

COMCARE OF SEDGWICK COUNTY SITE INSPECTION GUIDE

The Site Inspection Guide is designed to aid COMCARE service monitors as they conduct their site inspections. The Guide is not intended to limit the inspections but to provide a minimum, consistent level of inspection. If a service monitor has concerns specific to a contract, the Guide should not restrain exploration of that area. All questions contained in the Guide are examples and may be modified to accommodate a specific contract, agency or service.

The example questions below are separated into categories. Under each category are several questions that relate to the category topic. A service monitor may ask a few questions from each category, focusing on the category most relevant to the contract and agency.

Agency and Contract:

Date:	Person Interviewed:

DATA COLLECTION			
<i>Goals, Objectives and Outcomes</i>	YES	NO	N/A
1. Review the goals, objectives and outcomes of contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the agency understand the goals, objectives and outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the outcomes meaningful, measurable, and clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do the outcomes relate to the service being provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>			
<i>Progress Reports</i>			
1. Review the progress reports with the agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How are the quarterly program reports developed/generated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the agency reported on the goals/objectives and outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the information provided in the reports clearly address the goals/objectives and outcomes as they are stated in the contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the agency met the stated outcome? If not, why?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there any changes planned to assist the agency to meet the outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are reports filed timely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>			

	YES	NO	N/A
<i>Client Information</i>			
1. How is client information documented for reporting purposes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are client files maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the client files updated in a timely manner? Spot-check client files (Conduct a random sample of 10% of files).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the information in the client files match to billing/reports? (Conduct a random sample of 10% of files)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>			
<i>Measurement Instrument</i>			
1. How are the goals/outcomes measured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are surveys used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Request a copy of all surveys or other tools used to measure progress on goals/outcomes listed in the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>			

	YES	NO	N/A
<i>Number of Clients Served</i>			
1. How is the number of clients served calculated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the count unduplicated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How is the information reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>			
	YES	NO	N/A
<i>Number of Hours Provided</i>			
1. How is the number of hours of service provided documented and billed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. What process is in place to check the number of hours provided against the number of hours authorized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a control in place to avoid providing more services than what is authorized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a control in place to avoid exceeding the total (annual) amount of the contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>			

<i>AIMS Reporting</i>	YES	NO	N/A
1. How does the AIMS data reporting system work within your agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Who in your agency collects the information for AIMS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How is the information provided to COMCARE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. What is the turnaround time for the information to be sent to COMCARE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the agency meeting the required deadlines for submission (the 5 th day of the month following service provision)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS:</u>			

STAFF			
	YES	NO	N/A
<i>Staff Qualifications</i>			
1. Do staff meet the necessary qualifications required to perform their job/meet Medicaid guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the agency maintain job descriptions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the job descriptions in employee files?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are licenses up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are transcripts, resumes and proof of reference checks maintained in each file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the agency's staff go through The Consortium Inc.'s credentialing process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>			
	YES	NO	N/A
<i>Training</i>			
1. What is the agency's policy on staff training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the agency offer assistance to staff to attend training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How is staff training tracked/monitored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>			

<i>Hiring</i>	YES	NO	N/A
1. What policies govern the agency's hiring practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the agency check references on potential employees before hiring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>			
<i>Employee Criminal Background Checks</i>	YES	NO	N/A
1. What is the agency process for background checks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Verify that employee files contain a copy of the requisite criminal background checks (KBI, SRS child abuse).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are criminal background checks administered to all new employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have background checks been done on current employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>			
<i>Employee Policies</i>	YES	NO	N/A
1. Verify agency has policies as required by Federal regulations (i.e. minimum wage, Occupational Safety and Health Agency, Family Medical Leave, workers compensation, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MISCELLANEOUS			
	YES	NO	N/A
1. Request a copy of the agency's most recent organization chart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Request a copy of the last meeting minutes of the agency's Board of Directors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Request a copy of the members of the agency's Board of Directors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Request a copy of the most recent audit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. What other agencies does the agency interface/collaborate with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there barriers to collaboration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. What can be done to address any barriers to collaboration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. What other funding sources does the agency have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do other sources provide funding for the contracted services? If yes, how are costs distributed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. How does having more than one funding source for a service affect reporting, both progress and financial reports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If program costs were to increase, how would the agency propose to cover the increase?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. What challenges or successes has the agency experienced recently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are there any challenges expected in the near future? What are the agency's plans to address these?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. How has the communication between the agency and COMCARE worked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the agency receive the information it needs from COMCARE to correctly provide and bill for the contracted services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. What could be done to improve communication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>			

	YES	NO	N/A
<i>Program Income</i>			
1. How is program income earned from the contract services tracked and segregated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How is it documented that program income is used for the specific purpose from which it was earned (i.e. if \$20,000 in income was generated from Medicaid billing from the service provided as part of the in-home family therapy contract, that \$20,000 must be used to provide more in-home family therapy.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>			
<i>Facility Requirements</i>			
1. Are ADA requirements applicable to the agency's facility or facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the facility ADA accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are ramps, handrails and designated parking spots available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Salary Costs</i>			
1. How are salary costs charged to the contract: time sheets, time study, other (what rationale is used)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If time sheets are used, do the time sheets indicate actual time spent on the contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If time studies are used, are time studies conducted on a timely basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS:</u>			

