Administrative Monitoring Assessment Tool **SFY: 2026-2027**
Health Department: **Date of Review:**
Financial Consultant:

A. Staff Time Documentation/Expenditure Reporting/Budget

(All Items Funding Conditions)

Instructions: Review 1 month's Staff Time Documentation. Compare expenditure documentation with Aid-To-County Monthly Expenditure Report requested for review.

1. What services are provided within your agency?

Family Planning	☐	Immunization	☐	Adult Health	☐
Maternal Health	☐	STD	☐	Other: _____	
Child Health	☐	TB	☐		

Details	

2. Were the activity categories listed on the time records detailed enough to document the expenditures charged to each activity?

Family Planning	☐ Yes	☐ No	Immunization	☐ Yes	☐ No
Maternal Health	☐ Yes	☐ No	STD	☐ Yes	☐ No
Child Health	☐ Yes	☐ No	TB	☐ Yes	☐ No

Details	*(Ensure time sheets are broken down by program)*

3. Did direct service staff record time based on their actual work activity?

Family Planning	☐ Yes	☐ No	Immunization	☐ Yes	☐ No
Maternal Health	☐ Yes	☐ No	STD	☐ Yes	☐ No
Child Health	☐ Yes	☐ No	TB	☐ Yes	☐ No

Details	

4. Was the amount of time documented in each activity applied to the employee's gross salary and fringe benefits by activity?

Family Planning	☐ Yes	☐ No	Immunization	☐ Yes	☐ No
Maternal Health	☐ Yes	☐ No	STD	☐ Yes	☐ No
Child Health	☐ Yes	☐ No	TB	☐ Yes	☐ No

Details	

5. Was all administrative time:
   a. Allocated to the General Budget?
   b. Allocated in proportion to the actual time worked in each activity?
      1. Was the appropriate staff allocated across all activities? ☐ Yes ☐ No

Details	

6. Was the salary expense reported on the DHHS Aid-To-County Expenditure Report based on documentation from the Staff Time Equivalencies in review?

Family Planning	☐ Yes	☐ No	Immunization	☐ Yes	☐ No
Maternal Health	☐ Yes	☐ No	STD	☐ Yes	☐ No
Child Health	☐ Yes	☐ No	TB	☐ Yes	☐ No

Details	

7. Review (AC) support documentation for all DHHS program expenses reported on the DHHS Aid-to-County Expenditure Report for the last reported month of expenditures. Was there sufficient documentation to verify expenditures for the month in review?
   ☐ Yes ☐ No

Details	

8. Does the local agency balance their Aid-to-County Expenditure Report with their monthly General Ledger?
   ☐ Yes ☐ No

Details	*(State expenditures on Internal County Ledger) (BCCCP #452 and WW #465) (Total of state expenditures minus BCCCP and WW)*

9. Do all local agency program managers participate in budget planning and review for the program they manage?
   ☐ Yes ☐ No

Details	

B. Program Income

(All Items Funding Conditions)

1. Were fees collected deposited to the account of the agency to be expended for public health programs in accordance with the County Fiscal Act?

Family Planning	☐ Yes	☐ No	Immunization	☐ Yes	☐ No
Maternal Health	☐ Yes	☐ No	STD	☐ Yes	☐ No
Child Health	☐ Yes	☐ No	TB	☐ Yes	☐ No

Details	*(Monthly Revenue Report) (Were fees deposited into the programs where they were collected?)*

2. Were records maintained of the amount of program income generated by payment source?

Family Planning	☐ Yes	☐ No	Immunization	☐ Yes	☐ No
Maternal Health	☐ Yes	☐ No	STD	☐ Yes	☐ No
Child Health	☐ Yes	☐ No	TB	☐ Yes	☐ No

Details	

C. Patient Eligibility/Financial Policies and Procedures

(All Items Funding Conditions)

1. Are there additional requirements other than residency to determine client eligibility to receive program services? (i.e., VFC Eligibility, FP Requirements)

Family Planning	☐ Yes	☐ No	Immunization	☐ Yes	☐ No
Maternal Health	☐ Yes	☐ No			
Child Health	☐ Yes	☐ No			

Details	*(CH & MH are allowed residency restrictions, must be in policy)*

2. Were eligibility requirements for this program documented in written policies?

Family Planning	☐ Yes	☐ No	Immunization	☐ Yes	☐ No
Maternal Health	☐ Yes	☐ No			
Child Health	☐ Yes	☐ No			

