



Collaborative Monitoring Visit Results
for
[ENTER Provider Name on "Cover Page" Tab]

[ENTER Date here]

Section I: Administrative (Non-Financial)
Provider Agency being monitored:

[ENTER Provider Name on "Cover Page" Tab]

Area of Review	Compliance			I = Interview O=Observation D=Documentation (List Who or What)	Comments
	Yes	No	NA		
A. Insurance/Risk Management and General	0	0	0		
Are the following insurance policies in place?					
General Liability					
Professional Liability					
Workers' Compensation					
Auto coverage					
Does the Agency's policy and procedures manual ensure that an independent person opens the mail?					
Is there a system for Continuous Quality Improvement (CGI)?					
B. HR Posting Compliance	0	0	0		
Are the following postings conspicuously displayed in the office:					
Family and Medical Leave Act (FMLA)					
Equal Employment Opportunity (EEO)					
Safety and Health in the Workplace (OSHA 3165)					
Fair Labor Standards Acts (FLSA) Minimum Wage					
Uniform Services Employment and Reemployment Rights Acts (USERRA)					
Anti-Fraud Notice					
Florida Minimum Wage					
Discrimination					
Unemployment Compensation					
Equal Employment Opportunity					
Workers' Compensation					
C. HR Policies, Reporting, Attendance	0	0	0		
Does the Agency's equal employment opportunity policy comply with the contract?					
Does the Agency's client non-discrimination policy comply with the contract?					
Does the Agency's affirmative action plan comply with the contract?					
Does the Agency's Americans with Disabilities Act (ADA) policy comply with the contract?					
Does the Agency's community disadvantaged business enterprise policy comply with the contract?					
Does the Agency have a drug-free workplace policy and program?					
Current organizational chart that reflects agency positions and lines of authority					

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	Yes	No	NA		
Does the Agency require training on child abuse and/or elder abuse reporting for staff and volunteers who serve children, the elderly, and other vulnerable populations?					
Does the Agency post hotline numbers for employees to report cases of child abuse and/or elder abuse?					
Are new policies or changes in existing policies communicated in a systematic manner to all employees?					
Does the Agency have a written policy that establishes a formal process to deal with employee complaints concerning illegal activities in the organization, and that prevents retaliation?					
Does the Agency have a process for reviewing and responding to ideas, suggestions, comments, and perceptions from all staff members?					
Did the Provider ensure that staffing patterns and staff qualifications are sufficient to provide culturally competent services described within the contract?					
D. Personnel Files / Volunteers	0	0	0		
Does the Agency maintain secured files for each employee?					
Is confidential employee medical information maintained in a separate locked file?					
Do the Agency's personnel files contain the following items? (If a checklist is in the files indicating each item has been received or reviewed, indicate a "Yes" in the rows below for each of the items included on the checklist)					
Signed job application or resume for all positions?					
Current W-4 form?					
Employees' receipt of established job descriptions including: qualifications, duties, reporting relationships and essential functions?					
Signed document indicating employee has received new staff orientation and understands personnel policies, infectious disease risk, provider's universal infection control procedures, standards of ethical conduct (including sexual harassment), abuse reporting procedures, and policies regarding client rights and confidentiality?					
Performance standards and key indicators for performance for each employee (either in job descriptions or other documents in the employee's personnel file)?					

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	Yes	No	NA		
Proof of employees' receipt of and ongoing access to updated personnel policies & procedures					
Proof of employees' receipt of and ongoing access to drugfree workplace policy					
Proof of employees' receipt of and ongoing access to smoke-free workplace policy (if Agency serves children)					
Signed (by employee and supervisor) and dated acknowledgement that annual performance evaluations were completed in a timely manner?					
Proof of education? (as appropriate) This may be required for all staff; refer to the contract's credentials requirement.					
Proof of achievement of required hours of in-service training? (if applicable)					
Are there I-9 Forms on file for all employees? (In personnel files or separate filing system)					
For employees who are required to be licensed, does their file contain a current copy of the required licenses? (if applicable)					
Does the Agency conduct applicant reference check(s) including prior employment?					
Prior to hiring, is a Level 1 criminal background check performed for each employee hired to provide direct services to children, the elderly, and vulnerable populations?					
Was the Level 1 check completed for each employee required to be screened?					
Did the provider complete the Level 1 state criminal correspondence checks through FDLE?					
Did the employer receive a response to the Level 1 checks within a reasonable time (90 days) or communicate with the checking authority regarding the missing information?					
Is it true that the employee(s) has/have not been found guilty of or entered a plea of nolo contendere or guilty to any offense listed in s.435.03?					
Is it true that the employee(s) of developmental disability centers, intermediate care facilities for developmentally disabled, or mental health treatment facilities, has/have not committed an act of domestic violence defined in S741.28?					
After hiring, is there a Level 2 criminal background check for each employee hired to provide direct services to children, the elderly, and vulnerable populations?					

