

Provider: \_\_\_\_\_

### PROVIDER SELF EVALUATION

This certification is to assure Lakeview Center, Inc. that the contracted agency has adequate administrative procedures in place to ensure that funds disbursed by LCI will be safeguarded as outlined in chapter 287, F.S. LCI reserves the right to conduct on-site contract monitoring of contracted service providers as it deems necessary.

Please answer all questions by checking off the applicable box. For those items that are not applicable to your contract, check N/A. For example, if you do not have any subcontracts, you should check N/A for each item in Section IX, Subcontracts / Professional Agreements. If you need to provide additional information or cannot respond to a question, please attach an explanation on a separate page. Please provide a brief explanation for any negative response.

Contact Name and Number for the following areas:

| <u>Area</u>                      | <u>Name</u> | <u>Number</u> |
|----------------------------------|-------------|---------------|
| Environment of Care              |             |               |
| Record Reviews                   |             |               |
| Financial                        |             |               |
| Administrative                   |             |               |
| Quality/Risk Management/Outcomes |             |               |
| Personnel                        |             |               |

#### I. SEGREGATION OF DUTIES

1. Someone other than the timekeeper and persons who deliver paychecks to employees prepares the payroll.  Yes  No  N/A
2. The duties of record keeper are separated from any cash related functions.  Yes  No  N/A
3. Check signing is limited to those authorized to make disbursements and whose duties exclude posting and recording of cash received.  Yes  No  N/A
4. Personnel performing the disbursement function are excluded from purchasing, receiving, inventory, and general ledger functions.  Yes  No  N/A
5. Mail receipts are opened and listed by someone not involved in posting, deposit preparation and deposit making.  Yes  No  N/A
6. The person making the deposit is different from the person who prepares the deposit.  Yes  No  N/A
7. An official who is not responsible for its preparation and is outside the payroll department approves the payroll.  Yes  No  N/A

II. POLICIES AND PROCEDURES

1. Written policies and procedures address:

- a. Record retention  Yes  No
- b. Travel and entertainment  Yes  No
- c. Purchasing  Yes  No
- d. Asset acquisition, inventory, and disposal  Yes  No  N/A
- e. Cash management (payables, receivables, deposits, petty cash, reconciliation's, etc.  Yes  No
- f. Credit cards  Yes  No  N/A
- g. Subcontractors  Yes  No  N/A
- h. Bad debt write-offs  Yes  No  N/A
- i. Disaster plan, including recovery  Yes  No  N/A
- j. Personnel  Yes  No
- k. Employee loans  Yes  No  N/A
- l. Client trust funds  Yes  No  N/A
- m. Computer back-up  Yes  No  N/A
- n. Incident Reporting  Yes  No  N/A
- o. Client Satisfaction Surveys  Yes  No  N/A
- p. Confidentiality  Yes  No  N/A
- q. Complaints/Grievances  Yes  No  N/A

2. Policies and procedures are reviewed periodically and adjusted to reflect current operations.

Yes  No

III. INSURANCE

1. The agency has comprehensive liability insurance.

Yes  No

2. Policies are in effect.

Yes  No

## IV. CASH

### A. Cash Handling Procedures

1. All revenue is deposited into one operating account on a daily basis.  Yes  No  N/A
2. The agency maintains a cash receipts journal.  Yes  No  N/A
3. Revenue received that is not deposited on the same day is stored in a locked and secure location.  Yes  No  N/A
4. The person receiving the monthly bank statement in the mail is not the same person responsible for performing the monthly account reconciliation.  Yes  No  N/A
5. Payments received in the mail are opened and logged by someone not involved with posting or cash functions.  Yes  No  N/A
6. Checks received in the mail are restrictively endorsed immediately upon opening the mail.  Yes  No  N/A
7. Cash received from fund raising events are properly controlled, accounted, and reported.  Yes  No  N/A
8. Bank reconciliation's are performed monthly, reviewed, and signed by the next level of management.  Yes  No

### B. Petty Cash

1. A specific employee is designated, in writing, as custodian.  Yes  No  N/A
2. Petty cash is not commingled with other funds and is used for small, emergency expenses.  Yes  No  N/A
3. Cash fund is kept in a locked, secure location.  Yes  No  N/A
4. Payments are made through vouchers that are completely and accurately filled out.  Yes  No  N/A
5. Payments are supported by invoices or receipts.  Yes  No  N/A
6. Payments made are under \$50 (for small incidental purchases).  Yes  No  N/A
7. Travel payments are not made from petty cash.  Yes  No  N/A
8. Documents are effectively canceled (marked paid) when expense is paid.  Yes  No  N/A
9. Surprise audits are periodically performed and documented in writing.  Yes  No  N/A
10. The size of the petty cash fund is adequate to meet emergency expenses.  Yes  No  N/A