Details	

3. Did the financial eligibility scale meet the state program requirements? (must slide to $0)

Family Planning	☐ Yes	☐ No	☐ 101-250	☐ Other
Maternal Health	☐ Yes	☐ No	☐ 101-250	☐ Other
Child Health	☐ Yes	☐ No	☐ 101-250	☐ Other

Details	*(Must document within policy, which SFS is used for each program, 101-250 (FP), 101-200, 100-300, 100-350).*

D. Medicaid Eligibility/ Residency

(All Items Funding Conditions Except 1 and 2)

1. Were persons requesting program services referred for assistance to apply for Medicaid?

Family Planning	☐ Yes ☐ No	Immunization	☐ Yes ☐ No
Maternal Health	☐ Yes ☐ No	STD	☐ Yes ☐ No
Child Health	☐ Yes ☐ No	TB	☐ Yes ☐ No

Details	*Although not required, this is best practice.*

2. How does the local agency verify Medicaid eligibility?

Details	

3. Are program services available to county residents only?

Family Planning	☐ Yes ☐ No	**Immunization**	☐ Yes ☐ No
Maternal Health	☐ Yes ☐ No	**STD**	☐ Yes ☐ No
Child Health	☐ Yes ☐ No	**TB**	☐ Yes ☐ No

Details	

4. Was the local agency's residency policy in compliance with state program requirements?

Family Planning	☐ Yes ☐ No	Immunization	☐ Yes ☐ No
Maternal Health	☐ Yes ☐ No	STD	☐ Yes ☐ No
Child Health	☐ Yes ☐ No	TB	☐ Yes ☐ No

Details	*Maternal Health & Child Health may have county residency requirement per agency decision. Family Planning, STD, TB & Immunization cannot have residency requirement.*

E. Patient Fees

(All Items Funding Conditions Except items 5 & 15)

1. Is the Economic Unit the method of income collection used to determine financial eligibility? (Title X)

Family Planning	☐ Yes ☐ No	Immunization	☐ Yes ☐ No
Maternal Health	☐ Yes ☐ No	STD	N/A
Child Health	☐ Yes ☐ No	TB	N/A

Details	

2. Were patients charged fees for program services? Family Planning ☐ Yes ☐ No Maternal Health ☐ Yes ☐ No Child Health ☐ Yes ☐ No Immunizations/State Supplied ☐ Yes ☐ No Immunization Administration (SL) ☐ Yes ☐ No Immunizations/Purchased ☐ Yes ☐ No TB/ Employment, School, etc. ☐ Yes ☐ No TB/Disease Related ☐ Yes ☐ No	
Details	*No charge for state supplied vaccine and TB/Disease related services.*
3. Was the local agency's schedule of fees reviewed/approved annually by the governing board and County Commissioners? ☐ Yes ☐ No	
Details	*Last Review Date:*
4. Did the patient fee policy include the statement that no one will be denied services nor subjected to variation in services solely because of an inability to pay? (Title X) ☐ Yes ☐ No	
Details	
5. Is the Patient Fee and Eligibility Policy reviewed and revised, if necessary, on an annual basis? ☐ Yes ☐ No (best practice)	
Details	*Last Review Date:*
6. Review the local agency fee schedule. How does the agency assure compliance with the requirements of 340B pricing for the Family Planning related contraceptive drugs and devices? a. Is Medicaid billed the actual cost of drugs (acquisition cost)/devices purchased through a 340B contract? ☐ Yes ☐ No b. Is there an internal process in place to ensure acquisition cost is billed? ☐ Yes ☐ No	
Details	*(Need 340b report and invoices for 6 months)*

7. Were patient fees for program services based on related costs for services? ☐ Yes ☐ No a. Review the agency policy for setting fees. Is the agency policy an acceptable method of setting fees for services? ☐ Yes ☐ No	
Details	
8. Were fees for Family Planning services assessed using the sliding fee scale between 101-250%? ☐ Yes ☐ No	
Details	
9. Were third parties that were authorized or legally obligated to pay for clients at or below 100% of the Federal Poverty Level billed properly? ☐ Yes ☐ No **(**Title X) a. Were third party payors billed the usual and customary charges? ☐ Yes ☐ No	
Details	
10. Were there policies in place that substantiate Family Planning clients are not being charged more in copayments or additional fees than they would otherwise pay according to the sliding fee scale? ☐ Yes ☐ No (Title X)	
Details	*(Must determine the amount the patient would pay being uninsured vs what insurance applies to the patient's responsibility. Agency must collect the lesser of the two amounts).*
11. For the purpose of determining Family Planning charges, were all adolescents requesting confidential services considered a household of one? ☐ Yes ☐ No (Title X)	
Details	*(All individuals requesting confidential services would be considered a household of one).*
12. Was "Confidential Patient" documented on the financial eligibility forms/EHR of patients who requested confidential Family Planning services? ☐ Yes ☐ No **(**Title X)	
Details	*(All individuals, including STD program)*