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	Yes	No	NA		
During the Level 2 check, have the employee(s) fingerprints been checked for statewide criminal and juvenile records through FDLE?					
During the Level 2 check, have the employee(s) fingerprints have been checked with FBI?					
During the Level 2 check, did the employer receive a response to the checks within a reasonable time (90 days) or communicate with the checking authority regarding the missing information?					
During the Level 2 check, is it true that the employee(s) has/have not been found guilty of or entered a plea of nolo contendere or guilty to any offense listed in s435.94?					
Does each file contain evidence that an employee physical and TB testing was completed?					
Does each file contain evidence that drug screenings were conducted for Agency employees?					
For employees that transport clients, do their personnel files include evidence of a current driver's license?					
For employees that use personal vehicles to transport clients, do their personnel files include proof of car insurance?					
Do personnel files include other documentation as required by the provider and/or contractual terms & conditions? (if so, please specify in column H)					

Section II: Administrative (Financial)
Provider Agency being monitored:

[ENTER Provider Name on "Cover Page" Tab]

Area of Review	Compliance			I = Interview O=Observation D=Documentation (List Who or What)	Comments
	Yes	No	NA		
A. General	0	0	0		
Are internal policies and procedures in the Agency's Accounting Policy and Procedures Manual followed?					
Is the distribution of duties adequate to safeguard assets?					
Does the FULL Board review and accept the Agency's audit and management letter (not just the Finance and/or Audit Committees)?					
Does the Board review the Agency's response to the Management Letter?					
Are there written policies regarding reporting and responding to suspected fraud?					
Are current and complete disclosures of financial results of each funded program provided quarterly and annually to the Board of Directors?					
Is there an annual or multi-year financial plan addressing long term solvency and continuity of services?					
Are the Agency's Government contracts, purchase of service agreements, and grants agreements in writing?					
If the Agency's Government contracts, purchase of service agreements, and grants agreements are in writing, are they reviewed by a staff member of the organization to monitor compliance with all stated conditions?					
Has the Agency established a plan identifying actions to take in the event of a reduction or loss in monetary resources?					
Has the Agency developed a plan to establish a reserve of funds to cover at least three months of operating expenses?					
Are records maintained of client fees collected?					
Indirect Cost: Is there a cost allocation methodology in writing?					
Indirect Cost: If there is a cost allocation methodology in writing, is it representative of the allocation used?					
Indirect Cost: Are the indirect costs charged to the program representative of the program's size as compared to others operated by the Agency? (based on review of the Agency's Cost Allocation Methodology for reasonableness)					
B. Banking	0	0	0		
Are bank statements reconciled monthly?					

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Area of Review	Compliance			I = Interview O=Observation D=Documentation (List Who or What)	Comments
	Yes	No	NA		
Are bank statement reconciliations performed by a different employee than the one preparing checks?					
Do the preparer of the reconciliation report and the immediate supervisor sign the reconciliation?					
Are adjustments properly documented and explained?					
Select a random month (indicate month in column G); Were the items listed above performed correctly for this month?				D - [MONTH]	
Select another random month (indicate month in column G); Were the items listed above performed correctly for this month?				D - [MONTH]	
Select a third random month (indicate month in column G); Were the items listed above performed correctly for this month?				D - [MONTH]	
Based on bank statements, is it true that no checks have been returned due to insufficient funds?					
Do bank statements reflect a positive balance at the end of the month?					
Are checks pre-numbered?					
Does Agency have a policy for signing checks (i.e. checks in excess of X amount require two signatures)?					
Are blank checks stored securely (under lock and key)?					
Is it true that checks have an expiration date?					
Are voided checks mutilated in some manner (i.e. signature section removed and "VOID" indicated)?					
C. Journals and Ledgers	0	0	0		
Does the yearly audited financial statement reflect fairly the financial standing fo the company?					
In the yearly audited financial statement, are there findings/notes?					
D. Budget	0	0	0		
Indicate fiscal year start and end dates in column H					FY Start Date: FY End Date:
Does the agency maintain a program budget capturing all program expenses?					
Is the agency adhering to the approved budget submitted within the proposal?					

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Area of Review	Compliance			I = Interview O=Observation D=Documentation (List Who or What)	Comments
	Yes	No	NA		
Does agency prepare a Budget Variance Report or otherwise track expenditures versus budgeted amounts on a regular basis? (regular = not less than quarterly)					
E. Program Revenues	0	0	0		
Does the agency have procedures for collection of program revenues (i.e. fees, interests)?					
Are revenues deposited in the bank account of the program within 48 hours?					
Are revenues re-invested in program activities or otherwise expended as allowed by the program funder?					
F. Payroll Taxes	0	0	0		
Does Form 941 (Federal Quarterly Payroll Tax Return) indicate that the provider is remitting payroll taxes, including federal withholding tax, employee share of FICA and employer share of FICA?					
Does Form UCT-6 (Florida Unemployment Compensation Tax) and supporting documentation verify that the provider is filing state unemployment compensation returns?					
Is the Annual IRS Form #990 completed?					
Is the Annual IRS Form #990 submitted on time?					