V. ACCOUNTS RECEIVABLE

- 1. A detailed accounts receivable aging schedule is maintained by accounting.  Yes  No  N/A
- 2. The accounts receivable aging schedule is reconciled to the general ledger monthly.  Yes  No  N/A
- 3. The agency has established accounts receivable write off procedures that:
  - a. are properly documented  Yes  No
  - b. are approved by the Chief Executive Officer and the Board of Directors  Yes  No

VI. ASSETS AND PROPERTY

- 1. An annual asset inventory is taken and recorded in writing.  Yes  No  N/A
- 2. Property records are reconciled to the general ledger at least annually.  Yes  No  N/A
- 3. Property / capital assets are recorded on an asset ledger with the following information:
  - a. description  Yes  No  N/A
  - b. purchase date and amount  Yes  No  N/A
  - c. date disposed  Yes  No  N/A
  - d. funding source  Yes  No  N/A
  - e. condition  Yes  No  N/A
  - f. location  Yes  No  N/A
  - g. asset tag number (capital assets of \$1000 or more)  Yes  No  N/A
- 4. Acquisitions and disposals are documented in writing.  Yes  No  N/A
- 5. Assets paid for by LCI were paid in full and are free from liens.  Yes  No  N/A
- 6. Assets paid for by LCI were purchased prior to the contract end date.  Yes  No  N/A
- 7. If any leases for property and equipment exist, they are current and properly executed.  Yes  No  N/A

VII. ACCOUNTS PAYABLE

A. Disbursements

- 1. The agency maintains an accounts payable ledger (checkbook) for its operating account.  Yes  No

2. During the payment process, the following are verified by management:

- a. Checks are issued in sequence  Yes  No
- b. Voids are clearly documented and accounted for  Yes  No
- c. Multiple payments made to one payee during the month are researched  Yes  No
- d. Payments are based on original invoices  Yes  No
- e. Payments are approved by appropriate levels of management  Yes  No
- f. Back-up is effectively canceled upon payment (help prevent duplicate payments)  Yes  No
- g. The check amount and invoice amount agree  Yes  No
- h. Bills are timely paid  Yes  No
- i. Payments to the Executive Director are countersigned by a Board member  Yes  No  N/A
- j. Goods and services with a cost of \$1500 or more are supported with a cost analysis price quotation or competitive bid unless the agency's policies and procedures require another level  Yes  No

For tax exempt providers:

- k. Sales tax is not being paid on purchases of goods or services.  Yes  No  N/A

#### B. Employee Expense Transactions

- 1. Expense reports/vouchers are utilized  Yes  No
- 2. All expenses are supported with original receipts  Yes  No
- 3. The business purpose of the expenses are clearly stated  Yes  No
- 4. All conference expenses are pre-authorized and supported with an agenda  Yes  No  N/A
- 5. A mileage sheet is used to calculate and reimburse mileage expenses  Yes  No  N/A
- 6. The mileage sheet contains information to include beginning and ending odometer readings, purpose, and destination  Yes  No  N/A
- 7. All travel expenses reimbursed from state funding sources are paid in accordance with state rates (s. 112.061, F.S.)  Yes  No  N/A

#### C. Credit Card Transactions

- 1. The agency maintains a listing of who has credit cards and the corresponding credit card numbers.  Yes  No  N/A
- 2. The agency performs monthly reconciliation's of credit card statements.  Yes  No  N/A

- 3. The agency has review procedures that are used to track and pay balances.  Yes  No  N/A
- 4. The cardholder or designee is not making personal purchases.  Yes  No  N/A
- 5. Corporate credit cards that are loaned to employees are controlled through a log indicating the date, person's name, purchase amount, and description.  Yes  No  N/A

D. Tax Payments

941s and UCTs are completed and submitted timely  Yes  No

E. Advance Payment of Contract Funds / Return of Funds

- 1. If the agency received an advance under the contract and those funds were deposited into an interest-bearing account (optional under s. 216.181(16)(b),F.S.), interest proceeds were returned to LCI or applied to future LCI payments to the agency.  Yes  No  N/A
- 2. If the agency charged unallowable expenses to the contract or was otherwise overpaid, arrangements have been made to reimburse LCI.  Yes  No  N/A