13. Were fees imposed on persons or their families whose incomes fall within the "no pay" category? Maternal Health ☐ Yes ☐ No (Title X) Family Planning ☐ Yes ☐ No Child Health ☐ Yes ☐ No	
Details	
14. Does the agency policy demonstrate reasonable efforts to collect charges without jeopardizing client confidentiality? ☐ Yes ☐ No **(**Title X)	
Details	
15. Were all patient consent forms signed and dated? ☐ Yes ☐ No	
Details	*(Best practice: HIPAA-annually. Assignment of benefits-per encounter (potential confidential services), all others (CH, MH, Imm.) annually).*
16. Did the Patient Fee Policy state that the Health Director, or designee, has the right to waive fees for individuals who, for a good reason, are unable to pay? For FP, agency must have a policy/procedure/protocol that specifies how and where decisions to waive fees are documented. ☐ Yes ☐ No (Title X)	
Details	*Best practice for all programs.*
17. Is client income collected and/or re-evaluated on an annual basis for ALL clients, including Medicaid and Private Insurance? ☐ Yes ☐ No a. Are Family Planning client income collected/re-evaluated at each visit? ☐ Yes ☐ No (Title X)	
Details	*ALL FP clients must be re-evaluated at each visit, including Medicaid and private insurance. This must be in policy.*
18. Does the Fee policy state that the agency: a. May use income reported in another program to which the agency has lawful access. b. State that when a client's income cannot be verified, the client's verbal declaration will be used to determine eligibility for discounts, and c. If the client refuses to provide a verbal declaration of income AND the income cannot be verified through another program, then the client will be charged 100% of the cost of services after informing the client that failure to declare income will result in the client owing 100% of the fee?" ☐ Yes ☐ No	
Details	

19. Were the patient financial records reviewed in compliance with state program requirements? ☐ Yes ☐ No (Title X)	
Details	

F. Billing/Accounts Receivable

(Item 2 is a Funding Condition. All others are Recommendations.)

1. What Electronic Health Record (EHR) system does the local agency use?	
Details	
2. Did the local agency bill Medicaid and other third-party payers for which the agency is a credentialed provider? ☐ Yes ☐ No	
Details	*Per CA, Section III Funding Stipulations, B-compliance ,3- LHD Charges/Billing, c. "Make every reasonable effort to collect charges for services through public or private third-party payors (except where prohibited by federal regulations or State law)"*
3. Review the written policy for handling denied claims, Medicaid, and all others. Is the procedure appropriate? ☐ Yes ☐ No	
Details	
4. Review one Medicaid RA denied claims report for SFY under review. Examine three denials on the report. Were denied claims rebilled when appropriate? ☐ Yes ☐ No	
Details	
5. Is there an assigned individual(s) for reviewing: a. Claims for billing accuracy: ☐ Yes ☐ No b. Interpretation of Medicaid bulletins and other Medicaid Billing policy: ☐ Yes ☐ No c. Distributing information related to Medicaid billing Policy and changes or updates: ☐ Yes ☐ No	
Details	

6. Does the local agency review the aged accounts report(s)(30, 60, 90) on a monthly basis? ☐ Yes ☐ No a. Does the local agency take action based on the report(s) which are reviewed each month? ☐ Yes ☐ No	
Details	
7. Does the local agency use a specific report to identify amounts due for bad debt write-off? ☐ Yes ☐ No	
Details	
8. Does the local agency have a Bad Debt Write Off policy? ☐ Yes ☐ No	
Details	
9. Does the agency policy include a method for aging client accounts for bad debt write off? ☐ Yes ☐ No	
Details	
10. Is the Bad Debt Write Off policy being followed? ☐ Yes ☐ No	
Details	*Last Bad Debt Write Off Date:*
11. Does the local agency use NC Debt Set Off as a means of collection of delinquent accounts (with the exception of confidential clients)? ☐ Yes ☐ No	
Details	
12. Does the local agency have a policy addressing NC Debt Set Off? ☐ Yes ☐ No	
Details	