

Board of County Commissioners, Palm Beach County, Florida
Community Services Department
Ryan White Program

ADMINISTRATIVE EVALUATION REPORT

Provider Name:

Contract Number:

Contract Amount:

Site Visit Information

Date of Evaluation Visit:

Review Period:

Contract Evaluator:

Provider Staff Involved:

Contract Information

Executive Director:

Provider Address:

Commission District: County Wide

Contract Period:

Corrective Action:
(Previous Visit)

Subcontracts (contracted through Part A funding):

SUMMARY:

Prepared by: _____ Date: _____

Approved by: _____ Date: _____

1. ORGANIZATIONAL QUALITY and REQUIRED POLICIES

	Items Reviewed	Yes	No	N/A
1.1	Services provided consistent with the Agency's mission statement			
1.2	Written code of ethics reflects professional and organizational conduct			
1.3	Procedures in place to investigate and respond to alleged violations of the code			
1.4	Written employee grievance policy & procedures			
1.5	Written clients' rights policy			
1.6	Written clients' grievance policy & procedures			
1.7	Grievance documentation maintained (if applicable)			
1.8	Written policy for client confidentiality			
1.9	Written policy for release of client information			
1.10	Policies and procedures addressing HIPAA requirements as applicable			
1.11	Confidential client records safeguarded			
1.12	Controlled access to hard copies and electronically generated documents			
1.13	Formal Emergency Preparedness Plan (workplace violence, fire, flood, hurricanes, bomb threats, civil unrest, and/or other emergency situations)			
1.13.a	Plan includes procedures for contacting clients and staff in the event of an emergency; before, during and after an emergency			
1.13.b	Plan includes procedures defining alternative service sites following an emergency, if primary service sites are not operable			
1.14	Equal Employment Opportunity Policy complies with the contract			
1.15	Client Nondiscrimination Policy complies with the contract			
1.16	Americans With Disabilities Act (ADA) Policy complies with the contract			
1.17	Drug-free Workplace Policy and Program			
1.18	Federal Lobbying Policy complies with the contract			
1.19	Internal client grievance procedure posted in treatment/service areas, waiting areas, patient information boards, and near elevator, entrances or exits			
1.20	Record retention policy complies with the contract (seven years)			
1.21	Accreditation reports from other certifying agencies submitted within same fiscal year			
1.22	County's client information software system utilized- CareWare			
1.23	If requested by Administering Division, Provider has attended meetings with County staff			
1.24	If requested by Administering Division, Provider has attended applicable training sessions			

	Insurance Items Reviewed	Yes	No	N/A
1.25	Adequate insurance coverage maintained, as specified by contract			
1.26	Insurance renewals submitted to the County prior to previous policy expiration dates			
1.27	Insurance certificates approved by Grantee			

Comments:

2. BOARD OF DIRECTORS

	Items Reviewed	Yes	No	N/A
2.1	By-laws available for review			
2.2	Board composition in accordance with By-laws			
2.3	Written Board officer and member job responsibilities and descriptions			
2.4	Board vacancies filled in accordance with By-laws			
2.5	Board membership representative of diverse populations			
2.6	Board Meetings are held in accordance with By-Laws			
2.7	Regularly scheduled meetings held with minutes taken			
2.8	Preparation of Annual Board Report noting activities and accomplishments			
2.9	Filing with State Division of Corporations lists all current members			
2.10	Strategic Plan completed (updated as required by plan)			
2.11	Board Members Terms of service are in accordance with By-Laws			
2.12	Business conducted at Annual Meeting conforms to By-Laws			
2.13	Board has designated limits of signature authorization for contracts, invoices and payments.			

Comments:

3. HUMAN RESOURCES

Items Reviewed		Yes	No	N/A
3.1	Professional services provided by trained, qualified staff who meet the appropriate legal, licensing, registration,			
3.2	Written policies for volunteer services			
Personnel/Volunteer File Review				
3.3	Number of employees assigned to Ryan White-funded program(s): [# here]			
3.4	Number of volunteers assigned to Ryan White-funded program(s): [# here]			
3.5	Number of files reviewed: [# here]			
3.6	Number of files missing one or more required items: [# here]			
Certification Items Reviewed		#Yes	#No	#N/A
3.7	Employment/volunteer application and/or resume			
3.8	Verification of credentials, current licensure:			
3.8.a	1. Physicians and Physician extenders (FL state license)			
3.8.b	2. Dentist (FL state license)			
3.8.c	3. Chemical Dependency treatment provider (licensed or authorized within the state)			
3.8.d	4. Mental Health Provider (licensed or authorized within the state)			
3.8.e	5. Legal services (Florida license to practice law)			
3.9	Background screening of employees/volunteers			
3.10	Documentation of receipt of policies and procedures manual or handbook and Drug-Free Workplace policy			
3.11	Performance evaluation if employed longer than one year (if applicable)			
Items Reviewed		Yes	No	N/A
3.12	Current organizational chart that reflects agency positions and lines of authority			
3.13	Written policies and procedures that define staff qualifications, duties, lines of authority, segregation of duties			
3.14	Sufficient staff to provide contracted services to all program participants			

