APPENDIX C7

State of Nevada
DEPARTMENT OF HEALTH & HUMAN SERVICES
SUBSTANCE ABUSE PREVENTION & TREATMENT AGENCY
HIV/TB Treatment Compliance Monitor
November 2009

A. **Agency Information Complete prior to site visit.**			
Agency/Program Name			
Grant Number		**Total Funding:**	**Funding Period:**
Program Director			
Mailing Address			
Site Visit Address (es)			
Telephone			**Email:**
Person(s) Providing Information	**Program Data:**		
	Fiscal Data:		
Date(s) of Monitor			
SAPTA Program Analyst			

Program Utilization Report (attached)

Comments:

A. Grant File Review **Complete prior to site visit.**	**Documentation to be reviewed**	**CAP Code**	**Yes**	**No**	**Comments**
1. Are the goals/objectives identified in the grant award consistent with services provided? With required reports? Are goals being met? (Grant Award Documents)	SAPTA grant file, program's utilization report forms.				
2. Have there been program and/or fiscal amendments to the subgrant? (Grant Award Document)	SAPTA grant file Dates of Amendment				
3. Does the grant file contain the program's last fiscal year audit? If the program receives less than $500,000 in federal funding, a limited scope audit will be accepted.	SAPTA Grant file Date of audit Date of letter				
4. If the program specific conditions of award were stated in the award letter or the grant document, have the conditions been met? (Grant Award Documents)	SAPTA grant file Notification letter				
5. Did prior certification reports or monitor reports contain recommendations? If yes, does the file document current compliance?	SAPTA grant file				

B. Fiscal Document Review	**Documentation to be reviewed**	**CAP Code**	**Yes**	**No**	**Comments: Only review numbers 3 through 9 if SAPTA fiscal monitor has not been conducted within last 12 months.**
1. Does the program submit timely UR reports to SAPTA?	Program's utilization file				
2. Have there been conditions placed on funding due to not meeting scope of work? (*Grant Assurances)*	Program's utilization/grant file				
3. Do agency policies and procedures specify that different people prepare checks, sign checks, reconcile bank accounts, and have access to bank accounts? (Grant Assurances)	Agency's fiscal policy and procedure	C			**Only reviewed if SAPTA fiscal monitor has not been conducted within last 12 months.**

B. Fiscal Document Review	Documentation to be reviewed	CAP Code	Yes	No	Comments: Only review numbers 3 through 9 if SAPTA fiscal monitor has not been conducted within last 12 months.
4. Do agency policies and procedures identify individuals in the organization who are authorized to sign checks? (Grant Assurances)	Agency's fiscal policy and procedure	B			Names/Titles:
5. Do agency policies and procedures require the check signer to review documents in support of checks presented for his/her signature? (Grant Assurances)	Agency's fiscal policy and procedure	B			
6. Are tax deposits up to date (FICA, Withholding, Workman's Compensation, and ESD)? (Grant Assurances)	Review cash disbursements journal and compare with bank statements for last quarter	B			Date of bank statements or deposit slip:
7. Does an inspection of agency's last bank statements, deposit slips, etc. satisfactorily trace the deposit of grant funds into the agency's account? (Grant Assurances)	Last draw request, appropriate bank statements, deposit slips, journals, etc.	B			Date of grant check/transfer: Date identified in fiscal records: Bank statement showing deposit:
8. Does the agency have back-up documents (pay ledgers, invoices, etc.) to support the last Monthly Financial Report/Request for Funds (GA-14) submitted to SAPTA? List specific material. (Grant Assurances)	SAPTA staff will bring copy of last GA-14 backup and will cross reference to actual fiscal files	B			Date of GA-14: Amount: Documents Reviewed:
9. Does the management letter of the agency's last audit suggest any recommendations? If yes, has the issue been addressed? (Grant Assurances)	If issues are identified, documentation reviewed will be specific to the issue	A-C			Date of Management Letter: Recommendations: Issue addressed: Date/How resolved

