

370.80

Administrative On-Site Review

Overview

Purpose

An administrative on-site review covers the following areas:

- Administration
 - Organization and communication
 - Personnel policies
 - Job descriptions
 - Fiscal policies
 - Fiscal control
 - Property management
 - Expenditures and documentation
 - NE and BF documentation and calculation methods
 - Civil rights compliance
 - Voter Registration Act compliance
 - OSHA compliance
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State staff responsible

The WIC Program Planner conducts administrative on-site reviews.

Schedule of reviews

Administrative on-site reviews are conducted every other year.

Review forms

A copy of the administrative on-site review form begins on page 3.

Continued on next page

Overview, Continued

Documents for review

These documents should be available during the on-site review.

- Current table of organization
 - Administrative and personnel policies and procedures
 - Verification of current licensure status of professional staff
 - Current job description for each budget position
 - Current salary schedule
 - Employee performance evaluation form
 - Employment application form
 - Time sheets
 - Time studies
 - Affirmative action plan
 - Verification of compliance with:
 - OSHA bloodborne pathogens standards
 - Americans with Disabilities Act of 1990
 - Clinic site accessibility evaluation documentation (Section 504)
 - Equipment inventory list and procedures
 - Fiscal policies and procedures
 - Fiscal records, chart of accounts, and support documentation
 - Verification of cash advance amounts and tracking of interest earned
 - Contract and budget file
 - Vehicle lease agreement
 - Contracts and agreements with other providers or agencies
 - Rent leases/agreements and space cost allocation plan
 - Cost allocation plan for shared costs
 - MCH/FP sliding fee, billing, collection and bad debt policies
 - Documentation of compliance with requirements of previous reviews
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AGENCY ADMINISTRATIVE ON-SITE REVIEW

Agency:

Programs: WIC, MH, CH and FP

Date of on-site review:

Agency staff consulted:

Department reviewer:

Date of last administrative review:

List any recommendations and requirements from previous administrative review that are still unmet:

Yes	No	N/A	
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I. Organizational Chart:

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Documents on file are consistent with current organizational structure. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. Actual lines of supervision are reflected. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C. Department has on file, in writing, changes in key personnel. |

II. Agency lines of Communication and/or Management:

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | How often are staff meetings held? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Staff minutes are dispersed to staff to read. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. Minutes reflect a regular schedule of meetings with subcontractors. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C. Documentation provides evidence of policies and procedures communicated to line staff and subcontractors. |

III. Subcontractors:

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Agreements, contracts, and memoranda of understanding have been signed for current grant year prior to effective date. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. Subcontracts written subsequent to the original application have been pre-approved by the Department. |

Yes	No	N/A
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IV. Early Periodic Screening Diagnosis and Treatment:

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Protocols in the EPSDT Handbook: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • Informing services |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • Care coordination services |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. Date of last protocol review: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C. Protocols shared on a regular basis with staff and subcontractors. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D. Time studies are continuous for EPSDT services. |

V. Licensure:

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Verification of current licensure status of professional staff, including contracted staff, is on file. |
|--------------------------|--------------------------|--------------------------|--|

VI. OSHA Bloodborne Pathogens Standards and Tuberculin Testing:

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Agency exposure control plan meets all of the OSHA Bloodborne Pathogens Standards. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. Employees directly exposed to bloodborne pathogens signed the "Hepatitis B Immunization Consent/Refusal Form". |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C. Agency conducts training and education (within the first month of hire and annually thereafter) concerning bloodborne pathogen exposure. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D. Records of training are kept for at least five years. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E. Individual TB test results and documentation are current for each staff person sampled. |

VII. Personnel Policies:

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Conditions of employment include recruitment, selection, termination, promotion, and compensation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. Leave and absence |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C. Grievance procedure |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D. Employee performance evaluation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E. Nondiscrimination policy, to be consistent with Title VI of the Civil Right Act, Section 504 of the Rehabilitation Act of 1973, and 28 CFR Part 35, Title II, Subtitle A of the Americans with Disabilities Act |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F. Employee orientation program |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G. Provision for career development or continuing education |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | H. Fringe benefits |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I. Policies reviewed and updated annually |

Yes No N/A

VIII. Employee/Personnel Files:

A. Employee performance in employee personnel files is in compliance with Employee performance evaluation policy. (Randomly selected a representative sample and all Family Planning personnel files.)

