

APPENDIX C: Schedule of Questioned Hours and Wages

Hours and Wages were questioned, and may be disallowed, due to these compliance criterion:

- Audited wages/hours vary from reported hours. (Variance column could show increase or decrease in hours/wages.) Note failed procedure 1(A) and/or 1(B).

The following criteria caused the reported hours and wages to be questioned:

- Unable to verify appropriate hourly rates paid. Note failed procedure 2(A), 2(B), and/or 2(C).
- Unable to verify integration of employment setting. Note failed procedure 3(A), 3(B) and/or 3(C).
- Unable to verify individual's receipt of required level of fundamental personnel benefits. Note failed procedure 3(A), 3(B), 5(C), and/or 3(D).
- Unable to verify minimum requirements of an individual dually funded by EE and MA funded programs. Note failed procedure 6(A) and/or 6(B).
- Unable to verify severity of disability, functional limitations, or need for ongoing employment support services. Note failed procedure 4(A), 4(B), and/or 4(C).
- EE Support Plan was unavailable, unsigned, or not reviewed and updated within the year, or every 6 months for individuals in CBE Subprogram. Note failed procedure 8(A), 8(B), and/or 8(C).
- EE Support Plan did not identify services to be provided.
- Case records did not document services provided or services provided were not consistent with the EE Support Plan.
- Case files did not document a minimum of two in-person contacts per month in the delivery of planned ongoing employment support services.

Appendix C: Schedule of Questioned Hours and Wages | SFY 2023 | July 1, 2024 – June 30, 2025

Sample	Hours Reported	Hours Examined	Hours Questioned	Hours Variance	Wages Reported	Wages Examined	Wages Variance	Compliance Criterion
Name:								
SSN:								
Dates:								
Name:								
SSN:								
Dates:								
SE Variances	n/a	n/a	n/a	0	n/a	n/a	0	n/a
Name:								
SSN:								
Dates:								
Name:								
SSN:								
Dates:								
CE Variances	n/a	n/a	n/a	0	n/a	n/a	0	n/a
Name:								
SSN:								
Dates:								
Name:								
SSN:								
Dates:								
CBE Variances	n/a	n/a	n/a	0	n/a	n/a	0	n/a
Net Variances	n/a	n/a	n/a	0	n/a	n/a	0	n/a

HOURS IN SUBPROGRAM SAMPLES: SE ; CE ; CBE ; TOTAL 0

Note: If there are no questioned items to report, enter zero variances, report sample sizes, and include this schedule in the examination report.