## Excerpt from Maine Policies and Procedures Manual

## Monitoring Plan and Tools / Community Services Block Grant Program

# CLIENT FILES

Are client files complete, onsite, and available for inspection by state staff*?* [ ] Y [ ] N

Do client files contain the following documents and information?

\_\_\_\_\_ Intake application (including demographic data)

\_\_\_\_\_ Household income (including verification at 150-200% poverty guidelines)

\_\_\_\_\_ Type of service or assistance

\_\_\_\_\_ Date(s) of service

\_\_\_\_\_ Plan for moving the client toward self-sufficiency

\_\_\_\_\_ Follow-up information

\_\_\_\_\_ Review of service(s) provided and impact on the individual or family

\_\_\_\_\_ Referrals and follow-up

Does the agency have a posted grievance process for those denied services? [ ] Y [ ] N

What procedures does the agency have in place regarding denial of services to applicants determined ineligible for services?

Has the agency received any grievances regarding the program? [ ] Y [ ] N

***Review a sampling of client files to determine the following:***

|  |  |  |  |
| --- | --- | --- | --- |
| CLIENT FILES/ELIGIBILITY | **Yes** | **No** | **Comments** |
| Is a client file maintained for each person served? |  |  |  |
| Does the form used for determining client eligibility identify all eligibility criteria and the documentation used in making the determination? |  |  |  |
| For clients receiving direct services, is income documented for all members of the household 18 years and older? |  |  |  |
| Is there evidence in the client files reviewed that the agency has procedures in place to verify income amounts and family size as stated in the application? |  |  |  |
| Is the agency using the appropriate HHS poverty guidelines to determine eligibility? |  |  |  |
| Does the agency limit eligibility to clients at or below 150% of the HHS poverty guidelines? |  |  |  |
| Do intake forms include client characteristics necessary for the agency to file accurate demographic reports? |  |  |  |
| Does the client signature section of the intake form include a self-declaration statement that the information provided is true and correct, to the best of the applicant’s knowledge? |  |  |  |
| Do client files contain information regarding types of assistance and dates of services provided? |  |  |  |
| Do client files contain a log describing the nature of the service(s) provided, including the date and amount of such services? |  |  |  |
| Are proper procedures in place for case management, and is adequate client information and follow-up documented? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| CLIENT FILES/ELIGIBLITIY (continued) | **Yes** | **No** | **Comments** |
| Does the agency have in place an effective system for tracking and reporting the number of clients transferring out of poverty as a result of the services provided by the agency? |  |  |  |
| Does the agency link with other programs in the community when services required are beyond the agency’s scope? |  |  |  |
| Are referrals documented in the client files? |  |  |  |
| Did the agency document follow-up activities? |  |  |  |
| Is there evidence that applicants were apprised of grievance procedures if services were denied? |  |  |  |
| CLIENT FILES – DIRECT SERVICES | **Yes** | **No** | **Comments** |
| Does the agency take a new program application once each contract year? If not, how does the agency ensure on-going eligibility? |  |  |  |
| Is documentation such as a bill, voucher, and/or copy of the check retained in the client file for services provided? |  |  |  |
| Are persons first-time served and service units being counted correctly? |  |  |  |
| Were detailed case management activities thoroughly documented in the client files? |  |  |  |
| Were client goals mutually agreed to and documented? |  |  |  |
| Were efforts to achieve goals documented? |  |  |  |
| Were goals oriented toward self-sufficiency? |  |  |  |
| Are the services provided consistent with the program narrative and Scope of Work? |  |  |  |
| Does the agency link with other programs in the community or area when services are beyond the agency’s scope? |  |  |  |
| Is the agency taking appropriate steps to ensure privacy and confidentiality of client information, such as secure files, confidentiality policies, private consultation space, etc.? |  |  |  |
| Are client records maintained for at least three years? |  |  |  |

***Address the following questions after reviewing a sampling of client files:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SUMMARY OF REVIEW OF CLIENT FILES | | Yes | No | N/A | Comments |
|  | Did the review of the client files sampled indicate that all clients provided services were eligible? If not, indicate the number of clients determined ineligible and/or unverifiable in each service category. |  |  |  |  |
|  | Did the review of the documentation indicate that the services have impacted on client self-sufficiency? |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If client/participant interviews were conducted, were the clients/participants satisfied with the sub-grantee’s service? |  |  |  |  |