B. Confidentiality of personnel records is insured in what way(s)?

IX. Employment Application Form:

A. Forms are in compliance with civil rights regulations.

B. Form includes a detachable demographic data sheet.

X. Job Description:

A. Every agency position in the budget has a written job description available.

B. Job descriptions delineate qualifications and responsibilities.

C. Job descriptions are dated and reflect current responsibilities.

D. Qualifications and responsibilities are stipulated in the contract, or with contracted providers, as required by Americans with Disabilities Act of 1990 (ADA).

E. Job descriptions are updated to delineate essential functions of the position.

XI. Salary Schedule:

A. Agency's salary schedule is current.

B. Salaries for budgeted positions agree with this schedule.

XII. Civil Rights:

A. Contractor is in compliance with Title VI of the Civil Rights Act, the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the 1973 Rehabilitation Act.

1. Service sites have been evaluated for handicapped accessibility and have written documentation. By whom _____

2. Agency coordinator of Section 504/ADA has been appointed.

3. Section Coordinator has taken recommended training regarding Civil Rights.

4. All WIC employees receive civil rights training annually. Date of last civil rights training: _____

5. Agency is prepared and willing to provide "reasonable accommodation" to a disabled applicant or employee who requests it.

6. Evidence of agency supervisor's orientation to ADA.

B. The agency is in compliance with Affirmative Action requirements.

1. Agency has an Equal Employment/Affirmative Action (AA) officer.

2. Agency has a current Affirmative Action program and plan.

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. The AA plan analyzes and compares the agency's workforce to the labor.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Areas of under-utilization are identified. Goals, objectives, action steps, and timetables have been developed to correct these under-utilizations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. The AA plan is evaluated and updated at regularly specified intervals to reflect progress.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Goals and timetables are revised to reflect progress.
XIII. Purchasing/Inventory Control:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Purchasing procedures are written.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Purchase orders are pre-numbered and accounted for.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Invoices are matched with purchase orders and stock received prior to payment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Perpetual inventory records are maintained.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Annual physical inventories are conducted.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. The Department's computerized inventory record reconciles with items on site.
XIV. Fiscal Policies and Control:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Financial Operations Policy Manual in place.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Lines of responsibility, accounting standards, segregation of duties, payment schedules, the policy manual reflects approval authorities, and record-keeping requirements.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Manual reflects current practices.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. A general ledger is in place.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. The agency maintains a cash disbursement and receipts journal.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. The agency prepares periodic financial statements.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. The agency tracks interest earned on cash advances.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. The agency remits such interest, at least quarterly, to the Department.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. Bank statements are reconciled monthly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. A system to compare actual vs. budgeted expenditures is in place.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Monthly reports of budgeted and actual expenditures are reviewed and approved.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. All prior approval budget revisions have been submitted to the department
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I. Billing procedure is in place for third party payers and other funding sources.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J. MCH and FP programs have a sliding fee scale.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. The sliding fee scale is applied after payment from other sources received.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K. The methodology for deferring fees meets program requirements.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L. Valid methodology for allocating administrative and/or indirect costs charged to programs.

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Cost allocation plan is current.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Supporting documentation is available.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. WIC and/or MCH funds pay for a vehicle lease arrangement.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. The terms of the lease comply with federal policies.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M. Agency personnel perform all accounting functions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N. The Department has received all monthly, quarterly and closeout reports.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O. Patient bills show total cost of services and fees based on the sliding fee scale, as applicable.

XV. Time Records:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Time records allow reporting for more than one program.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Time records accurately reflect total distribution of work time.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Time records are being used appropriately.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. All agency personnel are keeping time records.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Time records are maintained and signed or provide for Dual Verification System.

XVI. Expenditures and Documentation: Months of expenditure reviewed and documented for the following time period.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Chart of accounts is current.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. The agency fiscal year covers the following time period. _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Agency-wide audit is conducted annually.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Agency audit checked by Department auditor.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Expense reports and vouchers are prepared and signed properly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Expenses are within contractual and budget parameters.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. Monthly expense reports and agency ledgers match.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. Supporting documentation is adequate for WIC Nutrition Education and Breastfeeding Documentation.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Time studies are current for all staff and contracted personnel.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Time is recorded appropriately on activity reports and time sheets.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Time is being calculated and charged correctly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. The year-to-date percentage of total expenditure in nutrition education and breastfeeding is at least 20%.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Breastfeeding – minimum 3%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Breast pumps are purchased with food funds (not NSA).

XVII. In the exit interview, recommendations and requirements from this review were orally presented to the following agency personnel:

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