:**

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

**Finding #**

**Recommendation:**

**Corrective Action:**

**Finding #**

**Recommendation:**

**Corrective Action:**

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

**Finding #**

**Recommendation:**

**Corrective Action:**

**Finding #**

**Recommendation:**

**Corrective Action:**

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

**Finding #**

**Recommendation:**

**Corrective Action:**

**Finding #**

**Recommendation:**

**Corrective Action:**

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

**Finding #**

**Recommendation:**

**Corrective Action:**

**Finding #**

**Recommendation:**

**Corrective Action:**

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