Comments:

4. SUBCONTRACTING PROCEDURES

	Items Reviewed	Yes	No	N/A
4.1	Obtain copy of Ryan White Subcontracted agreement(s)			
4.2	Provider ensures subcontractor(s) maintains adequate insurance coverage			
4.3	Provider ensures subcontractor(s) is in compliance with all requirements of the Agreement			
4.4	Subcontractor performance evaluated by Provider			
4.5	Verification of credentials and current licensures, as required:			
4.5.a	1. Physicians and Physician extenders (FL state license)			
4.5.b	2. Dentist (FL state license)			
4.5.c	3. Chemical Dependency treatment provider (licensed or authorized within the state)			
4.5.d	4. Mental Health Provider (licensed or authorized within the state)			
4.5.e	5. Legal Services (Florida license to practice law)			
4.6	Verification of background screening, as required			

Comments:

5. FACILITY OBSERVATION

	Items Reviewed	Yes	No	N/A
5.1	Mission Statement posted in view of clients			
5.2	Satisfactory routine fire safety inspections conducted			
5.2.a	Any violations from fire safety inspection			
5.2.b	Were violations corrected (if applicable)			
5.3	Disabled parking available			
5.4	Wheelchair ramps to curb and building(s)			
5.5	Aisles/hallways/doors sufficiently wide for wheelchair passage			
5.6	At least one restroom handicap-accessible			
5.7	Elevator access to upper levels			
5.8	Elevator inspection current and on file			
5.9	TTY (or procedures to access one as needed)			
5.10	Interior and exterior of premises clean and well-maintained			
5.11	Privacy provided to clients receiving services			

Comments:

6. CONTRACTED SERVICES REVIEW

	Items Reviewed	Yes	No	N/A
6.1	Services provided consistent with Workplan(s) in contract			
6.2	Written procedure used when wait lists exists			
6.3	Written client eligibility and termination criteria			
6.4	Process to determine type, intensity, frequency and/or duration of services based on individual client need			
6.5	Structured and ongoing efforts to obtain input from clients in the design and delivery of services			
6.6	Culturally competent services offered to diverse client populations			

Comments:

7. QUALITY IMPROVEMENT PROGRAM

	Items Reviewed	Yes	No	N/A
7.1	Internal Continuous Quality Improvement (CQI) Program in place			
7.2	CQI Program assesses the overall quality of services and identifies trends			
7.3	CQI Program identifies service areas for improvement			
7.4	Quality Improvement Projects (QIP) are implemented where service areas for improvement are identified			
7.5	A Quality Assurance Plan is in place			
7.6	Regularly scheduled CQI meetings are held			
7.7	CQI meetings include progress of QIPs (if applicable), as documented by meeting minutes			
7.8	Provider addressed any Corrective Actions required by the Grantee			

Comments:

EXECUTIVE DIRECTOR INTERVIEW

Name:	[Name here]
Title:	[Name here]
Length of service with the Organization:	[# here]
Education, licensure and/or certifications:	[start here]
Years of experience in the field:	[# here]

- 1. Describe your involvement with the (Ryan White) program?**
- 2. What are the strengths and weaknesses of the program?**
- 3. What is your Agency doing to address these weaknesses?**
- 4. What are the strengths of the Agency?**
- 5. How is your Board of Directors involved with Agency activities?**
- 6. Identify what you consider to be strengths or gaps in the continuum of care.**
- 7. How do these gaps affect service delivery to clients of the program?**

- 8. How does your agency work to ensure community awareness of your available services?**

- 9. What fund-raising activities have you planned for this year?**

- 10. What is your contingency plan if funding for the Ryan White program stops?**

- 11. What partnerships, joint projects, agreements or collaborations are you currently involved in as they relate to HIV/AIDS programs?**

- 12. What are the training needs of your agency?**

- 13. What can the Grantee do to support the services you provide to the community?**

- 14. Do you have any other comments?**