Section III: Invoice and Billing

Provider Agency being monitored:

[ENTER Provider Name on "Cover Page" Tab]

Area of Review	Compliance			I = Interview O=Observation D=Documentation (List Who or What)	Comments
	Yes	No	NA		
A. General	0	0	0		
Are invoices submitted according to contract schedule?					
Are payments to subcontractors and suppliers submitted with monthly invoices to Broward County?					
Are units of services consistent with contracted definitions?					
Are units of services verifiable?					
Were units of service delivered to eligible clients?					
Is Provider expected to expend the full contract amount?					
Is County billed as payer of last resort?					
Are procedures established and implemented to eliminate duplicate billing between multiple County contracts and other funding sources?					
If it was requested, was Provider's report on other funding sources submitted to the County?					
Does original documentation for cost reimbursement items and expenses exist?					

SEE next tab for: Units of Service Review Summary

Section III B: Units of Service Review Summary

Provider Agency being monitored: [ENTER Provider Name on "Cover Page" Tab]

	Invoice Review Period (in date format)	Unit Billed in Review Period	Units Reviewed in Sample	Units Invoiced but Unsupported	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Section IV: Client File Contents

Provider Agency being monitored:

[ENTER Provider Name on "Cover Page" Tab]

A. Client File Review

Indicate total clients served during review period in column C:

Indicate number of client files reviewed in column C:

Area of Review	Compliance			I = Interview O=Observation D=Documentation (List Who or What)	Comments	Row Totals
	# of Yes	# of No	# of NA			
B. Client File Items Reviewed	0	0	0			
Do the intake forms include client name, social security number (or other identifier), date of birth, gender, ethnicity, and date of program entry?				D - Client Files		0
Does client eligibility documentation include income eligibility documentation?				D - Client Files		0
Does documentation exist, showing that no other payment source is available? (examples of other payment sources include: Medicaid/Medicare/any third-party)				D - Client Files		0
Is emergency (secondary) contact information included?				D - Client Files		0
Is there documentation of clients' receipt of Client Rights Statement?				D - Client Files		0
Is there documentation of clients' receipt of Provider Grievance Procedure?				D - Client Files		0
Do the files include signed consent for treatment (clinical programs only)?				D - Client Files		0
Do the files include signed releases for all referrals made for all disclosures of confidential client information to a third party?				D - Client Files		0
Have the clients received comprehensive assessments addressing their presenting and underlying needs (including: client strengths and weaknesses, and required services)?				D - Client Files		0
Do the files include service plans?				D - Client Files		0
If included, do service plans contain measurable goals/objectives?				D - Client Files		0
If included, do service plans' goals/objectives have timeframes for achievement?				D - Client Files		0
Is there evidence of client participation in plan development?				D - Client Files		0
Are progress notes current, legible, signed, and dated?				D - Client Files		0
Do progress notes address service plan goals?				D - Client Files		0
Time-based services include start and end times				D - Client Files		0
Client identifier on all documents				D - Client Files		0
Records reflect original file entries				D - Client Files		0
Organized and orderly, no loose pages				D - Client Files		0
Documentation of referral follow-up				D - Client Files		0

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A. Client File Review

Indicate total clients served during review period in column C:

Indicate number of client files reviewed in column C:

Area of Review	Compliance			I = Interview O=Observation D=Documentation (List Who or What)	Comments	Row Totals
	# of Yes	# of No	# of NA			
Date of discharge, and discharge plan/follow-up or discharge summary				D - Client Files		0
Additional Notes/Observations not noted above...						NA

Section V: Client Service Reports
Provider Agency being monitored:

[ENTER Provider Name on "Cover Page" Tab]

Area of Review	Compliance			I = Interview O=Observation D=Documentation (List Who or What)	Comments
	Yes	No	NA		
A. Client Service Reports Items Reviewed	0	0	0		
Are required number of clients are receiving services?					
Are compiled satisfaction survey results being submitted annually by July 15?					
Are quarterly demographic reports submitted on time?					
Are quarterly demographic reports submitted without errors?					
Are quarterly outcome measure reports submitted on time?					
Are quarterly outcome measure reports submitted without errors?					
Are there clearly defined methods for evaluating the level of outcome measure attainment? If so, specify what they are in column H.					
Are the levels of outcome attainment indicated on quarterly reports supported by site visit analysis?					

Section VI: Outcome Attainment

Provider Agency being monitored: [ENTER Provider Name on "Cover Page" Tab]

Outcome Measures	Indicator	Methodology	Required Level of Attainment (%)	Reported Attainment (%)	Monitoring Visit Analysis of Attainment (%)	YTD Attainment			Comments
						Yes	No	NA	
A. Outcome Attainment						0	0	0	
Outcome Measure #1:									
Outcome Measure #2:									
Outcome Measure #3:									
Outcome Measure #4:									
Outcome Measure #5:									
Outcome Measure #6:									
Outcome Measure #7:									
Outcome Measure #8:									
Outcome Measure #9:									
Outcome Measure #10:									
Outcome Measure #11:									
Outcome Measure #12:									
Outcome Measure #13:									
Outcome Measure #14:									
Outcome Measure #15:									