POLICIES AND PROCEDURES			
<i>EEO/Affirmative Action Policy</i>	YES	NO	N/A
1. Verify the agency has an Equal Employment Opportunity or Affirmative Action policy. The policy should prohibit discrimination based on race, ethnicity, color, disability, ancestry, gender or religious affiliation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Grievance Procedures</i>	YES	NO	N/A
1. Verify the agency has an established grievance procedure in place. A policy or procedure should be in place for both a) employees, and b) consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>			
<i>Purchasing Policy</i>	YES	NO	N/A
1. Verify the agency has a purchasing policy and that the policy prohibits discrimination based on race, ethnicity, gender or religion (as required by Appendix A).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Travel Policy</i>	YES	NO	N/A
1. Request a copy of the agency's travel policy for employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. What guidelines are in place to control expenditures during employee travel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. What is the payment method: reimbursement or travel advance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is a per diem or receipt basis used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How is travel authorized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>			

	YES	NO	N/A
<i>Mileage Policy</i>			
1. Request a copy of the agency's mileage policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How is mileage paid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. What is the rate paid per mile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How is mileage tracked by the employee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. What documentation is necessary for an employee to receive mileage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Spot check employee files for mileage (random 10% of files).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Confidentiality</i>			
1. What policies or procedures are in place to protect consumer confidentiality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How is consumer confidentiality maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How are breeches of confidentiality handles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS:</u>			

FOR FLEXIBLE FUNDS CONTRACTS			
<i>Case Management Training</i>	YES	NO	N/A
1. Have all case management staff been trained in the strengths model during the first three months of employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the training conducted by the University of Kansas School of Social Welfare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have the case management supervisors been to the training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Accounting and Reconciliation of Funds</i>	YES	NO	N/A
1. How are flexible funds maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How are flexible funds reconciled? How often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does each transaction have a recorded entry with the name of the consumer, amount and purpose of expenditure, date of transaction, signature of consumer, and account balance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How are flexible funds audited? How often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Who signs off on flex fund expenditures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a receipt for each flex fund expenditure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FINANCIAL ELEMENTS

ACCOUNTING SYSTEM			
	YES	NO	N/A
<i>Approval of Financial Transactions</i>			
1. Who in the agency has authority to approve financial transactions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is more than one signature required for checks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the financial responsibilities segregated so that no one individual has complete authority over an entire financial transaction (so an individual cannot both request payment and authorize that payment)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How is the auditing firm selected? Is more than one person involved in selecting the agency to perform the audit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>			
<i>Expenditure Controls</i>			
1. What controls prevent expenditures of funds in excess of approved budgeted amounts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How are costs attributed to the contract and how are costs monitored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>			

	YES	NO	N/A
<i>Account Transaction Documentation</i>			
1. Are entries in the books of accounts supported by a document which gave rise to the transaction (either invoice or receipt)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Spot check books of account to verify documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>			
<i>Program Income</i>			
1. How is program income earned from the contract service tracked and segregated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How is it documented that program income is used for the specific purpose from which it was earned (i.e. \$20,000 in income was generated from Medicaid billings based on the services provided as part of the in-home family therapy contract, that \$20,000 must be used to provide more in-home family therapy).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>			

<i>Petty Cash</i>	YES	NO	N/A
1. Is there a petty cash system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. What accounting procedures govern petty cash? How is it reconciled and who may authorize use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a maximum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Where is the petty cash located? Is the location secure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are random audits conducted on these accounts? How often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>			
<i>Written Agreements</i>	YES	NO	N/A
1. Are there written agreements to support all leases/contract held by the agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Audit</i>	YES	NO	N/A
1. Is an annual audit conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If not, why?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If so, by whom? Request a copy of the most recent audit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are internal audits conducted by staff throughout the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>			

<i>Equipment</i>	YES	NO	N/A
1. Are property and equipment records maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do the equipment records include items of equipment with a value over \$500 with at least a two-year life, location and condition of item at last inventory, Federal/State/County share by percentage, actual original cost of item and date acquired, and serial or ID number and description of item?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the agency have proof of software licenses for software installed on its computers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>			
<i>Cash Reserves</i>	YES	NO	N/A
1. What are the agency's policies on cash reserves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How is the amount determined (two months expenditures, percentage of annual budget)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How does the agency manage when their cash flow is disrupted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS:</u>			

PAYROLL			
W-4 Forms Maintained	YES	NO	N/A
1. Is a copy of the W-4 form in each employee's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income Tax	YES	NO	N/A
1. Has the agency deposited Federal and State income tax for its employees, as required by law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How are income tax withholdings handled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W-2 Forms	YES	NO	N/A
1. Does the agency prepare W-2 forms for their employees each year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are copies maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS</u>			
1099 Form	YES	NO	N/A
1. Were any 1099 forms prepared by the agency during the past calendar year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Request a copy of the agency's 1099 form for the last year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Who prepares the agency's tax returns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control of Time and Attendance	YES	NO	N/A
1. Are time cards or attendance sheets used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does a supervisor approve each time and attendance report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there procedures to insure that employees are paid in accordance with approved wage and salary rates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures to control overtime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS:</u>			