VIII. PERSONNEL MANAGEMENT / PAYROLL

- 1. All personnel forms contain the following:
  - a. I-9 forms  Yes  No
  - b. W-4 forms  Yes  No
  - c. Annual evaluations  Yes  No
  - d. Pay rates and changes are clearly documented and agree with the latest payroll register.  Yes  No
- 2. All employees document their work hours through a time sheet or punch clock; the employee and a supervisor sign the time records.  Yes  No
- 3. Non-exempt employees receive time and a half for all hours in excess of 40 per week.  Yes  No
- 4. Do any of your employees also have a contract with your agency? If yes, please explain in separate attachment.  Yes  No
 

Attachment # included  Yes  No

IX. SUBCONTRACTS / PROFESSIONAL AGREEMENTS

If you subcontract services

- a. The written agreement is signed by persons who are properly authorized to bind your organization and its subcontractor. Yes No N/A
- b. The subcontract agreement indicates the scope of work to be performed. Yes No N/A
- c. If any part of LCI's contract with the agency is subcontracted, your organization has written documentation that indicates that LCI reviewed and approved of the act of subcontracting and inclusion of required flow-down clauses. Yes No

X. FINANCIAL REPORTING

- 1. Monthly financial statements are prepared and include at least:
  - a. An income statement by cost center Yes No N/A
  - b. Balance sheet Yes No N/A
  - c. Budget variance report Yes No N/A
- 2. Support documentation for all journal entries made are retained. Yes No N/A
- 3. The agency performs a monthly closing and prepares/prints a complete set of accounting books (general ledger, accounts payable journal, accounts receivable journal, etc.) Yes No N/A
- 4. The agency maintains a current chart of accounts which:
  - a. Allows for cost center accounting Yes No N/A
  - b. Tracks administration as a cost center Yes No N/A
  - c. Has a methodology to allocate indirect cost including administration Yes No N/A
- 5. An independent audit has been performed and the report submitted to LCI within 180 days from the agency's fiscal year end or within 30 days of the agency's receipt of the audit report, whichever occurs first. Yes No N/A
- 6. The agency has an adequate record keeping system. The records are kept in a central location and are neat and organized. Yes No
- 7. Agency management submits monthly financial statements to the Board of Directors. Yes No N/A
- 8. The agency has an operating budget that was approved by the Board of Directors. Yes No N/A

XI. LOANS

- 1. If loans are made to employees, formal, signed agreements are secured and contain the following:
  - a. Date loan made, amount, and maturity Yes No N/A
  - b. Terms and conditions regarding repayment Yes No N/A
  - c. Approval by the Executive Director Yes No N/A
  - d. Disclosure to the Board of Directors through an aging schedule or other report Yes No N/A
- 2. If loans are being granted to officers and/or directors of the agency, please explain on separate attachment. Yes No N/A

XII. METHOD OF PAYMENT (INVOICING)

- 1. Documentation supporting the number of units and dollars claimed on corresponding invoices are kept by the agency and are available for review and inspection. Yes No
- 2. All other funding sources have been identified prior to invoicing LCI contracts. Yes No

XIII. CLIENT TRUST FUND ADMINISTRATION

- 1. Where one bank account is maintained for all client trust money, adequate procedures are in place to track and reconcile individual balances. Yes No N/A
- 2. Client accounts are reconciled monthly. Yes No N/A
- 3. Client deposits are made timely (within one to two days). Yes No N/A
- 4. Receipts for expenditures are maintained and approved by an appropriate level of management with documentation of such purchases. Yes No N/A
- 5. All transactions of \$15 or more are supported with receipts that are kept in the client's file. Yes No N/A
- 6. If any client's bank account/trust fund is in excess of \$2,000, please explain in a separate attachment. Yes No N/A  
  
Attachment # included Yes No

XIV. ALCOHOL, SUBSTANCE ABUSE AND MENTAL HEALTH BLOCK GRANT FUNDS

- 1. The agency has a Block Grant policy and procedure that describes the need for separate tracking and reporting. Yes No N/A
- 2. The agency is in full compliance with all block grant requirements. Yes No N/A



3. The agency maintains a schedule indicating the amount of block grant funds received and expensed during the current contract period.

Yes  No  N/A

XV. LOBBYING

The agency has complied with s. 216.347, F.S., which prohibits the use of state contract funds for the purpose of lobbying the Legislature or a state agency.