C. Treatment Program Review-Administrative	Documentation to be reviewed	CAP Code	Yes	No	Comments
1. Does the program have background checks for all staff/volunteers working with youth under 18 years of age? (Grant Assurances) Are staff licenses/certification current?	Review Personnel Files/Fingerprints/ FBI/Local Law Enforcement	B			
2. As appropriate, do program documents identify the MHDS, SAPTA, and SAMHSA as a funding source? Is correct attribution used? (Grant Assurances)	Program literature, brochures, Annual published reports etc.	C			
3. Does the program have an effective system to protect client records and confidentiality in compliance with state and federal laws (42 CFR part 2/ 45 CFR HIPAA)? Or include employee education and disciplinary actions for inappropriate disclosures?	Review policy and procedures. Review staff sign-in sheets for Confidentiality and HIPAA training attendance.	B			
4. Does program make continuing education available to employees who provide services?	Review personnel files and policy manual.	C			
5. Do the agencies written policies and procedures prohibit the use of block grant funds to provide needle exchange?	Review policy and procedures.	B			

D. Treatment Program Review-Clinical	Documentation to be reviewed	CAP Code	Yes	No	Comments
1. Are TB services comprised of each of the three elements? (Public Health Services Act, Section 1924)	Review agency protocol for services. Counseling, testing, & referral for medical treatment.	B			
2. If person requiring TB services cannot be admitted, is an appropriate referral made? (Public Health Services Act, Section 1924)	Clinical record and referral notation.	A			

D. Treatment Program Review-Clinical	Documentation to be reviewed	CAP Code	Yes	No	Comments
3. Are the HIV/TB services provided and linkages established with other providers? (45 C.F.R., Part 96, Interim Final Rule)	Agreement between health/social agencies.	B			
4. Are early intervention services for HIV routinely made available to all patients? (Public Health Services Act, Section 1924, Interim Final Rule)	Review policy and procedure and compare to federal requirements.	A			
5. Does the program implement protocols developed by the Nevada State Health Division?	Review approved protocols utilized.	A			
6. Do IDU written outreach policies and procedures include each of the five required elements and which uses one of the three appropriate outreach models? (45 C.F.R. Part 96.126, Interim Final Rule)	Review policy and procedure and compare to federal requirements.	B			

E. Program Operating and Access Standards	Documentation to be reviewed	CAP Code	Yes	No	Comments
1. Services are accessible to the client with regard to transportation and cost and which are delivered in a manner that ensures linguistic and cultural understanding.	Review protocol and service record.				
2. Programs periodically assess the effectiveness of their role (direct or indirect) in the delivery of HIV/TB services and address any problems or barriers. This includes obtaining feedback from clients as well as health and other referral sources.	Review feedback and program evaluation reports.				
3. Staff of facilities providing care for HIV/TB clients is provided ongoing education and training about the need for adherence to infection control practices.	Review training reports.				
4. A personalized and realistic HIV/TB risk reduction plan is developed based on the client's skills, needs, and circumstances, and is consistent with the client's expressed or implied intentions to change behaviors.	Review protocols and service record.				

Findings/Recommendations/Follow-up: The following indicates specific program observations, comments, recommendations and/or timelines.
Prepared By: _____ Date: _____ Reviewed By: _____ Date: _____ Reviewed By: _____ Date: _____ Date Mailed to Agency / Program: _____

- SAPTA must submit final monitor visit report to program within 20 business days.

The CAP Code column indicates the priority rating of each item and each item is ranked as A, B, or C. Noncompliance must be implemented based on the following:

- A–Issues in this category addressed at Exit Interview and require a Compliance Action Plan submitted to Agency within 10 Days of monitor visit.
  Within 15 business days of receipt of monitor report, program must submit formal Compliance Action Plan (CAP).
  Within 5 business days of receipt of compliance action plan, SAPTA must approve or reject and return CAP.
  If plan is rejected, program has 10 business days from receipt of rejection to submit an acceptable CAP.
- B–Requires a Compliance Action Plan submitted following timelines.
- C–Must be corrected before the next monitor visit – Does not require a Compliance Action Plan.