Yes  No

XVI. SPONSORSHIP

The agency has complied with s. 286.25, F.S., requiring that any non-governmental organization sponsoring a program financed partially by state funds or funds obtained from a state agency shall use specific statutory language recognizing the state's sponsorship when it publicizes, advertises or describes sponsorship of the program.

Yes  No  N/A

XVII. PUBLICITY

The provider has obtained departmental written consent when the provider and its employees, agents, and representatives have used any State mark, the name of the State's mark, the name of the State or any State affiliate or any officer or employee of the State, in advertising, publicity or any other promotional endeavor.

Yes  No  N/A

The provider has obtained departmental written consent when the provider and its employees, agents, and representatives have represented, directly or indirectly, that any product or service provided by the provider has been approved or endorsed by the State.

Yes  No  N/A

The provider has obtained departmental written consent when the provider and its employees, agents, and representatives have referred to the existence of this contract in press releases, advertising or materials distributed to the provider's prospective customers.

Yes  No  N/A

XVIII. PUBLIC ACCESS

The provider has assured public access to materials.

Yes  No

SUPPLEMENTAL AGENCY DISCLOSURES

1. Please list any and all family relationships that exist between your board of directors, your agency's principal officers, your agency's employees and independent contractors.

2. Please provide a complete accounting of any and all transactions of business completed during the past twelve months between your agency and other entities or businesses owned or controlled by

members of the Board of Directors. Please provide copies of representative invoices for these transactions and describe what steps were taken to ensure that the amounts paid were reasonable and competitive.

3. Does any business or entity that has conducted any financial transactions with your agency during the past twelve months employ any Board Members? If so, please provide an accounting and copies of representative invoices for these transactions and also explain what steps were taken to assure that the amounts paid were reasonable.

4. Please list any and all civil litigation pending against your agency. Include a statement as to the amount of each claim and whether such potential for loss is covered by insurance.

5. Are any amounts or reports due to the Internal Revenue Service and any other taxing agency that have not been paid or filed? Specify amounts, reports, and due dates.

6. Please list all persons and their titles currently authorized to sign contract(s) with Lakeview Center, Inc. on behalf of your agency.

7. Please list your CPA and his or her office address and telephone number.

8. Has there been any change in structure/operations of your programs in the past twelve months? If yes, please describe in detail.

9. Has staff turnover occurred in key managerial or clinical positions during the past twelve months? If yes, what are the affected positions and reasons for the turnover?

10. Have you had any vacancies that have remained open for 3 months or more during the past twelve months?

a. What are the affected positions and reasons for the vacancies?

b. Did you notify LCI's contract manager of vacancies per your contract?

11. Have any client grievances / complaints been filed against you? If yes, what was the nature of the grievances, dates, and other pertinent information.

12. Do you operate satellite sites? If so, how many locations? And is management of the satellite offices decentralized or centralized?

13. Is your agency or any component of your agency accredited by any national accrediting organizations? If so, list the programs/modalities accredited, the name of the accrediting organization and its contact person, address, phone number, date of most recent accreditation and date of expiration. Also, state the type of accreditation (e.g., conditional, partial, provisional, one year, three year, accreditation watch, denied, with Type I recommendations, with commendation, having specific recommendations for improvement, etc.)

14. Please describe your agency's client composition – i.e. % SAMH, % FFN, % Private Pay, etc.

15. Does your agency have programmatic Memorandums of Agreement in place with collaborative partners? If so, please list those currently in place.

16. Does your agency utilize a peer review process and/or supervisory review of client records? If so, please explain the process and time lines for review.

17. In the past twelve months, has your agency had any adverse monitoring or re-licensure activities? If so, what was the nature of the adverse action? Please provide any pertinent information regarding any such adverse actions.

18. In the past twelve months, has your agency received any verified complaints of abuse and neglect against your agency or any employee? If so, please describe the incident and what was done to ensure the safety of the client?

19. Has your agency made any substantive changes during the past twelve months to enhance any of the programs funded by LCI? If so, what were the changes and what precipitated those changes? Please provide any pertinent information.

CERTIFICATION:

I hereby certify that the answers provided in this self-monitoring document are true and accurate to the best of my knowledge. I understand that falsification or misrepresentation on any question may be considered a breach of contract that may lead to the termination of all contracts with Lakeview Center, Inc.

\_\_\_\_\_  
Signature - Executive Director or CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name - Executive Director or CEO

OR

\_\_\_\_\_  
Signature - President or Chairperson of the Board

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name - President or Chairperson of the Board